LOS ANGELES' EXPERIENCE IN CHILD GUIDANCE WORK

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IN MAY, 1923, Miss Mildred C. Scoville, a representative of The National Committee for Mental Hygiene, came to Los Angeles in order to consult with persons in this city who are interested in mental hygiene, concerning the feasibility of introducing child guidance work here.

She brought information to the effect that the Commonwealth Fund had placed at the disposal of The National Committee for Mental Hygiene financial means for the purpose of organizing demonstration child guidance clinics in various cities in the United States. Twenty-five cities, besides Los Angeles, had already been negotiating for the purpose of securing such a demonstration clinic. All requests for such demonstrations could not be granted, and it was understood that only a small number of cities would be selected on the basis of possessing the most highly developed social agencies, which would work in co-operation with the demonstration clinic.

One of the requirements of The National Committee for Mental Hygiene was that local authorities undertake to organize and finance, to the extent of a minimum annual budget of $25,000, a permanent child guidance clinic to be maintained along the lines of the demonstration clinic. In the event of this city being chosen to receive the demonstration clinic, the latter would operate here for one year.

Great interest in this project was aroused in this community, and, when a few months later Dr. V. V. Anderson of The National Committee paid a visit to this city, in order to investigate the local situation and to proceed further with negotiations, a new organization was created, the name of which was Mental Hygiene Organization of Los Angeles County.

I need not enter here upon the discussion of the full scope of activities which this organization has planned. It was understood that during the first year of its existence it would concentrate its efforts almost exclusively on the problem of securing for this city a demonstration clinic, to be financed for one year by the Commonwealth Fund, and to be conducted under the auspices of The National Committee for Mental Hygiene.

The organization succeeded in attracting a number of prominent and influential persons in this community and securing quarters for the demonstration clinic in the Anita M. Baldwin Hospital for Babies, with the addition of an adjoining building and part of another building also adjoining, on the grounds of the California Lutheran Hospital. The local mental hygiene organization succeeded in securing not only funds for meeting its own expenses, but also pledges for funds necessary to maintain a permanent child guidance clinic, according to the requirements of The National Committee for Mental Hygiene.

The work of this organization resulted in Los Angeles being chosen from among twenty-six cities in the United States as the location for the demonstration clinic, which was then available. The clinic staff arrived, preliminary organization work was quickly accomplished, the quarters were prepared, and the new clinic was formally opened for the reception of patients on February 12, 1924.

The plans of the Commonwealth Fund involved the expenditure of between fifty and sixty thousand dollars during the year of demonstration. The demonstration clinic staff consists of a director, chief of staff, two psychologists, a chief of social service, six psychiatric social workers, a clinic manager, a statistician, and stenographers.

A local volunteer staff was then secured for work in connection with the child guidance clinic, the time given for such work by each member of the volunteer staff varying from one-half a day per week to full time. The volunteer staff consists of between thirty and forty members, including neuropsychiatrists, physicians and surgeons representing other medical specialties, psychologists, and social workers connected with various social agencies in the community, such as the Juvenile Court, Probation Department, Bureau of Catholic Charities, Federation of Jewish Welfare Organizations, the city schools, etc.

While the work of the demonstration clinic was to consist mainly of investigation and diagnosis, that of the local social agencies was to consist mainly in referring cases to the clinic and carrying out therapeutic recommendations resulting from the investigation and diagnosis.

The aim of the child guidance clinic is preventive work along the lines of mental hygiene. The theory is that such work is feasible; that is to say, that the prevention of mental disorders and of severe social maladjustment occurring on the basis of such mental disorders can best be prevented by taking cognizance of behavior abnormalities and evidences of beginning maladjustment in childhood.

It is obviously difficult, if not impossible, to demonstrate fully the effectiveness of such work. In a given case it may be judged, from the behavior and psychic abnormality presented by the child, that such child, if not taken in hand and properly treated, is threatened with development of grave, perhaps chronic and deteriorating, mental disorders; and it is not so difficult to show that measures of treatment in the given cases have been effective, insofar as they have removed the difficulties observed before the treatment was instituted. But it is never possible to say that, had the child been left without such attention, it might not have found a readjustment spontaneously and would surely have drifted toward the bad ending of which it was judged to be in danger. On the other hand, it can easily be shown that under conditions of the best possible management and mental hygiene measures the readjustment sought in some cases fails to materialize, and the bad

ending anticipated happens, in spite of all that is done.

The work of child guidance must and will be carried on by those who, in the absence of positive demonstration, have faith in the proposition that the problems of childhood maladjustment, and of all that it leads to later on, will not take care of themselves as well as they would be taken care of with the aid of careful and thorough investigation, diagnosis and treatment of each individual case.

