

The Problem Child in the Community - - A Reorientation

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THE treatment of the problem child by the community is frequently controlled by categorical classifications related to the types of social agencies existing in a community. These agencies, having served in the past certain types of children in need, are apt to continue to do so in the face of changing concepts in treatment trends. Having been organized frequently many years ago for the purpose of caring for various aspects of children's problems, they continue to do so without due regard to the shift that may have taken place in communal needs, the changes that may have occurred in treatment procedures, or the new concepts evolving in the fields of psychology, education and case work.

The prevailing classifications of children in need of community care in most communities, Jewish and others, are chiefly those of dependent, neglected, delinquent and defective. There are perhaps other minor classifications utilized in different communities, but these four constitute the major groupings into which children in need of community care are placed. In a community such as New York City, the dependent children who are placed away from their homes are cared for in institutions known as orphan homes, and foster homes; the defective group, of course, in state and municipal institutions for the mentally deficient; the neglected also in institutions still known as orphan homes or in foster homes, depending on the criteria of allocation employed at a given time; and the delinquent child, when committed, is sent to a reformatory or school for juvenile delinquents.

Now these classifications are artificial and are the remains of a static concept of child care. This artificiality is discernible in its most exaggerated form in the distinction that is made between the neglected and the delinquent child. Those who work in the Children's Courts of New York City and who concern themselves with psychological needs rather than legal category, will testify that more frequently than not the distinction between the neglected and the delinquent child is illusory. The unadjusted child may be declared by one judge delinquent and by another one neglected, depending upon his attitude toward stigmatizing the child by calling him delinquent or the ex-

tent to which he is willing to stigmatize the parent by calling the child neglected. There appears to be manifested in this differential determination an emphasis on the elements of blame or guilt. To what extent is the child to blame?—or to what extent is it the fault of the parents or the home? Has the child done sufficient wrong or has he been sufficiently troublesome to society to be called delinquent and to justify the stigma of this connotation? Or is it a matter of parental neglect, injudicious and unwholesome parental supervision? In this court setting the social worker naturally leans toward the concept of neglect because of the diminution of the penological connotation that this designation carries, as contrasted with the concept of delinquent, and most socially-minded judges do likewise. This tendency is interestingly illustrated when we take into consideration the percentages of children arraigned delinquent or neglected in the Children's Courts of New York City (Bronx and Manhattan) during the four year periods, 1926 to 1929, and 1930 to 1933.

YEARS	NEGLECT CHARGE			DELINQUENT CHARGE		
	Total	Jewish	% Jewish	Total	Jewish	% Jewish
1926-1929 inc. ...	10,412	1,444	13.8	16,147	2,374	14.6
1930-1933 inc. ...	12,049	1,995	16.5	14,067	1,953	13.8
Percent increase or decrease.....	+15.4	+38.1	—	-12.8	-17.7	—

For Jewish children the arraignments for neglect have increased 8% during the four year period, 1930-1933, as contrasted with the preceding four year period, 1926-1929. However, the arraignments for delinquency have decreased by 17.7% for the same two periods. In the very careful work of Robison¹ there is ample demonstration that the difference between official and unofficial delinquency is frequently small indeed, when the behavior patterns or symptoms complained of are analyzed in the light of the anti-social acts classified as delinquent in the New York City Children's Court code. She shows clearly the importance of the factors

¹ Sophia M. Robison: The Apparent Effects of the Factors of Race and Nationality on the Registration of Behavior as Delinquent in New York City in 1930. Publication of the American Sociological Society, Volume XXVIII, No. 2.

conditioning the differentiation between official and unofficial delinquency in terms of chances of arrest and non-arrest for similar behavior, such as economic status, race, nationality or geographical locality. In the Jewish group, especially, she discovers that the unofficial delinquent category of boys and girls, cared for or treated for their behavior problems by Jewish case work agencies, notably one agency in New York City devoted to the treatment of problems of personality in children, is unusually large and accounts in quite a measure for the lower rate in the Jewish group of official delinquency as determined by court arraignment. If this is true in the differentiation between legal delinquency and delinquent behavior unapprehended, how much more is it true in the distinction that is attempted between delinquency, as such, and neglect? It is futile, of course to attempt to determine the matter of responsibility, whether it be that of child, parent, home, or society, for this is frequently impossible, even if it were important to do so. In attempting, however, to make such determinations of responsibility, the Children's Court or the Department of Public Welfare or any other allocating medium deserts the sphere of therapeutic procedure and reverts to the legal origins and restrictions from which these social service instruments were supposedly liberated more than a quarter of a century ago. The judgments, if they are to be in any sense therapeutic and not penal, should concern themselves with the fundamental problems presented by the child, be they resulting largely from a disrupted or unwholesome home, or a typical personality pattern developed on the part of the child for one reason or another.

