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1945

PASADENA CHILD GUIDANCE CLINIC

A Community Chest Agency

40 EAST DAYTON, CENTRAL PARK

PASADENA 2, CALIFORNIA

ANNUAL REPORT -- 1946

To the Board of Directors:

The following report is truly a staff project, involving teamwork, in which we heartily believe. A seminar discussion started us thinking. Then, each staff member and our Board President contributed to the actual writing. Dr. Roberta Crutcher, who wrote "Some Post War Trends", drew from a rich store of experience in the Veterans Psychiatric Clinic, where she sees fathers, and her experiences in our clinic, where she sees children. Dr. M. B. Durfee wrote the section, "Glimpses of Child Therapy", while Dr. Arthur R. Timme contributed "Miscellaneous Problems". Mrs. Mary Bowen, psychologist, wrote the portion on the flexibility and range of psychological testing. Miss Louise McKee contributed the statistical analyses, in collaboration with Mrs. Belcher and Mrs. Knox. Miss Heath simply put the pieces together, with a few additions. Mr. Brinton, our President, highlighted the Board's activities in 1946.

SOME POST WAR TRENDS - During the war years, we had an opportunity to observe the effects on the children of the fathers' absence from home and the problems resulting from this. In the past year, we have noted the effects of the return of the fathers to the homes. It is understood that we are dealing with selected cases, where there are problems, and are here referring to difficulties rather than the many cases where readjustment to civilian life was not particularly troublesome.

In some instances, the father had never seen the child as he was born after father's departure for overseas. In a few instances, the father had been away two or three years without a leave home. The father often returned with problems of adjustment within himself. Sometimes he was nervous, irritable, and demanding of his wife's time and attention. The child reacted by resentment to the appearance of this "stranger" in the home, this rival for his mother's attention and time. He sometimes showed his hostility and jealousy openly by telling father that he did not like him, and wishing he would go away. This would tend to arouse antagonism in father, who in his wrought up state, would retaliate. Mother found she had two quarreling children on her hands, and would then seek professional help. Sometimes the child, instead of expressing his hostility openly, would conceal it, but show some kind of behavior disorder. He would refuse to go to bed at night, he had nightmares, he became infantile in his behavior in order to get more of mother's attention. Sometimes even more serious symptoms developed, such as stuttering, negativism, withdrawal from people and activities.

In one case, a boy about four years of age developed severe stuttering when the father returned. The father had been gone for over two years and had not seen this boy since he was an infant. The mother had moved into the maternal grandparents' home during the father's absence in order to have help with the care of the children, and financially. There were two older children. The grandparents had been very indulgent toward the children, especially the youngest, whom they had babied, and for whom they now sought help. The father resented their "spoiling" and babying of the child and attempted to counteract this by showing more attention to the older children. This made the boy feel neglected and unloved by the father, whom he also regarded as an intruder. The troubled child acted even more babyish than before, resorting to thumb sucking and infantile temper tantrums. This increased the father's annoyance with the child. A vicious circle was set up, with the mother trying to act as go-between. She realized that expert help and advice was needed, and so came to the clinic. The parents' united efforts in understanding the child's

feelings and the reasons for his behavior helped them change their attitude toward the child. The result was growing confidence on the parents' part in dealing with the boy, which gave the child more support and encouragement. This, in turn, led to more confidence in himself, and improvement in his relationship to others.

In another case, there was a girl, aged seven, the eldest of five and the favorite of her father before he went into service. She missed him greatly and looked forward to his return. During his absence, she felt left out, as the mother favored the younger children, and of necessity had to give more time to them. When father came back, he was in a nervous and irritable state. He found it hard to re-adjust in his business. He had the additional burden of his parents, who were old, ill, and dependent upon him for support. The little girl, who had been so looking forward to her father's return, was shy when she first saw him and unable to express her feeling, probably because it was so strong. Father misinterpreted this as indifference and unresponsiveness. He accused her of being cold and unlovable. She was deeply hurt and withdrew into herself. Father countered by showing love and affection to the younger children. The girl became demanding of her mother, showed hostility to her brothers and sisters, and refused to cooperate in any way. Mother came to the clinic without realizing the source of the difficulties, which lay primarily in father's adjustment problems. She, too, had found father difficult and was all the more annoyed with the child for increasing her problems. In this instance, the parents were so involved in their own struggles and hurt feelings that they were neither ready nor willing to give the child much thought, to say nothing of considering her needs. They blamed the clinic for failure to make the child over.

