

1953

A study of twenty-three cases accepted by the Department of Neighborhood Clubs

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BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

SOME USES OF THE DEPARTMENT OF NEIGHBORHOOD CLUBS
BY OTHER SOCIAL AGENCIES

A Study of Twenty-three Cases Accepted
by the Department of Neighborhood Clubs

A thesis

Submitted by

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In Partial Fulfillment of Requirements for
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1953

BOSTON UNIVERSITY
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CHAPTER I
INTRODUCTION

The Department of Neighborhood Clubs is unique in its approach to problems of individual adjustment through a specialized group experience.

Purpose

This study will concern itself with the Department of Neighborhood Clubs and the process by which cases are referred to it by other social agencies. It represents an attempt to investigate and delineate some uses which the social agencies are making of this department. Some of the questions it seeks to answer are:

1. What types of agencies use the DNC¹ ?
2. What are the types of problems the Department accepts?
3. What are the reasons for these referrals?
4. How are groups formed for referred children?

In relation to the main focus of this thesis the writer was interested in answering the following additional questions: What factors determine those cases that cannot be accepted by the Department? What is the role of the DNC in the treatment of the referred individuals? How are cases referred to DNC?

1 For the remainder of this study the Department of Neighborhood Clubs will be designated by the letters DNC.

Scope and Sources of Data

The cases used in this study and all of the material and information related to these cases were taken from the active record files of the DNC. The only additional information used was obtained through personal interviews between the writer and workers from the DNC and the referring agencies. This was done in each of the seven cases presented in chapter five. Since some of these agencies referred more than one case to the Department the writer discussed all of the cases they had referred when conducting a personal interview. In this way information was secured through a personal interview on twelve of the twenty-three cases.

The twenty-three cases selected for this study were all of the active cases for the period from September 1952 to April 1953 with the exception of those cases of too recent referral to provide sufficient data for the purpose of this study. For example, those cases referred in March and April 1953 and not yet in groups. This period, September 1952 to April 1953, was chosen as it provides the most recent cases accepted by the DNC and indicates the trend in the department.

Method of Procedure

Personal interviews with the Director and Staff² of the

2 Director: Marjory Warren, Group Workers: Ralph Kolodny, Richard Bond, Virginia Burns.

Department supplied the writer with information concerning its policies and procedures in accepting referrals and setting up groups. After acquainting himself with the department through these interviews the writer made abstracts of the twenty-three cases using the schedule questions³ for the selection of data pertinent to the study. This material is presented and discussed in chapter V. A statistical picture of the total group is included in chapter IV.

³ For schedule questions see appendix.

CHAPTER II

THE DEPARTMENT OF NEIGHBORHOOD CLUBS

One of the oldest established services of the Children's Aid Association is its group work section, now known as the Department of Neighborhood Clubs. This department had its origin in an agency service which was called the Home Libraries Department.¹ Founded in 1887, the Home Libraries Department came into being at a time when such institutions as group work agencies and branch libraries were unknown.² The department actually tried to carry on segments of the work of both of these kinds of institutions. Its broad purpose was to provide guidance to children in their leisure time activities. It set up and conducted clubs in various neighborhoods in which the use of books and story-telling figured prominently. These groups were most frequently formed at the request of case work agencies or parents. Sometimes, approximating the department's present practice, a club was set up to meet a particular child's individual needs. Often, however, they were established in response to neighborhood needs. The clubs were generally led by interested volunteers.

With the inception of the branch library system and the

1 Ralph Kolodny, "Research Project for the Department of Neighborhood Clubs", p.1.

2 Charles Birtwell, "Home Libraries", p.6.

growth of group work agencies, such as Boy and Girl Scouts, boys' clubs, settlements and the like, the department began to shift its methods and emphasis. Agencies of various types, case work, psychiatric and medical, turned increasingly to the department, now utilizing its services for children who, for one reason or another, were unable to make use of regular group work agencies. These children fell into three general categories: 1) those who could not go out of their homes because of illness, 2) those who, as members of a regular group work agency, presented too many behaviour problems to be effectively helped by such an agency, and 3) those who, because of personality problems, could not or would not participate in the programs of ordinary group work agencies.

In 1947 the department changed its name to the Department of Neighborhood Clubs. Professional workers and standards came more and more to the fore in departmental operation. The department became more sparing and selective in its use of volunteers.

Its main effort at present is directed toward helping, through carefully planned group experiences under competent guidance, children in any part of metropolitan Boston who are faced with emotional difficulties arising out of chronic illness, physical handicap or personality problems. The referrals of such children to the department come from clinics, hospitals, case work and sometimes other group work agencies.

With few exceptions, these groups are organized around one referred child. Such exceptions are the groups for the hard of hearing in which all of the children are referred by the Guild for the Hard of Hearing and several groups which have been referred to the department as already existing units by settlement houses. These group referrals are accepted in the department as a unit and a worker takes over leadership of this group with no changes in its membership. The worker meets with the boys in their own neighborhood in a settlement house, church, school, or any other similar institution. In some cases the groups meet in one of the member's homes. When a group is referred to the department as a unit it is because all of the group's members have similar problems. For example, the hard of hearing group was referred as a unit because all of the boys in the group were hard of hearing and had to make an adjustment to wearing their hearing aids. In most cases the members of any club conducted by the department are simply children who are acquainted with the referred child, live in his neighborhood, and are of his approximate age. They fall, for the most part, into the rough category of "normal" children.

