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USES MADE OF A MENTAL HYGIENE CLINIC BY A BOYS' TRAINING
SCHOOL

How the Boys' Farm and Training
School at Shawbridge, Quebec makes
referrals to and uses the treatment
recommendations of the Mental Hygiene
Institute on Pine Avenue, Montreal.

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The Faculty of Graduate Studies and Research

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for

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by

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PREFACE

Acknowledgement is here made of persons whose co-operation made this study possible.

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TABLE OF CONTENTS

CHAPTER		PAGE
I.	INTRODUCTION.	1
II.	TRENDS TOWARD A THERAPEUTIC APPROACH IN SCHOOLS FOR THE RE-EDUCATION OF DELINQUENT BOYS.	7
III.	THE BOYS' FARM AND TRAINING SCHOOL.	15
IV.	THE PURPOSE AND WORK OF THE MENTAL HYGIENE INSTITUTE.	33
V.	ACCESSIBILITY OF THE MENTAL HYGIENE INSTITUTE TO THE BOYS' FARM AND TRAINING SCHOOL.	47
VI.	PREPARATIONS FOR REFERRAL OF BOYS TO THE MENTAL HYGIENE INSTITUTE.	55
	A. Selection of Boys for Referral to Mental Hygiene Clinic.	55
	B. The Timing of Referral to Mental Hygiene Clinic.	57
	C. The Preparation of Psychiatric Social Histories.	59
	D. Preparation of the Child to Come to Mental Hygiene Clinic.	67
VII.	USES MADE OF THE MENTAL HYGIENE REPORTS AT THE TRAINING SCHOOL.	84
	I. The Meaning of Mental Hygiene Reports to the Staff Members at the Training School.	85

TABLE OF CONTENTS (Continued)

CHAPTER	PAGE
II. Three Cases in Which Specific Mental Hygiene Treatment Recommendations Were Not Followed by the Training School.	93
III. One Case in Which Treatment at the School may have Intensified the Pupil's Emotional Problem.	107
IV. One Case in Which a Specific Psychiatric Recommendation was not Followed Until the Pupil Became Involved in Anti-social Behaviour of a Serious Nature.	114
V. Two Cases in Which One Staff Person Concentrated Considerable Effort on Implementing the Mental Hygiene Recommendations.	122
VI. One Case in Which Several Members of the School Staff Helped to Implement the Mental Hygiene Treatment Recommendations.	133
VII. One Case in Which the Mental Hygiene Reports Were Used as Aids in Planning Advanced Vocational Training for the Pupil.	147
VIII. SOCIAL CASE WORK IN THE TRAINING SCHOOL'S MENTAL HYGIENE PROGRAM.	162
IX. FINDINGS AND CONCLUSIONS.	200

TABLE OF CONTENTS (Continued)

CHAPTER		PAGE
APPENDIX.		211
Section A.		211
	Suggested Outline for the Boys' Farm and Training School for use in the Preparation of Social Histories for Referral to Mental Hygiene Clinic.	212
Section B.		215
	Outline- Suggestive for use in Prep- aration of Psychiatric Social Histo- ries.	216
BIBLIOGRAPHY.		220

TABLE OF FIGURES

FIGURE		PAGE
CHART # 1, A CHART OF THE GROUNDS AND BUILDINGS OF THE BOYS' FARM AND TRAINING SCHOOL		19
CHART # 2, GOVERNING BODY AND STAFF ORGANIZATION OF THE BOYS' FARM AND TRAINING SCHOOL, SHAWBRIDGE, QUEBEC.		22

CHAPTER I

INTRODUCTION

The Boys' Farm and Training School, Shawbridge, Quebec, is operated for the re-education of boys who have delinquent and other behaviour problems. Most of the boys¹ at the Training School are committed by the Juvenile Court in Montreal and by other law-enforcing agencies throughout the Province of Quebec.²

During the years of World War II, the Juvenile Court had many boys examined at the Mental Hygiene Institute³ on Pine Avenue in Montreal, before committing them to the Boys' Farm and Training School. The School found it helpful to return some of these boys to the Institute for further psychiatric help. When wartime shortages of staff eased off, the School began to make increasing use of the Institute's services. This latter development was noticeable during the Winter of 1947 - 1948 at which time the

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1. For convenience to the reader, the Boys' Farm and Training School will be called the "School" or the "Training School" except where clarity of the text calls for its full name.
 2. For further details on the intake policy of the Boys' Farm and Training School, see Chapter III.
 3. For convenience to the reader, the Mental Hygiene Institute, 531 Pine Avenue West, Montreal, will be called "The Institute", except where clarity of the text calls for its full name.

writer was in field placement at the Mental Hygiene Institute as part of his training in psychiatric, social work at McGill University.

The writer was interested in social case work with boys. He was also interested in the Training School and had visited it a few times. Consequently, he was asked by the Institute to carry some cases co-operatively with the School. While the writer was working on these cases, it was discovered that both agencies encountered several problems in connection with referrals from the School to the Institute. These referral problems have been selected as basic topics for investigation in this present study. Both agencies agreed to co-operate so as to make such an exploratory study possible. The aim of this study, therefore, is to discover how these two agencies can work together more effectively than they have done in furthering the treatment of boys at the School.

This topic is approached from a social case worker's point of view. The focus will be on how the various services of the School and the Institute can work together toward helping the individual boy to realize emotional and social adjustment. Some psychiatric information will be used, but the thesis is not intended to be a psychiatric treatise.

Group work at the School will be discussed briefly because the treatment of the individual boy usually calls for his participation in group activities. On the other hand, this study will not attempt to make any detailed analysis of group work at the Training School.

The purposes of the study are to make a detailed enquiry into methods that the Training School has used in making referrals to the Institute and to explore how the mental hygiene findings and treatment recommendations were carried through at the Training School. This will include some consideration of the basis on which boys were selected for referral. There will also be discussion of how some of the psychiatric social histories were prepared from information which the writer gathered in interviews with staff members at the School, with the boys in residence and with their parents. It was discovered that the School faced special problems in transporting boys to the Institute. These problems will also be studied. Case conferences will be considered as means toward planning and carrying out treatment of the boys. In this connection, there will be some mention of proposals which were made by the Director of the Institute for extending further mental hygiene services to the Training School.

The data for this study were collected as follows: The extensive literature on the problems and the treatment of delinquent boys offered considerable material that was pertinent to the study. Some secondary data on cases were obtained from the records at the School and at the Institute. Primary data on agency policies and procedures were gathered from interviews with staff persons at the School and at the Institute. Interviews were also held with staff persons at the School in order to build up some current history on the cases that were selected for detailed study. The most fruitful case material was gathered in the course of the case work which the writer did with three boys whom the School referred to the Institute.

The cases selected for this study were those of nine boys who had been examined at the Institute and who were still at the School for some time between October, 1947 and May, 1948. Two of these boys were referred for the first time by the Training School, whereas five others had been to the Institute before going to the School and were returned by the School for further psychiatric help. This means that seven of the boys had been brought by the School to the Institute at least once. Two of the nine boys had been at the Institute before they were committed to the Training School and had not been returned to the Institute by March, 1948.

The analysis of the materials which have been collected will be presented in the succeeding chapters as follows: Chapter II will be a short summary of some modern trends toward a therapeutic approach in schools for the re-education of delinquent boys. Chapters III and IV will be brief descriptions of the Boys' Farm and Training School and of the Mental Hygiene Institute respectively.

Chapters V to VII inclusive will concentrate on the referrals that the Boys' Farm and Training School made to the Mental Hygiene Institute. Chapter V will consider some of the problems that the Training School faced in transporting boys from the School to keep appointments at the Institute. Chapter VI will discuss the preparation of social histories of the boys who were referred from the School to the Institute. This chapter will also discuss the preparation of the boy so that he may be able to co-operate in the clinical examinations. Chapter VII will study the uses that the Training School made of the psychological and psychiatric reports about boys who were examined at the Mental Hygiene Institute. Case materials will be used to illustrate various points in these three chapters. Some primary data which were collected in interviews and some secondary data from case records and from pertinent literature will also be used in these chapters to illustrate various practices in mental hygiene with boys in schools of correction.

Chapter VIII will discuss social case work with delinquent boys and with their families. Emphasis will be on the role that case work may be expected to take in the Training School in the event that this institution is able to develop a program of mental hygiene in its work of re-educating delinquent boys. Some case materials and considerable secondary data from pertinent literature will be used in this chapter to illustrate the role of case work in treating the boy in co-operation with the psychiatrist and with the other staff members of the correctional school.

Chapter IX will present the findings and conclusions of this study. This final chapter will be a summing up of the salient points which were considered throughout the preceding eight chapters.

CHAPTER II

TRENDS TOWARD A THERAPEUTIC APPROACH IN SCHOOLS FOR THE RE-EDUCATION OF DELINQUENT BOYS

At present, training schools for boys, are going through a period of change. The trend is away from repressive punishment and mass discipline and toward treatment of the boys for their emotional and behaviour disturbances. Some of the larger training schools have established mental hygiene clinics within their institutional setting. A few schools have pioneered in this field. They have discovered that mental hygiene is a valuable aid in training school work. Their lead is being followed now by other schools.

A backward glance into the history of dealing with child offenders enables one to understand the significance of the modern "treatment" approach. A hundred and fifty years ago¹, for example, children of all ages and of both sexes were arraigned in the common adult courts. When they were found guilty they were committed to jails or to work-houses along with adult offenders. Quite often the only reason for committing these children was that they had no visible means of support. Children who had been neglected by their parents were incarcerated in prisons along with all

1. Walter C. Reckless and Mapheus Smith. Juvenile Delinquency (New York, 1932) p. 261.

types of adult offenders. Adults who were homosexually inclined used young children for their perverted expressions of their sexual urges. Children of tender years were schooled in crime and vice by hardened offenders. Most of the prisons were barren, foul and unsanitary places of confinement. Dark underground cells, chains, the lash, the paddle, frigid showers and other instruments of torture were used to subdue inmates who broke prison rules.

Agitation begun by John Howard and others led to some improvements in prisons and to the establishment of reform schools for children. In the United States of America and in England several reform schools were erected during the nineteenth century¹. For several years the principal purpose of these early institutions was to separate children from adult offenders. They were actually little more than special prisons for children. Prison garb was worn by the youngsters and prison punishments were meted out to them. The lash and the paddle were the instruments most frequently used to punish the children. Pain and shame were considered to be conducive to repentance and reform. The young offender's spirit had to be broken once and for all so that he would yield to the wishes of those who were in authority over him.

1. In 1824 the New York House of Refuge, New York was established. In 1826 the Boston House of Reformation and the Philadelphia House of Refuge were opened.

Most of these early reform schools were operated by charitable organizations. Inbred sin and perversity were believed to be the common causes of delinquency. Repentance from sin and conversion to religious groups were therefore stressed as the ends sought in dealing with delinquent children.

The nineteenth century methods of incarceration and punishment of juvenile delinquents stand in sharp contrast to the twentieth century philosophy which is expressed in the Juvenile Delinquents Act which was brought into force in Canada in 1929¹.

Section three of this Act says:

Where a child² is adjudged to have committed a delinquency he shall be dealt with not as an offender but as one in a condition of delinquency and therefore requiring help and guidance and proper supervision.

1. "The Juvenile Delinquents Act, 1929, "Statutes of Canada, 1929. 19-20 George V, Parts I, II, Chapter 46. Pp. 203-218.

2. Ibid. Section two:

(a) "Child" means any boy or girl apparently or actually under the age of sixteen years; Provided that in any province or provinces as to which the Governor in Council by proclamation has directed or may hereafter direct, "Child" means any boy or girl apparently or actually under the age of eighteen years: Provided further that any such proclamation may apply to boys only or to girls only or to both boys and girls.

Section thirty-eight of this Act reads as follows:

This Act shall be liberally construed to the end that its purpose may be carried out, to wit: That the care and custody and discipline of a juvenile delinquent shall approximate as nearly as may be that which should be given by its parents, and that as far as practicable, every juvenile delinquent shall be treated not as a criminal, but as a misguided child and one needing aid, encouragement, help and assistance.

This Act places on juvenile court judges and officials the responsibility to see that the places to which delinquent children are committed provide conditions which resemble as nearly as possible those the child should have with his own parents. It says distinctly that a juvenile is not to be treated as an offender nor as a criminal but as one in need of help, guidance, encouragement, assistance and proper supervision.

Section 38 of the Juvenile Delinquents Act mentions "discipline". This word has been given various interpretations. In 1929, when the Act was brought into effect, some training schools still coerced masses of boys into obeying intricate rules, whether or not the boys understood the reasons for the regulations. Mass regimentation such as this was called discipline. Actually it was drill for dictatorship rather than discipline for democracy. It meant that the boys were submitting to an authority outside of themselves, whereas democracy asks that the individual develop controls within himself. The individual needs food, shelter, clothing

sexual satisfaction, responsibility, recreation and other necessities of life. The democratic way of life requires that he should learn to satisfy these needs in ways that are acceptable to the society that surrounds him. This modern approach to discipline means that the boy has to be taught social values. It means that the boy has to develop some democratic principles within himself if he is to function adequately in a free, open situation after discharge from the institution.

Some schools for the re-education of delinquent children have established mental hygiene clinics and child guidance services within their institutions. This means that psychiatrists, psychologists, psychiatric social workers as well as staff members of the schools are working together in applying this new democratic philosophy in their work with the boys. The work of the clinic specialists is both therapeutic and educational. They help the boys to release their inner tensions and thus to resolve their anxieties during interviews, in play activities or by other means. Therapy is also concerned with helping the boys to develop adequate controls of their emotions and impulses so that they may be able to conduct themselves satisfactorily in society. In short, the clinical team co-operates with the school's staff in helping the boys to develop socially acceptable patterns of behaviour.

The cottage plan of residence is another modern trend in training schools. The plan is to have ten to thirty boys live in a self-contained residence with a married couple. This housing plan is designed to make residence at the school resemble to some extent what would be considered a suitable home life for the boy. The aim is also to have the cottage group, the play group and other group situations at the school resemble as nearly as possible those that the boy will be asked to fit into in the larger community when his training school period is ended.

In the nineteenth century most reform schools stressed farm work. One of the reasons for this was the theory that hard work exhausted the energies which the boys might otherwise have expressed in what was considered immoral conduct. The cultivation of farm produce was also considered to be valuable education in self-maintenance. Moreover, contacts with nature and with the soil were esteemed as character-building activities. The experience of recent years has shown, however, that most of the boys in training schools now have come from industrial and factory areas of the cities. Most of them will likely return to these urban areas after discharge. Therefore the teaching of farming as a vocation has little meaning for most of these boys.

A modern trend is to give the boy aptitude tests and vocational counsel shortly after he is admitted to the school. The boy may then spend at least some of his period in the school studying for the vocation in which he shows interest and skill. In order to meet the need of boys who come from and will return to urban areas, some training schools now provide elementary instruction in cabinet making, carpentry, bricklaying, painting, interior decorating, plumbing, electrical work, welding, barbering and other skills which the boys may pursue in their own community. Many schools still have an agricultural department for the purpose of producing fresh foods, and for training boys who are suited to learn agrarian skills.

In recent years academic education has also assumed increasing importance in schools for the re-education of delinquent children. Education is an important factor in helping the boy toward self-maintenance, personality development and social adjustment.

The modern changes toward a therapeutic approach for boys in training schools might be summed up as follows: The trend is away from repressive punishment and toward treatment of the boys for their emotional and behaviour disturbances. The aim of treatment is to reduce the boy's inner tensions and anxieties and to inculcate new social values that will enable the individual to conduct himself more satisfactorily in society.

Academic education and vocational training courses are becoming prominent in training schools in order that the boys may equip themselves to provide their own livelihood. In the modern training school the boys have opportunities to learn recreational skills that will help them to develop social contacts. In short, the trend is toward providing the boys with services through which they may develop their total personality.

This chapter might well be concluded with a few words from Edith M. Stern who says that "Discipline has meaning only when it leads to self-discipline" ¹.

1. Edith M. Stern, The Housemother's Guide. New York: 1946. p. 31..

CHAPTER III

THE BOYS' FARM AND TRAINING SCHOOL AT SHAWBRIDGE, QUEBEC.

This study is focused on how the Boys' Farm and Training School makes referrals of boys to the Mental Hygiene Institute in Montreal, and how the Mental Hygiene recommendations are carried out in the Training School in treating these boys. It is felt, therefore, that the reader should be given some picture of the Training School and its facilities. The description given here will be brief. It is not intended to be an exhaustive study of the institution. It is to be merely a general word picture of the major aspects of the Training School and its equipment for working with the boys who are committed to its care. There will, however, be some expansion on topics that are related to the use of mental hygiene services and on the facilities that the Training School has for carrying out mental hygiene treatment recommendations.

Before the Boys' Farm and Training School was instituted, it was customary to commit the male, English-speaking and Protestant juvenile delinquents in the Montreal areas to the old Montreal Reformatory or to a wing of the Sherbrooke Jail.

In 1909, the Boys' Farm and Training School was opened on its present site near the village of Shawbridge, Quebec, forty miles north of Montreal. The School began

with two hundred acres of land and one wooden building that was designed to house about thirty boys and the staff.

In the Fall of 1909, thirty boys were taken up to the Training School. Fifteen of these boys were taken from the old Montreal Reformatory and fifteen from the Sherbrooke Jail. The fifteen boys from Sherbrooke Jail were handcuffed and arrived by train under prison guards. The burly guards hesitated to leave their charges in the wooden building in the care of a staff, the half of whose members were women. The guards were persuaded however to unmanacle their prisoners and to leave them. The next morning all of the boys were still present. The School has carried on ever since without bars or cells¹.

The Boys' Farm and Training School operates under laws governing industrial schools and reform schools, namely the Revised Statutes of Quebec, 1941, Chapters 38 and 39; and under Letters Patent, granted April 19th, 1922. Under these statutes the Quebec Government grants the Training School one dollar per day for each boy who is committed to the care of the School by the Juvenile Courts and by other legal bodies in the Province of Quebec as specified in the above laws.

1. G.D. Young, Superintendent of Boys' Farm and Training School, in an Address to the Case Work Staff of the Family Welfare Association of Montreal, Feb. 15, 1943.

The Federation of Jewish Philanthropies in Montreal supplements the Training School to the amount of two hundred dollars (\$200.00) a year for each boy of the Jewish faith who is committed to the School.

The Protestant Central School Board of Montreal and some other school commissions on the Island of Montreal each give a small per capita grant for each boy from their respective jurisdictions, who is committed to the Training School. The remainder of the budget is obtained from private donations and endowment funds, and from some special maintenance grants from the Quebec Government. Although the School does not conduct any public campaign for funds, the excellent buildings on its campus stand as evidence of generous donations that have been made throughout the years of its operation.

Since its humble beginning in 1909, the Boys' Farm and Training School has grown until it now has over thirty buildings and fourteen hundred acres of land. Three hundred acres of this land is cultivated as the farm department of the Training School.

The Training School is situated on the border of what is known to geologists as the Great Precambrian Shield. Regarding transportation, the School is at what may be called the main gateway to the vast Laurentian Mountain region of Northern Quebec. Two railways and a four-lane, paved highway pass the School.

The property includes two Laurentian Mountain peaks. From one of these, Montreal is visible where it lies forty miles to the south, tucked around Mount Royal in the broad St. Lawrence River valley.

Chart number one shows the plan of the buildings¹. All the buildings that are used for human habitation or occupation are semi-fireproof². They are finished on the outside with brick or stone and the interiors are finished with plaster.

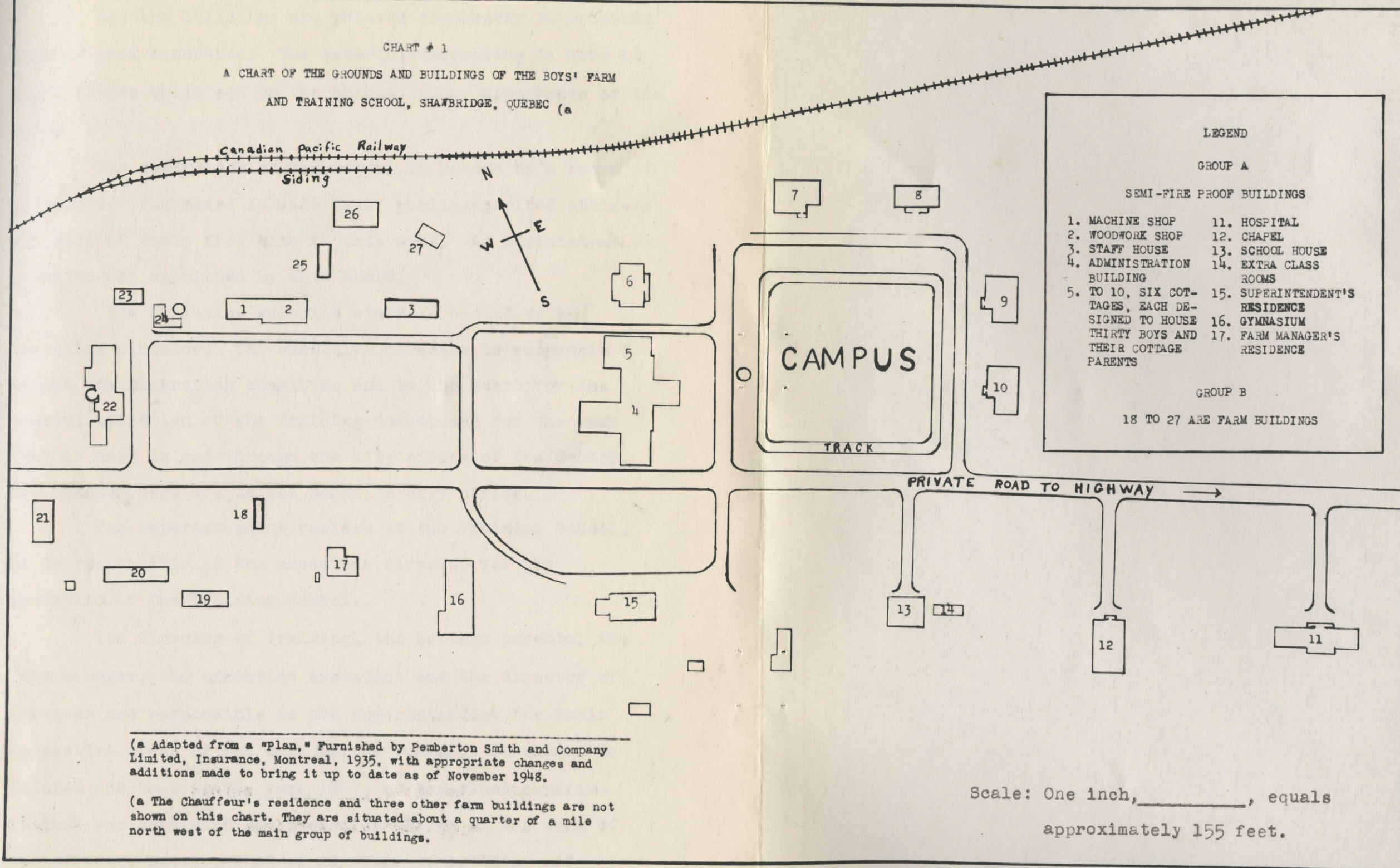
The boys are housed on the cottage plan. Five of the cottages are built as separate housing units. Chart number one shows these five cottages. They are spaced about a hundred or more feet apart around the central campus lot. One cottage was built in the form of a wing of the central administration building. Each cottage is planned to house about thirty boys with a married couple as cottage parents. Each cottage has a large dormitory on the second floor and there are showers and locker rooms in their basements. All meals are served in the large dining room in the central administration building.