The behavior disorders shown by these children are the same as those shown by children of all times, who are deprived of love and security and do not know what they can depend on from adults.

ELEMENTS IN SUCCESSFUL TREATMENT - Parents who are helped most are those who recognize that they have a problem and are willing to work actively on it. This is not easy. Not everyone can use clinic service. The majority who can make a beginning find the uncritical, understanding acceptance of the social worker helpful The social worker senses the struggle within the person in seeking and using clinic service and helps him to work through this struggle and to gain greater understanding of his problems in relation to the child.

Too long a waiting interval between the time the parent is first seen and planned appointment for the child or youth may or may not be a handicap, depending on the particular individual situation. Instances of considerable amelioration have occurred by the time the child is seen. This sometimes results from the mother gaining a clearer perspective of her own part in the problem, merely through the necessity of putting it into words. One cannot deny that shortage of psychiatric staff time is a real handicap for many children waiting too long for service. Intervals vary at different times of the year from a week to two months. Peak periods are apt to occur at the end of the school term.

An important part of the treatment is a careful analysis of the underlying reasons for children's behavior difficulties. The psychiatrist, being a physician, is alert to any health difficulties. Most of the children are already under medical care, but if not and they need treatment, they are referred to the proper source.

Effort has been made to keep the psychological testing program flexible, resulting in a more selective and varied approach. The kind and number of tests given, the time allotted to study of a child, varies according to circumstances. Through the testing, we hope to learn not only the child's native ability, but

how he is using it. We hope for hints as to how deep-seated the problem is and for a better understanding of how he is trying to solve it. What appears to be only unruly behavior, or a bad habit, is usually the child's unsuccessful effort to solve his problem. Sometimes, when the problem is not easily understood, a child is given more tests; for example, the Thematic Apperception Test, which often reveals significant aspects of the personality. The psychologist sees many children, especially those of the "teen age", more than once, as it is felt that a much more adequate picture of a child can thus be obtained.

The psychiatrist, by accepting the child as he is, establishes a relationship which permits the child to express his feelings freely. Through the understanding the child receives at the clinic, he acquires a new feeling about himself which improves his relationship to others.

GLIMPSES INTO CHILD THERAPY - Consider a typical working day with a child psychiatrist, which means a day different from any other day he has had or will have. No two children are the same, and what they do today is different from what they were last week or will be next.

Five-year-old Arthur bounces in for his hour, much more at ease than last week, which was his first visit. He wants to play with the modeling-clay dolls just as he has ended last hour, but this time a truck runs crashing over the baby, who is then smashed into small bits, after which the daddy takes the boy out for a ride in the toy car. With some help, Arthur clarifies some of the boy doll's feelings over the parents' spending so much time with the baby, who is a nuisance. Presently Arthur becomes more honest with himself than he was last week and drops the mask of being extremely fond of his baby sister. The psychiatrist speculates on how long it will take to swing the pendulum of feeling back from liberated resentment to an honest balance of feeling toward the baby.

Next hour, eleven-year-old Ronald launches into a lot of talk about magic. He has one of the magic-type comic books with him and presently talks about what might be done with magic rings and the like. Unlike many youngsters who would wish for power, wealth, or vengeance, Ronald would like to have a magic something like that owned by Peter Pan. In fact, he would like to have magic pills which would enable him to stay below school age indefinitely. The psychiatrist, who last hour was a five-year-old playfellow, now becomes a jolly adult who looks back with relief at having escaped the misery of childhood. In manner, more than in argument, he underlines the feeling that growing up into a workaday world is fun. By the end of the hour he feels rewarded in hearing Ronald begin to speculate on the chance of his becoming a cowboy, i.e. beginning to look forward to meeting life instead of wishing to cling to infancy.