The initial contact or referral contact with the referring agency is just the beginning for the department worker. After the worker confers with the referring agency and determines the nature of the referred individual's problem he then

proceeds to contact the individual and his family. It is through this meeting that the worker interprets the function of the department to the individual and his parents. The formation of a group for the referred child is discussed and plans made for possible members and meeting dates. In some cases the referred child has specific friends for the group. In others the worker meets with the school in the area, discusses the group and asks the teacher or principal to suggest children they feel would be appropriate for such an experience. The children recommended are then met by the worker. They are informed of the group's formation and asked if they would like to be members. When two or three members are secured the first meeting of the group is held. The clubs usually meet in homes, but occasionally in schools, churches, or similar institutions. The department worker endeavors to maintain close contact with the continuing agency in the case of referred children, helping in treatment and gradually moving the child into social relationships. This effort is made by contacting the community resources and calling on them for cooperation.

Occasionally the Department receives a referral it cannot accept. In recognizing its limitations the Department has made an effort to establish a criterion for determining the acceptability of a case. At present the following is the

extent of recorded reasons for rejecting cases.³

Geographic: When the referred lives too far from the department for the worker to attend meetings in the child's home with a reasonable amount of travel. No exact limits have been established, but an effort toward limiting the geographical area to greater Boston is being made.

Resistance to all social agencies: Cases where the DNC cannot make contact with the child or the parents are unwilling to accept this kind of service.

Insufficient time available for work: Where a family is moving to another city within a short period of time, and the worker feels little could be accomplished.

Problem not as presented in the referral: When an agency refers a child with an explanation of his problem and the Department finds, through investigation, that the problem is not as stated. For example, where it is felt that no problem exists or that the problem is too severe for the Department to handle.

Child not able to fit into a group: When it is felt that a group would not help the child's problem. For example, the case of an unmarried fifteen year old mother was rejected.

Problem too disturbing to other children: Where the child's problem would make it unwise to expose other "normal"

³ Information obtained through personal interview with Marjory Warren, Director of DNC.

children to his behavior.

The bulk of the work of the department is carried on by a professional staff of four. They are assisted by students, part-time paid leaders, and volunteers, carefully selected and limited in number. The staff members are social workers with special group work training, in addition to a knowledge of case work. The expansion of the department's service must proceed slowly since, in addition to the fact that this service is still in the formative stage, social workers with the case work and group work background required are as yet few in number.

CHAPTER III

PHILOSOPHY AND PROCESS OF SOCIAL GROUP WORK

Development

During the last century the efforts of individuals to help others in need brought about the beginning of social work. At first the social workers directed their efforts for correction of the social ills toward the people whose needs were of a social and personal nature. With further development of this effort came a division in the method of approach to the social problems. Some individuals concentrated their efforts toward the development of recreational and educational services. Others continued to help individuals with their social and personal problems. Those who worked with people in groups were the pioneers in the group work field, and the workers who continued to help people on an individual basis developed the case work process establishing methods, objectives, and the professional field of case work. It took until 1935 for the group work process to reach a point where it received acceptance as a method of social work. The two events that indicated this acceptance were, the Social Work Year Book carried a description of social group work, and a group work section of the National Conference of Social Work was organized.¹

¹ Gertrude Wildon, Group Work and Case Work Their Relationship and Practice, p.1.

Process and Aims

"Social group work is a process and method¹ through which individuals in groups...are helped by a worker to relate themselves to other people and to experience growth opportunities in accordance with their needs and capacities. In social group work, the group itself is utilized by the individual with the help of the worker as a primary means of personality growth, change, and development for the group as a whole as a result of guided group interaction."²

The above definition of group work embodies the principles and purposes of group work as practiced by the DNC as well as group work in general. However, in order more fully to define the nature of the department's work it is necessary to list some modifications to this statement. In every case referred to the department for a group there is a situation involving a handicapped child. The handicap may be in any one of several forms; such as a physical or medical problem, an emotional or behaviour problem, or one of anti-social behaviour. Regardless of the form the handicap and its effect may take, it is important for the worker to be aware of the child's problem and its implications for the group experience.

"Each individual is unique in his capacities and needs, his interests and emotional drives. By the time he is old enough to come to...the group his personality has already taken shape in patterns of aggressive or submissive behaviour in many unconscious needs which will determine how he makes use of any group experience."³

2 Harleigh B. Trecker, Social Group Work Principles and Practices.

3 Grace Coyle, Group Work with American Youth, p.72.

As a result of their handicaps many of the children referred to the department have grossly exaggerated needs and drives. The worker must constantly be aware of and be prepared to deal with the manifestations of these.

When preparing a program for a group constructed around a referred child it is necessary that the worker consider the nature of the child's difficulty. In many cases this requires a highly selective type of program specifically designed to help the child with his particular problem yet at the same time meet the needs of the other "normal" members of the group. The focus is the referred individual but not to the neglect of the rest of the group. The individual is helped through a carefully planned and protected group experience.

As the social worker finds it necessary to assume different roles with the group from time to time, he also will find it essential that he be aware of his own personality, and not allow his own needs to seek gratification at the expense of the group.