It has been estimated that during the first year of its work the child guidance clinic can handle about five hundred cases. When one considers the amount of money and energy expended in order to take care of this number of cases, it will readily be thought that this work is expensive. It is true that during the demonstration year much of the work of the clinic is work of education, organization, developing a system of co-operation between the clinic and various social agencies, introducing mental hygiene functions in the operations of the social agencies themselves, and developing local machinery for the carrying out of a standard technic. It is probable that after the year's demonstration the child guidance clinic will be in a position to do its work more quickly and at lesser expense. Nevertheless, a careful selection of clinical material will always be in order.

The Child Guidance Clinic can never afford, for instance, the spending of much of its energy and time upon cases of marked mental deficiency, or upon other cases in which the problem obviously would be met only by permanent institutional custody. It is hoped merely that a too ready resort to institutional custody, which may prove detrimental rather than beneficial to a child, may be avoided in many selected cases.

In this connection it may be pointed out that social maladjustment in childhood, as well as in later life, arises on the basis of both constitutional and environmental causes. It is the opinion of many who have studied these problems that probably in no case are either the constitutional or environmental causes alone responsible for the maladjustment, but always a combination of the two. The most difficult task in any given case is to measure exactly the relative importance of each of these two groups of causes. Constitutional causes are probably not susceptible of much modification, and cases in which these causes may be judged to be of the greater relative importance are those which the clinic would not select for its most intensive work. The clinic proposes to select rather those cases in which the more modifiable environmental causes are of the greater relative importance.

It follows from what has been said that no cases can be rejected outright by the clinic. The clinic must and will undertake at least that amount of investigation of every case that is brought to it, which would suffice for a fairly reliable judgment, to the effect that the less modifiable constitutional factors are relatively of such great importance that further expenditure of time and energy on the part of the clinic would not be justified. In such a case the clinic would proceed to recommend the taking over of the case by an institution or such other social agency which may be properly charged with its further management.

The clinic procedure contains nothing that is new in mental science, except perhaps as it involves a more complete organization for the carrying out of all that we know has to be done. A child, upon being brought to the clinic becomes the object of the following steps of investigation and treatment: 1. Social investigation, which includes history-taking and home investigation, investigation of its school record, etc. 2. Physical examination. 3. Psychological examination, which includes measurements of intelligence, educational achievement, and of special abilities and disabilities. 4. Psychiatric examination. 5. Plan of treatment, which may include medical, psychiatric, educational or social measures, or any combination of these.

It would be impossible for an individual, however expert, to carry out such a procedure. Every phase of the work requires years of specialization, and for that reason becomes a problem for a group of workers, such as a child guidance clinic is made up of.

The data that are gathered by the various members of the group, in the study of the case, are brought together and discussed at staff conferences, which are held daily; and at these conferences further investigation or special diagnostic procedures may be suggested, such as x-ray, lumbar puncture, or any other measure, for the clearing up of doubtful points. At these conferences also the treatment is outlined and decided upon.

The problem then remains of following up the case for the study of its progress and modifying the treatment from time to time, according to indications as they may arise.

The Child Guidance Clinic has now been in operation in Los Angeles three months. In the meantime the local mental hygiene organization became the Southern California Society for Mental Hygiene, because some adjoining counties in Southern California became interested in the progress of mental hygiene, have expressed a desire to participate in the movement, and in some instances have gone so far as to take steps towards the organization of child guidance clinics in their own community.

The Mental Hygiene Society has taken upon itself to provide publicity not only through the daily press and by means of public lectures, but also through the medium of a monthly publication known as the Mental Hygiene Bulletin of the Southern California Society for Mental Hygiene.

This publicity has resulted in bringing not only a sufficient number of cases to the clinic to furnish work to full capacity, but has resulted in a waiting list of patients.

A few days ago the director of the clinic kindly furnished me with a statistical statement of the work of the clinic up to date. I learn that 252 applicants have appeared at the clinic. Of these, 106 were brought by parents, 79 referred by schools, 41 by physicians and other clinics, and 26 by various social agencies.

The clinic has not been in existence a sufficient length of time to afford instances by which the results of its work might be demonstrated. However,

the director has furnished me with abstracts of two cases which will be of interest as illustrating rather common types of difficulty.

The first case is that of a girl, 7 years 9 months of age, referred to the clinic by her grandmother because of unmanageable behavior at home and temper tantrums. The maternal grandmother had suffered from a nervous breakdown. A great-aunt had had a manic-depressive psychosis, and an aunt suffered from goiter and was nervous and irritable. At home she was constantly the witness of psychotic and hypochondriacal symptoms exhibited by various members of the family, and her brother teased her and frightened her frequently. The grandfather told her ghost and other fear-inspiring stories. The great-aunt who was suffering from a manic-depressive attack was seen by the child continually weeping and complaining of various physical symptoms and even observed by her in a suicidal attempt.