The third visitor is Eloise, who has been subject to crying spells, particularly in relation to school. The psychiatrist now becomes one who looks with her at the fears of failing in arithmetic, failing to win a silver star for having done all of the health helps required for that award, or even being sent to the principal's office. Running through her talk and manner is much that betrays the presence of feelings of guilt. The psychiatrist restrains his curiosity, realizing that a successful "third degree" would give him the information he would like to have, but would put Eloise on the defensive from this point on. Instead, he contented himself with working out with her the idea that all of us feel at times that we are pretty bad. Eloise expresses some surprise at the notion that all of her playmates probably have such feelings. The thoughtful look on her face tells the therapist that some movement is going on. He refrains from killing the goose which may lay golden eggs.

Next, he sees Chester, who is trying to make up his mind about quitting. The boy proves quite clever in trying to pass the responsibility for this decision over onto the psychiatrist. However, he finds that the psychiatrist, having been through all this before, still leaves the responsibility for this emancipation up to him and helps him see that all such separations in life are difficult but indicate a growth in strength. In the end, he decides on a compromise. He will decide next visit just how many more times he will come to the clinic. The psychiatrist mentally makes an even-money bet with himself that the boy will come in next week announcing that visit to be the last.

Final patient for the day is a high school student, who has begun to experience some joy in self discovery. The psychiatrist becomes an extremely interested sharer of problem puzzles, never quite forgetting that to this particular youngster he has offered a fathering quite different from that the child's actual father gave. This happens to be particularly important this visit. The patient has just crashed into the insight that the dreams he has been having of his father being dead derive from a secret wish that his father were out of the way. The need to disprove this wish to himself explained his anxious and excessive interest in helping his father in slave-like fashion. Here again a glimpse is caught of a shedding of falsity and an approach to less-strained living.

So ends the day. Looking back over it, the psychiatrist thinks of how he might have improved his use of one child's play or another child's conversation. He wonders at what each youngster may show on the next visit, but makes few guesses, knowing that the surprise elements will put him on his toes and keep the job fascinating.

MISCELLANEOUS PROBLEMS - Not all problems that come to a Child Guidance Clinic need or lend themselves to the highly coordinated and skillful method of Play Therapy. There are quite a variety of situations which can be studied and treated in less time and call for a greater elasticity and variety of approach.

Many adolescent difficulties can be handled through one or more short individual contacts with the patient himself without the necessity of carrying a parent along in parallel interviews. For instance, Bob is showing increasing maladjustment in school and is beginning to stay out too late at night with undesirable companions. He was even suspected of drinking. It was never really proven that he did drink. The family were in the throes of pre-divorce tensions and upsetments. Bob meant to stick with Mother because Dad was so autocratic and domineering. His emotional conflicts were finding expression in hostile behavior and defiance of authority. In this case, both Bob and mother were given an opportunity to come in just to talk and unburden themselves. These were shorter and less frequent contacts than necessary in Play Therapy, but these interviews are seeming to help these people through a difficult time. The psychiatrist attempts to make no decisions for them, merely permitting them to "pour out" their troubles.

Another type of case is one with a large physical component in the causations of the difficulties. This does not mean that it is a medical case, because the Clinic plan does not undertake medical treatment. However, many of the overactive, nervous youngsters show, upon closer study and analysis, definite changes in the nervous system, which can be modified by certain medications, glandular preparations or what not. This type of treatment falls outside the scope of the podiatrician and belongs in the field of the neurologist. We deem it a proper activity for a Child Guidance Clinic in that it is a step toward the solution of a problem situation. For instance, Tommy, age ten, was a "thorn in the teacher's side". He was never still

and minded everybody's business but his own. Sometimes at home, when interested in piece of play, he might sit still for an hour or so. Otherwise he was a good example of constant motion. Closer analysis plus some laboratory studies indicated that his nervous system had received some damage during a febrile illness at the age of four. Shortly thereafter his nervous symptoms had begun and his hyperactivity grew especially rapidly after he experienced the additional stimulation of a larger group of children, as at school. His handicap and limitations were explained to the parents and school. When he began to be regarded as a sick rather than a bad child, the atmosphere changed. At the same time he was kept on a regime of medication and rest which soon lessened his excitability and hyperactivity to some degree. Thus, both external and internal pressures were removed and Tommy had a better chance to grow and develop. This type of treatment required shorter and less frequent contacts.