1. Chart No. 1 is on Page 19.

2. Only the farm buildings are built of wood.

CHART # 1

A CHART OF THE GROUNDS AND BUILDINGS OF THE BOYS' FARM
AND TRAINING SCHOOL, SHAWBRIDGE, QUEBEC (a)



All the buildings are painted frequently to maintain them in good condition. The interior decorating is done in light shades which add to the bright, sunny appearance of the rooms.

The management of the School is headed by a board of governors. The board is made up of public-spirited citizens who give of their free time to this work. An administration committee is appointed by this board.

The full-time salaried staff is headed by the executive director. The executive director is responsible to the administration committee and to the board for the overall operation of the Training School and for the work that is done in and through the city office of the School. His headquarters are in the School's city office.

The superintendent resides at the Training School. He is responsible to the executive director for the operation of the Training School.

The director of training, the cottage parents, the farm manager, the executive assistant and the director of services are responsible to the superintendent for their respective areas of the work at the School. It should be pointed out that in the year 1947, an assistant superintendent was appointed and placed in charge of the work of two offices, namely, that of director of training and executive assistant. In March 1948, the office of

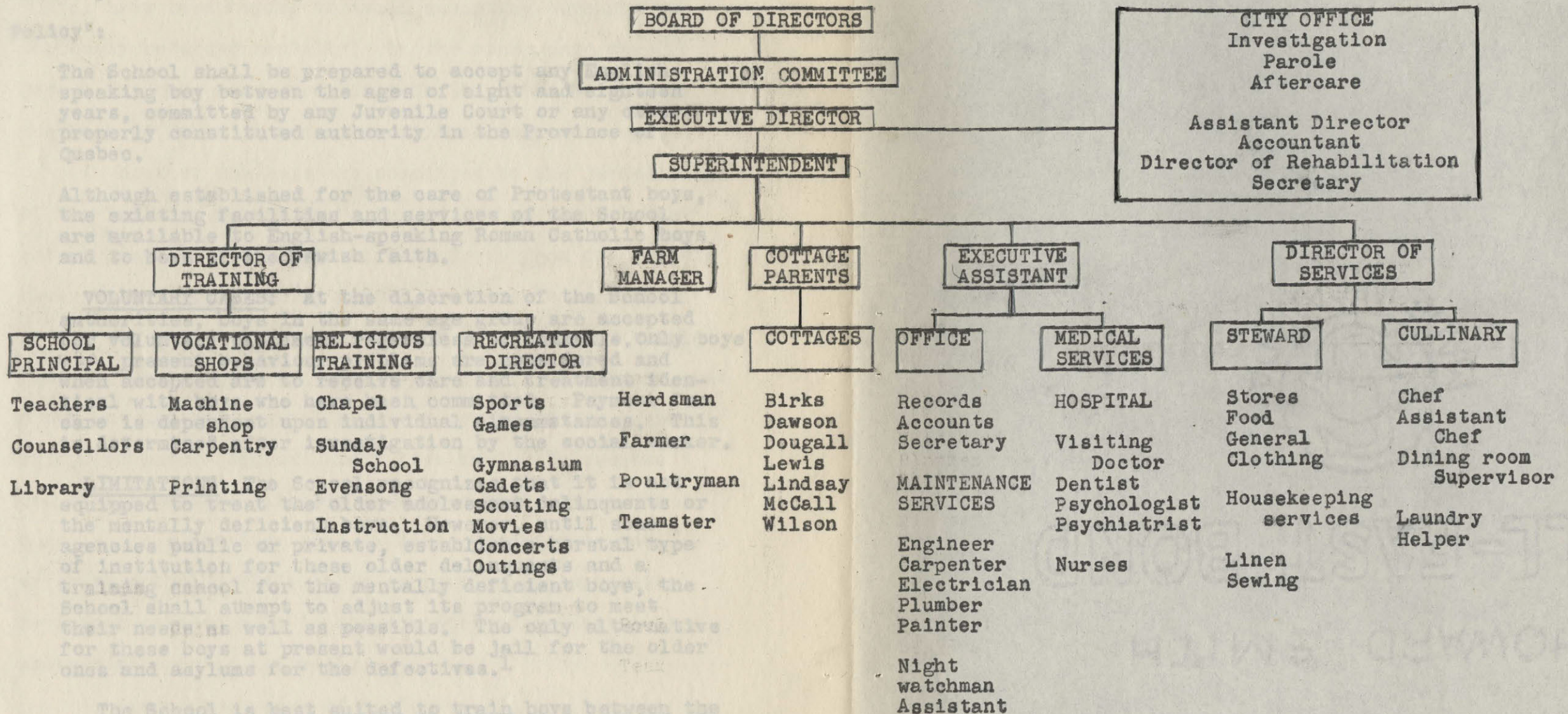
superintendent was vacated. The assistant superintendent was then promoted to the office of superintendent. This meant that one man was left to carry the responsibilities of director of training, executive assistant, and superintendent in co-operation with the counsellor and other staff members, until such time as appointments may be made to fill some of these offices.

Chart number two¹ indicates further how responsibilities are divided up among the management and staff persons at the Training School.

1. Chart No. 2 is on Page 22.

CHART # 2

GOVERNING BODY AND STAFF ORGANIZATION OF THE BOYS' FARM AND TRAINING SCHOOL, SHAWBRIDGE, QUEBEC (a)



(a Adapted from, " Administrative Policy, Boys' Farm and Training School, Shawbridge, Quebec," Adopted January 4, 1946.

The intake at the Boys' Farm and Training School is based upon the following statement from its "Administrative Policy":

The School shall be prepared to accept any English-speaking boy between the ages of eight and eighteen years, committed by any Juvenile Court or any other properly constituted authority in the Province of Quebec.

Although established for the care of Protestant boys, the existing facilities and services of the School are available to English-speaking Roman Catholic boys and to boys of the Jewish faith.

VOLUNTARY CASES: At the discretion of the School authorities, boys in the same age group are accepted for voluntary placement regardless of domicile. Only boys who present behaviour problems are considered and when accepted are to receive care and treatment identical with boys who have been committed. Payment for care is dependent upon individual circumstances. This is determined after investigation by the social worker.

LIMITATIONS: The School recognizes that it is not equipped to treat the older adolescent delinquents or the mentally deficient boys. However, until some agencies public or private, establish a borstal type of institution for these older delinquents and a training school for the mentally deficient boys, the School shall attempt to adjust its program to meet their needs as well as possible. The only alternative for these boys at present would be jail for the older ones and asylums for the defectives.¹

The School is best suited to train boys between the age of twelve and sixteen years. However, they do have some boys as young as ten years of age and some who are in their late 'teens.

1. Administrative Policy, Boys' Farm and Training School Shawbridge, Quebec, 1945, P. 3.

During the last couple of years, officers of the School have been trying to avoid accepting boys who are seriously retarded mentally. On the other hand the School has made some exceptions to this rule because of the lack of other placement facilities for such boys.

Most of the boys are committed to the jurisdiction of the Training School for a period of two years. The actual range of the committal periods is from one year to five years. The Training School has a merit marking system whereby each boy accumulates seven days of parole time for every month of "good" behaviour. This means that a boy who has been committed for a period of two years may go on parole approximately five months before the end of his period. The boy then goes home, if he has a home, or to a boarding home. He is expected to work or go to school. While he is on parole, he is required to report periodically to the director of rehabilitation whose office is in Montreal.

During the years of World War II, the boy population of the School rose as high as two hundred and fifty. At that time building materials were scarce and every available space was used to house the residents. During the year 1945 the School built two new cottages and brought its building space up to a comfortable capacity of one hundred and seventy-five boys. By the end of 1947, however, the population of boys at the School

had dropped to a monthly average of approximately one hundred and fifteen. This means that the overhead cost for buildings and staff is approximately the same for the present population of one hundred and fifteen boys, as it would be for one hundred and seventy-five boys. This naturally raises the per capita cost for the care of the boys at the School. The administrators of the School have wondered whether they should curtail the staff and leave some cottage space unoccupied indefinitely, or whether it would be more appropriate to ask referring agencies to send more boys to the School.

The School's vocational training shops provide some experience in wood work and metal work. These two shops are in a brick building which has concrete floors. The machine shop is equipped with two electrically-powered lathes, drills and grinding tools. It has soldering and welding equipment and many hand tools for metal work. Regular classes are held on elementary metal work. There are usually about two senior boys on full time in this shop. These boys are changed every few months, so that other boys who are interested and able may get some experience in metal work. They make metal table lamp stands and other small articles. This shop however, is occupied mainly with maintenance repair work. Some of the boys graduate with experience that can help them to fit into machine shop work as a vocation.

The woodwork shop is equipped with two wood lathes, a bench drill and a saw which are electrically powered. There is also a large collection of hand tools for woodwork. Skilled carpenters conduct regular classes in which the elements of woodwork are taught. Boys who show interest and skill are selected to spend a few months in this shop on a full time basis. Those who wish to follow cabinet making or some typically bench type of woodwork may spend considerable time in the shop. Others will be assigned to the carpentry gang for maintenance and construction work on the campus. There are usually two to four senior boys assigned to the woodwork department. They are changed every few months so as to give others a chance at woodwork. While they were under supervision the boys built a large, new, hen house during the summer of 1948.

This training in metal work or in woodwork enables some of the boys to clarify in their own mind whether they wish to enter apprenticeship to learn one of these trades after discharge from the Training School. Some of the boys who have become apprentices have found that their employers have given them some months of credit for the skill they have developed in the Training School.

Much of the maintenance painting and decorating of the School's buildings is done by a group of boys under the supervision of a staff member. This also provides a learning experience for boys who are suited to follow painting as a vocation.

Some of the boys who work in the kitchen and in the dining room develop skill and interest in cooking or in serving food. Some of these boys later enter employment in restaurants, in hotels or with catering firms.

Academic education is provided in the classrooms by the four lady teachers. They try to keep the classes small. In the classes for older boys, they endeavour to have no more than fifteen in a class. The smaller boys take a full day in classes, just as they would if they were in their city school. The older boys go to class in the morning and work at other duties in the afternoon. On certain evenings of the week some of the boys receive special coaching in groups in their cottages. All boys who show academic inclination are encouraged to take classes both morning and afternoon. The school teaches up to grade eight. Any boy who is able to and who wishes to go on to higher grades may be given special parole to go to home and attend high school.

The School is fortunately situated for recreational possibilities. The rugged terrain on the Training School property provides excellent skiing and scenic hiking.

In the Summer the boys swim at set periods in a pond down in the meadow. There is even a stream in which small, organized groups of boys may catch brook trout. The School has its own Boy Scout camp site at the foot of a mountain back beyond the farm fields, and runs its own scout troop. Many of the boys who enter the School have come from homes where sports equipment and facilities were lacking. For such boys the School provides skis, skates and other sports equipment.

The campus has a large gymnasium which provides space for indoor recreation in all seasons. Sound pictures are shown here every Saturday night.

The Training School has a system of spending allowances which is designed to help the boys to develop some sense of responsibility in economic matters. The allowances range from fifty cents to one dollar and fifty cents a month, according to age. Bonuses are given for special services that a boy may render. The boys are encouraged to watch the balance that they have to their credit. They may spend their allowance on films, chocolate bars and, in the case of the older boys, on cigarettes. When a boy is discharged he is given whatever balance he has to his credit.

Farming is an important part of the School's program. The herd of over forty Jersey cattle carry off most of the prizes each year at the Lachute Fair. The farm usually has about twelve carefully selected brood sows whose offspring are prepared for market. Over six hundred hens provide an abundant supply of fresh eggs. The farm supplies fresh vegetables, eggs, milk and other foods that go into the wholesome meals that are served three times a day in the central dining room.

The plan of residence under which about thirty boys live in each cottage is considered an important part of the School's program. The cottage parents are chosen with consideration of their personal integrity, honesty, interest in children and the happiness of their own marital relationship. The main purpose of the cottage plan is that the boys shall live with a married couple for whom they can develop respect and upon whom they can look as substitute parents. The cottage parents are not expected to concentrate on individual boys to any great extent, however, because they have enough to do in attending to their group.

The cottage mothers co-operate with the staff in the sewing room in seeing that the boys' clothing is maintained in good condition.

The cottage parents are responsible to see that the physical needs of the boys are met. A large part of their work is that of helping the boys in their cottage to develop desirable habits and group relationships within their own residence and on the campus as a whole. The cottage fathers usually spend much of their day supervising groups of boys on maintenance and farm work.

Medical clinics are held at the School once a week by a visiting doctor from nearby St. Jerome. The doctor is subject to call by the Training School at all times. Minor ailments and contagious children's diseases are attended to in the Kiwanis Hospital on the campus. A registered nurse looks after the hospital. When any major surgical operation is necessary, the boy is referred to an appropriate hospital in Montreal.

A visiting dentist from Montreal holds dental clinic once a week in the Kiwanis Hospital on the campus. All dental needs are attended to there.

Chart number two indicates that it is within the plan of the School to have a psychologist and a psychiatrist on the staff. In 1945 the executive of the School made it a part of its plan to secure the appointment of a psychologist and a psychiatrist to the staff. The Superintendent of the School has frequently said that he expects it will be at least five years before they will be able to find a psychiatrist to

fill the office because the demand for psychiatrists exceeds the numbers who are being trained in the profession.

While waiting for the time when they will have their own Mental Hygiene clinic at the School, the officers have been exploring the possibilities of using the services of existing mental hygiene clinics in Montreal. In this exploration, they have referred several of the more seriously disturbed boys to the Mental Hygiene Institute on Pine Avenue, Montreal. They feel that they could well make further use of the Institute's services in the indefinite period which lies ahead of them while they are awaiting the establishment of their own clinic. However, as indicated in Chapter one of this study, the School and the Institute both found that the referrals which had been made by the School to the Institute presented various problems that merited consideration. Consequently, the officers of both the School and the Institute were willing that the writer investigate these various problems in this present study. The aim of this study is to explore how the School and the Institute can work more adequately together in furthering the treatment of boys at the School, while the School is still working on plans to establish its own mental hygiene clinic.

Now that we have had some description of the major aspects of the physical set-up and program of the Boys' Farm and Training School, let us consider the basic purposes and work of the Mental Hygiene Institute on Pine Avenue, the other agency with which this study is concerned.

CHAPTER IV

THE PURPOSE AND WORK OF THE MENTAL HYGIENE INSTITUTE

The Boys' Farm and Training School at Shawbridge, Quebec, which is described in the previous chapter, and the Mental Hygiene Institute on Pine Avenue, Montreal, are the two agencies from which most of the data for this study were drawn. There are many buildings and other physical aspects of the Training School which for the purpose of this study required some description. The Mental Hygiene Institute, on the other hand, has only one building and few physical features which need to be discussed here. It is felt, however, that the general philosophy and work of the Institute should be discussed sufficiently to present some idea of what is meant when it is mentioned in this study.

The writer has observed that some parents who bring their children to the Mental Hygiene Institute for psychological and psychiatric help are alarmed at the word "Mental" in the name of the Institute. The alarm of the parents naturally is conveyed to the children. The traditional attitude that society has long held toward mentally diseased patients is sufficient to arouse fears in these parents and their children who are coming to the Institute for help regarding their emotional and behaviour disturbances.

However, the word "Hygiene" in the name of the Institute helps to allay their fears when it is explained to them. Hygiene stresses the preservation of health and the prevention of disease. In order to illustrate the significance of mental hygiene it may be helpful to review briefly some of the developments in methods of dealing with emotionally disturbed people.

In Biblical days, mentally diseased persons were thought to be possessed by evil spirits. Up until the eighteenth century it was customary to put mentally deranged people in jails or dungeons. They were chained, whipped, starved, violated and often put to death¹.

In the eighteenth century special asylums were built for the insane. At first their main purpose was to segregate mentally diseased persons from society. By the end of the nineteenth century, the development was toward providing humanitarian care for these unfortunate people.

Between the end of the nineteenth century and the year 1915 considerable research was done on diagnoses regarding mental diseases.

In the year 1915, Doctor Sigmund Freud, Professor of Psychiatry in the University of Vienna delivered his

1. Lawson G. Lowrey, Psychiatry for Social Workers
(New York: 1947) P. 8

famous "Introductory Lectures on Psychoanalysis". He traced many behaviour disorders and mental diseases back to psychological tensions of early childhood. He stressed the importance of relationships between the child and the parents¹. He believed that by developing psychologically sound relationships between parents and children, many emotional breakdowns of later life could be avoided. His work provoked thought that stimulated a vast amount of mental health work and research which continues to add to our knowledge of the unconscious aspects of personality.

World War I emphasized further the need for research into causes of emotional and mental breakdown. Doctor Raphael McCarthy says that the first world war brought to light a "discouraging fact". He states it as follows:-

Tens of thousands of soldiers were incapacitated either temporarily or permanently by a peculiar type of nervous disorder which became known as shell shock. The term was a misnomer. It was invented in the early days of the war² on the supposition that the disorder was due to a physical cause. It was believed that the nervous systems of the patients had been injured by the concussion of high, explosive shells. The incorrectness of the diagnosis, however, soon became apparent for some of the most serious cases of shell shock were developed by young men who had never been in the area³ of battle or who had never come within the sound of guns³.

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1. Sigmund Freud, New Introductory Lectures on Psychoanalysis (New York: 1933) Pp. 111-152.
 2. World War I.
 3. Raphael S.J. McCarthy, Safeguarding Mental Health (New York 1937) P. 3.

The discouraging fact of seeing all those tens of thousands of men hospitalized with what was known as "shell shock" added new stimuli to psychiatric research. A vast amount of material was written, presenting various points of view on the subject. Out of it all came a sweeping revolution in methods of dealing with persons who suffered from mental diseases.

It was no longer considered satisfactory merely to house and care for these patients. A new emphasis was placed on therapy with a view to helping mentally diseased patients to recover their mental health so that they might return to live as well persons in the community.

During world war I another revolutionary approach was launched regarding problems of mental health. It was appropriately called "Mental Hygiene" because it was directed toward helping to prevent mental disease and toward helping well persons to conserve their mental health and to develop mentally healthy ways of thinking and living.

In 1914 the National Committee for Mental Hygiene was established in the United States of America. In 1918 the Canadian National Committee for Mental Hygiene was established with headquarters in Toronto, Ontario. The purpose of these committees in the United States and Canada was to develop programs that would be designed to prevent

mental disease and to promote mental health by encouraging the development of psychological and psychiatric services in communities across the land, and by conducting programs of education designed to promote mental health.

The Canadian National Committee helped to establish a mental hygiene committee in Montreal in 1919. During that same year the Montreal committee opened a mental hygiene clinic which was one of the earliest to be established in North America. The Canadian National Committee financed the operation of this clinic in Montreal for a period of four years.

In the year 1923 the local committee joined a group of private agencies that was then known as Financial Federation of Montreal. Arrangements were made at that time by which the Federation undertook to meet the financial needs of the mental hygiene clinic. In the year 1929 the Mental Hygiene Institute in Montreal became incorporated under its present name. Through an agreement with McGill University, the Institute was provided with space for offices and a clinic in one of the University Buildings. This building is in close proximity to other educational and medical facilities of the University.

The Institute is still financed almost entirely by Welfare Federation of Montreal. The Federation of Catholic Charities in Montreal gives a small subsidy. The amount is

related to the number of that agency's clients who are served at the Institute during the year.

The purpose of the Institute, as stated in its charter is: "To prevent by any or all means or methods and in any manner the occurrence of mental disease and to aid in, assist and otherwise promote the amelioration of mental disease and generally to promote mental health"¹.

The Institute conducts lectures on the principles of mental hygiene for groups of medical students, students of social work, nurses and other student groups in the University. The Institute also promotes and conducts lectures, study groups, panel discussions and other educational projects for school teachers, parent education groups and for other persons who are concerned with the training of children. In these educational projects information is given on how to direct emotionally disturbed children and children with behaviour disorders to specialists in child psychology and child psychiatry. In this educational work emphasis is placed on how parents and other adults can provide the growing child with an emotionally healthy situation in which to develop. Emphasis throughout is on the prevention of mental disease and the promotion of mental health as stated in the charter.

1. An unpublished report regarding present needs of the Institute. 1945, P. 1.

The Institute operates a mental hygiene clinic which offers psychological and psychiatric consultation and diagnostic service to social agencies and to individuals in the community.

While the data were being collected for this study, the Institute's staff included two psychiatrists, one educational secretary, one psychologist, a psychiatric social work supervisor and the stenographic staff. Each year the Institute accepts a limited number of students from the McGill University School of Social Work for field work training in psychiatric social work.

The clinic services of the Mental Hygiene Institute are offered to all cultural and religious groups. In actual practice the French-speaking Catholic agencies use other mental hygiene services where there are French-speaking workers. English-speaking Protestant, Catholic and Jewish agencies and families use the services of the Mental Hygiene Institute. The clinic serves people in the following categories:

1. The Mental Hygiene Institute offers its services to children under sixteen years of age regardless of domicile.
2. It also serves adults who are referred by agencies which are members of Welfare Federation of Montreal and adults who are referred by the Federation of Catholic Charities which is an English-speaking , Catholic welfare agency.

The majority of the patients who come to the clinic are referred by the English-speaking Welfare agencies. It is the responsibility of the referring agency to prepare a social history of the patient¹. If the referring agency is not equipped to prepare the social history, the head social worker at the Institute usually takes the responsibility of preparing it. After this social history has been presented at the Institute, the referring agency is given an appointment time. The agency is then expected to see that the client keeps the appointment at the Institute in company with a relative, preferably one of his parents or else with a social worker from the referring agency.

It may be helpful here to discuss briefly the respective roles of the psychologist, the psychiatrists and the social workers in the clinic team. It should be pointed out that this is not intended to be a psychiatric nor a psychological treatise. The following comments about the work of the psychiatrist and of the psychologist are the writer's impressions of the roles of these clinic specialists in the work of the Institute.

The purpose of the first visit to the clinic is to have the psychologist examine the client so as to evaluate his or her general intelligence. The testing of young children is usually done by means of play materials.

1. Social histories will be discussed more fully in Chapter VI of this study.

For children of public school age the psychologist usually administers the Revised-Stanford Binet Intelligence Scale.¹ When older clients are tested it is customary to use the Wechsler-Bellevue Adult and Adolescent Scale². If the client is seriously retarded mentally the psychologist usually varies the tests according to the special handicaps of the individual.

These psychological tests are designed to measure and to evaluate the innate general intelligence of the individual. That is, to measure the mental capacity of the individual to cope with life situations, his ability to resolve new problems and his capacity to assimilate knowledge. These tests do not provide absolute measurements of intelligence in the sense that feet and yards measure fixed amounts of linear space. The intelligence tests compare the performance of the individual with standards which are based on the performance of thousands of other people in the general population.