"It means disciplinal learning about oneself in relation to one's own work with human beings. The worker must be able to accept love, hate, or resistance from members without becoming conceited, discouraged, or angry. The conscious use of one's personality is essential."⁴

In her book, "Therapeutic Group Work With Children",

4 Gisela Konopka, Therapeutic Group Work with Children, p.4.

Gisela Konopka states,

"The worker must recognize the pattern of the group before him, and must understand group relations; he must not manipulate the group for his own purposes, but use the group to keep each individual in the best way possible."⁵

This is one of the most difficult areas in the social worker's development, and has become one of the aims of the professional study in the field of social work.

The ultimate success of group work depends on the relationship the worker is able to establish with the group. This relationship is determined by the degree of acceptance the group has for the worker. In order to achieve this it is paramount that the group feel in the worker the stability of a mature person who is accepting and understanding of their problems and above all of themselves as individuals. The members of the group must constantly be aware of the worker's love and concern for them. At the same time it is essential that the worker make every effort to eliminate any subjective feelings or involvements between himself and the individual members as well as the group.

"The love of human beings is the core of professional social work; without love there is no intrinsic value in any service of any social service agency.

The members feel...loved and accepted because the worker's tested reaction has proved to them that they do not have to be good to be loved by him. The worker puts no premium

⁵ Ibid., p.6.

upon his attitude toward them. They can neither buy his affection by 'being very good' nor lose it by 'being very bad'. The worker is frank in his approval or disapproval of their behaviour and is just as clear in his recognition of the naturalness of the feeling which lies in back of this behaviour."⁶

Group work at the DNC is somewhat complicated by the presence in each group of one or more referred children. This makes it necessary for the worker to endeavor to achieve more specific objectives for these individuals through the group experience than he sets for the remainder of the group. This must be done without neglecting or overlooking the needs of the other members. For example, a group formed for a fourteen year old boy with osteogenesis must have a program designed to fit his specific limitations. He cannot take part in active games or sports so the activities for the group must center around arts and crafts. The other members of the group are healthy thirteen and fourteen year old boys who like outdoor activities and all kinds of athletics. They will participate in an arts and crafts program but they need more diversion. This need can be met by having games such as horseshoes and bowling which involve action and skill but not to the extent that it will be dangerous for the referred boy.

In many cases the "normal" children in the group are

⁶ Gertrude Wilson and Gladys Ryland, Social Group Work Practices, p. 85.

aware of the referred child's difficulty and the worker finds it necessary to interpret this difficulty to them. This brings out a better understanding of the child's handicap. In spite of this understanding on the other members' part of the referred child the worker finds it necessary to protect the child from experiences which would be harmful. For example, the members may want to go swimming when the referred youngster is not capable of this, but at the same time not willing to mention it. The worker must step in and either through direct interpretation or by suggesting another activity relieve the child of this pressure. While protecting the child in some instances the worker must guard against the child's developing a dependency which will prevent any growth in the group that would contribute to progress for the referred. The worker must observe how the child uses the group and the worker, and how the child functions in a group situation.

Therapeutically, the worker can use the group in many ways. Some of these uses are listed below.

"Use of program to release aggression in order to achieve individual growth and social acceptance.

Use of group structure as a substitute for unsatisfactory home environment.

Use of group discussion to sublimate strong undirected ego drives.

Use of group leader relationship to resolve

sibling rivalry."⁷

In expressing his views on the value of working with individuals in groups Oscar Sternbach indicates that a leader who has understanding and the intention and opportunity to make use of the understanding could promote real personality changes within the group membership which would be as therapeutic as those achieved through individual therapy.⁸

⁷ Graenum Berger, "The Group Worker and Psychiatry," American Journal of Orthopsychiatry, pp. 455-456.

⁸ Oscar Sternbach, "The Dynamics of Psychotherapy in the Group," Journal of Child Psychiatry, p. 91.

CHAPTER IV

SOME CHARACTERISTICS OF THE GROUP

A survey of the twenty-three cases under study will give a picture of some characteristics of the cases as a whole. The statistical data will be presented in tables of the referring agencies, methods of referral, types of problems of the children, and age range of the children.

Referring Agencies

TABLE I
SOURCE OF REFERRAL

Referring agency	No. of referrals
Children's Aid Association (Case Work Department)	24
Children's Medical Center	7
Church Home Society	1
Family Society (Jamaica Plain)	1
Family Society (Waltham)	1
Guild for the Hard of Hearing	1*
Habit Clinic for Child Guidance	1
Judge Baker Guidance Clinic	1
Massachusetts General Hospital	1
North Bennett Street Industrial School	1*
Ruggles Street Nursery	1
St. Hubert's School Board	1*
South End House	1
U. C. S. (Information Service)	1
Visiting Nurse Association (Charlestown)	1
Y. M. H. A.	1
Total	23

4 One of these is a group referral.

* Group referrals.

More than one-third of the referrals were made by hospitals, the largest source being the Children's Medical Center. In all but one of the medical referrals the problem was a physical handicap with severe emotional concomitants. This was the referral of the group of hard of hearing boys. Of the three referrals received from group work agencies two were individuals referred for help with behaviour problems the group work agencies could not cope with. Five of the referrals came from case work agencies. Schools accounted for two referrals and two individuals were referred by psychiatric clinics.