The child is in need of some form of treatment. It may be of a manipulative nature or it may require the skill of the personality therapist. The child is a problem child whether he is a problem to society (frequently called delinquent), or to himself, (sometimes called neglected). The child becomes the unit of concern and not the agency to which children are allocated for so-called reasons of dependency, neglect or delinquency. The child may require a controlled therapeutic situation, such as a specialized institution where the entire educational and community program is individualized to meet the special needs of each child sent there; or a semi-controlled environment such as a skilfully selected foster home with an emphasis on the personality needs of the child and the personality facilities of the home to meet these needs; or individual treatment in the homes of the children by skilled therapists concerned with the inner motivations

prompting the symptomatic behavior, as well as with the parent-child relationship bearing on the maladjustment. Problems in children for convenience may be roughly classified as those relating to socially unacceptable behavior (frequently called delinquent), those chiefly manifesting personality reactions such as seclusiveness, timidity, etc., (frequently called neurotic), and those who presumably suffer from defects in habit formation.²

In the light of these psychological classifications, (rough though they may be), and taking into consideration the findings pertaining to official and unofficial delinquency, it becomes self-evident how unsatisfactory, inaccurate and unworkable are such classifications as "neglect" and "delinquency." As a matter of fact, most of these socio-legal classifications are very frequently accidental with very little case work or psychological basis substantiating them. These classifications would not be, in and of themselves, so important an element in the community's care of the child, if they did not play so significant a role in the matter of disposition. Children who have problems and are considered "neglected" go to the orphan home or to the foster home; children who have problems but are considered "delinquent" go to the reformatory or to the so-called school for delinquents.

The differential treatment that should follow differential diagnosis based upon the fundamental personality problems of the child presented becomes difficult if not impossible; diagnoses are not diagnoses if they are not based on the real difficulties presented by the child. Institutions and agencies of undifferentiated service may fulfill the objectives of socio-legal diagnoses but cannot and do not meet psychological needs. This artificial disposition of children with problems not based upon therapeutic objectives results in care unsuited to the needs of the child due to erroneous differences that constitute the basis for the crude classifications made.

Let us now examine briefly and specifically certain aspects of the treatment of children with problems in a Jewish community such as New York City which, while it does not represent a typical situation, does reveal principles that are applicable to other communities when modified in the light of individual social service agency set-ups. These children with problems, as already indicated, may take on patterns of overt destructive behavior which is, of course, considered un-

² Child Guidance Clinics—The Commonwealth Fund—Stevenson & Smith, Harcourt, Brace, New York, 1934, Page 73.

desirable by society. On the other hand the pattern may be that of the neurotic, the conflict manifesting itself primarily as a problem for the child itself.³ In speaking of children, we include, of course, the adolescent up to 16 and sometimes up to 18 years of age. It will be conceded that the most desirable approach is that of the treatment of the child in its natural home, but in a number of instances upon analysis this is found to be impossible. Of course, we are assuming that the manipulatory and other forms of environmental change that can be effected for the purposes of removing the social stresses playing upon the child has been attempted. However, the treatment skills necessary for adequate results with a child delinquent or neurotic pattern unfortunately is to be found among relatively few social case workers and, we may say on the basis of experience, even fewer among the Jewish social case work group. The capacity to establish a therapeutic relationship that will result in the emotional release and emotional growth on the part of the child is one that depends to such a great extent upon the rare combination of the therapist's own personality adjustment, power of identification, and technical content, that great difficulty is experienced in the procurement of persons so equipped. It is strange that in spite of the fact that relationship therapy as it is currently practiced is largely based on psychoanalytic ideology, be it Freudian, Rankian or Aichhornian, relatively few case work therapists among the Jewish group are available. And yet we know that psychoanalysis in theory and practice is largely a contribution of the Jew.