Other agencies may refer in children for a diagnostic study previous to placement in a boarding home or institution. Occasionally the adolescent comes in on his own accord for help. All these miscellaneous and variable cases can be given service with less expenditure of time and without the necessary team work of Play or Interview Therapy. These cases fall within the scope of Medical Director's activities at the present time.

COMMUNITY PARTICIPATION - The great need of time for actual work with parents and children leaves little time for the two full time social workers to attend meetings, committees, and to give community talks, except in the evening. Parents and children need to know that they can depend on coming to the Clinic for their regular weekly appointments. Until such time as we obtain our badly needed full time Director Psychiatrist, the Executive Director must carry her full load of case work, some therapy with children, as well as the Clinic administrative work and community contacts. Our three part time psychiatrists have given generously of their time to educational activities.

PRESIDENT'S SUMMARY OF BOARD ACTIVITIES - The Board's activities on behalf of the Clinic have greatly increased this year. The Personnel Practices Committee has worked hard and their recommendations are still under discussion. Through the Public Relations Committee's interest and stimulus, a booklet has been donated by Mrs. Philip Chandler, briefly describing the Clinic work, with an invitation for donations to a building fund. Distribution of this booklet is in the hands of the Public Relations Committee and now awaits Community Chest approval for proper timing. The Board approved the Bylaws Committee's recommendations, which include a major change, a constitutional amendment, stating that any director who is absent from three consecutive Board meetings without notification to the Clinic office, shall automatically be dropped. Two other active committees were Budget and Fees Committees. The Program Committee carefully planned Clinic work presentation by various members of the staff. Two meetings especially stand out: last spring's meeting at Mrs. Philip Chandler's home, when neighboring Child Guidance Clinic psychiatrists attended Dr. Durfee's presentation of Child Therapy; and the informal annual meeting held at Mrs. Victor E. Stork's home.

NATIONAL AFFILIATION - Our Clinic has the honor of being accepted as an associate charter member of the American Association of Psychiatric Clinics for Children, which was organized under the auspices of the National Association for Mental Hygiene. By affiliating with this Association our Clinic is joining with thirty-one established qualified clinics in a movement to broaden and strengthen this important clinical field in the United States. The standards of professional work in our field will be advanced and broadened by the integrated efforts of existing clinics which are now doing a standard of work that qualifies them for

membership. When we employ a full time psychiatrist as director we shall be entitled to become a full member of this Association.

FUTURE NEEDS - With the growth of the community and the increasing recognition of psychiatric needs for children, the Clinic and Board see the need for expansion of Clinic services. Growth invariably involves change. The staff appreciates the Board's recognition of two outstanding needs: a full time psychiatrist director, and larger quarters. Then will follow our responsibility in cooperating with recognized educational institutions in a training program for students in the fields of child psychiatry, psychology and psychiatric social work. The challenge of meeting present and future needs is great.

January 27, 1947

CASES GIVEN SERVICE

New cases given service - - - - - - - - 188
Old cases given service - - - - - - - - 69

Total cases given service - - - - - - - - - - 257

Average number of cases worked on each month - 61

New Cases

Referral by Sex

Boys 119
Girls 69

Referral by Age

2 through 4 --- 27
5 through 9 --- 76
10 through 13 -- 48
14 through 17 -- 37

Sources Referring New Cases

	1942	1943	1944	1945	1946
Agencies - - - - - - - - - -	19	20	27	19	16
Schools - - - - - - - - - -	49	51	66	77	94
Courts - - - - - - - - - -	3	2	4	5	2
Physicians - - - - - - - -	4	5	6	17	17
Parents, relatives, self -	9	20	21	22	33
Others - - - - - - - - - -	6	10	13	21	26
	90	108	137	161	188

Service Classification

Treatment - - - - - - - - 102
Diagnostic - - - - - - - - 39
Consultation - - - - - - - 47

Analysis of Work with Children and Parents

Number of children seen - - - - 185 in 788 interviews
Number of parents seen - - - - 252 in 1069 interviews
Interviews outside clinic - - - - - - - - 273

Total number of interviews - - - - - - - - - - 2130
Telephone calls and reports - - - - - - - - - - 1054