The twenty-three referrals were made by sixteen agencies. Four of these agencies were case work agencies, two were psychiatric clinics, two were hospitals, three were group work agencies, two were schools, one a Visiting Nurses Association, one a Guild for Hard of Hearing, and one the United Community Services (Information Service).

The Referred Children

The individuals referred for medical problems had accompanying emotional disturbances and difficulty with adjustment to their limitations. Those children with medical problems of a chronic nature were retarded in their social relations and in six of the cases the referred child had no social contacts. The five hard of hearing children were experiencing difficulty in their school adjustment as well as

their social relations. The twelve individuals referred for anti-social behaviour include two individual referrals and one referral of a group from the North Bennett Street Industrial School. This group was referred as pre-delinquent and the referring agency pointed out that the individual members of the group had records of stealing and general delinquency. The five hard of hearing boys were referred by the Boston Guild for the Hard of Hearing. They were referred as a group with all of the individual members having similar problems.

TABLE II
TYPES OF PROBLEMS REFERRED

Problems	No. of referrals
Behaviour & Emotionally Disturbed	
Anti-social	3
Aggressiveness	5
Mentally Deficient	1
School failure	2
Withdrawal	3
Schizophrenic	1
Total Behaviour & Emotionally Disturbed	15
Medical	
Chronic Nephritis	1
Congenital Cardiac Condition	1
Epilepsy	2
Hard of Hearing	1
Hemophilia	1
Osteogenesis	1
Spinal Cord Tumor	1
Total Medical	8
Total referrals	23

Another group referral is found in the twenty-two withdrawn individuals. Twenty of these children were referred by the St. Hubert's School. The doctor's statement of the general problem was, "The children are all withdrawn and the schizoid type." In all of the cases studied the referral was made because the referring agencies felt that a protected, specially designed group experience with an individual as leader, who understood the nature of the problem would improve the the child's situation.

Age Range of Group

The age range and scatter is indicated in the following table.

TABLE III

AGE RANGE OF THE REFERRED INDIVIDUALS STUDIED

Years	No. of Children
7 - 7.9	4
8 - 8.9	9
9 - 9.9	6
10 - 10.9	5
11 - 11.9	9
12 - 12.9	7
13 - 13.9	7
14 - 14.9	7
15 - 15.9	1
Total	<u>55</u>

From the above table it is apparent that all of the twenty-three referrals were concerned with children between

the ages seven years and sixteen years. The fifty-five individuals shown in the above table were the total number of children involved in the twenty-three referrals studied. Nineteen of the referrals were individuals. The four group referrals involved thirty-six children thus bringing the total to fifty-five. Of these fifty-five children nineteen were girls and thirty-six were boys. No conclusions can be drawn from the distribution according to sex since two of the group referrals involving fifteen individuals were groups of boys. This naturally tends to distort the overall picture.

Methods of Referral

The following table indicates the methods of referral for the twenty-three cases under study.

TABLE IV
METHODS OF REFERRAL

Method used	No. of referrals
Letter	1
Telephone	2
Telephone and letter	2
Telephone and conference	11
Telephone, letter, and conference	7
Total	23

The method of referral is of primary importance to the department since all of the referrals are disturbed children, and a complete understanding of the nature of the problem as

well as background and current material concerning the child is essential to the formulation of objectives for the child's group experience.

In eighteen of the twenty-three referrals a conference was used as the method of referral with some other form of communication. That a conference was involved in the referral of seventy-eight per cent of the cases is a result of the department's procedure in accepting referrals. The department realizes that the severe nature of the referred child's disturbance makes it necessary that all of the information obtainable be collected before deciding the department's role in the case. When the department receives a referral either by telephone or letter every effort is made to follow the initial contact with a conference. This conference is in the majority of cases between the DNC's worker and the referring agency's worker.

CHAPTER V

CASE ABSTRACTS

In this chapter, seven of the twenty-three cases studied are presented. The twenty-three cases under study fall into three groups on the basis of the child's problem. These categories are medical, emotional and behaviour problems. Of the twenty-three cases studied eight had medical problems, eight were behaviour difficulties, and seven were concerned with emotional disturbances. Two cases from each of the above categories will be presented. Four of the twenty-three were group referrals. The seventh case to be presented in this chapter will be selected from these four group referrals.

It is the writer's purpose in this chapter to bring out the varying nature of the cases accepted by the DNC, in addition to studying the reasons for the referrals.

The first two cases represent the medical category.

A George W.

George, a thirteen year old boy, was referred to the DNC by the Children's Medical Center with a diagnosis of osteogenesis. It is hereditary and in this case George's mother, brother aged nine, and sister aged seven have it in a mild form. George's case was so severe that he had twenty-five fractures. In one instance his leg broke while he was sitting in bed. He could feel it breaking, and they took him to the hospital to check and found he was right. George had become very fearful of further fractures and was even afraid to walk with crutches. George was attending the clinic every other week and they were trying to help him overcome his fear. The family

moved from another state to Massachusetts to be near the Children's Medical Center because no ordinary doctor could treat this condition. George's father continued to work in their home state and came home once a week after they moved. Because of his condition he did not attend school but had a home teacher come in four hours a week. He was in the sixth grade, liked to read, and was a very friendly, well liked boy, but was very lonely. George's mother was as fearful of George's condition as he was and would not have the neighborhood children in to play with him. While he was in the hospital he particularly enjoyed leather craft and other crafts. Because of this the social worker at the clinic felt that he would enjoy a crafts program.

