# Pasadena

# Child Guidance Clinic

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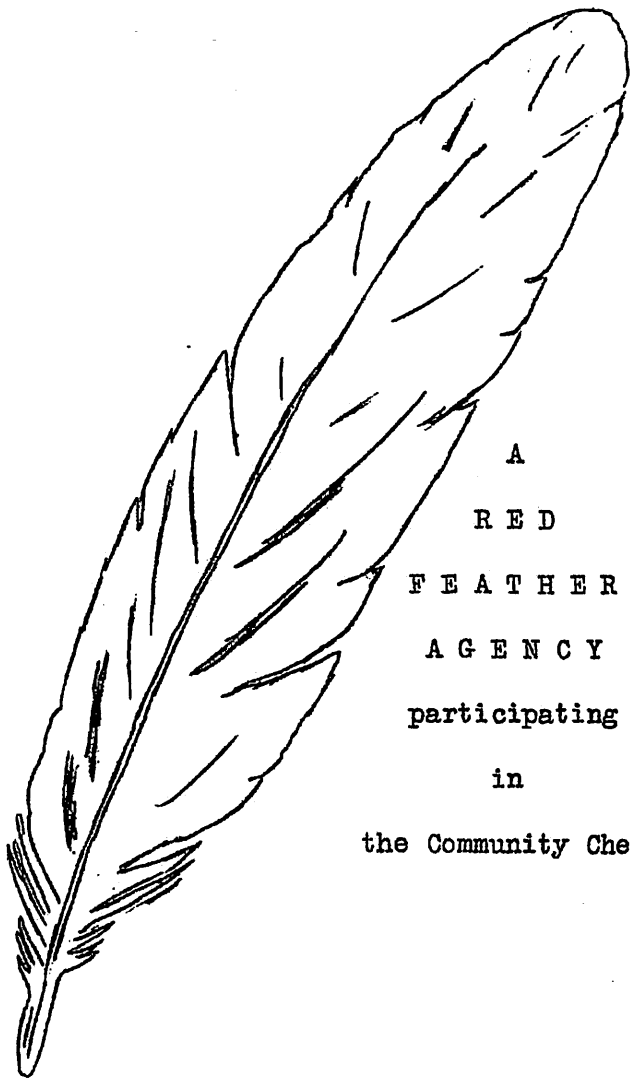

A

RED

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AGENCY

participating

in

the Community Chest


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# PASADENA CHILD GUIDANCE CLINIC

## I. WHAT IS A CHILD GUIDANCE CLINIC ?

This is preventive and curative mental health work for children, in their life-shaping years. A unique feature of a child guidance clinic is the coordinated teamwork of child psychiatrist, psychologist and psychiatric social worker, in treating disturbed children and their anxious, confused parents.

## II. WHY A CHILD GUIDANCE CLINIC ?

A child isn't born with the know how of living with his feelings, and formal education often teaches him much about his world but little about these inner forces, the forces that hold him back from carefree social life, fullpower effort in school, and a strong drive to grow to maturity.

## III. HISTORY OF THE CLINIC.

The particular community setting and way in which a clinic starts has long-range consequences for the future development of the clinic. In 1926, a Pasadena City school child welfare director aroused community interest in clinic service, but the high cost and difficulty of securing staff for a Pasadena clinic made this out of the question. The Pasadena Community Chest, then serving a population of about 72,000 allocated $4,314.80 to the Los Angeles Child Guidance Clinic for a social worker of their own and such psychiatric and psychological time as needed for her cases. The present Executive Director of the Clinic was requested to be this social worker. Several Pasadena citizens served on the Board governing the Los Angeles Child Guidance Clinic. In October, 1941, an advisory committee was suggested by the Los Angeles Clinic director and chosen by several interested Pasadena citizens and the clinic social worker. In three months this committee of seven became so identified with the clinic work and the great need for expansion that they petitioned for separation from the parent clinic and formed a separate board. Pasadena Child Guidance Clinic was incorporated in February, 1944. In 1956, our Red Feather Agency gave service to six areas - Altadena-Pasadena, Arcadia, La Canada, San Marino, San Gabriel and South Pasadena, serving a population of 272,796, with a budget of $47,577

## IV. WHO IS ELIGIBLE ?

Ages of the children range from 2 to 17 years. No one is excluded because of race or creed. Parents must reside or work within our five Community Chest areas. Fees are charged according to a sliding fee schedule so that no parent is denied service because he has no money to pay or has much. This fee is revised periodically by a Board and Staff Fee Committee. Do parents have to be sent by someone? No, any parent desiring and needing our help may telephone for an appointment. Some have the mistaken idea that referral must be made through physician, school or social agency. Most of the parents are "self-referred", having heard of the clinic through several sources, but finally prompted to act out of their own great need. Since our time is closely scheduled, appointments must be arranged.

