

COMMENT *

by FRANCES L. BEATMAN

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DR. Schreiber has presented us with a scholarly survey of the history of family agency services and isolated for us some of the factors which influenced the development of casework counseling in Jewish family agencies. Since the practical value of history is the extent to which it can help us determine a wise future course, Dr. Schreiber attempts to draw some parallel in the situation of 25 years ago with that of today. He feels it significant that today's choices are quite similar to those considered a quarter of a century ago. He places before us the alternatives either of assuming greater responsibility for meeting social and environmental needs or of helping families with relationship problems, considering them to be in some way oppositional. Dr. Schreiber states that this determination will need to be made by a critical analysis of practice and objectives, of client need and the existing community resources for meeting these needs.

The climate in which we are making the choice is described by Dr. Schreiber as that of a comparatively affluent society which has provided public assistance for the basic maintenance needs of those unable to provide for themselves, an

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increasingly adequate social security program and a maturing professional theory and practice.

I should like to establish a somewhat different frame of reference. It is significant that the initiation of counseling services in the family agency is still treated as a by-product of the Depression. The literature is replete with reference to the fact that the advent of large scale public assistance programs robbed the family agency of its traditional service and, as though an agency's function is selected from a restaurant menu, some family agencies then decided to go into the counseling business. A subtle attitude which has run tandem with this is that these agencies and the professionals involved felt a prestige and social value in maintaining these services and that inevitably this course led away from dealing with the more basic, more troubled and poorer families in our communities.

Actually, the development of counseling as a method of help stems from the same charge and the same professional goals as those which involve family agencies in relief-giving, homemaker services, vocational guidance and the manifold other supportive services we use today in order to enable families to improve their social functioning and to develop an appropriate environment

for their members. The function of the family agency, large or small, in a community which has adequate or inadequate public assistance programs, is the preservation of, the restoration of, or the creation of the kind of family functioning which will enable its members to carry their various roles within and outside the family. The problem with which the individual family is struggling, the capacity of the family as a group and as individuals, plus our current professional development dictate the treatment method and resources which will be used to intervene in negative family processes and to strengthen positive family functioning.

To continue with our frame of reference, the family agency carries the primary responsibility among voluntary social institutions for helping troubled families meet their social role responsibilities. Yet, it is most difficult for many of us to discuss objectively the core of services and skills which need to be developed in order to meet this charge. People immediately take sides, with a religious passion, about whether counseling methods should be carried by a family agency or whether the family agency should devote itself solely to developing concrete services. The fact is that the family agency undertakes or omits concrete services, usually as a result of the organization and adequacy of other, largely public services in the community—far more than that the family agency made some arbitrary delimitation. Whatever concrete services the family agency does develop are not to be confused with its function or its fundamental purpose, which remains the same, concrete services or no. That purpose is to do a professional job in helping with family rehabilitation, to the extent that skills and knowledge permit.

An additional reason why I consider an issue of counseling versus concrete services to be a straw man is that I

know of no family agency in the country, Jewish or other, which limits the application of the marginal or economically underprivileged families, nor which turns a deaf ear to gross inadequacies in the public assistance programs in its community.

But, some may say, these people who need concrete service tend not to come to an agency voluntarily; they need to be "reached," sought out, encouraged to try the agency help. Here, too, I would say that the family agency record of effort is by and large a good one with this group. Family agencies throughout the country have developed many projects and expended much effort trying to determine ways to reach "the hard to reach," to treat the "hard core" families. True, successes have been few and most modest.

This suggests what is really the problem, and that is the existence of not only certain affirmative potentials, but also negative limitations in our skill and knowledge as a practicing field. With certain kinds of family problems, we have demonstrated our helpfulness, and with others, such as those where socio-economic marginality is a partial expression of psychosis or certain character disorders, we are still relatively handicapped. A danger is that activity itself be mistaken for constructive professional service. Activity for activity's sake is not the answer. Well-founded, carefully examined and evaluated attempts to solve these difficult problems *are* the way to go about it. Trying to advance our knowledge in this area is a continuing charge on our field.

Elsewhere we have reported a project aimed at keeping marginal families intact and averting their dissolution through child placement. There are some postulates that we have learned through a hard experience of several years with a large client group; but stimulating though they may be, we know we are

barely scratching the surface of a massive problem in our field, a problem not of lack of professional interest or desire to help, but of inadequately evolved theory and insufficiently forged tools. These are not questions of counseling versus concrete services.

I obviously feel that the determination of the services to be used in any specific situation depends upon differential evaluation of need, method and goals. For some families this evaluation will include the use of concrete services, for others, counseling will be the sole service, and for some a combination of services will be indicated. The services a family agency gives is determined by *both* the presented needs and by the tools we have available for the accomplishment of our purpose, or the implementation of our function—family rehabilitation.

There are, however, certain determinations which casework agencies do have to make, and on these determinations hinge the future development and course of the field. There are professional and institutional obligations to explore, evaluate, and seek means of validation of our services. As a profession our obligation is to develop a clear, conceptual

frame of reference for our work, to define those areas of our theory and practice which require validation, to isolate those questions which will lend themselves to research; and above all, to develop procedures for testing our results and sorting our successes from our failures.

As a social institution dealing with a most important national resource—our families—we carry the obligation of making our knowledge of family processes and dynamics available for public consumption. And the fact that our agencies treat families in trouble meets only part of this responsibility. Our obligation to the larger community can only be met as we more clearly assume a responsibility for developing in families the strengths which enable them to cope with the inevitable strains and stresses of growth. This means organizing our data and formulating it so that it can be used to educate people; it means combining with other social institutions so that sources of infections and potential danger can be wiped out. And these combinations may lead us to legislators, the courts, the school system, and religious institutions.

RESIDENTIAL TREATMENT OF EMOTIONALLY DISTURBED CHILDREN; AN EVALUATION OF 15 YEARS' EXPERIENCE *

by HAROLD SILVER

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THIS paper will deal with 54 children (35 boys and 19 girls) placed by the Jewish Family and Children's Service of Detroit in two residential treatment centers (Bellefaire and Hawthorne-Cedar Knolls) during the 15-year period 1942-1957. The principal purpose of the study was to determine the relationship between successful treatment and several key factors in the case histories of these children.

Previous to their placement, 39 of the children had a poor school adjustment; 14 had an adequate adjustment. Included in the category of poor school adjustment were truancy, uncontrolled behavior, personality disorder and non-conformity. Of significance was the inability of these children to relate to their peer groups and their defiance of authority.

Only 17 of the 54 children had no history of previous attempts at treatment. Three children had been in residential treatment centers previously; 4 had been

in private psychiatric care; and 30 had received help from a social or psychiatric agency. Community resources used were: special schools, child guidance clinics, research hospitals, foster homes, specialized camps.

Diagnostic Categories

All children were classified into 4 diagnostic categories on the basis of the case record material. These categories and the number of children in each are:

1. Neurotic acting-out 26 (48%)
(Continued bids for attention; disturbing behavior; promiscuous acting-out with boys)
2. Neurotic and non-acting-out. . . 9 (17%)
(Refusal to eat, periods of depression; unfounded complaints of illnesses; attitude of resignation; failing in school; "seeming to be in another world")
3. Character disorders 13 (24%)
(Defiance of all authority; expectation of unlimited access to parents' car, money, etc.; staying away until all hours; association with disreputable man; invitation to his home of boys who pilfered valuable mementos of his mother)
4. Psychotic type disorders. 6 (11%)
(No friends, extremely sensitive, depressed, suicidal threats; defensive snobbish-

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