An attempt was made some two years ago in a Jewish agency in New York City designed for the treatment of the problems of personality in children to procure competent and skilled case work therapists from existing Jewish case work agencies. It was surprising to find how few were available who could meet these qualifications even on a minimum plane and it was found necessary to recruit new personnel for this organization largely from other than Jewish case work sources. The majority of the new workers were obtained directly from schools of social work, child guidance clinics and non-sectarian agencies. This lack was felt particularly when personnel was sought for positions of case work leadership in the agency.

In an agency attempting to do child guidance work

³ For a concrete exposition of therapy with the delinquent as distinguished from the neurotic see: August Aichhorn, "Verwahrloste Jugend," *Internationaler Psychoanalytischer Verlag*, Vienna 1931.

for a large number of children, it becomes increasingly necessary and, according to some, even desirable, to place the total responsibility of the case work on the case worker. Since most of the effective results of treatment are obtained through the therapist-client relationship established, it is highly desirable to safeguard this relationship as much as possible from interference by the entry of others into the scene of treatment of a particular patient. Of course, the cost involved in staffing an organization with sufficient psychiatrists for other than consultation purposes or treatment of cases involving deep-set neuroses becomes prohibitive. In view of this important responsibility placed on the individual case worker, without proper training and adequate skills, more harm than good may result. Mere tampering with inner motivations and the fringes of the unconscious becomes a dangerous business. Thus the consideration of quality of personnel becomes most imperative. As a matter of fact, there is even a dearth of well equipped child guidance psychiatrists among the Jewish psychiatric group. It seems that for some reason or other therapists for children, be they case workers or psychiatrists, are available to a lesser extent among the Jewish group than in the general population, even though as already stated, the underlying content is largely a product of the Jew. While the social work schools are emphasizing to a greater extent than ever before in their curricula and training programs therapeutic skills, treatment proficiency is at present largely acquired in the agency itself. And while family and child care and other case work agencies have been incorporating in their procedures child guidance concepts, it is the agency that is especially adapted to the treatment of personality problems of childhood and adolescence that can render the most effective service for the problem child in its home situation. Due to this concentration on behavior motivation we may hope for discoveries and newly developed techniques for the treatment of personality illness from such special agencies. In the smaller communities, of course, particularly in the smaller Jewish community, case work agencies that do not have available child guidance or intensive treatment facilities can develop specialized departments for this intricate task. The Jewish agency particularly has a unique contribution to make in this field.

In the treatment of the problem child the time arrives, in the case of children whose difficulties are such as to require an additional instrument in treatment, for a controlled environment as part of the process.

This does not mean an "orphan home" or any institution with a set program and an educational curriculum similar to the one utilized in the public schools from which the children come. The environment in an institution utilized as an instrument of treatment is controlled in the interest of the individualized need of each boy or girl. The vocational, social and educational activities of the institution are all subordinated to the personality needs of the children who are not there to stay but to be treated. Every effort should be made to release and discover latent interests by a program of activities that is largely self-initiated and not adult-imposed; a program that is informal, individualized and integrated with the manual and vocational activities available. There are not many children generally who require this type of treatment but these children are not to be considered neglected or delinquent. They are children who have specific needs that can be met in the course of the treatment by a controlled environment situation. Nor is it necessary to look upon such an institution as a place of last resort, for when it is considered as a tool in treatment, it may serve the needs of the child even in the beginning of the treatment process. Among the Jewish institutions of the country it is doubtful whether there are many, if any, that can be characterized as tools in treatment. In one such place in New York City, an institution maintained by the Jewish Federation, a survey recently made by the progressive education group pointed to this type of therapeutic program. This institution, being an integral part of a larger organization concerned with the treatment of personality problems in children and adolescents, has not yet been modified sufficiently to be classed in the therapeutic category, but plans are under way to effect this modification.

Children who will go there will not be looked upon therefore as neglected, delinquent or dependent, but those who require the specific facilities that will be made available for them. Children requiring other facilities to meet their needs will be obliged to go to other institutions.

The foster home can and should be used as a tool in treatment, providing, however, that the foster homes are so selected as to form part of a treatment program. The wholesome and adequate homes that a foster home agency in most Jewish communities obtains for children who require placement for various reasons, frequently do not serve the needs of the child with complex personality problems. Psychiatric skill is needed to determine the type of home situation as well as the

temperament and insight of the parents required for the purpose of treatment of specific personality and emotional ills. It is not a matter alone of finding a wholesome home. It is a question of placing at the disposal of the child a home where his pent-up hostilities, anxieties, destructiveness, will be adequately dealt with on a therapeutic plane and where timidity and shyness will be looked upon as symptoms of underlying conflicts and difficulties requiring subtle and skillful handling on the part of the foster parents. Thus the foster home situation becomes the scene of treatment. It is rare, of course, that such foster parents can be obtained, but to speak of foster homes as treatment instruments on any other plane for children having deep-set emotional conflicts is futile.