## V. THE CLINIC'S PLACE IN THE COMMUNITIES SERVED:

Our clinic is the only psychiatric clinic for children in the six chest areas served. In 1955, we had referrals of new cases: schools 36%, agencies 8%, physicians 18%, courts 4%, self 26%, and others 8%.

Family agencies made referrals with the understanding that they will not be actively working with the family at the same time except in unusual situations. This seems sound as it would be confusing and costly to the family and community to be using case work at several agencies simultaneously. Institutions, such as Boy's and Girl's Aid and Children's Training Society may refer parents in our chest areas when parents can use case work while the children are seen in therapy.

At present one social worker handles all the cooperative cases. Staff conferences with agency workers may be handled informally by phone or involve meeting at the clinic with the social workers and psychiatrist.

Talks are given by various staff members in the community. Our Medical Director gives series of lectures through the Adult Education Department to parents, church and various professional groups. The Executive Director meets with visiting groups referred by the chest, students and interested citizens.

We have faith that our clinic renders a wide community service through individual treatment, cooperative work with other agencies and through general interpretive work of childrens' development and needs.

VI. TYPES OF SERVICES.

Inquiries: Anxious parents often inquire of physicians, and teachers about the clinic before they call us. Often the social worker hears from these referral sources and can help us make easier communication with the parent. Sometimes parents make several phone calls before they have the courage to finally come to the clinic. It takes warmth and skill to handle these inquiries. Case workers from other Red Feather agencies consult with us and we have certain treatment hours saved for such referrals.

Consultation Service:
Many parents are uncertain about using the clinic and the first informal interview helps clarify the decision. If the parents have one or several interviews with the social worker and do not go beyond that point, the service is termed "consultation"

Orientation Service:
In March, 1951 Brief Service, now called Orientation Service was begun, with a few cases selected by the Executive Director and Medical Director as suitable. After several months of successful operation, we extended this service to most of our new cases. This usually involves three interviews with mother, two with father, two therapy hours with the child, two appointments with the psychologist if needed, culminated by a parent conference attended by both parents, the psychiatrist and social worker.

As the word orientation signifies, this is an initial attempt to clarify the issues and define the problem. The time limit makes us all want to make each interview as profitable as possible. The three week period, after we start seeing the child, gives the parents an opportunity to get acquainted with our service without committing themselves at the outset to deep involvement which can be less fearsome. Our insistence on the father's participation has played into family unity and decision. Often mother will think father wants no part in the service or that he should only be brought in at the end. We have found that insistence on his participation at the outset

has helped enormously in starting the parents working together on the child's difficulties. The plan to proceed with Orientation Service is as much father's as mother's decision and the termination of this service in the parent conference brings us together in deciding whether to continue treatment.

Treatment:
If treatment is mutually agreed upon, at the Orientation Parent Conference, as necessary and desirable, parents await their turn to be called. We are flexiable in the use of our services. Sometimes we start continuing weekly treatment, that is simultaneous interviews for parent and child without first undertaking the Orientation Service. At other times, we may feel it necessary to dispense with the usual waiting period between Orientation Service and treatment.

There is no time limit for treatment cases. We are deeply mindful of using these treatment sessions to the best advantage, considering our staff limitations and the increasing demands.

There is always a waiting list for both Orientation and Treatment Services, the latter extending into many months.

Educational Services:
Visitors come from various clinics in this country and abroad. Students in high schools and colleges come to learn about our clinic work. Through our Volunteer Placement Bureau, another Red Feather agency, groups are seen at the clinic from the Junior League, Assistance League and other volunteers in local agencies. Nurses, counselors, teachers, physicians, and social workers may come singly or in groups. Dr. M. B. Durfee has been in demand for lectures to many parent groups, outside clinic hours, through the adult education department of the schools.

## VII. THE CLINIC TEAM.

The Psychiatric Social Worker:
The Psychiatric Social Worker interviews the parents. First the parents are seen without the child. The clinic sees what the problem is and can plan how best to help. The parent learns how the clinic works, plans how to present the clinic to the child so as to avoid upsets on his part, and finally the parent often gets a new insight into what the causes of trouble may be. Some may be helped toward referral to another type of agency which can better deal with their problem.

Usually while the child is seen by the psychiatrist, the parent is working with the social worker. Parents of adolescent children may come at a different time than the hour the youth is seen. Every effort is made to see the father at the most convenient time for him. The parent learns to get beyond wanting to smother symptoms but instead to discover what inner distresses occasion refusals to eat, wettings of beds, temper tantrums, daydreaming, or whatever signs the child gives of troubled inner life. From this the parent moves into how he can help heal and strengthen the child's emotional life. More and more fathers are taking part in this help, a welcome sign in a world which for many children is largely operated by women.