The various tests were used with thousands of persons in the general population before they became standardized as reliable measurements of human intelligence.³ After years

1. For further discussion of the Stanford-Binet Intelligence Scale, see C.M. Louttit. Clinical Psychology (New York 1936) Pp. 49-58.

2. David Wechsler. The Measurement of Intelligence. (Baltimore 1944)

3. Opp. Cit. Louttit, Clinical Psychology. Pp. 45-90

of research norms have been built up so that the individual's mental ability can be classified with sufficient accuracy to be helpful in planning treatment and in evaluating the individual's possibilities for intellectual development.

Some of the adolescents who come to clinic are deeply concerned about their vocational possibilities. In such cases the psychologist will first administer an intelligence test and then arrange another appointment. The next time the patient comes to clinic the psychologist will administer aptitude tests. Often the adolescent feels generally inadequate to take his place as an adult in work and in social relationships. The vocational counselling gives the client a scientific evaluation of his capacities to learn adult skills. This evaluation of himself may help the adolescent to overcome feelings of inadequacy that have been a part of his personality problem. Moreover, the vocational counselling often helps a boy to focus his interests on a course of training which will aid him toward self-support and social adjustment. On the other hand the counselling may save the adolescent from spending months or years trying to learn skills that he is not suited to pursue. It is customary to have the child make an appointment to see the psychiatrist after the psychological tests have been completed.

It is customary to have the psychological test findings and the psychiatric social history regarding the patient made available to the psychiatrist before he examines the client. Psychiatric diagnosis and treatment at the Institute involves the utilization of the social history, the psychometric and aptitude test findings and psychiatric skills. Even in the initial psychiatric interview the psychiatrist can often help the patient to release considerable of the inner tension that is at the base of the problem.

For example, sometimes when he examines an infant, the psychiatrist gives the child some specially designed toys to play with. The infant may grasp a figure that represents its father and may angrily pull off the legs or arms that are loosely attached for this purpose. This would probably indicate that the child's problem is related to antagonistic feelings toward his father. The image may be that of a sibling toward whom the infant has feelings of rivalry. The therapist will then supply the infant with other play materials upon which he can express his aggression. This reduces the intensity of the child's inner tension. If the parents are able to adjust the adverse attitudes that have existed in the home, the infant who has relieved his tension in therapeutic play will be able to relate positively with his parents and siblings.

In a limited number of cases, the psychiatrists may maintain an intensive therapeutic relationship with the

individuals over an extended period by holding possibly one interview a week with them. In such cases a psychiatric social worker at the Institute interviews the parents each time they bring the child to clinic. Her aim in case work is to help the parents to modify their attitudes and the home environment if possible, so as to provide a situation that is conducive to the recovery and emotional health of the child. Case work at a mental hygiene clinic often involves visits to school teachers, recreation agencies, hospitals and other agencies; for the purpose of developing environmental adjustments.

In the majority of cases that are referred to the Institute from social case work agencies, the psychiatrists hold one or possibly more diagnostic and therapeutic interviews with the client and then the client is referred back to the case work agency. The psychiatrists prepare diagnostic reports of the individual patient's problems. These reports are designed to provide psychiatric information that will help the case worker to understand the personality problems and treatment needs of the client and of his family. The head social worker at the Institute is responsible to see that the psychological and psychiatric reports are forwarded to the agency that made the referral. The referring agency worker may contact the head psychiatric social worker at the Institute if there are problems about the case that they wish to discuss with her.

The psychiatrist who examined the client, or the referring agency may feel that a case conference is indicated to plan appropriate treatment procedures in the case. In cases where placement in a foster home is indicated, a case conference is held in the Institute or in some other agency office in the community. A morning hour is set aside each week for the purpose of holding a case conference in the Institute. These case conferences in the Institute are attended by the psychiatrists, the psychologist, the psychiatric social workers of the Institute, and by case workers and representatives of other social agencies that are concerned with the case which is to be reviewed. A social worker from one of the outside agencies or from the Institute presents a summary of the social and family data that are relevant to the patient's problem. The psychologist then gives her report. The psychiatrist who examined the patient then gives a summary of his diagnostic findings. There is usually a discussion period, after which the director of the Institute sums up the diagnostic data that have been presented by the various conferees. The conferees then decide which will be the appropriate agency to proceed with the treatment plans that have been suggested.

The head psychiatric social worker is responsible to arrange for the conferences that are held at the Institute. She also reports back to the agencies on the proceedings of the conferences. When a case conference regarding one of

the Institute's patients is held in a social agency in the community, the head social worker usually presents the psychological and the psychiatric data.

The purpose of the case conference is primarily to pool the diagnostic data that the various agencies are able to present on the case. The conference also plans which agency or agencies will continue contact with the client and or the family. This may save the client the possible confusion of having contact with several social agencies. It obviates duplication and confusion of efforts among the different agencies. It may also save time for both the client and the agencies. Case conferences, moreover, may develop harmonious relationships between social agencies in the community by establishing agreement about procedures in individual cases.

As stated in its constitution, the work of the clinic at the Institute is principally that of offering diagnostic service to social agencies in the community.

The following chapters will be concerned mainly with discussion of problems that arose in referrals from the Boys' Farm and Training School to the Mental Hygiene Institute. One of the immediate problems which the School has is that of bringing a boy forty miles from the School to the Institute in time to keep a morning appointment. What this situation means to the boy, to the School and to the Institute will be discussed in the next chapter.

CHAPTER V

ACCESSIBILITY OF THE MENTAL HYGIENE INSTITUTE TO THE BOYS' FARM AND TRAINING SCHOOL

In many general hospital clinics it is customary to have all of the patients report to the receptionist by a set hour in the morning or in the afternoon. The patients then wait their turn to be called to see the doctor. This system may mean that the patient waits several hours for his turn to come. In child guidance or mental hygiene clinic, many of the patients are suffering from anxieties and nervous tensions that tend to increase if they have to wait two or three hours to see the specialist. Moreover it is important that the psychiatrist establish good rapport with his patient at the outset of the therapeutic relationship. This might be difficult to accomplish with an anxious patient who had been waiting two or three hours for his turn to see the therapist. In order to obviate such tedious waiting, the Mental Hygiene Institute gives an appointment time for each patient to be examined by the psychologist or by a psychiatrist. This system puts some responsibility on the referring agency to see that the patient keeps his appointment promptly.

The Mental Hygiene Institute gives appointments for psychological examinations both mornings and afternoons except Saturday afternoons. Appointments for psychiatric interviews are usually given only for weekday mornings and for Monday afternoons.

In most cases the psychologist completes her examinations and sees that the patient is given an appointment to be examined by a psychiatrist on a later day. The psychologist makes a practice of having typewritten copies of the psychological reports prepared in time so that they are available to the psychiatrist before he interviews the patient.

In some of the referrals that have been made from the Boys' Farm and Training School to the Institute there was a change in clinic procedure. In these cases, the first appointment was made for nine o'clock in the morning. The psychologist examined the boy and then discussed the results of the psychological tests with the psychiatrist. The psychiatrist then interviewed the boy during the same morning. This consumed more of the psychologist's and of the psychiatrist's time than usual because the one had to wait for the other to be free for the oral report on the psychological findings. It did however, mean that only one trip from the Training School was necessary in order to have a boy examined by both the psychologist and by a psychiatrist.

In the case of Douglas¹ however, this plan was not feasible because it was felt that aptitude tests would be an important part of diagnosis and treatment. The psychometric

1. Douglas, *Infra* p. 97.

test took about one hour and the aptitude tests required about two hours. This meant that there was not time to have the psychometric test, the aptitude tests and the psychiatric interview all in the same morning. The Institute therefore recommended that Douglas be returned at a later time for psychiatric examination. Donald¹, on the other hand, was brought to the Institute at nine o'clock on a Monday morning. He was given a psychometric test and several aptitude tests in the morning. It was felt that Donald was urgently in need of psychiatric help. Therefore, Monday being the one afternoon that the psychiatrists serve at the Institute, Donald was examined by a psychiatrist that afternoon. It was understood, however, that this would not be appropriate general practice, because it could be extremely strenuous for some boys to spend almost a whole day in psychological and psychiatric examinations. This is usually not done except in cases of emergency. Harold² was brought from the Training School to the Institute at nine o'clock one morning. He was given a psychometric test and psychiatric examination in the same morning. The psychiatrist decided that aptitude tests would be helpful in treating this boy. He came back at a later date for these tests and the Institute recommended that the boy be

1. Donald Infra p. 122.

2. Harold Infra p. 144.

returned for further psychiatric study. This meant that three round trips of over eighty miles each had to be made by automobile in order to take this one boy to and from mental hygiene clinic.

On each trip the chauffeur and the boy had to leave the School about seven o'clock in the morning in order to be at the clinic for nine o'clock. Moreover, because the Training School had legal custody of the boys, it was necessary to have some staff person remain at the clinic while the boys were there for examination.

One of the purposes of this study is to explore ways in which mental hygiene service may be made more accessible to the Training School than it has been in the past. It may be helpful here to illustrate how one school for the re-education of delinquent boys minimized the problem of taking boys to a child guidance clinic.

The Boys' Industrial School, Coquitlam, in British Columbia has an average population of one hundred boys. It is situated twenty-five miles from the City of Vancouver. This School made a practice of taking some boys to a child guidance clinic in Vancouver for psychological and psychiatric treatment. This School faced transportation problems similar to those the Boys' Farm and Training School had in taking boys to the city for psychiatric help. The School in Coquitlam was able to reduce the transportation problem by entering an agreement

whereby the child guidance clinic in Vancouver reserved one six-hour day twice a month for the boys from the Industrial School. Once a month case conferences were held in the clinic for the purpose of planning appropriate treatment procedures for these boys. This policy made it possible for the industrial school to take several boys to the clinic on the fortnightly date. It also meant that a given boy could be brought to clinic for repeated therapeutic interviews without undue inconvenience to either the school or the clinic staff.¹

As he explored ways in which psychiatric services might be made available to the pupils at the Boys' Farm and Training School, the writer asked the director of the Mental Hygiene Institute about the possibility of developing a program for the Training School similar to that which is described above. The director said that later on in 1948 or early in 1949 the Institute might be able to work out a plan with the Training School whereby one morning every two weeks could be reserved to treat boys from the School. He said that the executive director of the Training School had expressed an interest in exploring the possibilities of developing a mental hygiene program at the School. He said that he planned

1. George Wallace, Superintendent of Boys' Industrial School, Coquitlam, British Columbia, in a letter to the writer, March 8th, 1948.

to make an appointment with the director of the School for the purpose of discussing the matter with him.

The director of the Institute thought it could be arranged to have a psychologist go from the Institute to the Training School once a month or more often, if necessary, to give intelligence tests to all boys who are admitted to the School. She might also give aptitude tests in cases where it was indicated. This would mean that boys who were brought to the Institute for psychiatric help would previously have had individual psychological tests. He thought it would also be helpful if the whole clinical staff of the Institute were to visit one day each year at the Training School for the purpose of planning treatment procedures for the boys who were at the School.¹

If a policy could be developed whereby one morning every two weeks were reserved at the Mental Hygiene Institute for the treatment of boys from the Training School, this would make mental hygiene more accessible to the School than it has been in the past because several boys could be taken to clinic in one trip. Moreover, the trips to clinic would be scheduled for certain days of the month and consequently other business could be planned for the chauffeur to do on these regular trips to the city. It would probably be possible for the superintendent and the other

1. Baruch Silverman, M.D. Director of the Mental Hygiene Institute, Montreal, interviewed at the Institute, February 25th, 1948.

staff persons from the School to go to the Institute on their clinic days to confer with the clinic staff about appropriate treatment procedures in certain cases.

The writer learned in a later conversation with the director of the Institute,¹ that he and the executive director of the Boys' Farm and Training School had conferred about various ways in which psychiatric service might be made available to the boys at the School. One suggestion was that an interne in psychiatry might be selected and trained to specialize in child psychiatry with a view to serving at the Training School on a part-time basis. It was recognized that at least two years would be required to train an interne for this appointment because even if they were to select a doctor who had his diploma in psychiatry he would still need two years' specialized training in child psychiatry. Another suggestion was that in the meantime the Institute might be able to send a psychiatrist to the Boys' Farm and Training School one day a week to hold clinics. A clinical psychologist might also be sent from the Institute to the School on certain days of the month.

1. Baruch Silverman, M.D., Director of the Mental Hygiene Institute, interviewed February 26th, 1949.

Whether the School develops a plan to have certain clinic days at the Institute or at the Training School, there is still the need to develop the case work service which is essential to clinical practice in child psychiatry. In the referrals that were made from the Training School to the Institute several case work problems arose. One of these case work problems was the need to prepare adequate social histories of boys who were referred to the Institute. Another case work problem was the need to prepare the boy so that he may be able to co-operate in the psychological and psychiatric interviews in clinic. These two case work responsibilities will be considered in the next chapter.

CHAPTER VI

PREPARATIONS FOR REFERRAL OF BOYS TO THE MENTAL HYGIENE INSTITUTE

From the discussion in Chapter IV of this study it becomes evident that some preliminary preparations are necessary before a child is brought to the Mental Hygiene Institute. In the first place, it is necessary to decide whether the child needs psychiatric help. In a training school it would appear to be important that this decision be made as early as possible after the child has been admitted. This would leave a maximum part of the child's stay in the school in which to effect treatment. In the second place it is important that the child be prepared to co-operate with the psychologist and with the psychiatrist in the clinic. In the third place it is necessary to prepare a psychiatric social history of the child. These three stages of preparation will be discussed under separate headings in the following pages.

A. Selection of Boys for Referral to Psychiatric Services.-

The practices of some American training schools in using mental hygiene services are of interest here. At the State Agricultural and Industrial School, Industry, New York¹ and at the Hawthorne-Cedar Knolls School, New York², it is customary to have every child examined by a psychologist

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1. Alida C. Bowler and Ruth S. Bloodwood. Institutional Treatment of Delinquent Boys (Washington, 1935) Pp. 152,153.
 2. Benjamin Levy. "The Hawthorne-Cedar Knolls School" Conditioned Environment in Case Work Treatment (New York, 1944) Pp. 9-13.

and by a psychiatrist shortly after admission to the institution, except in a few cases where it is found unnecessary. Each of these schools, it is noted, has its own mental hygiene clinical team among its staff. This makes it possible to have practically all of the pupils examined by clinic specialists. In some of the smaller American and Canadian training schools, however, the only available psychiatric services are those offered by psychiatrists in nearby cities. Such training schools tend to select for referral only those pupils who are most seriously in need of psychiatric treatment.¹

The superintendent of the Boys' Farm and Training School was asked what basis was used to select boys for referral from this Training School to the Mental Hygiene Institute in Montreal. He replied:

Every boy who enters the Training School is suffering from some emotional disturbance. That is why he is here. Every one of the boys could do with psychiatric help but we do not have the staff to meet the need.²

He added that in the past the custom had been to wait until a severe behaviour problem arose before a boy was

1. The Boys' Industrial School, Coquitlam, British Columbia has a psychiatric social worker on its staff. One of this worker's responsibilities is to select those boys who need the help of a psychiatrist.

2. G.D. Young, Superintendent of the Boys' Farm and Training School, interviewed February 16, 1948.

referred to mental hygiene clinic. This, he felt was all wrong. He said that selection should be made on the basis of the boy's need of treatment and his ability to respond to it. He thought that boys who were seriously retarded mentally would have little possibility of responding to psychiatric treatment. The superintendent said that he himself was the person who was responsible for deciding whether a boy was to be referred for psychiatric treatment. He stated that it was difficult for him to make suitable selection of boys on the basis of need and treatability. A psychiatric social worker he felt was needed in order that the School could select boys for referral to psychiatric services¹.

The social case worker would study the personal and family history and the behaviour of the boy during his first few weeks in the school. This worker would then be able to decide whether the boy could be treated within the limits of case work skill without the aid of psychiatry.

B. The Timing of Referral to Mental Hygiene Clinic.-

Once a training school decides that a boy needs psychiatric help, it is important that the boy be taken to

1. G.D. Young, Superintendent of the Boys' Farm and Training School, interviewed February 16, 1948.

the specialist early in his contact with the school. This provides the balance of the boy's period at the school in which to implement the psychiatrist's treatment recommendations.

The case of Donald¹ will illustrate the value of early referral of a boy to the mental hygiene clinic.

Donald's mother died when he was six years of age, after which he lead an unhappy life. The father was mentally dull and was unusually severe with Donald. Three years after the mother's death he was placed in an institution. Later he was removed to another institution. At the age of fifteen he was committed to the Boys' Farm and Training School. He ran away several times. Once when absent without leave, he and two other boys stole three rifles from a summer cottage in the vicinity of the Training School. Donald was accidentally shot through the abdomen with a .22 calibre rifle.

After two months in hospital, Donald was committed by a rural police court to four years at the Boys' Farm and Training School. When returned to the School, Donald was habitually antagonistic to all of the staff. For six weeks he spent most of the days sitting in his cottage at his stamp collection. He refused to do even the lightest of work. He did not mix in any games. When spoken to he usually refused to reply. If he did respond, his reply was in a few grunted words.

One day he had a severe attack of abdominal pains. He was rushed to a hospital in Montreal. The examining physician found that the gunshot wound had healed satisfactorily and that there was no physical basis for so severe an attack of pain. He recommended referral to the Mental Hygiene Institute. The Institute found that Donald had low average intelligence. For a long time he had felt rejected. He had never been able to relate himself satisfactorily with any adult. Because he

1. Donald, *Infra* p. 122:

had not had an opportunity to identify with any adult on any lasting basis, he had not been able to develop adequate inhibitions and volitional controls. He showed some of the symptoms of the type known as psychopathic personality. The psychiatrist recommended that some person at the Training School should make sympathetic efforts to get a little closer to Donald so as to help him to get over the marked antagonism that he showed toward all persons who were in authority.

About a month after Donald had been at the Mental Hygiene Institute, it was observed that the assistant superintendent of the School had developed a fairly good relationship with the boy. He had settled down and had become more co-operative with the staff. He had begun to do light office messenger work.

The director of social welfare at the School said that Donald had been a very seriously disturbed boy. He felt that this case showed the value of early referral to psychiatric service. He said, "We are now getting off to a good start with this boy and the beauty of it is that we still have almost all of his term of committal in which to help him."¹

C. The Preparation of Psychiatric Social Histories.-

Some child guidance clinics and mental hygiene clinics require that a social case worker in the clinic or in the referring agency should prepare a social history which traces

1. L.A.W. Pepperdene, Director of Social Welfare, Boys' Farm and Training School, Shawbridge, Quebec, interviewed May 1948.

the dynamics of the patient's problem. The Mental Hygiene Institute asks that such a history be prepared before an appointment time is given to the referring agency. Some clinics say that it is necessary first to find out how the child and the parents feel about the child's problem. In some clinics the case worker conducts several interviews with the child and his parents and from these interviews he records information which contributes to the diagnostic study of the child.

Dr. Milton Gray, lecturer in psychiatry at McGill University¹, says that in order to understand a child who has come for psychiatric help it is necessary to study his family background, his development and his environment. It is necessary to find out how the parents get along in their marriage relationship. This may mean that the worker has to find out why they married in the first place. Did the parents welcome the pregnancy before the child was born ? Did they welcome his birth ? Was the child breast fed or bottle fed ? If the parents had not wanted the child, do they react to the child by rejecting him or do they overprotect him because they feel guilty about not wanting him in the first place ? Are there any marked rivalries between the child and a sister or brother ? It is necessary to know about the health, education and recreational interests of the child. It is

1. Milton Gray, Lecturer in "The Psychoanalytical Theory of Psychiatry", McGill University (March 26, 1948).

important to know how the various members of the family feel about one another and especially how the patient feels about them and how they feel about him. It is necessary to know about the sexual or "erotic" interests and relationships of the child and of the other members of the family. In short, it is necessary to explore all of the physical and emotional factors in the child's total situation.

Dr. Gray said that the best way to get this information is to have a social worker interview one or both of the parents of the child, and other persons in the family if necessary. He felt that to know the diagnostic significance of these things was a part of the social case worker's competence. He said that the social worker was the appropriate person to get this diagnostic information and to record it¹.

It is important, for various reasons, to have this diagnostic information recorded concisely and systematically. Some of these reasons are as follows: (1) There are at least four people who need this material in order to orient themselves diagnostically in the case. They are the social worker in the referring agency, the social worker in the clinic, the psychologist and the psychiatrist. It could be an upsetting experience to the parent to repeat the history to the four persons. It would also be time-consuming for the parent

1. Ibid, (March 26, 1948)

and for the various workers. Therefore, it is highly desirable that one social worker obtain the social history material and record it early in his contact with the child and the family. (2) Once recorded the social history is readily available to the psychiatrist and to the various workers who need it. (3) in the event that other agencies may participate in the treatment of the child or the family, they also may orient themselves readily to the problems and treatment needs of the client.

At the Mental Hygiene Institute, the head social worker is responsible to see that adequate social histories are prepared of patients for whom examination at clinic is requested. In order to clarify the requirements of social histories, she prepared forms and outlines to guide schools and other non-casework agencies in the preparation of social histories. She then made a practice of supplementing the histories from such non-casework agencies by interviewing the parents of the children in the Institute.

The head social worker at the Institute also prepared an outline to suggest the types of information that casework agencies were expected to include in psychiatric social histories¹. Copies of this outline were distributed to

1. Outline - Suggestive for Use in the Preparation of Psychiatric Social Histories. The Mental Hygiene Institute, Montreal (Revised 1949). See Appendix Pp.216-219.

the casework agencies in the community. She found that as the techniques of mental hygiene clinical work changed it was necessary from time to time to revise the outlines that she had prepared.

The head social worker also conducted discussion groups in the various social agency offices in order to help the personnel with the problems of collecting and recording social history materials. She found that the outlines which she circulated and the discussions that she conducted helped to improve the quality of social histories that were prepared by the agencies in the community.

It should be added that in some mental hygiene clinics and child guidance clinics the trend is away from rigid forms of social histories. The history-taking interviews should not be turned into question and answer periods for the purpose of pursuing an outline. On the other hand, if the client is allowed to verbalize his own associations of ideas in relation to the problem, the interviews can have therapeutic value for the client. This type of interview also makes the case worker aware of how the child and his parents feel about the problem. The case worker is also able to see whether the child and his parents need or can accept the type of treatment which the agency has to offer. The worker is able to see in what areas the client will need support in order to proceed with treatment, and he is able to evaluate in what areas the client will be able to accept or to bear insight into the problem.

In the referrals that had been made from the Boys' Farm and Training School to the Institute, the head social worker found that a common problem was a lack of adequate social history material. On January 8, 1948, Harold¹ was brought from the Training School to the Institute. The social history which the Training School forwarded to the Institute recorded the court complaint about Harold and it told a detailed story of how he had been involved in a shooting accident while he was absent from the Training School without leave. But, the social history said nothing at all about Harold's academic standing, his health or his play activities. It said nothing at all about his relationships with the staff and the boys at the Training School.

The psychiatrist recommended that the Training School send more current history about Harold's life at the institution and that he be returned to the Mental Hygiene Institute for further psychiatric study.