The doctors felt that with proper treatment as he matures he will outgrow the most serious phases of the disease and would not be permanently handicapped by it. They also felt that his fearfulness about his condition was based on reality and yet it was something he needed to overcome. The doctors felt that association with boys his own age and interests he could share were very important steps toward recovery for him at that time. The purpose of the referral was stated by the worker as, "To provide George with association with children his own age so that he will be less fearful and introspective about his own condition."

When the referral was made to DNC a worker called on the family and interpreted the department's service. The mother wanted to make all of the arrangements for the membership of the group to be formed. After a discussion with the worker the mother decided to go to the local school and ask the principal for suggestions for boys who might be suitable for the group. With an understanding of the nature of the group the principal suggested four boys who were not as active as most boys fourteen years old. Since the group was to meet in her home the mother felt that five members would be the maximum.

The major activities of the club were crafts. They constructed model airplanes, automobiles, etc. On several occasions they took short trips.

The worker at the clinic referred George on the basis of of the doctor's statement of George's need to overcome his

fears and the effect association with boys his own age would have in helping him achieve this. It was felt that George would outgrow the most serious phases of his disease but the doctor's concern was with the emotional implications of his present situation. It was in this area that the doctors felt the DNC could fit into George's treatment, by providing him with a group experience and specifically designed activities to interest George and the other boys who would be members of the group.

B Mary R.

The Orthopedic Social Service, Children's Medical Center referred Mary, a twelve year old girl, to DNC for a group program. Mary had a spinal cord tumor which paralyzed her from the waist down and gave her urinary incontinence as well. She also had congenital dislocation of her hips, for which she had just had surgery. The hospital had planned to readmit her for an abductor muscle transplant of her right hip. Her parents gave her physiotherapy four times a day following her operation. At the time of referral Mary was able to sit in a chair for about fifteen minutes four times a day. Prior to her last surgery Mary had been able to walk with the aid of crutches and it was hoped that the current procedures would help her walking ability. She will always need crutches. Mary's father was employed and earned an adequate salary, and the family carried hospital and health insurance which helped defray the tremendous expense of Mary's medical case, but they found it necessary for Mary's mother to work. A grandmother cared for Mary and her younger sister during the day.

Mary was in the sixth grade always having had a home teacher. It had never been possible for her to attend school because of her urinary incontinence in addition to her many orthopedic problems. Despite her medical problems she had made a fairly good adjustment, and whenever she was in

the hospitals she was very sociable and friendly. She was interested in all of the craft work which was done in the wards and enjoyed her association with the other children. Everyone who worked with Mary was concerned that she had not had more opportunity to be around children her own age. Mary's mother expressed great interest in the department's work when informed that a group could be formed for Mary. The purpose of this referral was, "To provide Mary with a group through which she will have more opportunity to be around children her own age, and to help her gain more friends."

When the referral was made to DNC a department worker called on Mary and her mother to interpret the service and discuss the formation of a group for Mary. The mother and Mary suggested girls they would like in the club and agreed to contact them. Mary could not leave the house so the club was to meet in her home. The group was formed and had four girls, Mary, and her sister as members. As the group progressed with their arts and crafts program the worker maintained close contact with the doctors constantly checking Mary's condition. When the doctors felt it was safe the group planned a trip.

In this case and case A the children's physical handicaps had all but isolated them from any contact with children their own age, and it was the opinion of the referring agency that this type of association was most essential to their emotional development and adjustment to their life situation. In three other referrals with medical problems, John with epilepsy, Gloria with chronic nephritis, and Lea with congenital heart disease, the referring agency included similar statements regarding their reason for referral. In these cases the children's problems had prevented them from normal social relationships. The doctors and social workers involved in these five cases recognized the importance of this aspect of

the individual's life and referred the cases to DNC for an attempt at remedying this situation. Of the three remaining medical referrals, one was a group of hard of hearing boys referred for help in making an adjustment to wearing their hearing aids. Another child, with epilepsy, was referred for a group experience that might help her get along with her own family. The eighth referral was made to help a boy with hemophilia to overcome his depression about his condition.

The following two cases are representative of those where emotional disturbances were the basis for the child's difficulty.

C Richard V

Richard was seven and a half years old when referred to the department from the Habit Clinic for Child Guidance. His mother had expressed his difficulties as being lack of attention in school, temper tantrums, and poor social adjustment. He was an only child. The most threatening manifestation of Richard's conflicts was his feminine mannerisms and preference for play with small boys and girls.

Three years prior to the referral Richard's father died and soon after that his mother lost her baby a few days after its birth. Since the death of the father Richard's mother had been receiving Aid to Dependent Children. Richard had been seeing a psychiatrist at the clinic weekly for a period of five months when this referral was made to the DNC. The referral letter stated their diagnosis of Richard's problems as follows. "His behaviour at the clinic has revealed his conflicts about being a boy, his fear of aggression as well as his inability to handle this aggression. He expresses his aggression by being petulant and mincing, and we feel that Richard needs a group experience with boys his own age, where, under the leadership of a man, he can be given acceptance and

and encouragement toward expressing his aggression in more boyish ways."