In the City of New York (Manhattan and Bronx) approximately 3,800 Jewish children away from their homes were under the care of the Federation's child care agencies on December 31, 1933⁴ It is quite obvious that if the psychological criteria pertaining to fundamental needs of the child were considered in allocation, there would be a wide-spread re-distribution of the children now found in the various child care institutions and agencies. There are many children who have been placed in Jewish institutions in New York as well as elsewhere on the basis of artificial classifications. These institutions frequently do not possess the facilities necessary to meet the special needs presented by the problems of the child. It is not at all infrequent for an organization concerned with the care of children to resort to rationalizations with reference to treatment needs, and to minimize the seriousness of the problems found in the children, supposedly normal, in their care. Nor is it infrequent that an organization is willing to approximate or to feign treatment facilities by the creation of a psychiatric-psychological department in some far off corner of the institution unintegrated into the total treatment process of the child. And as for educational therapeutic devices—there is very little discernible in this direction.

The Jewish community becomes concerned with children who require care because of behavior problems relatively to a greater extent than other groups, as demonstrated by the fact that so many more Jewish children proportionally are cared for by social case work agencies; hence so many less get into the courts. It is to be remembered that in the State of New York alone, between two to three thousand additional beds

⁴ Jewish Social Work—1933, Bureau of Jewish Social Research—Table No. 23, Page 46.

are needed each year for the mentally ill of the entire State.

Two facts are known about the rate of psychoses (insanity) among Jews: (1) When psychoses in toto are considered, the rate is much lower for Jews than for non-Jews; (2) when the Jewish psychotics are considered as a unit, however, the rate for functional psychoses, such as Manic Depressive insanity and Dementia Praecox is higher within the Jewish group than within the non-Jewish group, i.e., the bulk of Jewish psychotics is in the functional group, the ratio for organic insanities being much lower than in the non-Jewish group.

To quote the figures of Malzberg:⁵

Jewish and non-Jewish admissions from New York City to the New York State Hospitals for Mental Disease 1925.

TYPE OF PSYCHOSES	FOR JEWS			FOR NON-JEWS		
	Number	% of Total Jewish Psychotics	Rate per 100,000 Jewish Population	Number	% of Total Non-Jewish Psychotics	Rate per 100,000 Non-Jewish Population
A. Functional (Total)	491	67.1	28.6	1696	48.1	39.1
1. Manic Depressive	171	23.4	10.0	491	13.9	11.3
2. Dementia Praecox	274	37.5	16.0	1023	29.1	23.5
3. Others.....	46	6.2	2.6	182	5.1	4.3
B. Organic.....	215	29.5	12.6	1647	46.8	37.9
C. Miscellaneous.....	25	3.4	1.5	180	5.1	4.1
D. Total.....	731	100.0	42.7	3523	100.0	81.1

From this table, it will be seen that the rate for total Jewish psychotics is 42.7 (column 3), for total non-Jewish psychotics it is 81.1 (column 6). However, the percentage of Jewish functional psychoses of the total Jewish insane is 67.1 (column 2), whereas, the percentage of the non-Jewish functional psychoses of the total non-Jewish insane is 48.1 (column 5). These results were later confirmed by comparable studies made in the Illinois and Massachusetts State Hospitals.

In all likelihood preventive therapeutic effort is possibly much more effective in the case of these functional psychoses than in other types of insanity and is surely a very potent and effective instrument in the reduc-

⁵ Mental Disease Among Jews—Benjamin Malzberg. Mental Hygiene—October 1930, Volume 14.

tion of the neuroses among the Jewish group (no actual figures have thus far been obtained to ascertain the extent of their prevalence among Jews). It is also to be remembered that while the Federal, State and Municipal governments are spending billions for material relief for all requiring help, including the Jewish needy, governmental expenditures for the treatment of problems in early childhood for the prevention of mental disease and criminality are practically non-existent. This work is still almost wholly in the area of private social work and it is here that the Jewish community can make a distinct contribution. It can do this by making available instruments of treatment of high standard, competent and technically equipped personnel, and a program of treatment of personality difficulties in their incipiency, preventing and reducing mental disease, criminality and general personality mal-adjustment.