History material such as was forwarded to the Institute in the case of Harold convinced the head social worker that the Training School needed some interpretation about the types of information that were needed in social histories. She suggested that the writer undertake the project of preparing a form that would be suitable to guide the personnel of the Training School in the preparation of social

1. Harold Infra p. 114.

histories. It was suggested that the project be made a part of this study.

As a first step in this undertaking the writer made a study of the various outlines that the head social worker had prepared to guide other agencies in the preparation of psychiatric social histories. Suggestions were gathered from these.

As a first experiment, a form with brief headings and plenty of blank space was used by the writer in preparing social histories of two boys who were at the Training School. Next, the writer interviewed a parent of each boy to supplement the data that had been obtained in the above forms. The material obtained from these two sources was found to be adequate for the purpose of the clinic specialists.

The superintendent¹ of the Training School later said that the headings of the above experimental form would be useful to him in the preparation of social histories. He found it inconvenient, however, to fill the blank spaces of this form with longhand writing, because he wished to retain a copy of every report that was sent to any agency about a boy. The headings of the experimental form, therefore,

1. A.L. Evans, Superintendent of the Boys' Farm and Training School, interviewed, February 15 and June 25, 1948.

have been drawn up in an outline¹. This outline suggests the types of information the mental hygiene clinic would like regarding the boy's life in the Training School. The outline may be used as a guide in collecting the data. The history may then be typewritten in the desired number of copies.

The head social worker at the Mental Hygiene Institute suggested that the Training School use this outline in the preparation of current history of the boy's life in the institution. She could then supplement it by interviewing the boy's parents in the Institute.

In the event that the Training School later develops a larger case work staff in its city office, its own case workers could then do the supplementation of social histories, by interviewing the parents in its own city office. One of the values of having the referring worker prepare the social history is that it gives him an opportunity to develop a case work relationship with the parents.

In the event that the School is able to secure the services of a psychiatrist to hold clinics at the School these outlines may still be useful in at least the early stages of psychiatric clinic work in the institution.

1. An Outline - Suggested for the Use of the Boys' Farm and Training School in the Preparation of Social Histories. See Appendix, Pp. 212-214.

One other problem that arose in the referrals, that were made from the Training School to the Institute, was that some of the boys were apprehensive and unco-operative in the therapeutic relationships in the clinic. This problem will be discussed in the balance of this chapter.

D. Preparation of the Child to come to Mental Hygiene Clinic.-

The psychiatrist's relationship with his patient calls for a free flow of thoughts from the patient about his problems and about his personal life. Therefore, the child must trust the psychiatrist. He must be enabled to feel that the therapist is not there to judge or to blame him for anything that he has done or for anything he may say or do in the interviews.

In some cases it is difficult to secure the child's full confidence and co-operation in the therapeutic relationship. One of the obstacles to the establishment of rapport may be the child's attitude toward psychiatry.

Recent studies have shown that difficulty may arise from what the child has heard about the child guidance or mental hygiene clinic before he ever arrives there. A study which Marion Kerr made illustrates this point. Her study includes seventy-five children who had been treated at the Hartford Salmon Child Guidance Clinic, Hartford, Connecticut. Among the findings of her study are the following statements:

The greatest likelihood of progress in treatment is expected in those cases in which the patient recognizes his problem from the start, seems to understand the function of the clinic, and seeks from it the kind of help it has to offer. Conversely, it is often difficult to modify the attitudes or to accomplish much in treatment of patients who are negatively disposed from the beginning.¹

Marion Kerr's study revealed that in the Hartford Clinic the social workers prepared some of the clientele to co-operate in the treatment procedures. In some cases this was done by discussing with the mother how she would talk to the child about the proposed visit to clinic. In this way both mother and child were enabled to develop positive attitudes toward the clinic. In other cases the social worker interpreted the clinic services directly to the child. In some cases the social worker had taken the usual social history of the child by interviewing a parent, but she had not discussed with the parent or with the child how he might feel about coming to clinic.

It was found that good treatment results followed in the majority of those cases where the child was helped to understand that he had a problem, and was given an explanation of the clinic. In many cases where these things were not discussed with the child, treatment lagged, or it was not satisfactory, or it was discontinued.

1. Marion Jean Kerr. "The Importance of Preparing Children for Psychiatric Treatment", Smith College Studies in Social Case Work. (December 1946) P. 69.

This study suggests that there are ways in which a child should be prepared for mental hygiene clinic and that there are ways in which he should not be prepared. An appointment for a child to go to mental hygiene clinic may provide his family, the neighbours and his schoolmates with something to joke about for weeks in advance of his first visit to clinic. It has been found that parents will tell a child that they are going to take him to child guidance clinic or to mental hygiene clinic because he is "dumb", "sick", or "crazy". Other parents will avoid mention that the child has a problem and will say that he is going for a taxi ride. Still others may say that he is going for art lessons, or for anything that they think will persuade him to go peacefully.

Similarly, a teacher may tell a child that he is going to clinic because he is "backward", "different", or "mean". Negative preparation such as this tends to put the child on the defensive against the clinic and its specialists¹.

In four of the referrals that were made from the Boys' Farm and Training School to the Institute, it was found that the boy was on the defensive in the early part of the psychiatric interview. It was not indicated in the records whether in any of these cases a staff person had

1. Leona M. Hambrecht "Psychiatric Case Work" Modern Trends in Child Psychiatry. Edited by Dr. Nolan D.C. Lewis and Dr. Bernard L. Pacella (New York, 1946) Pp. 308, 309.

interviewed the boy in preparation for coming to the clinic. In each case, however, the boy had visited the Institute prior to his committal to the Training School. In the cases of Arthur¹ and Dannie² the Institute had recommended committal to the Training School. It was not clear, however, whether this may have made the Institute appear to the boys as if it were aligned with the court. Their fear of the psychiatrist may have gone back to what their parents told them about going to the Institute in the first place. The point is that they were on the defensive against the psychiatrist. Therefore, they could not be expected to get full benefit from the psychiatric interview.

The officers of the Training School are familiar with how wrong interpretation by parents can make it difficult for a boy to adjust in the Training School. In some homes it has been customary for years to tell boys that if they misbehave they will be sent to "Shawbridge", to be punished. The officers of the Training School recognize that a probation officer or a social worker can aid a boy's adjustment considerably by giving him a truthful and fair interpretation of the Training School before the boy actually sees it.³

1. Arthur Infra p. 133.

2. Dannie Infra p. 107.

3. A.L. Evans, Superintendent of the Boys' Farm and Training School, interviewed, June 26, 1948.

The same thing holds true in referring a boy to mental hygiene clinic. Positive preparation of the boy is essential in order that he may have no fears of the clinic and so that he may enter co-operatively into the therapeutic relationships.

It is understandable that a training school pupil would have some fears and some resistance about going to mental hygiene clinic. He may have had misconceptions about mental hygiene instilled into him by his parents before he entered the Training School. He probably has been in trouble at the Training School and feels that a trip to mental hygiene clinic is the consequence. Moreover, the mental hygiene clinic is in the same city where he faced a judge about his pre-committal offense. When it has been decided that he is to be taken to clinic, the other boys in the institution probably will tease him by saying that he is going to a psychiatrist because he is "cracked", or "off his rocker".

It is important, therefore, that the Training School boy be interviewed in advance of the initial visit to mental hygiene clinic. The boy needs an opportunity to ask questions about the clinic. He needs a description of the clinic which he is being asked to attend.

The boy may think that he is going to clinic to be corrected for some specific, anti-social act. It should be made clear to the boy that this is not the purpose of mental hygiene. It may help the boy to see that he has done a number of things that have made him and other people unhappy. The psychiatrist may be able to help him to discover the reason why he does these things. One of the purposes of the psychiatrist will be to help him to find ways in which he can satisfy his own needs without making other people unhappy. In fact one of the aims of psychiatry is to help a person to find the happiness which he needs in life while contributing to the happiness of other people. The mental hygiene clinical experiences can be most useful if the boy sees that he has a problem and that the psychiatrist, a specialist in the understanding of human nature, is competent to help him with his problem.

It may be helpful here to illustrate how three boys were prepared to go from the Training School to the Institute. While gathering data for this study the writer interviewed three boys at the Training School as a means of preparing them to go to the Institute. One of these boys, Harold¹ had previously been taken from the Training School to the Mental Hygiene Institute. He asked a few questions but he needed

1. Harold, Infra p. 114.

little preparation to return to clinic. Furthermore, he was aware that he had problems and he said he would do anything that would help him.

Donald¹, a second boy had been referred to the Institute by an orphans' home when he was ten years of age. Since that time he had been in juvenile court and had been committed to the Training School. After his arrival at the School he was involved in a shooting accident which was mentioned earlier². He was in a hospital for two months under treatment for gunshot wound. Later he was in a police court and was committed to an additional four years at the Training School. The suggestion that he be referred to the Mental Hygiene Institute for a second time followed this series of traumatic incidents. The writer was asked to talk with Donald about going to the clinic. The following is a brief summary of the interview.

Feb. 16, 1948 Donald was interviewed at the Training School. In the interview Donald looked continually at the floor. When told that the Training School wanted him to go to the Mental Hygiene Institute he said that it would do him no good. Donald was then told that the psychiatrist was a doctor who was especially skilled in the understanding of people. Donald said, "There's no use going."

1. Donald, Infra p.122.

2. Supra p. 58.

Donald was then asked if there were any questions he would like to ask about the Institute. He was silent. The nature and function of the Institute were then described in detail. The interviewer then asked, "What do you say about it Donald?" He replied, "O.K. I'll go. It's alright with me." By this time Donald was growing restless. He still continued to look at the floor except for the occasional glance up to look at the interviewer. It was felt that to talk further at that time would spoil what had been accomplished, so the interview was terminated.

Donald could have profited from at least two more short interviews to prepare him for going to the Institute. At the clinic he applied himself in the psychological testing situations, but the psychiatrist had difficulty in securing his co-operation.

The case of Douglas¹, the third boy mentioned above, illustrates more adequate preparation of a boy for referral to mental hygiene clinic. Douglas was a broad-shouldered, fifteen-year old boy. He had rosy cheeks and at times he smiled in a friendly manner. He seemed to be brooding about things most of the time. He found it difficult to accept instructions. In school he knew his subjects as well as most of the class but when he was asked a question he stood speechless. He caused trouble in the weekly class on letter writing. The principal of the school asked that Douglas be referred to the Mental Hygiene Institute. for psychiatric help regarding his problems.

1. Douglas, Infra Pp.97-102.

The following is a summary of an interview that was held with Douglas:

The interviewer introduced himself. Douglas asked, "Sir, are you going to work up here?" After explanation of the interviewer's reason for being at the School, and some further introduction, Douglas was told that Mr. E. wanted him to go to the Mental Hygiene Institute to take some tests about the kind of work he might be suited to do and to see a psychiatrist.

Douglas said, "The only thing that will do me any good will be to get away from this place." He said it might help if something could happen to his school teacher. He did not think that he would do her any harm himself but he would be happier if she were dead. He was sure he would never do anyone any harm, but at times he got the feeling that certain people should be killed. He was able to gain insight into the fact that when he felt unfairly treated by anyone, he brooded about it and hated the person bitterly for about a month but gradually forgot it. He admitted that this was a problem, but felt that he would get along alright if others were fair with him. He later said that the superintendent and his cottage parents were fair with him. He said there was no one he really liked anywhere, except one man at the School who was kind to him. He hated his mother because she used to make him smoke cigarettes before he was five years of age, and she would beat him if he didn't want to smoke. He hated his father because all he remembered about him was that he used to kick him around. When he was five years of age and his sister was eight years old, his parents abandoned them in a farm house. The interviewer said, "You certainly have had some tough times." He asked Douglas if the things he had gone through might have made it difficult for him to trust in and to depend on people.

Douglas said, "I guess so."

There was then a discussion of how Douglas might feel when given instructions by an employer. Douglas said he often hated it when he was given instructions in the School but he thought it would be alright when he got out. What he wanted above all else was to enter apprenticeship in a machine shop and to board in the city.

It was suggested that when he did get into an apprenticeship it would be necessary to learn to take instructions like all workmen had to, without feeling that the employer was against him. It was suggested that he might enjoy meeting the psychologist and the psychiatrist at the Mental Hygiene Institute. They were very kind and understanding people and they might be able to help him to learn how to understand why he had the feelings he did about people. They might be able to help him to get over some of the bitter feelings he had about the tough experiences which he had had with people.

"I guess I'd like to go there alright", he replied.

When asked if he would like to hear what the Mental Hygiene Institute was like, Douglas said that he would like to hear about it.

He was told that it was not a hospital, there were no hospital beds. He would be there for an hour or so during the day. He would first go in an office to see a lady psychologist. She would give him what was known as an intelligence test. This was to test his ability to work out answers to questions and problems. It would help him to see whether he had the ability to do the arithmetic and other things he would have to do in order to work in a machine shop.

Donald said that he liked arithmetic; it was his best subject.

He would probably be given some printed forms that were known as aptitude tests. Some of these would probably show pictures of tools, machine parts and such things. These tests would be to help him and the Training School to see what he was able to do in work with machines, tools and other things.

Douglas said he knew a lot about machines and tools. He liked to work with machines more than anything else. He was happier at a lathe than anywhere else.

It was explained that after the tests, he would probably be asked to come back at a later date to see a psychiatrist at the Mental Hygiene Institute. The psychiatrist was a doctor who had spent years studying why people feel and act as they do about things. The psychiatrist was a very understanding and a pleasant man. He would probably just talk to him. He might be able to help him to understand why he felt the way he did about people. He did not perform any operations or anything like that in the Institute.

Douglas said he would go anywhere if it would get him out of the Training School. He had been sent for two years and possibly for three years. The two years were soon up and he saw no reason why he should not go at the end of the two years. It was explained that the Institute was not connected with the court or with the Training School. The purpose of going to the Institute would be to help him to get more enjoyment out of the remainder of his stay at the School and to help the Training School to know more clearly what would be the best plan for him when he was ready to go.

Douglas was asked if he would like to see the interviewer again about going to the Institute.

Douglas said, "Yes, I'd like to see you again before you go."

In this first interview, Douglas was not held in suspense. He was promptly told why the interviewer wanted to see him. The boy then verbalized considerable hostility while the interviewer maintained a neutral, empathetic and listening role. The tough experiences Douglas had had were related by the interviewer to the boy's present feelings about people. Douglas was able to see that possibly he had a problem with which he might need help, so that he would be able to pursue his ambition of working in a machine shop.

Douglas was then given a description of the Mental Hygiene Institute. He was then given an opportunity to think about the things that had been discussed and to have another talk about them later.

Douglas was interviewed again the next evening. He smiled several times and seemed to be at ease during the interview. He wanted to know how soon he could go to "the mental hygiene place". He appeared to be disappointed when told that it would be a month or six weeks before he could go because so many people had applied to go to the Institute that they were booked up for weeks ahead.

Douglas occupied most of the interview with telling of his interests in machine shop work. He later asked what time it was and said the boys would soon be going to bed so he would have to leave. He was assured that the people at the Institute would be kind to him. He was encouraged to relax and not to worry about going to the Institute but to co-operate to the best of his ability. He was told that the interviewer would let Mr. E. know when he could go to the Institute.

When first interviewed about going to the Institute, Douglas was in such a hostile frame of mind that he would probably have wasted much of the first interview in clinic, and the psychological tests would probably not have given a true picture of his mental capacities. The opportunity to express his hostility in preparatory interviews with the case worker relieved some of his tension. The description of the Institute enabled Douglas to move toward the clinic experiences and to make them his own experiences rather than something that was projected onto him by outside authority.

The psychologist found that Douglas co-operated well in the testing situations. He left the Training School, however, without being interviewed by a psychiatrist.

The above interviews are not models of how to prepare a boy for referral to mental hygiene clinic, but they do cover many of the salient points that need to be considered in helping a boy to co-operate in the therapeutic relationships in clinic.

It is important to inform the boy that the mental hygiene clinic is not a hospital, that people do not stay there overnight, that no operations are performed there, and that the clinic is not connected with the court. What he says or does in the clinic interviews will not be held against him.

The boy should be encouraged to ask any questions he wishes and they must be answered as truthfully as possible. It is important that the boy should have his fears allayed and that he should have some ideas of what to expect in clinic. It should be made clear to the boy that the psychiatrist is interested in helping mentally healthy people to understand themselves and to satisfy their own needs without disturbing the society of which they are a part.

The preparatory interviews are intended to answer the boy's questions and to explain the clinic situations in words that the child can understand. The aim is that the boy

may see that he has problems and that he may go to clinic in a frame of mind to ask help of the clinic specialists whom he feels are competent to help him.

In summing up this chapter it may be recalled that some American training schools provide psychological and psychiatric examinations for all new pupils within a few weeks after admission. Some of the smaller training schools which do not have psychologists and psychiatrists on their staff refer to mental hygiene clinics only those pupils who are most urgently in need of psychological and psychiatric help. When a training school sees that a boy needs psychiatric help it is well to make the referral early in the boy's stay at the school. A large part of the committal period can then be used to implement the psychiatric treatment recommendations.

It is also observed that adequate psychiatric social histories are requisite for psychiatric treatment at the Institute. Consequently this chapter discussed some outlines that have proven useful as guides in the preparation of social histories. It is also important that the nature of the mental hygiene clinic be discussed with the pupil and that he be prepared to co-operate in the therapeutic relationships in the clinic.

This discussion may make it sound as though preparations for referral to mental hygiene clinic are lengthy procedures. It may be pointed out that in three of the cases

that were selected for this study, the preparation of social histories at the School, the supplementation of the social histories by interviewing parents in the Institute, and the initial clinical examinations were completed within a two months period in each case. Suppose that a month were required for observation in the Training School in order to decide that a boy needed psychiatric help. Then allow a maximum of two months more to complete the initial clinical examinations. This process would still leave a considerable part of the boy's stay in the Training School during which he could be helped toward adjustment.

It is foreseeable, however, that if the School were able to secure the services of a psychiatrist who would hold clinics at the Training School, it should be possible to have the social history prepared and to have the pupil examined by a psychiatrist within a month of admission to the institution. Moreover, if a boy needed intensive psychiatric treatment over a period of time, he could attend psychiatric clinics on the campus week after week.

Problems of preparation for referral to mental hygiene services have been discussed in this chapter. This is but one phase of the referring agency's role in the use of mental hygiene services. After the child has been

examined at clinic, the Institute forwards psychological and psychiatric reports to the referring agency. Ordinarily it rests with the referring agency to implement these reports.

One of the aims of this study is to discover how useful the psychological and psychiatric reports are to the staff at the School in training and treating the boys who have been examined at the Mental Hygiene Institute. The next chapter of this study, therefore, will discuss uses made of the mental hygiene reports in treating a group of nine boys at the Training School.

CHAPTER VII

USES MADE OF THE MENTAL HYGIENE REPORTS AT THE TRAINING SCHOOL

The Mental Hygiene Institute sends the referring agency a typewritten report on each psychological test and on each psychiatric interview that the patient has in the clinic. The mental hygiene reports contain diagnostic data that are designed to offer guidance to the case worker in the agency in furthering the treatment of the patient. The Boys' Farm and Training School files the mental hygiene reports in the individual case record of the boy in the administration office of the institution. A duplicate case record of each boy is kept in the School's city office in Montreal.

One of the purposes of this study is to try to discover how useful these mental hygiene reports are to the Training School in treating the boys who had been examined at the Institute. In exploring this question it is first of all necessary to find out what staff personnel at the School are allowed to read the records which contained the mental hygiene reports. Informal interviews were held with the various staff persons who had access to the records in the Training School office.¹

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1. One school teacher and one cottage father were not interviewed because they were temporarily absent from the Training School. The director of recreation was not interviewed because the superintendent did not particularly wish to stimulate his interest in the personal records of the boys. He felt that recreation should be on a group work basis with the staff which the School had at that time.

The following topics were explored in the interviews:

(1) Whether personnel tended to read the mental hygiene reports that came to the School about boys who were under their care or instruction ? (2) Whether the terminology of the psychological and of the psychiatric reports was meaningful to the various staff persons ? (3) What personnel would be interested in having opportunities to confer with a psychiatrically informed staff person about the emotional problems and treatment needs of the boys ?¹

In succeeding paragraphs, a summary will be given of the responses that the Training School personnel made to the above points of inquiry. This section will be followed by detailed studies of nine selected cases to discover what uses were made of the psychological and the psychiatric reports in treating these particular boys at the School. The cases are grouped in terms of how the School used the mental hygiene recommendations. The main findings from the material on these selected cases will be discussed at the close of the chapter.

1. In each interview the staff person was told that the writer's purpose was to gather data for this study. The writer found that a set schedule was not appropriate because of the wide range of skills and academic qualifications that were represented in the staff. Leading questions that might have been suggestive of desired answers were avoided. Some of the staff members volunteered information on the above topics of their own accord. It appeared that some of the staff had previously done considerable thinking about matters that are the main concern in this study.

I. The Meaning of Mental Hygiene Reports to Staff Members at the Training School.

The superintendent was asked which staff members at the School had access to the case records which contained the mental hygiene reports. He said:

All staff persons have access to the records. None is forbidden but not all are encouraged. It is important, however, that the superintendent, the assistant superintendent, the teachers, the cottage parents and the work instructors have access to the files. It is questionable, however, whether the director of recreation should read the case records. Recreation should be on a group work basis rather than on an individual treatment basis under the present set-up at the School¹.

The superintendent, the assistant superintendent and the director of social welfare all said that they read all psychological and psychiatric reports that came to the School regarding any boys in the institution. The school principal said that she used to read any mental hygiene reports that referred to any boys who were in the school classes. It was several months, however, since she had bothered to read any of them. One teacher read all of the psychological and psychiatric reports on any boys who were in her classes; she found them extremely helpful in her work with the boys. One cottage father read all mental hygiene reports that referred to boys who were in his cottage. Three cottage fathers read some of the psychological

1. G.D. Young, Superintendent of the Boys' Farm and Training School, interviewed February 16, 1948.

and psychiatric reports about boys who were in their care. One cottage mother said that her husband, the cottage father took a keen interest in the reports that were in the case records of the boys who were in their cottage¹.

The superintendent and the assistant superintendent found the mental hygiene reports extremely helpful in their work with the boys. Both of them said, however, that the Training School should have a psychiatrist on the staff as soon as one was available to them. Then boys could be given psychotherapy within the institution and the psychiatrist could confer with the staff about how to further the treatment of the boys.

The director of social welfare said that he saw little use in many of the psychiatric reports that came to the School. Most of the psychiatric reports did little more than recapitulate what he had known about the boy for a long time. What he wanted was that the psychiatrists would state in their reports what could be done about the child's problems. What he would like in psychiatric reports was specific suggestions about what could be done to help the boy within the limitations of the Training School. He wanted recommendations that were realistic and practicable.

1. The cottage mother was interviewed because the cottage father was absent.

The director of social welfare cited the report on Arthur¹ as an example. The psychiatrist had suggested that Arthur be given a correspondence course in cartooning. The personnel of the Training School was able to implement this recommendation. He said that, on the other hand, a psychiatrist's report often states that the boy feels rejected by his parents but it does not make any recommendation as to what the Training School personnel can do about it. The director of social welfare felt that the psychiatrist himself should treat the boy or else he should say in his report what could be done to help him.