This last year one of our social workers has seen some parents in a group after their Orientation Service. This is not a substitute for individual sessions but a uniquely valuable service in its own right. It is usually a comfort to learn that the trouble in one's own family is not strange but broadly shared by others.

The Work of the Psychologist:
Not all children are tested; not all the many tests are used on any one youngster; the timing of tests also is decided on an individual basis. Some tests give us an estimate of the child's capacity to do intellectual thinking, or to do manual or mechanical acts, or to do actual school work. From comparisons we see how well he is using what powers he has. From other tests we learn something of the kind of person he is which helps us understand many of his problems. Susie and John seem bright to their teachers but are doing poorly. Tests show Susie is really brilliant but is greatly afraid of failure and is spending much of her mental energy worrying over her future, her social unsureness, and other matters she has not been able to share. John is seen to be another sort of child, poor with words and books but very capable in manual skills but to be suffering already from feelings of unsureness and inferiority, and still further turning him against school work. Judy's quietness is seen to stem from sadness and fears of failure; Chester's is found to conceal a wealth of anger and mistrust directed against others. Judy and Chester will need very different sorts of help. Some tests help find what sorts of things make Judy sad or Chester mistrustful, still further rounding out the picture.

Psychotherapy is done by our Child Psychiatrists:
Probably no line of work is more varied than helping children help themselves with their personality problems. One child needs to spill out a lot of secret struggle. Another needs a substitute for the father he does not have. A third needs to boil out a lot of resentment. A fourth needs to be encouraged into trying things rather than accepting failure in advance. A fifth needs help in accepting himself. A sixth may need help in renouncing his continuing infantile pleasures in favor of accepting maturity. One child can talk about his troubles; another can better work it out in one or another form of play. From hour to hour the person helping children must adopt different roles, and from visit to visit he may see need to make new shifts as the youngster grows more free or more friendly or more confiding; now advancing, now retreating a little from last week's heady advance. Many things are not done. The child is not cross examined, scolded or told what he should do. He has already had these things before coming to the Clinic with the usual results. Instead we try to start with him where he is, helping him discover his strengths and throw off the fears and anchors of immaturity which hold him back from what he might be.

## VIII. THE EXPANSION OF THE STAFF.

Dr. Arthur R. Timme was our first Medical Director, Julia Matthews, our psychologist, Esther Heath, psychiatric social worker and Ruby Kirkpatrick, secretary. The staff has expanded slowly and soundly in response to community demands. September, 1947, marked a special milestone when Dr. M. B. Durfee, who was one of our three part-time psychiatrists, became full-time Medical Director, joining the staff of one part-time

psychologist serving three days a week, two psychiatric social workers and two full-time secretaries. Budget increase for our new director was made possible by adding three outlying community chest areas, including Arcadia, San Marino and South Pasadena. La Canada was added in November, 1948. San Gabriel service began June, 1954 through the auspices of the San Gabriel Mental Health Association.

In 1956, our staff includes: M. B. Durfee, M.D., Medical Director, American Board of Psychiatry, American Academy of Child Psychiatrists Fellow American Orthopsychiatric Association; Miss Esther Heath, M.S.S., Executive Director, Fellow American Orthopsychiatric Association, National Association of Social Workers, Supervisor U.S.C., School of Social Work; O. Joachim Granzow, M.D., Los Angeles Society for Neurology and Psychiatry, St. John's Hospital staff, Santa Monica; Mrs. Mary Bowen, M.A., American Orthopsychiatric Association, American Psychological Association, Western Psychological Association, California Psychological Association; Albert E. Ross, Ph.D., Western Psychological Association, California Psychological Association, American Psychological Assocaition; Mrs. Katharine B. McAlpin, M.S.S., American Orthopsychiatric Association, National Association of Social Workers; Mrs. Maida Adams, M.S.W., American Orthopsychiatric Association, National Association of Social Workers; Mrs. Leonore Morrow, Secretary-Bookkeeper, Mrs. Helen Knox, Secretary and Mrs. Bernice Hooper, Secretary.

IX. NATIONAL AFFILIATIONS, AND STATUS OF THE CLINIC.

In September, 1946, our clinic was approved as a member of the American Association of Psychiatric Clinics for Children. This involved a rigorous examination of staff qualifications, administration and policies, staff board relationship and proven skill of performance, as well as teamwork relationship between the three disciplines within the Clinic and the Clinic's place in the community. Dr. Abraham Barhash, Medical Director of the American Association of Psychiatric Clinics for Children came out from New York to visit our Clinic, interview our staff and Board, read records and interview key persons in the community. His report was reviewed by the National Membership committee and then the Association counsel, who accepted the clinic as an active member of the Association. We pay $100.00 annual dues to this Association.