Following the referral the department worker called on Richard and discussed the formation of a group for Richard. The mother took the initiative and agreed to consult the school Richard attended as well as talk with her neighbors. Richard suggested several names of boys he knew that he would like to have in the club. The club had a male leader and met at Richard's home. There were seven members in the club. The members were selected by Richard and his mother.

Once again a referring agency was looking for a protected group experience for the child with a leader who understood the nature of the boy's disturbance and could provide activities aimed at aiding the child in working out his feelings. In this case it was felt imperative that the boy have a male figure to establish a relationship with since he has no father in the home. In this referral it can be seen that the referring worker is more specific in describing how he feels the group can be used to help the boy with his problems than the workers were in the cases involving medical problems. This will be discussed more fully later in this chapter.

D Thomas T

Thomas, a ten year old boy who tested 'slow normal', was referred to the DNC by the Church Home Society. He was in the third grade and having trouble concentrating. It appeared that he was blocked in learning. He would not talk with the worker at the referring agency, and the worker was not able to get to any of his feelings about this situation. He was quite withdrawn and had not formed any close relationships with other boys. His mother was extremely overprotective and ambivalent about being a mother. She appeared to

be an intense and dominant person with a tendency to impose her likes and dislikes on her family when possible. At this point little was known of the father. Thomas had two younger brothers in the home. On one or two occasions Thomas had started a fire in a dump. The reason given for the referral was: To provide Thomas with a more understanding aggressive father figure, and bring about some improvement in his relationships with women.

A male worker from the DNC called on Thomas and explained the service of the department and how he might have a club if he would like. Thomas and his mother knew several boys they would like in the group and they made the necessary contacts with these boys before the first meeting of the group was scheduled. After the group had met several times Thomas' mother suggested several activities for the group and seemed to show interest in the group's progress.

It was felt that a relationship with an adult through a group experience might be less threatening to Thomas than a direct case work relationship. The membership of the group was limited to four boys in an effort to protect Thomas from the tensions resulting from forming too many new relationships at one time.

The next two cases to be presented were selected from the eight referrals for problems of behaviour. In the discussion appearing at the end of this chapter the similarities of these eight cases referred because of their behaviour problems will be enumerated for purposes of determining the different uses the referring agencies make of the DNC.

E Harry S.

Harry was eleven years old when he was referred

to the DNC by the Y. M. H. A.¹ The referring agency's letter indicated that Harry had become quite anti-social and pointed out that he had never been able to become a part of a friendship or interest group in their agency. His behaviour had become more aggressive. He was constantly getting into fights with the boys and grabbing the girls' hats and tormenting the younger girls. The worker at the referring agency found it necessary to prohibit Harry from the building. The worker talked with Harry's mother, who is divorced from her husband, about the possibility of referring Harry for psychiatric help. This proved to be too threatening for her, and the worker then discussed the work of the DNC. She expressed interest in this type of program, and contact with this department was made.

Harry had a younger brother who also appeared to have severe problems. There was intense sibling rivalry between the two boys. Harry was described by the referring worker as a bright and lovable boy who would 'soak up' affection from an adult whom he trusts and admires. The reason for the referral of this case to the DNC was to "help the situation concerning this boy's anti-social behaviour."

After conferring with the referring agency the worker from DNC met with Harry and his parents and explained the work of the department to them. They felt that a club would be a good thing for Harry and Harry and his mother suggested the boys who would be invited to be members of the group.

The referring agency in this case, a group work agency, felt that this boy's behaviour had become so aggressive, that they could no longer cope with it. Recognizing the therapeutic nature of the group work the department does they referred Harry feeling the DNC could provide the help he needed.

F Doris K

A branch of the South End House referred Doris, a

1 Young Men's Hebrew Association

fourteen year old girl. The staff there felt that her behaviour indicated that she was in need of more help than a settlement house program could give her. She was a well-built attractive girl. In the past she had been rebellious and aggressive. She had intense hostility for her mother and all adults. The family had been known to several social agencies during the last ten years. During that time there had been seven different complaints to the Society for the Prevention of Cruelty to Children mostly concerning the parents' drunkenness and their abuse of their children. At the time of referral both parents were members of Alcoholic Anonymous, but were not able to stay away from alcohol. The mother was charged with desertion of her youngest children, and at the time of referral her case was being continued in court. The parents were separated, and the mother was caring for the children. Doris' mother was hostile and rejecting of Doris from the time of her birth. She can describe Doris' behaviour but sees no cause for it. Doris had to assume a good deal of responsibility for her younger brother because of her mother's irresponsibility. For this reason Doris was described by her school teachers as 'unstable and flighty'. Her attendance at school was always irregular. She had one older brother in the service and one younger brother at home. Doris was facing a serious problem at home and was reacting by behaving erratically. The pressures at home prevented her from participating in a normal group.