The school principal who had been at the Boys' Farm and Training School for twenty years, said she had found the mental hygiene reports helpful in her work with the boys. She understood most of the psychological reports but there were things in some psychiatric reports which were not clear to her. She felt that it would be important to have them interpreted. She added that it would be extremely valuable to have some person on the staff who was specially trained in psychiatric social work. A psychiatric social worker, she thought, could work in co-operation with psychiatric clinical services in the city and could help the teachers and other staff persons at the Training School to plan the treatment of boys who needed special help.

1. Arthur, Infra p. 136.

The four cottage fathers who were interviewed said that they had difficulties in understanding the mental hygiene reports on boys who were in their cottages. Three of these men said that they were glad of anything that gave them any help toward understanding and working with the boys who were in their care. The four cottage fathers also thought it would be helpful to have a psychiatric social worker on the staff who could consult with them regarding boys who were receiving psychiatric treatment. Three of these cottage fathers were emphatic in their statements that they would like to be quoted in this study as requesting the appointment to the staff of a person who would be able to help them understand the needs of the boys who were in their cottages. They would welcome periodic consultations about how to help the more seriously disturbed pupils who were in their care.

The instructors in the machine shop and in the woodwork shop read the mental hygiene reports only in exceptional cases. The data in the reports that they found most useful were the intelligence test results and the aptitude test findings. These psychological findings were useful to them in helping to evaluate a boy's vocational training possibilities.

In summing up the findings of the above paragraphs it is noted that the personnel of the School took an active interest in reading the mental hygiene reports about boys who were under their care and, or instruction. The superintendent and the assistant superintendent said that the School needed a staff psychiatrist.

The director of social welfare said that the School needed a psychiatrist on the staff. He also said that whatever psychiatric service the School used, the psychiatrist should either treat the boy himself or else he should write reports that the School personnel could understand and implement. On the other hand, some psychiatrists feel that it is not desirable to make verbatim psychiatric reports about clients available to persons who are not disciplined in the interpretation and implementation of them. For example, if an instructor were to tell a boy that the psychiatrist said he was rejected by his parents, this could intensify the boy's problem. Again if some adult were to tell a boy or his friends that his problem was mental dullness, the boy's feelings of inadequacy could be intensified rather than diminished by this psychological information.

In view of these problems in the use of mental hygiene reports it would appear that the principal and the three cottage fathers voiced a real need when they said that they would like to have recourse to a psychiatrically informed staff person. A case worker who was disciplined in mental hygiene could help the personnel to understand and to implement psychological and psychiatric information about the boys.

We now come to the major topic of this chapter, namely, an enquiry into uses made of the psychological and psychiatric reports by the School personnel. The nine cases selected for this study include all of those boys who were referred from the Juvenile Court or from the School to the Institute between January 1, 1947 and May 1, 1948 and spent some time at the School between October 1947 and May 1948.

In five of these nine cases the Institute recommended Juvenile Court placement in the Training School. One of the nine boys was referred by the Court to the Institute for psychiatric help while he was absent from the Training School without leave. The School later took four of the above six boys back to the Institute for further psychiatric help.

Two of the nine boys were taken to the Institute for their first time by the School. One of the nine boys had been at the Institute on two occasions five years before he was committed to the School. The School took him to the

Institute for further psychiatric study and help. This means that the School took seven of these nine boys to the Institute at least once for psychological or psychiatric examination.

Information obtained on this small number of selected cases will be used to illustrate uses that the Training School made of mental hygiene reports in treating these boys who were examined at the Institute. Some of the material on these cases was gathered in interviews with the Training School personnel. It should be pointed out that much of the information that the staff persons gave tended to concentrate on recent events in the treatment and discipline of these nine boys. Events that occurred more than six months earlier were difficult to discover because the personnel had to rely on memory to recall what happened in the life of each of these boys while they were in the School. Moreover, the files did not contain any narrative record of the processes of training these boys. Other sources of information included documents, reports and letters in the records at the Training School and in other agencies which had carried some of these cases. The nine boys and any of their parents who were available also were interviewed.

Because of the fragmentary documents and because of the frailty of human memories it was often necessary to explore various sources in order to verify certain data. However, by the above means it was possible to collect and to arrange considerable information on uses that were made of the mental hygiene reports in these cases. These nine cases will be grouped according to the uses that were made of the mental hygiene reports and will be discussed in succeeding pages under the following headings: (1) Three cases in which specific treatment recommendations were not followed. (2) One case in which treatment at the School may have intensified the pupil's problem. (3) One case in which the mental hygiene recommendation was not put into effect until the pupil became involved in anti-social behaviour of a serious nature. (4) Two cases in which an individual staff person concentrated considerable effort on implementing the mental hygiene treatment recommendations. (5) One case in which several staff persons at the School participated in implementing the mental hygiene reports in treating the boy. (6) One case in which the mental hygiene reports were used in planning to give the pupil advanced vocational training.

Each case study will be presented under the following headings: A. History of the pupil and of his problems. B. Contact with the Mental Hygiene Institute. C. Use made of the mental hygiene report in treating the pupil. C. Comments. The purpose of these case studies is to indicate how psychological and psychiatric reports were used in treating these boys at the School.

II. Three Cases in Which Specific Mental Hygiene Treatment Recommendations Were Not Followed by the Training School.

In each of the following three cases the Mental Hygiene Institute recommended that the boy be returned to the Institute for further psychological or psychiatric examination. In none of these cases was this particular recommendation carried out. It must be recalled, however, that at the time the Institute recommended return trips to clinic for these boys, this country was emerging from a war-time period during which travel by automobile had been restricted by shortages of tires, automobiles and gasoline. In war-time the Training School naturally had priorities on equipment for its station wagon but the tendency nevertheless was to limit motor travel as much as possible. In the autumn of 1948, however, the Training School officials decided that if psychiatric

help was recommended for a boy, the School would see that he was transported to the city for this purpose. In the three cases that are now to be discussed the recommendations for return appointments at the clinic were made before this new policy was adopted.

Walter

Walter B. was twelve years of age when he was first committed to the Boys' Farm and Training School for a period of four years. He had blond hair, fair skin and a freckled nose. He was a friendly boy who responded readily in social relationships.

A. History of the pupil and of his problem.

Walter's father was an illiterate carpenter who was born in Newfoundland. The mother was born in Scotland and held several domestic service jobs in the two years that she was in Montreal before she married Mr. B. Walter was the fourth child in the family of six boys and two girls.

The father was mentally dull. He summed up his philosophy about rearing children by saying "spare the rod and spoil the child". He lacked humour and affection. The mother appeared to be an immature person who was overwhelmed at times by the responsibilities of looking after a large family and trying to keep house. She tended to indulge the children and to protect them from the stern father.

When Walter was twelve years of age his mother died following a surgical operation. For a while the eldest girl did the housework, but she and the eldest boy quarrelled with the father and left home. At that time the family lived in a store building which had some false partitions to divide it into rooms.

The father had the children placed with social agencies. He went off to live with a woman whose husband was overseas.

Walter was placed in an orphan's home. Later, he was moved to an institution for boys. At the age of thirteen years he was committed to the Boys' Farm & Training School for four years on a charge of stealing an alarm clock and other articles from stores. At the Training School he behaved satisfactorily. He was well liked by the staff and the boys. He participated in several sports. His physique developed rapidly. He completed grade seven studies.

In April 1946, at the age of fifteen, he was paroled from the Training School and arrangements were made for him to room with his elder brother. However, Walter did not get along with the brother. Walter spent the summer on a lake steamer earning one hundred and four dollars a month clear of board. He saved some of his money. In the autumn he could not find work that suited him.

In February, 1947, at the age of seventeen, Walter pleaded guilty in Juvenile Court to a charge of stealing an automobile. He was committed to the Boys' Farm & Training School for a period of eighteen months. Within a month after his second committal to the Training School, Walter ran away from the School. He and another boy attempted to steal an automobile and Walter stole a brief case from an automobile on the street. In Juvenile Court he pleaded guilty to the above complaints.

B. Contact with the Mental Hygiene Institute

March 28th, 1947, Walter was referred by the Juvenile Court to the Mental Hygiene Institute for psychiatric help and advice regarding his problems of running away from the Training School and of stealing, and to see whether he had the ability

to learn to be a radio mechanic which he said was one of his ambitions. The following is a summary of the Mental Hygiene report about Walter:

Psychiatric Report: It was understood by both the referring probation officer and the examining psychiatrist that there would not be an opportunity today for a psychometric test or aptitude tests. These tests should be given at a later date.

In view of the fact that this boy has been a long time at the Boys' Farm & Training School, and after his first period at the Training School made adequate adjustment working on lake boats, it might be well for him to seek further employment of this kind. This might lead to permanent work as a seaman. If such a plan is not possible it might be well to find some appropriate home for him while being apprenticed to some semi-skilled trade, providing that his aptitude tests may indicate that he has capacity for such work.

He is quite unwilling to live with his brother and it would not seem advisable to force him into such a plan. He appears in a sense to have outgrown the Training School and there seems to be nothing to be gained from sending him back there. It is recommended that this boy be returned to the Mental Hygiene Institute for an intelligence test and aptitude tests so that we may discover whether there is some specific mechanical skill which he may be suited to learn and to follow.

C. Use made of the mental hygiene report in treating the pupil.

The Juvenile Court returned Walter to the Training School for the balance of his term of committal. He remained another year at the School. During that time he was co-operative and was well liked by the staff and by the boys. At times he spoke of wanting to be paroled to a farm because he feared

that if he returned to the city he might get into trouble again. During the year at the School he was not returned to the Institute for the psychometric test nor for the aptitude tests that were recommended by the psychiatrist. On April 19, 1948, Walter was paroled from the Training School and later he went to a town in Northern Ontario to work with a gang of carpenters.

Douglas

The case of Douglas further illustrates how a specific mental hygiene treatment recommendation was not followed by the Training School. The Institute recommended that this pupil be returned to the clinic for psychiatric help, but he was not brought back.

Douglas was a thirteen year old boy when the Juvenile Court in Quebec City committed him to the Training School for discipline and supervision for a period of three years. The case was to be reviewed at the end of two years.

A. History of the pupil and of his problems.

Douglas was born on a farm in the Province of Quebec, of English-speaking Canadian parents. His father hired out as a day labourer to various farmers.

Douglas said that he hated his mother because she used to kick him around to make him smoke cigarettes before he was five years of age. All he remembered about his father was that he used to beat him around.

Douglas's only sibling was a sister. When she was eight years of age and he was five years of age, their parents abandoned them in a farm house. The two children walked to the home of a maternal aunt. For eight years Douglas lived with various maternal aunts and uncles on farms and in small towns in the Province of Quebec.

When Douglas was twelve years of age, the Mayor and the United Church Minister in the village of S. declared the home of the aunt with whom Douglas was living to be economically and otherwise an inadequate place for the boy to live. He was placed in an orphan asylum in Quebec City.

The superintendent of the orphan asylum found Douglas "dull, lonely, unsocial and unresponsive. Shame, private talks, severity and kindness were tried alternately without getting response from the boy."

Douglas had nocturnal enuresis occasionally. When he wet his bed he was compelled to wash his bedding in the presence of the other boys and adults in the institution. His enuresis continued. Because of the lack of staff at the orphan asylum the superintendent took Douglas to the Juvenile Court in Quebec City and the boy was committed to the Boys' Farm & Training School so that he could have discipline and supervision.

February 7th, 1946, Douglas was thirteen years of age and was in grade five when he was admitted to the Training School. He was pale and underweight. While at the Training School, Douglas completed sixth grade. He put on weight and developed into a broad-shouldered, stockily built lad with a deep chest and rosy cheeks. During his stay at the Training School, however, he was not responsive to his cottage parents, he remained distant from them emotionally, but got on "fair" with the other boys. He did not enter any competitive group games. He did not learn to skate or ski.

The machine shop instructor had Douglas in his shop for four months. He found him one of the most mechanically inclined boys he had ever seen in the shop. He felt very sorry that after Douglas was four months in the machine shop he was transferred to other duties. He said the boy loved to work on a lathe or with other metal work tools. He said he wished that there could have been a conference or a staff meeting of some kind where he might have requested that Douglas be given a longer period of training in the machine shop. He wanted to see this boy have an opportunity to be apprenticed into a machine shop if possible. He felt that Douglas would never be happy in any kind of work other than in a machine shop.

The school teacher found that Douglas knew his lessons as well as any boy in the class if not better, but he could not give oral responses. She felt that the boy had good ability, but that he had serious emotional problems that were blocking his performance. At times his mind seemed to be blank.

Douglas had stolen things from boys in the cottage. He once stole one hundred cigarettes. He did not smoke any but gave them to the other boys. He was sullen and unco-operative with the staff members. He seemed to be always brooding about something. If he felt unfairly treated by anyone he would hold a grudge against that person for about a month; then he would gradually get over it. He expressed dislike for all of the staff personnel except one man whom he liked.

The principal of the school said that for over seven months she had been asking to have this boy referred to a psychiatrist so that he could have some help regarding his emotional problems. The assistant superintendent agreed that Douglas was urgently in need of psychiatric help. The director of social welfare said, however, that many other boys in the School were as much in need of psychiatric help as Douglas was, and they could not take them all to clinic.

He saw no reason why Douglas should be singled out to be taken to mental hygiene clinic when he was getting along reasonably well in the Training School. However, if the principal was so urgently asking that the boy be taken to the Institute he would co-operate in making the referral.

B. Contact with the Mental Hygiene Institute.

April 19th, 1948 Douglas was referred from the Boys' Farm and Training School to the Mental Hygiene Institute for aptitude testing and for psychiatric help regarding his petty stealing, his difficulties in accepting adults who were in authority and regarding his blocking in school studies. The following is a summary of the mental hygiene report:

Psychological Report

On the Wechsler Bellevue Adult and Adolescent Intelligence Scale Douglas obtained:

Verbal Scale	I.Q. 81
Performance Scale	I.Q. 107
Full Scale	I.Q. 93

It is felt that this boy has better mental capacity than the test results tabulated, and that his score in the test was hampered by his lack of social development. It is felt that he has approximately average intelligence.

The aptitude tests results indicate that this boy has excellent mechanical skill and he is particularly interested in mechanical work. It is recommended that Douglas be given further experience in the machine shop at the Training School.

The psychiatrist would like to have Douglas returned to the Institute for help regarding the problems that are discussed in the psychiatric social history.

C. Use made of the mental hygiene report at the Training School.

Douglas was not returned to the machine shop as was suggested by the psychologist at the Institute. He was not returned to the Institute for psychiatric help regarding his problems. Three months after he took the intelligence test and aptitude tests at the Institute, Douglas was paroled to a farmer near the town where he was born, about eighty miles from Montreal. The farmer had considerable machinery and a large repair shop where Douglas could have some further experience in mechanical work. Moreover, the farmer took an interest in Douglas's welfare. He provided him with a bicycle. Douglas used to cycle to visit his aunt on weekends. He cooperated and worked well with the farmer but was not dependable when left to work alone. At times he resented being given instructions and was insolent toward the farmer. Douglas stole small tools and other articles and concealed them in his room. The farmer wrote to the Training School to say that he regretted that he could not continue to take responsibility for the boy.

About this time Douglas's father wrote to the Training School and said that he had a home for his boy in the city of T. in Ontario. He said that he could secure a good job for Douglas in the machine shop where he himself worked. When Douglas's parole period was completed he went to live with his father, with a view to working in the machine shop.

Charles

The story of Charles further illustrates how the School failed to follow a specific mental hygiene recommendation in treating the boy. In this case the Institute recommended that the boy be committed to the Training School and that he be returned in a few months to the Institute for further psychiatric study. The Juvenile Court followed the recommendation of Dr. S. by committing Charles to the Training School, but ten months later the School had not taken Charles to the Institute as had been recommended.

A. History of the pupil and of his problems.

January 29th, 1948, Charles pleaded guilty in the Juvenile Court in Montreal to four accusations of breaking and entry. He was a blond-haired boy of thirteen years who was unusually tall for his age. He appeared to be apprehensive about meeting new people and new situations and said that he was all mixed up in his thinking. The following is an excerpt from his social history:

Charles' parents were both born in England and were married in Montreal. The father appeared to be a fairly intelligent man. He was employed in a tobacco factory where he had worked over fifteen years. He spent most of his evenings in union activities and had little time for his family. He appeared to be fond of his wife and children but seemed to be at a loss to know what to do about Charles' behaviour problems. The mother was a stout, amiable woman who did not appear to be very intelligent. She was a good housekeeper but seemed content to pass the responsibility for training the children onto the father who was not often home evenings.

There is one brother a year older than Charles who was examined at the Mental Hygiene Institute and was found to have an I.Q. of 58. Charles has one sister who is five years younger than he is and another sister who is ten years his junior.

The family lived in a neat, comfortably furnished, six room, second story flat which they had occupied for nine years. It was a working class district of Montreal. Most of the boys in the neighbourhood spoke French and Charles played satisfactorily with them.

At the age of thirteen years, Charles entered grade four in school. He would have been placed in a special class for retarded children but it was felt that because of his rapid physical development he would feel too big for special class. In school he was not attentive, he talked and disturbed the class; he was insolent and disobedient. At times he had temper outbursts in school. He was tried in two different schools but he truanted frequently without telling his parents where he went.

Charles used to help in a small store and in a bicycle shop on Saturdays and on holidays. The management of both shops were convinced that Charles stole small change and miscellaneous small items from them, but they liked him and would not lay complaints against him in court. On two occasions Charles broke into a hardware store and stole small amounts of cash and goods. He broke into two other shops but never made any large thefts. He spent the money on shows.

B. Contacts with the Mental Hygiene Institute.

In 1946 a school in Montreal referred Charles to the Mental Hygiene Institute for psychometric testing because he was having difficulties with his studies. On the Revised Stanford-Binet Intelligence Scale he obtained I.Q. 69. On the Arthur Point Performance Scale he scored I.Q. 105. It was felt that Charles was not as seriously retarded as his rating on the Binet Scale indicated. It was suggested that he be examined again in about two months' time.

January 23rd, 1948, Charles was referred by the Juvenile Court to the Mental Hygiene Institute for psychiatric help and advice regarding his problems of stealing and about his difficulties in School. The following is a summary of the mental hygiene report:

Psychiatric Report:

This boy's mother is considered to be rather helpless in handling any serious problems in the family. His father is at present deeply concerned about the boy's behaviour, but he does not seem to be able to give him much understanding or help. The boy says he has been pilfering for a long time and shows some guilt feeling about it.

In the intelligence tests there is a wide discrepancy between the high average intelligence with a performance test and serious mental retardation on the Binet test. However, judging from his attitude in school and his behaviour during the examination here it would seem that he is a fairly dull boy.

One feels that this boy is reacting with aggressive behaviour in compensation for emotional deprivation as a result of his feelings of inadequacy and inability to compete with his coevals. It is suggested that in a group setting with planned activities under competent guidance as may be obtained at an institution like the Boys' Farm and Training School, this boy may be helped to make a fairly good adjustment. In view of the discrepancy in the results of the psychometric tests it would be advisable that he return to the Mental Hygiene Institute for a re-check in a few months.

January 1948, the Juvenile Court in Montreal committed Charles to the Training School for a period of two years.

C. Use made of the mental hygiene treatment recommendations by the Training School.

The psychiatrist's recommendation that Charles be returned to the Institute for a further examination was not followed by the Training School.

In summing up the study of the above three cases it is recalled that Walter ran away from the Training School and did some stealing. After the initial psychiatric examination he settled down at the School and was not returned to the Institute for the aptitude tests that were suggested by the psychiatrist.

Douglas, on the other hand, was never overtly aggressive during his stay at the School. He tended to internalize his hostility and to brood over the difficult relationships that he had with people. It appeared that so long as he turned his

hostility inward he might have passed his stay at the School without any psychological help. Certainly he did pass his stay at the Training School without having any psychiatric help regarding his difficulties in accepting adults who were in authority, even though the school principal had repeatedly urged that he be taken to a psychiatrist. This case appears to point to a need for some type of case conference in which the staff persons at the School could share their opinions and observations about the emotional problems and needs of individual boys.

Charles, the third boy who is discussed in this section, was committed to the Training School on the recommendation of the Institute. In the Training School he settled down and behaved satisfactorily, but the psychiatrist's recommendation that he be returned to the Institute for further examination was not followed.

It appears from the above three case studies that a boy would have to become violently anti-social in order to get psychiatric help. This observation recalls the words of the superintendent when he said that the tendency had been to wait for a serious behaviour problem to arise before referring a boy for psychiatric examination¹.

1. G.D. Young, Superintendent. Opp. Cit. See Pages 56,57 of this study.

III. One Case in Which Treatment at the School may have Intensified the Pupil's Emotional Problems.

Dannie

This boy was fourteen years of age when the Institute recommended placement in the Training School. The Juvenile Court in Montreal committed him to the Boys' Farm and Training School for a period of three and a half years. The presenting problems were that he had frequently truanted from school and had run away several times from an institution for boys in Montreal. He was a broad-shouldered, blond-haired boy whose ruddy face was somewhat lacking in expression. He tended to avoid social contacts with adults, but he responded readily to kindness. The following excerpt from his social history will further illustrate his problems:

A. History of the pupil and of his problems.

Dannie's parents were both born in England. They married in Montreal. The father was a sheet metal worker. Dannie was the fifth child in a family of nine.

Three days before Dannie's ninth birthday, his mother died of acute peritonitis following an induced miscarriage. The eldest boy blamed his father for the death of the mother. After the mother's death, a lady from the auxiliary to the army corps, in which the eldest boy was serving, referred the father to a family welfare agency to see about homemaker service.

The family agency found that there were not sufficient strengths in the family to make use of homemaker service. A girl friend of the eldest boy was keeping house in a slovenly manner. A few weeks before her death, the mother had begun to take legal action against the father for having sexual relations with his two eldest daughters. Moreover, ever since his marriage, the father had had his family live in a home that his parents provided for them free of rent, and it was found that this would not be continued. In the Spring of 1940 the father joined the Army and left the children in the homes of various neighbours and friends.

At the age of eight years, Dannie was placed for care in an institution in Montreal. He had previously had measles following which his left ear drum was deformed, and hearing was reduced. He had nocturnal enuresis occasionally. He ran away from the institution several times. Once he escaped in his pyjamas and when found by the police he refused to say where he had come from, so they took him to the Juvenile Court. He said he "got it on the hands every time he did anything" at the institution.

Dannie was then placed in a rural foster home with a casual, friendly Irish family. The foster parents liked Dannie and took his sister as a foster child to keep him company. One night they were displeased when Dannie tried to stop them from chastizing his sister. One day on the lawn, Dannie had what appeared to the foster mother like an epileptic seizure. The foster home agency had Dannie examined at a neurological hospital.

An electro-encephalogram and a medical examination indicated possible incipient epilepsy. He was kept under observation for some time. A year later he had a mastoidectomy in a Montreal hospital.

At the age of twelve the foster parents found it difficult to keep Dannie any longer and he was transferred to an institution for boys in Montreal. He truanted from school and ran away from the institution several times. It was discovered that Dannie had been visiting with a doctor who had been practicing pederestry and manual orgasm with him. At the age of fourteen Dannie was brought to the Juvenile Court in Montreal because of truancy, running away from the institution and his homosexual activities.