In 1950, we were approved as a training clinic by the American Association of Psychiatric Clinics for Children. Since 1952, the United States Public Health Service has provided funds for a psychiatrist trainee. This psychiatric training has been counted in accredition for the American Board of Neurology and Psychiatry.

X. BUILDING PROBLEM.

Since free rent had been the rule for the worker's office, first in the Dispensary (1926), then in the Board of Education (1927-42), the new Board confidently sought and obtained a city park building once used as a soup kitchen and currently as a tool shed. This little building among the rose, palms and pines offered inviting possibilities for Clinic use. In January, 1942, Pasadena Child Guidance Clinic started work with about two days a week each for psychiatrist and psychologist and the same psychiatric social worker, plus a full-time secretary.

The city had twice provided additions to our park building, In 1944 and in 1948, when an additional wing of four rooms were added. These additions were financed by the City of Pasadena and repaid in monthly rental. During the university school year, we have ten professional workers in five rooms, necessitating room schedules, plus irregular hours for several members of the regular staff on a six-day basis, and one evening. So the staff has its problems of displacement!

XI. TRAINING PROGRAM.

In 1950, a psychiatrist from another clinic spent one day a week at the clinic at his own expense and in 1950-51, another trainee came for three days a week; also at his own expense. Dr. Irving Nissenbaum was our first full-time trainee for a year's duration. His training was financed by the United States Public Health Service in a $3,600.00 a year stipend. In 1953-54 The Pasadena Child Health Foundations provided a grant of $3,600.00 for Dr. Joachim Granzow. Through the Metropolitan State Hospital training program, we have one third-year psychiatrist interne, half-time for a six-months period. This training program was begun July 1, 1956.

Since 1948, we have had social workers in their second year graduate training at the University of Southern California School of Social Work. Usually, two come annually, twenty hours a week.

XII. THE PASADENA CHILD GUIDANCE CLINIC GUILD.

This was started in 1948 as a means of extending our public relations and influence as well as providing ways and means to further building expansion. We have an open meeting once a year when friends of the clinic hear of our work, current trends and future plans. Building plans are our number one priority.

XIII. TIME ALLOTMENTS TO CHEST AREAS.

Each Chest area secures as much service as they buy of time. Percentages of time, for each community, are computed periodically, on the basis of Chest allotment and fee.

XIV. CHEST AREA REPRESENTATIVES ON CLINIC BOARD.

Representatives from the five Chest areas serve on our Board and act as leaders in promoting good public relations and as liaison person between the clinic and Community Chest in their respective area. Executive Director deals directly with the liaison representative on area budget matters and furnishes such reports as requested.

XV. TRENDS.

The anxious fears of witches, redskins and a horned Satan are now outdone by a host of goblins named inflation, war, depression, bombs, communism, the draft, unemployment, neuroses, crime and psychosomatic disorders. We never had it so bad! Parents, trying under these shadows to radiate the security they know their children need, welcome the help they can get here. "What keeps him from doing his best?" "Is this a passing stage, or a beginning of later trouble?" "Could this illness be psychosomatic?" "Is there something he needs from us that we

are not giving?"

In this short space one cannot measure the great advance this shows over the older seeking for something to augment the ultimatum and the razor strap to "make him be good".

XVI. PLANNING AHEAD.

Our need to grow strains against the frustrating limits of our small building.

The Building Fund grows slowly. We must plan ahead towards a building of our own. This becomes a more urgent need as time progresses and so much else in the way of enlargement depends on this. Enlargement of training facilities is also dependent on space.

More staff for extended service to handle the increasing numbers of the waiting list is needed and other communities have expressed a desire to use the Clinic. Trainees in psychiatry, clinical psychology, and psychiatric social work could be increased if we had the space.

The chief strength of our small clinic lies in its skill, teamwork and deep conviction of Staff and Board of the far reaching effects of its work in the lives of the children we help. With these essentials, and the necessary funds, we can continue our sturdy growth.

XVII. FAR REACHING VALUE OF THE CLINIC.

The heart of the value of such work to society is that in shaping personalities, early preventive work is easier, shorter, and more successful than later attempts at rehabilitation. The picture of children under five years averaging four visits and children from five to eight averaging eight and a half clinic visits with a gratifying percentage of good results contrasts sharply with the long struggles of adults seeking emotional health and strength. The famous musician who still struggles after twenty odd years of psychoanalysis and the well-know writer who achieved a good result after seven years of similar expensive treatment represent a pittance in the way of social rescue since only the richest few can afford so many tens of thousands of dollars for treatment. The medical bill for one such patient would support a child guidance clinic through the helping of hundreds of children. Straightening green little sprouts is vastly easier than straining at twisted oaks and gives many more years of happy living not only to them but to their families as well. Furthermore if the disturbed adult is a parent, he may spread the infection of his anxiety and his insecurity or his persecution philosophy to another generation.

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