When she was a mere baby of fifteen months she began to have temper tantrums, during which she would hold her breath, turn purple, and grow quite limp. These were occasioned by trifles, such as the brother taking bread and butter away from her, and they were treated by dashing cold water over her and on one occasion by holding her under the faucet. She constantly complains of headaches, stomachache, and pain in the heart. These complaints are much like those of her great-aunt and grandmother. At night she frequently has nightmares. Her imitation of the symptoms which she had observed in the grown-up people in the house has gone so far as to lead her to make suicidal threats, and her nightmares were apparently repetitions of the ghost stories which she had been told.

The treatment consisted mainly of changing the family's methods with her. A plan was outlined for the family in specific detail, and her symptoms almost completely disappeared with surprising promptness. There can be no question that immediate and direct beneficial results have been secured in this case, in which symptoms had persisted from infancy. Would she have been destined to become definitely and permanently psychoneurotic if not thus cared for? Has she now been secured against such an outcome? It is in the nature of things that these questions cannot be positively answered, but if there is anything at all in mental hygiene it would seem that the results already accomplished are unquestionably worth while.

The second case is that of a boy, aged 13 years 4 months, who was referred to the clinic because he had never been able to learn to read well, in spite of the fact that he had been rated as of superior intelligence on the basis of a mental test given him at school. Investigation revealed that he had a mental age of 15 years 9 months; that is to say, 2 years 5 months above his chronological age, while his educational age was only 11 years. In reading and spelling he had about a nine-year rating, and it was clear that his special reading disability had stood in the way of his general educational progress.

He was compelled to repeat the low second grade twice and the low third grade once, whereupon he was for five semesters in an opportunity room. At the time he was brought to the clinic he was in an upper remedial adjustment room, but had not been making satisfactory progress there. Being intelligent and ambitious, he was keenly conscious of his difficulty and humiliated by his failures. This had apparently resulted in the development of an inferiority complex, which was heightened by an overcritical attitude on the part of his mother.

As is well known, such a disability as this boy has can be readily removed by special methods of training, which make use of motor processes. The removal of his reading disability by such a method will remove the only existing obstacle to his educational progress, and will take away all occasion for any inferiority complex. Such treatment has been recommended in his case and will, of course, take several months to carry out.

Those of us who have taken part in the mental hygiene movement in Southern California, and have had to do with the organization of the child guidance clinic here, feel encouraged with the work so far accomplished. We feel that this community cannot afford to get along without child guidance provision, and we propose to do all in our power to help establish such provision in Los Angeles on a permanent basis.

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How to Prepare and to Deliver a Paper to a Medical Society—In an interesting discussion of this subject, E. S. Moorhead (Canadian Medical Association Journal) emphasizes the obvious truth that: "No speech and no paper was ever spoiled by being too short, but many have suffered from prolixity. My ideal is to leave my audience with a lingering regret that I had not gone on a little longer. Prepare your papers, prepare as long a paper as you like, and then revise it. Revise it with a blue pencil, and with two mottoes before you: 'Brevity is the soul of wit,' and 'Precise knowledge puts an end to all conversation.' When you have got your paper to this stage, proceed to revise the English; see that your sentences run smoothly; if similar terms have to be used frequently, consult that most valuable aid, Roget's Thesaurus, in order that the same word may not be used time and again. You must then read your paper aloud. Do it at home. Read it until your delivery is fluent and punctuation correct. Note whether you come within the time limit or not; if you exceed the limit, cut again. Never apologize for your address, either at the beginning or at the end. To me there is nothing more offensive than to be told by the speaker that he had hurriedly prepared his paper a short while before. IF A GROUP OF INTELLIGENT AND EDUCATED MEN PAY YOU THE COMPLIMENT OF COMING TO LISTEN TO YOU, THE LEAST THAT YOU CAN DO IS TO OFFER THE VERY BEST CONSTRUCTED MATERIAL THAT IS AT YOUR COMMAND."

"The State Journal"—"The journal of a state medical association should be something more than a periodical that prints the proceedings of the state association and perhaps an occasional report of a county medical society meeting," says Albert E. Bulson Jr., editor Indiana Medical Journal (Bulletin A. M. A.). "It ought to be a live, up-to-date medical journal, with departments devoted to original articles of the best type obtainable, news and personal notes of interest to the medical men of the state, society proceedings, a monthly report from the Council on Pharmacy and Chemistry of the A. M. A., and should reflect the doings of medicine everywhere. The editorial department should be full of pep, and always in support of the highest ideals of personal and professional conduct on the part of medical men. The editor should not be afraid to speak in disparagement of duplicity or unethical conduct, or to offer constructive criticism of conditions that concern the practice of medicine."