B. Contacts with the Mental Hygiene Institute.

April 28th, 1945, Dannie was referred by the Juvenile Court to the Mental Hygiene Institute for psychiatric help and advice regarding his behaviour problems.

The following is a summary of the Mental Hygiene report:

Psychiatric Report:

This boy says that he has not been at all happy for some time. He finds it difficult to talk with boys, and, men sometimes beat him for everything. He says he misses his mother a great deal. At this he began to cry and said "Everything was alright until mother died". He misses father too. He has not seen him since he went overseas and does not know where he is.

About the homosexual practices, he says that the doctor was kind to him and gave him money. At first, he did not know what they were doing. Now he knows it was wrong but feels that he could not help it because the man was kind to him. Says he has no desire to have homosexual practices with boys in the institution. He has occasional enuresis. He would like to work on a small farm, but he is not averse to going to Shawbridge if he could get training in farm work.

This boy is mentally retarded. June 5th, 1940 on the Revised Stanford-Binet Intelligence Scale he obtained I.Q. 79. December 26, 1941 on the Revised Stanford-Binet Intelligence Scale he scored I.Q. 88.

His hearing is below normal. Electro-encephalogram revealed some abnormality in the left side of the brain. He has had no seizures since 1942.

This boy has been emotionally affected by the break up of his family. Due to mental retardation his need for emotional security is probably greater than in a boy of normal development. His abnormal sexual practices do not appear to be related to any deep-seated trend in his character, but appear to be the result of kindness on the part of the man involved, toward a boy who lacked a secure basis for emotional expression. This coupled with mental retardation, provided the background for these episodes.

It is recommended that this boy be given some training in farm work either on a private farm or at the Boys' Farm and Training School. The question is whether there is a private farm available for a boy of this background.

May 9th, 1945, Dannie was fourteen years of age when the Juvenile Court committed him to the Boys' Farm and Training School for a period of three and a half years. At the Training School, Dannie did his work satisfactorily and was considered to be a well-behaved boy. He spent much of his leisure time sitting alone in his cottage, however, and retired from competitive sports.

He had been eighteen months at the Training School when one night he was prowling in the School's hospital. When he was surprised by the nurse, he struck her over the head with a club.

Following this incident, Dannie was referred to the Institute for psychiatric help and advice regarding the cause of his attack on the nurse. The School reported that he had been well-behaved before the above incident. He had occasional enuresis.

The psychiatrist at the Institute recommended admission to a local psychiatric hospital for another electro-encephalogram and further medical study.

The psychiatrist later said that the electro-encephalogram was normal and showed no signs of epilepsy. It was recommended that he be returned to the Training School and that if any dizzy spells occurred he should be returned to the Institute.

C. Use made of the mental hygiene reports at the School.

It appears that the staff persons did not understand the significance of Dannie's enuresis in relation to his emotional insecurity. When he wet the bed he was made to wash his bedding in the morning in the presence of the other boys. The cottage parents appeared to be sincere and said that they were doing their best to help Dannie to get over bed-wetting by shaming him in the presence of the other pupils. Their honest and sincere efforts, however, were no doubt extremely harmful to Dannie. This treatment would tend to make him less secure and no doubt intensified his feelings of inferiority and inadequacy.

D. Comments

Doctors O.S. English and G.H.J. Pearson speaking of enuresis say that:

Unreasonable punishment, shame and scolding of the child because he wets his clothes or the bed are not only unnecessary but are contraindicated. Such parental behaviour only serves to focus the child's attention on his bed-wetting¹.

Dr. Miguel Prados, lecturer in psychiatry at McGill University, says that to shame an adolescent for bed-wetting makes it difficult for him throughout life to accept new responsibilities, to meet people or to compete with other people as a person must in order to provide himself with the necessities of life in a democratic society. He told the story of a man who had wet the bed until he was seventeen years of age and had been shamed because of it. In later life every time he had to meet a new client in business the thought flashed through his mind, "Did this man wet the bed ? Probably not, but I did". He always compared himself with other people and felt that he was inadequate to associate with them or to compete with them².

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1. O. Spurgeon English, M.D., and Gerald H.J. Pearson, M.D. Emotional Problems of Living (New York 1945) P. 220.
 2. Miguel Prados, M.D., Lecturer in Psychiatry, McGill University, March 1948.

Each case of enuresis needs to be studied individually to determine first whether there is some physical cause for it, such as a kidney or bladder infection or other physical disease. If there is no physical cause for the lack of sphinctre control, it is necessary to discover whether the enuresis is due to a lack of toilet training or whether the child was once properly trained and later began bed-wetting because of some emotional disturbance.

In the case of Dannie, it was revealed that he had always had occasional nocturnal enuresis in his own home, even before his mother died. This occasional enuresis continued throughout his series of placements. On one occasion when he was having a series of medical examinations at the Institute and at other clinics in the city, he resided for a month at the detention home of the Juvenile Court. Here he became friendly with the chef. During that month he did not wet the bed. It appears that the security he felt with his new friend and the attention he received in the various clinics during that month gave him sufficient feelings of acceptance so that he did not wet the bed. This would bear out the statement of Doctors English and Pearson about shame being contraindicated in cases of enuresis.¹ Dannie's

1. English and Pearson, Opp. Cit. P. 220

bed-wetting appears to have been caused by feelings of insecurity. If it were established medically that basic insecurity were the problem underlying the enuresis, the appropriate treatment would have been to give Dannie acceptance and to develop what ego strengths he had.

The cottage parents who made Dannie wash his bedding in the presence of the other boys were a kind couple who took an interest in all of the boys who were in their cottage. The cottage mother was one of the persons who said in an interview that they would like to be able to confer with someone periodically about the problems and needs of the boys in their cottage. This case indicates a need to have some person who could consult with the staff personnel periodically about appropriate treatment procedures to follow with the boys.

IV. One Case in Which a Specific Psychiatric Recommendation was not Followed until the Pupil Became Involved in Anti-Social Behaviour of a Serious Nature.

Harold

The Mental Hygiene Institute recommended that Harold be placed in the Boys' Farm and Training School and that if possible, he be returned to the Institute for further psychiatric study. Harold was committed to the

Training School and had been there eight months when he became involved in a shooting accident with Donald as mentioned above. After the shooting accident, Harold was returned to the Institute for the psychiatric examination, that had been recommended at the time of his committal. This case illustrates three things. It shows how a boy spent one-third of his committal period before receiving the psychiatric help that was recommended. It illustrates the superintendent's statement that the tendency was to wait until a serious behaviour problem arose before a boy was given psychiatric help.¹ This case also indicates how the superintendent made good use of the mental hygiene treatment recommendations after the Training School did return Harold to the Institute.

A . History of the pupil and of his problems.

The reason for Harold being in Court was that he was with four other boys when one of them snatched a purse from a lady on the street. He felt that "everything was stacked against him" because the other boys were sent home on probation while he was committed to the Training School for two years. At the time of admission he was a fourteen-year

1. G.D. Young, Superintendent, Boys' Farm and Training School, Shawbridge, Quebec, interviewed Feb. 16, 1948.

old, slender, blond boy who had fair skin, rosy cheeks and a friendly smile. The following summary of his social history illustrates the development of his problems:

Harold's father and mother were born in Montreal of English parents. The father was twenty years of age and the mother was seventeen when they married. The father was a farm labourer who hired out to various farms in Ontario and Quebec. He drank heavily before their marriage and throughout their marriage relationship.

Harold was the fourth child in a family of six. He had two elder sisters, one elder brother, and two younger brothers, most of them born at one year intervals.

During every pregnancy except the first one, the father drank more heavily than usual and beat the mother. She did not try to interrupt any of the pregnancies but each time she was carrying a baby she feared that the father would do her serious harm or that he would desert her and the family.

Harold was born on a farm in Ontario with no doctor attending before or during the delivery. Only the mother and the three small infants were home when Harold was born. He was bottle fed because the mother was undernourished and had no breast milk. He almost died and a doctor was brought twenty miles to examine him and to prescribe a formula.

From his infancy, Harold was singled out as the object of the father's drunken rages. He habitually deprecated Harold in his presence and made jokes about him.

When Harold was five years of age, the family moved to Verdun, in the Province of Quebec, and later to Montreal. The mother developed arthritis which kept her in bed much of the time, and the eldest girl did the housework. The home in Montreal was a poorly furnished seven room flat.

The walls were a smoky colour because the place was not decorated during their ten years of occupancy. A welfare agency gave financial assistance and service for two years. The agency got the father to attend the Mental Hygiene Institute for help regarding his drinking. The psychiatrist, however, felt that the habit was too deeply established for the man to break it. Moreover, he projected his problems onto his family situation.

Harold was in grade five in school and had excellent marks in all subjects until the parents went through a time of serious quarrelling while the mother was suing for legal separation. The boy's marks fell off and he missed sixty days of school; whereas he had previously missed hardly a day in a year. Following the separation, the mother was hospitalized to be treated for arthritis. The children were placed. Harold went to an institution for boys in Montreal. Later he returned to live at home.

One day he was playing with four boys on the street when one of them snatched a purse from a lady. They were arraigned in Juvenile Court.

B. Contact with the Mental Hygiene Institute

March 28, 1947, the Juvenile Court in Montreal referred Harold to the Mental Hygiene Institute for psychiatric help regarding his behaviour problems. It was understood by the probation officer and by the psychiatrist that there would not be an opportunity that day for psychometric and aptitude testing.

Psychiatric Report:

It is evident that the unhappy family situation and difficult experiences that this boy has gone through from early childhood have given him marked feelings of rejection with reference to his home. As a result he has difficulty in relating himself satisfactorily with adults who are in positions of authority.

This boy's delinquency appears for the most part to be a direct result of his association with other boys who have been brought to the Court lately. One is nevertheless aware of the fact that this boy has rather deep-seated difficulty regarding the acceptance of discipline from adults who are in positions of authority.

It might be advisable to let him return to his mother for a further trial period in order to see what adaptation he makes, yet, one feels that he will quite likely become involved in further difficulties. Probably placement in a regulated, supervised, environment such as the Boys' Farm and Training School at Shawbridge is indicated here for a period of time. If it is possible to do so later, we should like to have an opportunity to study this boy in order to determine whether there are any other factors involved in his problem.

When the above mental hygiene report was received by the Juvenile Court, Harold was committed to the Boys' Farm and Training School for a period of two years. He ran away from the Training School four times. He had been six months at the School when he and two other boys ran away and stole three rifles from a summer cottage. One of the other boys was accidentally shot through the abdomen with one of the stolen rifles. Because of his part in the theft of the rifles, Harold spent two months in provincial jail. Later he was committed by a police court to spend four years in the Boys' Farm and Training School.

January 9, 1948, the Training School returned Harold to the Mental Hygiene Institute as had been recommended by the psychiatrist before the boy's first committal, eight months earlier. The following are brief summaries of the Mental Hygiene reports:

Psychological Report: January 9, 1949, Wechsler Bellevue, Adult and Adolescent Intelligence Scale I.Q. 108.

Psychiatric Report:

Harold says that the other boys persuaded him to go absent without leave from the Boys' Farm and that he took no part in the stealing proper. Though his committal period at the Training School has been increased to four years this boy is willing to abide by the rules there. He is house-boy for the superintendent and expresses fondness for him.

It is recommended that this boy be returned to clinic with a more adequate social history of his adjustment at the Training School since his return there. He could also be given aptitude tests when he returns to clinic.

C. Use made of the mental hygiene reports at the Training School.

When the above mental hygiene reports were received by the Training School, the superintendent kept Harold on as his houseboy. The superintendent and his wife were kind to Harold. They gave him little treats of cake or cookies and milk morning and afternoon. The superintendent gave Harold some opportunities to talk with him and to express

some of his feelings in conversation with him. Harold developed a sense of belonging to the superintendent and his family. Harold, always a good worker, excelled himself to express appreciation of his position. While the superintendent showed affection for Harold, he also managed to give the boy the feeling that there was authority in his requests.

The recommendation that a more adequate social history be prepared and that Harold be returned to clinic was followed. On April 6, 1948, Harold was returned to clinic and was given aptitude tests. The tests indicated that he has considerable mechanical skill. He also had aptitude for salesmanship and for making social contacts. It was suggested that his interest in agriculture, in machinery and in salesmanship might be combined in such a job as selling farm machinery in some small town after discharge from the Training School.

The psychologist recommended that Harold be given further psychiatric help with his emotional problems. Later his vocational possibilities might be more clear. This latter recommendation that Harold be returned to clinic again after the aptitude tests was not followed.

D. Comments

This is a case in which the psychiatrist recommended placement in the Training School and return to clinic. The committal to the Training School was made but it was eight months before the boy was returned to clinic and then not until he had been involved in a serious violation of discipline. After he did get in trouble and was brought back to the psychiatrist, the superintendent did make an excellent job of using the mental hygiene reports in treating the boy. Harold developed a liking for the superintendent such as he had probably never felt for any man in his life before. He felt that he was wanted and liked by the superintendent and his wife. In his position as houseboy, Harold got discipline that was consistent, fair and just, whereas in his own home one parent had told him to do one thing and the other had told him to do the opposite. Harold had a great need to follow and he readily attached himself to the superintendent. His father had always made him feel inferior and inadequate, but in the superintendent's house he had a position of prestige and status that strengthened his ego and gave him self-assurance in meeting people. At the School he learned to ski well; this also strengthened his feelings of masculinity and helped to socialize him.

V. Two Cases in Which One Staff Person Concentrated Considerable Effort on Implementing the Mental Hygiene Treatment Recommendations.

Donald

The case of Donald illustrates how the assistant superintendent of the Training School implemented the mental hygiene recommendations satisfactorily in treating the boy.

A. History of the pupil and of his problem.

Donald was fifteen years of age when he was committed to the Boys' Farm and Training School for a period of two years. He was small for his age. He had straight black hair and dull white skin. He had a scowl on his face most of the time. The following is an excerpt from his social history.

Donald was the eldest child in the family. He had one sister and one brother. The mother was of English birth. She was reported to be an understanding and kindly woman. The father was of French-Canadian background. He was mentally dull and depended on beatings to train his children. When Donald was six years of age, his mother died two weeks after the birth of the youngest child. Donald later blamed his father for his mother's death, but his father said, "I don't know what he means when he says that".

After the mother died, the home was kept together for three years by use of homemaker service. Donald did not get along well with the homemakers. He said everything had been fine until his mother died. A lady in a corner store treated Donald with motherly kindness. One day he came along the street just in time to discover her lying on the sidewalk in front of her store with a dagger in her back where a man had stabbed her to death. This upset Donald seriously.

When Donald was ten years of age, his father broke up the household and placed him in an orphan's home. Donald was later removed from the institution because of misbehaviour. He was transferred to an institution for older boys. At the age of fifteen he pleaded guilty in Juvenile Court in Montreal to an accusation that he had run away from the institution and had stolen some goods from a military camp. He was committed to two years in the Boys' Farm and Training School.

At the School he was surly, unco-operative and objected to attending morning classes. He did not participate in games or sports. He ran away several times. September 10th, 1947, Donald and two other boys ran away from the Training School. They stole three rifles and other goods from a summer cottage. Donald was accidentally shot through the abdomen by a .22 calibre rifle that was in the hands of one of the other boys. He was rushed to a hospital in Montreal where he spent two months under treatment for gunshot wound and other complications. The day after his discharge from the hospital he was arraigned in a police Court near the place where the three boys had stolen the rifles. He was committed to the Boys' Farm and Training School for a period of four years.

November 21st, 1948, Donald was returned to the Training School. He refused to attend classes; he refused to do any work and he would not participate in any sports or group games. When asked to do anything, he said he was sick and was not supposed to work. For several weeks he spent most of his time sitting alone in the cottage working on his stamp collection. When spoken to he would usually not answer. If he did reply, his answer was given in as few words as possible and always in tones of hostility.

February 4th, 1948, Donald had a seizure of abdominal pains. He was rushed to a hospital in Montreal. Dr. G., the resident physician found that the boy was really in pain but that there was no physical cause for such intense sufferings. The doctor recommended referral to the Mental Hygiene Institute to have a psychiatrist explore the basis of the boy's pains.

B. Contact with the Mental Hygiene Institute.

On the recommendation of Dr. G., the School referred Donald to the Institute. The following are summaries of the mental hygiene reports:

Psychological Report: April 15, 1948, at the Mental Hygiene Institute, Donald obtained an I.Q. of 92 on the Wechsler Bellevue Adult and Adolescent Scale. He was found to have some mechanical skill.

Psychiatric Report:

For a long time this boy has felt rejected because of the circumstances under which he grew up. Evidently he has never been able to relate himself satisfactorily to an adult. He has not been able to identify with anyone who might have been able to help him to develop inhibitions. At present he appears like the type known as psychopathic personality with inadequate emotional and volitional control.

It is recommended that this boy be kept at Shawbridge, Boys' Farm and Training School for at least the minimum time that was set by the Juvenile Court. It would be helpful if someone could make sympathetic efforts to get a little closer to this boy in order to help him to get over his marked antagonism to approaches of any kind on the part of adults.

C. Use made of the mental hygiene reports at the Training School.

After the examinations at the Institute, the assistant superintendent of the Training School took Donald on as his office messenger. At first the boy refused to do things on the grounds that he was still sick from the gunshot wound. The assistant superintendent was kind to Donald and gave him easy tasks. At the same time, he was firm in helping the boy to carry out the light jobs he was asked to do. About three weeks later the assistant superintendent and other staff persons noticed that Donald was slowly responding to this kind of treatment. Over a period of several weeks the assistant superintendent gradually gave Donald more responsibilities. He gave him some tasks that gained him recognition from other staff members.

Donald began gradually to accept the responsibilities that were assigned to him. Later on he developed an interest in reading. On warm spring days he could frequently be seen sitting in the sun reading a book in his spare time. He resumed his academic studies, settled down and became more co-operative with persons who were in authority over him. He continued, however, to avoid group games. Instead he spent much of his leisure time alone or sitting on the sidelines watching group sports.

D. Comments

The assistant superintendent's approach of friendliness, kindness and firmness was what Donald needed. Because he had long felt rejected, the boy needed a kind friend who could help him to feel that he was wanted and accepted. At the same time, this kind friend had to be firm in order to help Donald, because the boy lacked volitional controls. He needed to be helped to respect the limits to which he could exploit his kind friend. He also needed to be treated with firmness so that he would learn to accept routines and responsibilities.

Abe

The case of Abe further illustrates how an individual staff member at the Training School concentrated considerable effort on implementing the mental hygiene recommendations.

In the Spring of 1948, the superintendent of the Training School appointed Abe as his houseboy. While the boy was working around his house, the superintendent tried to help him to accept life in the institution and tried to prepare the boy for discharge to his home.

A. History of the pupil and of his problems.

Abe was of Jewish parents. He was fourteen years of age when he was first committed to the Boys' Farm and Training School. The following is an excerpt from his social history:

Abe's father was a handsome, young man who was irresponsible in his own home. When he married, his parents set him up in a delicatessen business. The mother helped in the delicatessen and gradually was left to take increasing responsibility for the store while the father went out to seek pleasures and to gamble. After the mother became pregnant she ceased to work in the store and it went bankrupt. The father went to New York to live with another woman and later secured a rabbinical divorce.

The mother said that right from the beginning of the pregnancy she tried to induce a miscarriage but was not successful. When Abe was born the mother resented his existence, because she felt that the pregnancy has separated her husband from her, and because having a baby hampered her from going back into the factory where she had been a floor manager before her marriage.

At four months of age, Abe was in hospital with mastoiditis. When he was one year of age he was under treatment for right-sided hemiparesis caused by a cerebral palsy, which it was felt had a congenital origin. He spent two years in a children's hospital in Montreal.

When Abe was five years of age, the mother placed him in an orphans' home in Montreal. Two years later he went home to live with his mother who was living with her parents. His behaviour there was so disturbing that he was placed in a foster home. The foster parents found his behaviour so hostile that they could not keep him. When he was eight years of age, Abe was returned to the orphans' home. He remained there for two years.

In April 1942, the mother thought that Abe's behaviour had improved so she took him to live with her and her parents again. During this stay at home, Abe had severe temper outbursts. On two occasions he beat his mother until she fainted. He swore at her. Once he chased his mother and his grandmother out of the house with a knife. The mother then wanted Abe to go and live with his father in New York, but the father did not accept the suggestion.

Again Abe was placed in a foster home, but his mother interfered with the placement by visiting at irregular hours and by playing on Abe's emotions when she did visit. Later she withdrew him from the foster home and took him to live with her and his grandparents again. Shortly after she took Abe home she had him examined at the children's hospital where he had been treated earlier. The examining physician suggested that Abe be taken to the Mental Hygiene Institute.

B. Contact with the Mental Hygiene Institute

On January 17, 1945, at the age of twelve years, Abe was referred by the Children's Memorial Hospital to the Mental Hygiene Institute for psychiatric help and advice regarding his temper outbursts. The following are summaries of the mental hygiene reports:

Psychological Report: January 17, 1945, this boy obtained an I.Q. of 81 on the Revised Stanford-Binet Intelligence Scale.

Psychiatric Report:

In the home this boy has temper outbursts in compensation for his feelings of inadequacy. The mother has antagonistic attitudes toward the father. She identifies the boy with the father and finds all of his undesirable behaviour characteristics in the boy. Because of her hostility toward the father, she rejects the boy. On the other hand, her affection for the boy makes her overprotect him in some ways to a marked degree, particularly where routine habits such as eating are concerned. He has learned that he can get anything he wants from her by refusing to eat and this situation has become extremely difficult for her to cope with.

We are inclined to believe that this boy's temper outbursts are manifestations of aggressive, compensatory behaviour on the part of a half-rejected, half-overprotected child with some mental retardation; because of the above factors the temper outbursts occur in compensation for feelings of inadequacy with also some attention getting.

It is recommended that this boy be given further medical study to determine whether he may be suffering from psycho-motor epilepsy and that the examinations be followed by a case conference.

January 24, 1945, a case conference was held at the Mental Hygiene Institute with representatives from the children's hospital, a neurological hospital, a child welfare agency and the staff of the Institute present.

The conference found no evidence of epilepsy and placement in the Boys' Farm and Training School was recommended.

In January, 1945, Abe was committed by the Juvenile Court to spend four years in the Boys' Farm and Training School at Shawbridge, Quebec, on a charge of disobedience, violence and incorrigibility in his home. When he entered the Training School, Abe was in grade five at school. In the institution he settled down and by July, 1946, he had completed grade seven studies.

In August, 1946, when his case was about to come up for review to determine whether he should remain the full four years or whether he should be paroled, he contracted poliomyelitis. He was treated in a hospital in Montreal.

As a result of the poliomyelitis, his right leg and his right arm were considerably stiffened, and the musculature was atrophied, particularly in the arm. After he was discharged from the hospital, he was returned to the Training School. He resented this and repeatedly said that he was too sick to be there. He said that he was too sick to work. He also had some of his temper outbursts.