Through a conference with the case worker and DNC worker specific objectives of the referral for a group experience were formed. "Provide the protection of a small group with a leader who could allow for her instability and irregularity. Present a program which would be flexible so that it would not interfere with her responsibilities at home and select members on her level so that she would not be overwhelmed by competition." It was hoped that the group would be of diagnostic value to help determine whether Doris needed group placement or individual treatment. The referring workers also hoped that the group program would stimulate Doris towards a feminine interest in herself, her clothes, her manners, etc. Finally it was felt she needed a young female leader for support.

The worker from DNC maintained close contact

with the other agencies concerned with this case. A group was formed with the mother's permission and several of Doris' girl friends were invited to become members. The worker met with Doris several times during the week in addition to the group meetings. Discussions were had with Doris' mother in an effort to improve the relations between Doris and her mother. On two occasions Doris and her mother were in court and the DNC worker accompanied Doris at her request. Both in the group and outside of the group the worker tried to give Doris the support and security of a stable adult relationship.

The reason for referral in this case was a result of a conference between the referring workers and a worker from the DNC. This conference was held after the initial, less specific, referral was received by the department. The combined feelings of the workers involved with Doris and her problems, felt the above objectives could be set and through the continued cooperation of all agencies concerned some progress toward these goals could be made. The child's situation was a complicated one in which the DNC was called on to aid diagnostically as well as to work toward improvement in Doris' overall problem.

Four of the twenty-three cases studied in this thesis were cases in which a group was referred, as a unit, to the department. One of these referred groups will now be discussed

G Group 05

Group 05 was referred to DNC by the Boston Guild for the Hard of Hearing. The group had never met together prior to referral. The Guild had been working with these boys on an individual basis, helping them with their lip reading and speech

difficulties. At this time the Guild felt that these five boys were ready for a group experience through which they could develop some security in relationships with other boys of their own age. Each of the five boys referred had a severe loss of hearing and found it necessary to wear a hearing aid to school and to the movies. All of the members had been hard of hearing from birth. For this reason they were not able to develop their speech since they could not hear words pronounced. The parents discovered the boys' hearing difficulties when they were three or four years old and brought them to the Guild where they were fitted for hearing aids and given lip reading and speech training classes.

The boys were grateful at first for the opportunity to have a hearing aid. As they grew older and entered school, they became less and less enthusiastic about wearing their aids when they realized that other children felt they were different and called them names like, "there goes that jerk with the walkie talkie". The Guild felt that the DNC could help the boys with beginning social relationships and enable them to make satisfactory adjustments to the group and to their own handicap. The ultimate goal of the group experience was to help the members move out of the protective group situation to groups in their own community. For eight and nine year olds this was a long range goal and it was felt that it would take two years to approach its completion.

This group was referred to the department to give the individual members support and security in their efforts to socialize with boys who had similar problems and gradually help them to move out to normal social contacts.

As in the case of the two medical referrals, this group was referred in order to aid the children with their social development which had been impeded by their handicap. Only one of the boys had friends outside of the group. For these boys the association with others their own age was an entirely new experience, since they met with other children

only in school.

Discussion

Of the eight children referred because of medical problems or physical handicaps, six included in the purpose of referral a statement indicating the need for a group experience which would provide the children with opportunities for association with children their own age. The seventh referral was made to give a fifteen year old girl with a congenital cardiac condition from which she will not recover a group experience which would help make her brief life happier and richer in spite of her physical limitations. The eighth case in this category was referred to help a boy overcome his depression which was a result of his having hemophilia. Three of the first six cases mentioned had additional statements in their referrals. More specific goals were: to help the child be less fearful and introspective about his own condition, for further study and observation of the child, to enable child accept her physical limitations since her chances for survival depend upon this acceptance.

Of the seven referrals involving emotional disturbances three cases stated a common purpose. These three children were referred for a group experience to help them relate to other children their own age. One was diagnosed as schizophrenic, and two were shy and withdrawn. Two of the remaining

four referrals were made in order that the boys have a male figure to relate to and understand them. The sixth was referred so that a sixteen year old girl could receive help in her relationship with her mother and in gaining independence. She also needed help with her feelings of inadequacy and hostility which grew out of family disturbances complicating her problems of adolescence. The last referral in this category was a group of twenty children who tended toward the "passive schizoid type". The objectives of the referral were to develop more facility in social relationships, provide a climate where later on perhaps individual and group therapy could be introduced.

The remaining eight referrals of this study were made because of behaviour problems. Four of these were individual children with aggressive behaviour. Two others were described as anti-social. One of these was a group referral and the other was an individual referral. In both of these cases the referring agencies felt that a stable male leader could help develop attitudes in the children of a more positive nature.

One of the remaining cases was referred to help a boy adjust in school and work through some of his feelings around his family situation. The eighth referral was to help a mentally deficient boy "develop and grow into a useful member of society".

In this chapter the nature of the problem of the referred individuals has been stated and the purpose of the referrals has been presented. From the foregoing information it can be said that all of the agencies using the DNC have definite goals in mind for their clients and feel that the department can aid in helping them achieve these goals. In every case referred to the department there was a specific statement included in the referral relating the effect the worker hoped the DNC would have on their client through their work. In all of these twenty-three referrals overall objectives were stated. The formulation of immediate goals which would lead to the achievement of the longer range objectives was left in the hands of the DNC.