Those of us who are concerned with social change, and of course all of us to a more or less extent are, might say that before any important contribution to personality adjustment can be effected, it is necessary that society undergo basic economic, political and social changes. No one can quarrel with this point of view. The fact is that conditions being what they are and what they may be for some time to come, personality integration, mental balance and emotional stability become imperative, particularly at a time of stress, uncertainty, and insecurity. It is in such times more than ever that we must look to mental hygiene and to the skill of the therapist to assist in preventing personality disorganizations on the part of children and their parents. The problem is a practical one and of immediate import, regardless of the course that social change might take. The Jewish community above any other undergoes additional stresses—due to the ethnic and cultural conflicts incident to Jewish life. This is particularly true at a time of economic dislocation. More than ever before should the Jewish community concern itself with the problems of personality among its children especially, as well as among its adults. It becomes increasingly the responsibility of the Jewish community to foster such programs of prevention in the field of mental and personality health because of the fact that the government is as yet a mild participant in this effort.

Jewish Transients in Relation to the Federal Transient Program

By MORRIS LEWIS

IN September 1932, Harry L. Lurie, Director of the Bureau of Jewish Social Research, wrote in a foreword to a study* made by Dr. Emma S. Schreiber: "It is hoped . . . that a realization of the problems involved, will result in the development of a natural cooperative effort among Jewish social agencies to plan for a more effective handling of this important social problem."

Two months later the New Deal administration was selected by the American electorate and rugged individualism retreated in favor of Federal responsibility for the public welfare. The National Industrial Recovery Act became the vehicle upon which the people of the country were to ride into a new era of prosperity. In rapid succession other recovery devices were created aiming at social, industrial, financial and agricultural phases of our dislocated economy.

With the passage of the Emergency Relief Act in May 1933, the Federal government assumed financial participation in and responsibility for the relief needs of all the people. The Act specifically included provisions for the care of "transients." Thus the Jewish transient also became the concern of government and the Jewish social agencies were apparently relieved of the need for a "national cooperative effort" directed at "effective handling of this important social problem."

In setting up the Federal Transient program, Dr. Ellen C. Potter, first Director of Transient Activities, outlined, in comprehensive form, the basic procedure necessary to the complete fulfillment of the mandate expressed in the Federal Relief Act of May 1933. The material upon which she drew was the result of the combined thinking and study of a group of social workers and laymen who make up the National Committee on the Care of the Transient and Homeless and on which the Bureau of Jewish Social Research represents the Jewish interest. The Committee found it necessary to blaze trails in social programming. It found little in the recorded experience or current practice from which it could derive a positive approach.

*) "The Jewish Transient"—Published by the Bureau of Jewish Social Research.

The religious interest which motivated most of the private agencies dealing with homeless people could not be incorporated in the governmental picture. Public agencies engaged in treating the problem had become too rigid to permit a broadening of policy or attitude which dynamic changes made necessary. Moreover, protective considerations, expressed in an aggressive application of settlement laws, left the transient group exposed to a shunting policy which added to their mobility and contributed even more to their insecurity.

In projecting its program, the F.E.R.A. assumed complete financial responsibility for the care of transients and offered to assist in the administrative costs involved in the treatment of local homeless. The latter step was taken because of a conviction that the transient forces were being augmented by the local homeless individuals who were not generally included in an adequate local relief program. By including the local homeless in the administrative set-up it was hoped that the Transient Division might effect some of the preventive aspects of the problem. Similarities in the plight of these unattached individuals indicated the need for a central intake service designed to cope with the common need—homelessness—of residents as well as non-residents. There is considerable disparity between the standards of treatment and service extended by the F.E.R.A. program for transients and those usually obtaining in local communities on behalf of resident unattached persons. The effort to establish an inclusive program met with resistance in many communities because of the difference in financing. Rather than endanger the standards adapted by the F.E.R.A., the transient program was pushed independently in the hope that local administrations would undertake comparable treatment measures.

The Federation program proceeded upon an experimental basis. While the Memorandum prepared by Dr. Potter and released by the F.E.R.A. Administration on July 26, 1933 indicated the general direction of the Division's interest, it provided a broad framework within which the several states could adapt their programs to meet local or regional peculiarities.