On March 11th, 1947, the Boys' Farm and Training School referred Abe to the Mental Hygiene Institute for further psychiatric help and advice regarding his behaviour problems. The following is a summary of the psychiatrist's report about Abe:

There is no change in this boy's mental attitude. He is still reacting with temper outbursts to the early rejection and overprotection in his home. A group environment is urgently needed. It is recommended that this boy be returned to the regulated environment of the Boys' Farm and Training School where he might learn to control some of his impulses and develop some socially accepted patterns of behaviour.

C. Use made of the mental hygiene reports in treating the boy at the School.

In the spring of 1948, the superintendent of the Training School appointed Abe as houseboy for his residence. The superintendent and his wife tried to give Abe tasks that would not strain his stiffened arm and leg unduly, but would

provide the exercise the boy needed to re-educate and develop his muscles. After certain house-cleaning tasks were completed, Abe had milk and cake or cookies. Abe continued in the position of houseboy at the superintendent's residence for over three months in the spring and summer. The superintendent tried to keep him in the sun and fresh air as much as possible doing such jobs as mowing or trimming the lawn so that he could have opportunities to build up his health. Abe often was surly and objected when he was asked to do things. The superintendent and his wife, were kind and firm, however, with the boy in helping him to accept routines and responsibilities.

While he worked as houseboy to the superintendent and his wife, Abe's hostile and aggressive reactions diminished to some extent. He learned to carry some responsibilities around the house but usually with attitudes of protest. His use of his right leg and right arm improved remarkably. He gained some self-confidence.

When he was paroled in 1948, Abe quarrelled at home with his mother and with his stepfather. He was placed in a boarding home but he quarrelled there too. He made surprise visits to his mother's home and had temper outbursts there. His handicap from poliomyelitis made it difficult to find work that he could do.

When suitable jobs were available, he quarrelled with his employers, came to work late and stayed away so often that he lost the jobs. He was returned to the Training School for the balance of his committal period so that plans could be made to find a suitable foster home and appropriate employment for him.

D. Comments.

Abe had long felt rejected by his parents, therefore, what he needed was someone, or preferably a married couple who could help him to feel that he was wanted and accepted by them. The superintendent and his wife gave him acceptance. Moreover, because Abe's mother had alternated between rejecting and overprotecting him, the boy needed to be handled by people who were consistent and firm with him in helping him to accept some routines and responsibilities.

Abe had long felt personally inadequate in comparison with his coevals because he had been rejected by his parents, because he lacked the ability to vie mentally with other boys in school and because he had physical handicaps that made him inferior to other boys in recreational activities. The position of houseboy to the superintendent of the Training School gave him prestige and status that no other job in the institution could afford him. This helped to increase Abe's self-esteem and self-assurance.

VI. One Case in Which Several Members of the School Staff Helped to Implement the Mental Hygiene Treatment Recommendations.

Arthur

This case illustrates how several staff persons showed enthusiasm in making their individual contributions toward implementing the mental hygiene recommendations. It also illustrates a need for case conferences to plan the treatment of individual boys.

A. History of the pupil and of his problems.

Arthur was twelve years of age when he was committed by the Juvenile Court in Montreal to spend three years at the Training School. The complaint was that he refused to attend school regularly and that he was habitually disobedient to his parents. At that time he was in sixth grade. He was a tall blond boy with fair skin and had large rosy patches on his cheeks. The following case history illustrates some of his problems.

Arthur's parents, Mr. and Mrs. G. were born in Belgium. The mother did domestic work and the father was a day labourer. The mother was seventeen years of age and the father nineteen years old when they married in Belgium. One son was born to them in Belgium and two in Canada. Arthur, the youngest child was eight years younger than his nearest sibling.

When Arthur was one year of age he was suddenly weaned from the breast to a formula given by a well-baby clinic. As soon as he was weaned he contracted spinal meningitis. He was treated in the home with a private physician in attendance.

At the age of seven he contracted pneumonia and later this was complicated with pleurisy. He was treated in the home. During a long convalescence he received a great deal of attention from his paternal grandmother who lived in the home and from others in the family. Because he was eight years younger than his nearest sibling he tended to be babied by the whole family. The father said that Arthur was so spoiled that all he had to do was to whimper for attention and he could get anything he wanted from his grandmother. Later, when the mother went out to work, the grandmother shielded Arthur and kept from his parents what she knew about his misbehaviour. The father began to try severe punishments to make Arthur obey. The mother tended to overprotect the boy by doing everything for him, even helping him to dress long after he was old enough to dress himself.

The mother would bribe him and nag at him and would compare him with his elder brothers who behaved satisfactorily. The father beat Arthur and threatened to "put him away somewhere".

At the age of ten Arthur began to have vomiting spells and fainting spells when he was faced with something that he did not like, such as returning to school after holidays. Once when he was deprived of something he wanted, he cried steadily for five hours then fainted.

Arthur was brought to Juvenile Court twice by detectives on complaints that he and another boy stole hammers, model aeroplanes, flashlights, a first aid kit and some toys from two stores. Later the two boys were again brought to the same court on a complaint that they stole a hundred dollars worth of tools and lumber from a house that was under construction. In the detention home at Court, Arthur had a fainting spell.

A probation officer referred Arthur to a neurological hospital for examination. No trace of epilepsy was found and no physical basis for the fainting was discovered. The examining physician recommended placement in a foster home or in the Training School. He said that the boy had insight into the fact that he vomited or fainted when faced with something that was unpleasant to him. The doctor said that if further fainting occurred, the boy should be taken to the Mental Hygiene Institute.

Arthur said that he was unhappy at home because of his father and that he wanted to go to the Training School. The Juvenile Court committed him to three years in the Boys' Farm and Training School.

On his first day of classes at the Training School, Arthur told his cottage parents that he felt as if he were going to vomit. The cottage mother referred him to the School nurse. The nurse checked his health, gave him some medicine for his stomach and sent him to class. She assured him that he would be alright.

One day at work Arthur was being teased by two boys. He struck at them violently and after a short fight he fainted. The School officials rushed him to a neurological hospital in Montreal. No physical basis was found for the fainting spell. The doctor recommended that he be taken to the Mental Hygiene Institute for psychiatric study of the cause of the fainting.

B. Contact with the Mental Hygiene Institute.

September 27, 1947, Arthur was referred from the Training School to the Mental Hygiene Institute for psychiatric help and advice regarding his fainting spells. The following is a summary of the mental hygiene report:

Psychiatric Report:

This is a boy of dull, average intelligence. He has been overindulged in his early childhood and later, because of his shortcomings, he has been ridiculed, belittled and severely punished by the father and shielded and overprotected by the mother. The boy is reacting to his feelings of insecurity and inadequacy with aggressive behaviour and fits of temper, especially when he feels frustrated.

This boy says that his ambition is to be a cartoonist. He drew a boxer with exaggerated head, big shoulders and small pelvis and small legs. He labelled it, "A Bigger Build Up". It is found that this boy reacts well to praise and encouragement regarding his ability in drawing. It is recommended that his brother who is studying commercial art give Arthur a correspondence course in cartooning.

C. Use made of the mental hygiene reports in treating the pupil at the School.

Various staff persons at the Training School were deeply concerned about the "fit" which had been the immediate reason for referring Arthur to the Institute. When the mental hygiene reports about the examinations at the Institute arrived at the Training School, the director of social welfare, the superintendent, the assistant superintendent, Arthur's cottage parents, his teacher and the farm manager all read the reports with interest. There was surprise and pleasure expressed that there was no physical cause for Arthur's fit.

Shortly afterward Arthur's cottage parents observed him working on the correspondence course in cartooning. They encouraged him to go ahead with it.

Arthur's school teacher had long been concerned about his extremely poor performance in his studies. He had been getting fifteen to twenty-five out of a hundred marks in arithmetic. The teacher saw by the intelligence test results in the mental hygiene report that he should have been able to do better than that in grade five. She also took an interest in Arthur's course in cartooning. She had considerable interest in art as a method of expression for children. She coached and encouraged Arthur. One day she had him go to the blackboard and teach the class the elementary methods of laying out a drawing. She found that he did an excellent job of teaching the class. After the teacher had been coaching Arthur in cartooning for a while, she found that his interest and his performance in his academic studies improved. His marks in arithmetic went up to eighty-five marks out of a hundred and his performance in other subjects improved.

One day Arthur went to see the assistant superintendent in his office and rather shyly said that he would like to prepare a skit which he and two other boys would present at the hallowe'en party. This official said that he thought it was an excellent suggestion and assured him of a place on the program. He loaned Arthur a book on amateur dramatics and told him to come back if he wished to discuss the skit again.

On the night of the hallowe'en party, Arthur won the prize for having the best item on the whole program. He also won considerable praise and recognition from the staff and the boys. He settled down at the Training School and became a co-operative and well-behaved pupil.

At the Christmas party Arthur took part in the program by imitating Al. Jolson. Again he won the praise and recognition of the whole School for his performance. Various staff persons at the Training School commented that Arthur was a completely changed boy. He appeared happy at the Training School and he got along well with the staff and with the other boys.

Later the director of social welfare at the Training School said that Arthur had received so much praise from so many persons that he had built up grandiose ideas about becoming a professional cartoonist or a professional actor. He said this boy of dull, average intelligence did not have the mental capacity to realize his ambitions. When the time came for his parole, Arthur would find it extremely difficult to accept employment that was suited to his intellectual capacities. His adjustment in the community would be difficult because of his strong, almost obstinate urge to train for professional artistic work. The director of social welfare said that he would have to talk to the staff members. He

thought they should exercise caution in praising Arthur's artistic efforts. He would also have the delicate task of helping the boy to take a more realistic view of his cartooning.

He gave Arthur several poster and sign-painting jobs to do. When he discussed these assignments with the boy, he helped him to accept cartooning as an interesting hobby that had social and cultural value, and possibly some economic value for him. At the same time, he helped Arthur to get away gradually from his determination to become a professional cartoonist.

The director of social welfare said that Arthur's case was an example of how the School could help an unusually disturbed boy to adjust. On the other hand, he felt that it was unfortunate that several staff persons had somewhat independently coached Arthur in his artistic efforts. He felt that a conference among the staff persons might have helped the various persons to co-ordinate their efforts and to control the amount of praise that was given to the boy.

D. Comments.

One can understand that in his own home Arthur felt some loyalty to his mother, to his father and to his grandmother. On the other hand, these three persons to whom he was emotionally attached put conflicting standards of behaviour

before him. At times they also used sharp words and they differed in the boy's presence about what were acceptable behaviour patterns for him to follow. Whereas, in the Training School, on the other hand, Arthur had a couple of cottage parents who agreed upon what type of behaviour was expected of him. This unified approach to discipline was a new experience for Arthur. The consistent, united approach of the cottage parents regarding his behaviour would probably tend to stabilize the boy.

In his own home Arthur's vomiting and fainting spells drew a variety of reactions from the adults who had charge of him. His grandmother tended to indulge and to excuse him. His mother overprotected him and his father was severe with him. The father maintained that the boy was faking until one day when he went to punish him for something he found him unconscious under the bed. On the other hand, at the Training School, the first time that Arthur thought he was about to vomit his cottage mother sent him to the School nurse. The first time he fainted he was taken promptly to a hospital in Montreal.

Before Arthur was committed to the Training School it was cleared in a neurological hospital in Montreal that there was no physical cause for his vomiting. Doctor O.S. English and Doctor G.H.J. Pearson say that there are many

causes both physical and emotional for regurgitation. Speaking of regurgitation because of emotional problems they say:

Vomiting attacks without organic cause are common in both children and adults. Their purpose is to get rid of something the individual finds unpleasant¹.

The unpleasant thing that the child is trying to get rid of may be some experience that he has with his parents that is disgusting to him; it may be a frustration that adults are suddenly trying to force upon him without having given him adequate training to accept it; it may be something in his parents that enrages the child until he reacts by throwing up the contents of his stomach which in turn is a disgusting sight for them to see. The feelings of rage may be largely unconscious, but the child may regurgitate deliberately being quite aware that he is doing so to get back at his parents. "Sometimes the child may even express himself verbally by saying, 'If you don't let me do what I want then I will vomit and you'll be sorry'."²

The reader must remember that, when a child shows this degree of spitefulness and rage, his parents have treated him in a way that would make any human being revengeful. It would be no more logical to punish him for his spiteful reactions than it would be for the United Nations to punish the Greeks and the³ Norwegians for acting spitefully against the Nazis³.

1. English and Pearson, Opp. Cit. P. 168

2. Ibid. Pp. 186, 187

3. Ibid, P. 187

Instead of punishing the child it is necessary to have him examined by a physician to see first of all if there is a physical reason for the regurgitation. If there is no physical cause, the child must be examined by a psychiatrist to explore the emotional factors in his behaviour. When the emotional basis of the problem is discovered, the first thing to do is to remove the immediate cuasative factor. The next thing to do is to help the adults in the child's environment to modify their attitudes so as to provide an emotionally healthy situation for the child. If it is impossible for the parents to modify their attitudes sufficiently for the child to adjust in his home environment, it may then be necessary to remove him from the home and place him in a situation where he can adjust. Presumably, it was evident to the doctor at the neurological hospital that Arthur's parents and his grandmother could not adjust their attitudes toward the boy sufficiently to provide an appropriate environment for the boy at that time. It was, therefore, recommended that Arthur be placed in a foster home or in the Training School where he might have an opportunity to make satisfactory adjustment.

On the first day that Arthur was to attend school classes in the Training School he told his cottage mother that he felt as if he were going to vomit. The cottage

mother sent him to the School nurse and telephoned the nurse to say that she thought Arthur was faking. The nurse checked his general health, gave him a mild dose of medicine and sent him to classes.

Later when Arthur had a fainting spell, the Training School officials took him to a hospital in Montreal. Since no physical basis was found for his fainting, it was recommended that he be taken to the Mental Hygiene Institute for psychiatric study. Doctors O.S. English and G.H.J. Pearson explain the emotional and physical aspects of fainting as follows:

Fainting is a vasomotor phenomenon and is a way of meeting an unpleasant situation, such as an accident, unpleasant odor, or an unpleasant event. The autonomic system responds to this particular shock by concentrating blood in the splanchnic area and withdrawing it from the peripheral areas such as the brain, resulting in unconsciousness. While unconscious, the fainting person escapes from the unpleasant situation and does not have to deal with it. This is a special way of becoming anesthetic to it, just as a patient may develop anesthesia of one-half of the body or one-half of the limbs. Through fainting he becomes anesthetic all over and escapes completely for the time being. Fainting is a dramatic kind of escape and calls people's attention to the person. When he regains consciousness he is treated well, and usually he does not have to return to the unpleasant situation that caused the fainting¹.

1. Ibid. P. 326

In treating a patient for fainting spells it is necessary first of all to have a complete medical examination to determine whether there is any physical basis for the problem. In Arthur's case this was done before he was committed to the Training School. If there is no physical cause for the fainting, a thorough study must be made of the social and emotional factors in the patient's background and in his environment. The psychiatrist at the Institute did this by studying the brief, social history that was forwarded by the Training School and by interviewing the patient, his parents and his brother. It was found that Arthur's vomiting and fainting were reactions to his feelings of insecurity and inadequacy when he was confronted with frustrating situations.

Arthur had already been removed from his home and had been placed in the Training School, but the attacks continued in the new placement. The psychiatrist sought some way in which the boy could be treated for his continuing feelings of insecurity and inadequacy. On the surface it appeared to be a simple thing to recommend that the boy be given a correspondence course in cartooning. This course produced the desired result in that it gave him recognition and acceptance with the people in the School. The same recognition was not given him in his own home, because his parents repeatedly compared him unfavourably with a talented

elder brother. In the Training School, however, there was no superior young artist with whom he could be compared. In the Training School his artistic efforts were accepted for their worth without unfavourable comparisons. The recognition that his art gained him in the institution gave him feelings of adequacy.

The psychiatrist gave the parents and the artistic brother some interpretation of Arthur's problems so that they would be better able to help the boy in the future. The brother showed keen interest in helping Arthur and so did the parents. Later when he entered employment as a commercial artist in a large city in the United States, the brother offered to take Arthur to work with him in the same business. Even if Arthur will never be able to equal the skill of his elder brother, he will have opportunities to do sign painting and other work that is planned and laid out for him.

Arthur and this brother have always been fond of one another. The psychiatrist felt that the elder brother was more understanding than his parents were and could be more helpful to Arthur than they were. It would be difficult for the mother to cease to overprotect the boy, and it would not be easy for the father to change his ideas of paternal domination.

When the parents were interviewed they said that the Training School had done a wonderful job in training Arthur. He was a different boy altogether. He had become a polite, obedient, co-operative and sociable young fellow. They were pleased with his efforts in the artistic field.

The parents had Arthur's room furnished and ready for his return. Moreover, the grandmother, who was a disturbing factor in the boy's early training, had found living quarters elsewhere. Arthur's parents wished to have him stay at home. On the other hand, they appeared to accept the idea that the boy would have better opportunities to paint if he were to live and work with his elder brother. They wanted him to stay home at least a couple of months before going to his brother.

In summing up this case study, it is observed that this case illustrates how several staff persons read the mental hygiene reports on the boy and made sincere contributions toward implementing the mental hygiene treatment recommendations. This case also illustrates a need for a case conference following the mental hygiene examinations so that plans could have been laid for treatment. As the director of social welfare suggested, a conference might have appointed one or two appropriate persons to direct Arthur's

treatment in such a way that he would have gained the training and the recognition that he needed without receiving more praise than was good for him.

VII. One Case in Which The Mental Hygiene Reports Were Used as Aids in Planning Advanced Vocational Training for the Pupil.

Albert

This case illustrates how the mental hygiene report was used in helping to determine that the boy should be given advanced training in woodwork and carpentry at the School.

A. History of the pupil and of his problems.

Albert was thirteen years of age when a child welfare agency referred him to the Mental Hygiene Institute for psychiatric help and advice regarding his problems of truanting from school, stealing small sums of money from home and running away from home. The Institute recommended that he be placed in the Training School. He was a rather short, broad-shouldered boy with blond hair, high, broad forehead, fair skin and rosy cheeks. He had a pleasant smile and related readily with workers, but did not mix well with groups of boys. The following excerpt from his social history will further illustrate his problems:

Albert's father was born in England and his mother came from Scotland. Since his early twenties the father had worked as a builder of wooden boats. During World War II he was a shipwright. After the War he took a job as foreman of a boat-building shop.

Albert was the third child in a family of four boys. His younger brother was born when Albert was six years of age. He was not prepared to expect the birth of the baby.

The father appeared to have good average intelligence. He appeared to have a good relationship with his boys, but during the war years he put in so much overtime at work that he had little time for his family. The mother, on the other hand, appeared to be backward mentally and at times she felt inadequate to cope with four growing boys in the home.

The home was a well-furnished five room, first floor flat. The four boys shared one room. The two older boys had single cots, but Albert and the brother who was six years younger shared a double bed. Practically all of the children in the community spoke French. Albert and his brothers said that when they went out they were chased by French gangs, but they reciprocated when they got a chance. Albert did not mix with groups of boys. He usually had one pal.

In 1941 when Albert was nine years of age, he and his elder brother ran away from home and were picked up by the police. The mother agreed to have them placed in detention at the Juvenile Court in the hope that it would scare them. "It scared the elder brother but not Albert". Repeatedly he ran away from home and at times would walk for miles. It developed that the father would stay off work and spend hours, sometimes most of the night searching for him and having the police search for him. Albert always was so pleased when the father found him that the father said it was impossible to chastise him. A few times Albert hid near the home. Once he hid in the basement and after the father had spent hours searching he heard a noise in the basement and found Albert pretending to be asleep.

Albert had always been the most willing boy in the family when it came to doing things for the father. He liked to work with his Dad on boats. The father became so concerned about the boy's running away, truanting from school and stealing small sums of money from the home, that he consulted with a probation officer at the court and with a child welfare agency. The child welfare agency had Albert examined at the Mental Hygiene Institute.

B. Contact with the Mental Hygiene Institute

On December 1, 1945, Miss A. of the Children's Service Association referred Albert to the Mental Hygiene Institute for psychiatric help and advice regarding his problems of truancy, petty thefts from home and running away from home. The following is a summary of the mental hygiene reports:

Psychological Report:

On the Wechsler Bellevue Adult and Adolescent Intelligence Scale, this boy obtained:

Verbal Scale	I.Q. 91
Performance	
Scale	I.Q. 105
Full Scale	I.Q. 98

Psychiatric Report:

This is a boy of approximately average intelligence. He likes to build things.

The presenting problems are running away from home, stealing from home, and truancy. It is found that this boy has marked sibling rivalry with his youngest brother, Bruce.

The parents appear inadequate to control the situation. This boy has asked to be sent to the Boys' Farm at Shawbridge. He seems unhappy at home.

This boy needs a controlled, supervised environment such as the Training School has to offer and it is felt that his interest in building things might fit in with the program in the institution. It is recommended, therefore, that this boy be placed in the Boys' Farm and Training School at Shawbridge.

At the age of thirteen, Albert was committed by the Juvenile Court in Montreal to spend two years in the Boys' Farm and Training School on the recommendation of the Mental Hygiene Institute. The complaint, signed by the father was that he had violated the Quebec Education Act and had stolen money from home. At that time Albert was in fifth grade in school. He said that school was "Jail".

C. Use made of the mental hygiene report at the Training School.

During his first three months at the Training School Albert was assigned to general work duties. Then he was given two months of afternoons in the machine shop. He was then assigned to houseboy duties for six months. During the school year he had morning classes in sixth grade. He had strong resistance, however, to school studies. He was not overtly anti-social but he conducted himself with an air of hostility toward those who were in authority over him. On two occasions he ran away from the Training School.

Albert had been eleven months in the institution when he was first assigned to the woodwork shop for the afternoons. When he was on woodwork shop assignment, he was happy and showed more co-operation with the staff than he had ever done before. The carpenters found him dependable. He learned woodwork skills more readily than most of the boys did. While Albert was in woodwork, the director of education was working on a plan to co-ordinate the academic studies of the boys who were in manual training with their shop work. Their arithmetic, for example, was taught as largely as possible in relation to elementary draughting. This approach to education was found to stimulate Albert's interest in academic studies remarkably. He completed sixth grade and began seventh grade while he was in the Training School.

When Albert had been four months in the woodwork shop he was about to be transferred to other work duties. He raised his objections so openly to the carpenters that they consulted with the director of education about it. They liked Albert. They trusted him and they wanted him to be given more experience in woodwork if possible. The question was raised as to whether this boy had the mental capacity to follow carpentry as a trade. Consequently the mental hygiene report and other recorded material was studied by the staff persons who were discussing the problem. The mental hygiene report said that

the boy had approximately average intelligence. It was felt that his unusual interest in woodwork coupled with average intelligence merited giving him further training with the carpenters.

The director of education pointed out that there were problems of school discipline involved in giving one boy a longer experience in the woodwork shop than the usual maximum of four months. It was felt, however, that Albert would be extremely unhappy about being removed from woodwork. Therefore, his stay in the shop was extended.

In order to minimize criticisms that might have been made about keeping Albert in the shop, and in order to advance his training, the carpenters took him out on maintenance projects that required considerable skill. They also gave him some responsibilities that relieved them and gave them time to instruct other boys.

Albert was made senior boy in the woodwork shop. This meant that he could use any tool or machine he needed for his work without special permission from the instructors.