Other agencies use the DNC as an aid and supplement to the help they were giving to their clients. This was true in seventy per cent of the referrals of this study. The other thirty per cent of the cases were referred to DNC as their sole source of help.

CHAPTER VI

SUMMARY AND CONCLUSIONS

The purpose of this study was an attempt to discover what uses other social agencies were making of the DNC, the group work department of the Children's Aid Association. Some of the questions it made an effort to answer are: What agencies use the DNC? What are the types of problems the Department accepts? What are the reasons for these referrals? How are groups formed for referred children?

This study has included twenty-three referrals to the DNC by social agencies in the Boston area. Four of these referrals were groups. All of the twenty-three cases were taken from the active file of the DNC for the period from September 1952 to April 1953. This period was chosen as it provided the most recent material and it seemed to be fairly representative of the trend in the DNC.

The twenty-three referrals were made by sixteen agencies. Four of these agencies were case work agencies, two were psychiatric clinics, two were hospitals, three were group work agencies, two were schools, one a Visiting Nurse Association, one Guild for the Hard of Hearing, and one the United Community Services (Information Service).

The children in the study were between the ages, seven and sixteen years.

Abstracts of seven of the twenty-three cases under study

were presented. Two cases from each of the sub-divisions, medical, emotional, and behaviour problems were included in the presentation. Some of the uses of the department by other social agencies were then studied through the examination of the reasons for referral of all of the twenty-three cases as stated in the referring contact with the Department.

The range of problems referred was rather extensive covering medical, emotional, and behaviour difficulties. Eight of the cases were medical, seven were emotional, and the remaining eight were behaviour problems. In all but one of the medical cases it was found difficult to separate the emotional concomitants from the physical handicap and its reality factors.

The method of referral was found to be affected by the policy of the DNC which is to include a conference with the referring worker in every referral possible. In eighteen of the twenty-three cases studied a conference was included as a part of the referral. This is necessary in order that the department worker have a precise understanding of the child's problems. Seventy-eight per cent or eighteen referrals were made through a conference combined with another form of communication such as telephone or letter.

The Department has set limitations on the cases that it can accept. These are, geographic, cases with resistance to

service, insufficient time for service, problem not as presented in referral, problem too disturbing to other children in the group.

It has been shown that the groups are formed by the worker from the department conferring with the referred child and his parent. From this the worker and the child's parent consult community resources for members for the group. When schools, churches, and other agencies are consulted for members a brief explanation is made to the agencies so they have a clear picture of the type of individuals desired.

In addition to forming a group for the referred child the DNC continues contacts with the family of the child and with the agency continuing in the case. The worker tries to build a closer relationship with the referred individual and family in addition to gaining a better understanding of the problems involved by maintaining individual contacts with the children as well as meeting them in groups.

Some of the uses of the DNC by other social agencies are to help the individual with his social development, to promote his emotional growth, and to aid in the development of his relations with adults. More specifically, the Department has been used to provide the child with opportunities for more contacts with other children his own age and to gain more friends. To promote his emotional development the Department provides the protection of a small group with a

leader who can allow for the child's instability and irregularity, help the child overcome depression which is a result of his feelings about his handicap, enable him to express his aggression in a more normal and accepted manner, help chronically handicapped children accept their limitations and make a successful adjustment to their life situation, aid in the development of the child's relations with adults, help the family of the child understand the exact nature of the child's disturbance and be more accepting of the child, help the child and his family accept psychiatric help for the child, parents, or siblings. In one case the Department was asked to provide a climate where later on individual or group therapy could be introduced. It was also seen that agencies use DNC to aid in gaining a full picture of the child for purposes of diagnosing for further treatment or placement.

The department is given some referrals because the agencies involved feel that its services can provide a necessary and valuable supplement to their own. In sixteen cases, or seventy per cent of the referrals the department was used as an aid to supplement the help the children were receiving at the referring agencies. In the other seven cases, or thirty per cent of the referrals, the department was the sole agency providing help for the referred individuals.

It was seen that the referring agencies state the general objective for the referral in the referring contact with the Department. The formulation of immediate goals which will lead to the achievement of the long range objectives stated by the referring agencies, is the DNC's responsibility.

The social agencies of Boston use the Department of Neighborhood Clubs as a resource for individuals or groups who have problems with which they need help of the nature that the department extends. The major focus of the referrals is to furnish the individuals with a group experience under a professionally oriented worker who will provide the necessary protection to the referred individuals from the group members and themselves, at the same time assuring an understanding acceptance of the child, and offering whatever support is needed for him to function in the group.

The Department of Neighborhood Clubs is unique in this section of the country. Agencies are making increasing use of its services. As a member of a team the department maintains close contact with the continuing agency in the case of referred children, helping in moving the child gradually into social relationships. Through carrying on a special type of group work in a neighborhood setting it is gradually developing into a bridge between "the clinic" and "the community".

Approved:

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APPENDIX

Schedule Questions

- 1 Group number?
- 2 Referred child's name, date of birth, sex?
- 3 School adjustment child has made?
- 4 Age at time of referral?
- 5 Referring agency?
- 6 Reason for referral?
- 7 Method of referral?
- 8 Problem of referred child or group?
- 9 Date of referral?
- 10 Contacts with other agencies and individuals by DNC?
- 11 Size and purpose of group formed for child?