Albert made some table lamps from laminated wood of various shades. He put fine workmanship into the things that he made and usually finished them beautifully.

On December 23, 1947, Albert was paroled to his home. He entered apprenticeship in the boat building shop where his father was the foreman.

Albert had been in the apprenticeship a couple of months when there was a fire in the shop. He acted promptly and effectively in fighting the blaze and won high praise from the company officials. About a week later there was another fire. Albert again was to the forefront in fighting the conflagration. The insurance adjuster found, however, that Albert had set the second fire. It appeared that he had gained so much attention after the first fire that he decided to repeat the performance. The management of the company was so pleased with Albert's work in the shop that they wished to keep him in their employ, but the insurance adjuster insisted that he be dismissed and taken to the Juvenile Court.

The director of social welfare at the Training School referred Albert to the Mental Hygiene Institute for psychiatric study and advice regarding his problem of fire-setting. The psychiatrist at the Institute said that the boy showed some immaturity in judgment and he showed some lack of volitional control. It was recommended that he be given further employment in woodwork and that he be returned to the Institute in a couple of months for further psychiatric study. The Training

School extended his parole one year longer and the father found him employment in another woodwork shop. The recommendation that he be returned to the Institute in a couple of months was not followed.

D. Comments.

This boy's interest in building things was a factor in the Institute's recommendation that he be placed in the Training School. He spent eleven months in the School before he actually did get an opportunity to "build things" in the woodwork department. His adjustment at the School improved remarkably after he did get in the shop. Moreover, when his academic studies became related to woodwork, his academic performance improved.

This case illustrates how the Mental Hygiene Institute and the Training School can co-operate in discovering and using vocational aptitudes to help a boy toward adjustment and training for self-support. It also illustrates how a group of Training School staff members used the mental hygiene report as a scientific guide when information was needed to indicate whether the boy had the mental capacity to profit from advanced training in woodwork and carpentry.

This case also illustrates the value of the unified and consistent approach to discipline and training in socially accepted behaviour in the Training School cottage. Albert's

parents had been unable to help the boy to control himself because the mother was inadequate to the task, and the father had spent much of his time away from home doing war work.

By the time Albert was ready for parole, the father's working hours had changed so that he had more time for his family. He put a lathe, a power saw, a power drill, a work bench and several woodwork tools in the basement. He and the boy spent many happy evenings together at the work the boy liked. Albert made several table lamps and other articles which he sold to friends.

The parents when interviewed said that when Albert returned from the Training School he was co-operative, kind, considerate and well-behaved in the home. He kept good hours at night. He went to the odd show and to other commercial amusements. His best pals were a young, married couple a few doors up the street. He went to visit with them and went to shows with them. He was making a little trunk for the baby which the young couple expected, and had asked his mother to make the expected baby a woollen suit.

He worked steadily, paid his board, saved some of his money, bought his clothes and bought tools from time to time for his woodwork set. He still took little interest in sports, and he did not pal with groups of boys his own age.

The father said he could get Albert to do anything for him, but if anyone spoke nastily to the boy he would flare up and would not do what was demanded of him. The father felt, however, that the boy would get along well. He felt that Albert had a good future in woodcrafts. He said that the Training School and the Mental Hygiene Institute were both to be highly commended for what they had done to help this boy.

In summing up this chapter, it is recalled that the staff persons at the School made a fairly general practice of reading the mental hygiene reports about pupils for whom they were responsible. This would appear to indicate that the staff was interested in helping those boys who had psychiatric problems. Three members of the staff expressed the opinion that the School needed a staff psychiatrist in order to provide adequate psychiatric service for the pupils. These men predicted that it would probably be at least five years before a suitable psychiatrist became available for this appointment. The principal and three of the cottage fathers thought that it would be valuable to have a psychiatrist on the staff at whatever future time one should become available to the School. They also expressed the opinion that a psychiatrically informed counsellor or case worker could help the School to use existing psychiatric clinical services such as the Mental Hygiene Institute.

It is noted that in four of the nine cases studied, namely, Walter, Douglas, Charles and Harold, the Institute recommended a return to clinic. In three of these cases, this particular recommendation was not followed. In the case of Harold this recommendation was not followed until he became involved in a stealing and shooting incident while absent from the School without leave. Following this incident, he was returned to the Institute on two occasions. The Institute recommended that he be brought back to clinic again, but Harold had settled down at the School and the recommendation of a third trip to clinic was not followed. This delay in implementing psychiatric recommendations recalls some statements that were made by the superintendent. He said that he was the staff person who was responsible for the use of psychiatric services, but that he was occupied with administrative responsibilities. Consequently, he could not give the necessary attention to the pupils who needed psychiatric treatment. He said the tendency had been to wait until a serious behaviour problem arose before taking a boy to a psychiatrist. He felt that there should be at least one case worker on the staff to concentrate on working with those boys who have psychiatric problems.

In the case of Dannie, this pupil was shamed in the presence of the other pupils in efforts to stop him from wetting the bed. Dannie actually needed to have his ego

strengthened, whereas this shameful handling of him would doubtless weaken his ego. This case illustrates the need to have a case worker who could interpret the treatment needs of the pupils to his fellow staff members.

In the case of Donald, one staff person appointed the pupil as his office boy. Later this same man appointed Abe as his houseboy. Both of these boys lacked control of their impulses and emotions. Both of them found it difficult to accept the responsibilities and routines of life. Both of them were hostile toward persons in authority. This staff person developed a close relationship with these two boys, as was recommended in the mental hygiene reports. He was kind but firm with these boys in helping them to accept responsibilities and routines. After several months of this intensive treatment these boys became more co-operative than they had previously been at the School. On the other hand, each of these boys still had considerable repressed hostility. It is understandable that this staff person who was assistant superintendent and later superintendent may have found it difficult to permit these boys to express their hostility. His office in the School was one to which the pupils and the staff look for kind and understanding but firm authority. In a large institution such as the Training School it is desirable to have

some neutral person such as a highly skilled case worker who can help the pupils to express their hostilities in a socially accepted manner such as in private interviews.¹

In the case of Arthur, several staff members at the School participated actively in implementing the mental hygiene recommendation that he be given a correspondence course in cartooning. The recognition gained in this course helped him to overcome the feelings of inadequacy and of failure which had caused his vomiting and fainting. This case is an example of how the Institute and the Training School can work together in helping a boy toward social adjustment. One staff member said that a case conference could have enabled the staff persons to co-ordinate their efforts to help Arthur.

In the case of Albert, the mental hygiene report said that this was a boy of average intelligence who liked to build things. It was recommended that he be placed in the Training School where he might have opportunities to develop his desire to build. When eleven months of Albert's two year committal period had expired, he was given opportunities to "build things" in the woodwork shop. He did so well in this shop that the carpenters made special arrangements to give him some

1. The expression of hostility will be discussed in more detail in Chapter VIII of this study.

advanced training in woodwork. The intelligence test results were found to be useful here in evaluating the pupil's mental capacity to pursue cabinet making or woodwork as a vocation. This case is another example of how the Institute and the Training School can work together in discovering a boy's aptitude and in helping him to develop it as a means toward social adjustment. This case also illustrates the need of case conferences at the School. A case conference shortly after Albert's admission to the School may have been able to plan to give him vocational training earlier in his stay at the School. It is noted that he ran away from the School several times, was disobedient and hostile toward the staff until he got into the vocational training course for which he went to the School. When he got into this course he settled down and made constructive use of the remainder of his stay at the institution by studying for his vocation.

In concluding these nine case studies it is noted that Walter and Douglas were discharged from the Training School without being returned to the Institute as had been recommended. Charles had been one year at the School at the time of writing this study and he had not yet been returned to the Institute as had been recommended. In the cases of Harold and of Albert, action in implementing the mental hygiene recommendations was

delayed for eight months and eleven months respectively after the boys entered the School. It would appear that in each of these five cases a case conference at the School following the mental hygiene examinations may have helped the staff to take more prompt action than they did in implementing the mental hygiene recommendations.

In the case of Douglas, of Arthur and of Albert, certain staff persons expressed the opinion that a case conference was needed to plan a co-ordinated staff approach to the treatment and training of these boys. One similarity in all of the nine cases appeared to be a need to have some staff person at the School whose full-time occupation would be that of attending to the psychiatric problems of the pupils. In view of these problems, the functions and values of case work and of case conferences will be discussed in the next chapter.

CHAPTER VIII

SOCIAL CASE WORK IN THE TRAINING SCHOOL'S MENTAL HYGIENE PROGRAM

Social case work has come to be an essential part of the clinical team in child psychiatry. The psychiatrist and the psychologist specialize in the understanding of the psychic factors in personality structure. The psychiatric social worker specializes in understanding the dynamics of the client's social situation. In some modern child psychiatry clinics the psychiatrist, the psychologist and the case worker all contribute to the diagnosis of the child's problem and then the social workers proceed with treating the child and his parents in co-operation with the psychiatrist.

In preceding chapters of this study it was observed that several staff persons at the Boys' Farm and Training School expressed their desire to have at least one psychiatric social case worker at the School. Because of the above mentioned trend in child psychiatry and because of the Training School's interest in developing a psychiatrically orientated training and treatment program it is felt that this study should present some discussion of social case work as it might relate to psychiatry in the Training School.

This subject will be approached by giving some indication of what case work consists of in general. This will be followed by a discussion of the diagnostic skills

which the worker would need in order to do effective case work with delinquent boys. Case conferences will be discussed briefly as means of co-ordinating the efforts of the institution's staff in treating individual boys who have been examined by the psychiatrist. Some theory of social case work with delinquent children in the institutional setting will be presented in relation to some of the personality problems that underly delinquent behaviour. The chapter will conclude with some comments about case work with the families of training school pupils.

Social case work is essentially concerned with using certain skills and resources to help individuals to help themselves toward social adjustment and personality development.

The earlier forms of social work were mainly concerned with giving financial assistance and counsel to families and with providing care for needy children. Within the last two decades, however, there has been increasing specialization in social work. Family case work agencies and child care agencies have specialized in helping individuals to resolve their psychological problems as well as their economic difficulties. Medical and psychiatric hospitals have seen the need of social case work and have developed it as an integral part of their services. Institutions for the re-education of delinquent children have begun to develop case work as a

part of their training and treatment program. In each of these fields the case worker requires a knowledge of human behaviour and of basic human needs as well as a fund of knowledge about his own specialized branch of social work. The worker needs to know how to help the client to relieve his fears and tensions and how to give the individual the support he needs in order that he may make constructive use of the services that the agency has to offer.

Social case work with delinquent children requires especially an understanding of personality development and of human behaviour. The worker needs to know how to detect the emotional tensions and conflicts which underly the individual child's delinquent behaviour problems. It is important that he should know whether the individual child can be treated within the limits of case work skill or whether the aid of psychology and psychiatry are necessary in order to help the child toward emotional and social adjustment.

For the purpose of orientation to this subject it may be helpful here to indicate some of the information the case worker needs to know about personality development. According to psychoanalytic theory the baby is born into the world with primitive urges that he seeks to satisfy, regardless of the consequences to other people. His greatest pleasure is in sucking and in ingesting food. This is a

biological necessity for his survival. He cries, kicks and squirms until his mother supplies his need. Adequate diet, maternal affection and body contact with the mother while he is suckling give the baby feelings of security which allay his fears and tensions and provide him with his earliest bases for health and balanced personality development.

By the time the baby is one year of age, he is usually asked to give up the pleasure of sucking and is expected to go on a diet of solid foods. To give up sucking is a frustration that the child must face. If the change is made slowly, in an atmosphere of love, the child can accept this frustration without undue or lasting disturbance.

From the age of about one year to three years, the infant's anal area is unusually sensitive to stimulation. During this period he gets feelings of warmth and pleasure from sending feces and urine oozing over the anal area. During this period he is urged or coerced into giving up the pleasure of soiling so that he may become the clean child that is approved in our culture. If he has a secure love relationship with a mother who understands his toilet training problems, he can give up the pleasure of his feces for the sake of retaining the affection of his mother.

For a while some children go through a period when their sex organs become the centre of their interest. From approximately three to five years of age some children go through a phase during which they derive great pleasure out of handling and stimulating their genitalia. The child begins to observe that there are differences between the male and the female sex organs. A boy wants to peek at the sex organs of a girl and the girl likewise wants to peek at the penis of a boy. Both boys and girls want to know the reason for their biological differences. The understanding parents will answer their questions frankly and in an atmosphere of love. Usually from the age of four or five to six years, the child develops a fascination for the parent of the opposite sex. The child goes through a period of emotional conflict and indecision as to whether it will be possible to have the sexual love of the parent of the opposite sex. This is a normal part of the sexual development and is no reason for alarm if handled by understanding and loving parents. The boy can give up his rivalry with his father for his mother in order to retain the affections of a loving father. The girl likewise can give up her sexual attraction to the father for the sake of keeping mother's love for her.

Where there is an atmosphere of understanding, affection and parental accord the children normally resolve their rivalry for the parent of the opposite sex and develop a pal relationship with the parent of their own sex. Where there is discord, quarrelling, brutality, neglect and emotional conflict in the home, the children may find it difficult to resolve their rivalry for the parent of the opposite sex. The boy may have prolonged and fixated feelings of resentment toward a father who abuses the mother and himself. He may have fantasies of seeing the father killed so that he can have mother's love all for himself. He may see that he cannot conquer father so he will become passive and girlish like mother so that he can have her for himself by being like her. The girl who does not have a secure love relationship with the mother may have prolonged feelings of sexual attraction for the father. She may wish her mother dead so that she can have all the love of her father. She may become a tomboy so that she can be like Dad and so capture his affections all for herself.

In a loving family situation, however, the child normally resolves this conflict by the age of about six years.

Then, from the age of six to the onset of puberty, the child goes through a period when the sexual life is quiescent. Boys normally want to be with boys and with men. Normally, a boy wants particularly to pal with his father during this age. He needs father as a pal so that he may develop socially acceptable patterns of behaviour. Father is the ideal man and what he says and does is the pattern that the boy wishes to follow. The girl likewise wants to pal with girls and with mother. She wants to do the things that mother does.

According to psychoanalytical theory, the child's experiences in the developmental phases that are outlined above are the conditioning factors which largely determine whether the individual will be able to accommodate to the conflicts and frustrations of later life. If, during any or all of these early stages of development the child is in severe conflict with his parents, he may react by developing behaviour disorders during childhood. On the other hand, the child may have sufficient security to survive the emotional conflicts of childhood without showing marked clinical symptoms. He may later break down under the pressure of the frustrations

and responsibilities of adult life. He may accommodate to the pressures of early childhood but become disorganized at the onset of puberty.¹

The child has a period of life, from about six years of age until the age of about eleven or twelve during which his principal interests are in the outside world of studies and of play. At the onset of puberty, the sex organs develop rapidly, chemical changes occur in the body which give rise to sensations and feelings that are entirely new to the child. The body develops rapidly. The adolescent lives in conflict between two worlds. In many ways he is still a child. Suddenly he is expected to give up childish games. He is still inexperienced, however, in adult ways of playing and working.

The adolescent boy or girl wants to associate with the opposite sex but often feels inadequate. The boy must have certain academic accomplishments and physical skills and he must be strong and attractive to the opposite sex. The girl likewise must be attractive to the opposite sex but to her horror she is bony and awkward-looking while she is growing rapidly. In the adolescent period feelings of inadequacy are the outstanding problems.²

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1. For further discussion about early childhood, see O.S. English and G.H.J. Pearson, Emotional Problems of Living. (New York, 1945) Pp. 9-270.
 2. Gordon Hamilton, Psychotherapy in Child Guidance. (New York, 1947) P. 248

The case worker needs to be aware of the conflicts that the child may experience as a result of parental rejection. He must be able to detect the symptoms of rivalries with parents or siblings. He needs to know the symptoms of inadequate training and habit formation. Early in his contact with the delinquent child and his parents, the case worker begins to evaluate the child's total situation. He may find that the delinquent act occurred because of the particular group or situation in which the child was at the time of the incident. He may see that suitable social contacts are all that are needed to help the child to avoid conflict with the law. On the other hand, he may detect the symptoms of some deep-seated conflict that demands psychiatric diagnosis in order to make treatment effective.

When a deep-seated problem is evident, it can be injurious to the delinquent child to "give him another chance", or to experiment with trial and error methods of handling him. The welfare of the child and of society demands that the most scientific methods that are available be used to help the child to resolve his problem. If the social worker is not reasonably certain of how to help the delinquent child, he

owes it to him to get the help of psychiatry. This calls for the preparation of a psychiatric social history¹ and the making of appointments to have the child examined by a psychologist and by a psychiatrist.

Psychiatric diagnosis is often essential to an understanding of the adolescent delinquent because conflicting symptoms are frequently evident. In discussing psychotherapy for children between the ages of twelve and fifteen years, Gordon Hamilton says:

Clinical diagnosis is especially important, because at adolescence one must be prepared for shifting as well as mixed clinical pictures. It is hard to distinguish, particularly in the volatility of adolescence, the children who have taken the fork of the road which leads them to act out their oedipal problems on society - in stealing, unmarried motherhood, or promiscuity - from those who have taken the fork of the road leading to symptom formation. The adolescent reaching a guidance agency who has been described as having a conduct disorder usually shows some neurotic traits, and the neurotic is there because of asocial behaviour or social failure. History rather than current behaviour alone, must supply the diagnostic conviction.²

When the psychiatrist has made his diagnosis he is usually the one who decides whether the child needs further psychiatric treatment or whether social case work is indicated.

1. Psychiatric social histories are discussed more fully in Chapter VI of this study.

2. Hamilton, *Opp. cit.* Pp. 249, 250.

A case conference may be indicated to plan the treatment of an individual who has been examined by the psychiatrist. In the case of Abe¹ a case conference was held at the Mental Hygiene Institute. This conference was attended by the director of social welfare at the School and by the clinic staff of the Institute. The decision of the conference was that Abe should continue at the Training School for the balance of his committal period.

In the event that the Training School should be able to secure the services of a psychiatrist to hold clinics at the School, case conferences would probably be held to plan the treatment and training of certain boys who had been examined by the psychiatrist. The advantage of having such conferences at the Training School would be that staff persons at the School could participate in them.

The social case worker at the School would be responsible to prepare case history material for presentation at the conference, and to invite the necessary persons to attend. The case conferences in the School would be held on clinic days so that they could be chaired by the visiting psychiatrist. It would be important to have the psychologist, the superintendent, the case worker, the principal, the boy's teacher

1. Abe, Supra, P. 126.

his cottage parents, and his vocational instructor, and possibly some other instructors participate in the conference. All of those persons who were directly concerned with the treatment and training of the boy could pool their diagnostic information about him. According to some established patterns the psychologist and the psychiatrist would present their findings and the psychiatrist would lead a summing up of the diagnostic findings of the conference. He would probably help the conferees to lay plans for the appropriate treatment and training of the boy. The conference would probably conclude by reaching an agreement as to what specific persons would carry responsibility for the various aspects of the program of treatment and education that had been outlined for this particular boy. On the other hand, group activities with a minimum of conspicuous, individualized attention might be indicated for some of the boys about whom such conferences were held.

The primary purpose of case conferences is to provide effective service to the client by pooling the conferees' diagnostic information about him and by securing the co-operation of those persons who are essential to effective treatment of the client. In a training school, the case conferences would also provide opportunities for the staff to develop feelings of relatedness to the psychiatric clinic and to the treatment program.

The case worker who arranged to call the conference is usually responsible to write the minutes of the conference and to distribute them to the conferees. In a setting such as the Training School the case worker would probably discuss the minutes of the conference with the superintendent. The case worker would then probably be expected to visit the boy's teacher, his cottage parents, and his vocational instructors from time to time to discuss the boy's problems and needs with them. He would also need to talk with various staff members about the progress of certain boys in the training program so that he could make progress reports for the use of the psychiatrist and the rehabilitation workers.

In a correctional school where the social worker resides in or near the institution and where the psychiatrist and the psychologist come at intervals to hold clinics at the school, the case worker would naturally have more face-to-face contact with the child than the visiting clinic specialists would. Furthermore, the child and the staff would have recourse to the case worker in the absence of the psychiatrist. In such a situation the case worker usually is expected to carry on intensive case work with the boy, in co-operation with the psychiatrist and with the staff of the institution.

In some cases the social worker's role might be mainly that of helping his fellow staff members to develop attitudes that will be conducive to the socialization of the boy. In other cases the psychiatrist might expect the case worker to hold therapeutic interviews with the boy, under psychiatric supervision.

In discussing the treatment of delinquent children, Dr. Harvard S. Kaufman, Director of the Seattle Guidance Clinic says:

The added definitive effect of psychiatrist, psychiatric social worker and psychologist working together around a case has proven so valuable that a psychiatrist working alone always feels that his job is not quite finished.

The psychiatric social worker makes a study of the social and emotional tensions involved in the total situation. Her sources of information are mainly the parents. She must also have the ability to do intensive casework therapy with the child or with the parents.¹

One thing that the case worker will do well to remember is that the giving of insight into the meaning of unconscious material is the role of the psychiatrist. For example, a boy may tell the case worker about dreams or

1. Harvard S. Kaufman, "The Psychiatrist and the Delinquent Child", Redirecting the Delinquent. (New York, 1947) Pp. 147, 148.

fantasies which he has of being injured by men. If the case worker knows the significance of the dreams in relation to this particular boy's problem, he may enable the boy to talk about them so as to reduce his anxiety. On the other hand, he will not discuss them with the boy in relation to the unresolved oedipus conflict. A boy may tell about dreams or fantasies of seeing men injured or killed. The case worker will not block the boy from telling such things. He may enable the boy to talk about his dreams and fantasies and thereby reduce the boy's inner tensions. He may assure the boy that it is harmless to have such dreams. The boy may want to know why he should think or dream about seeing men maimed. The case worker may carefully put it back on the boy to explore his own mind for possible reasons why he should wish to harm anyone. The boy may then tell of adverse thoughts which he has had toward his own father or toward a father figure. The case worker may then be able to help the boy to develop more understanding and accepting attitudes towards his father.

The case worker would record the significant dream and fantasy material that the boy had revealed in the interview. He would most likely discuss this with the psychiatrist. If any insight were to be given on the unconscious level, it would be the role of the psychiatrist to do it.

In order to do effective treatment, the case worker must have an understanding of the personality problems which may be the basic causes of the boy's delinquent behaviour. He must also know how to help the boy to overcome or to reduce his problems sufficiently so that he may be enabled to move toward socializing activities. It may be helpful here to describe briefly some of the personality problems that are found in delinquent children and how the case worker may be able to help these boys.

The scope of this study is not intended to include all of the different causes of delinquency that a case worker might observe in a training school for boys. We will discuss only some of the more frequent problems that the case worker would find in delinquent boys. It should be pointed out that it is not possible to classify delinquent boys as personality types because their symptoms frequently overlap, particularly in adolescence. It is, therefore, preferable to consider the following as groupings of clinical syndromes rather than classifications.

This case worker would probably find that some of the boys became involved in delinquent acts because of a need to follow other boys. The majority of the boys would probably be there because they acted out their inner conflicts on

society. A few of the pupils in a training school would probably be those who had internalized their conflicts and had become neurotic to the extent of developing symptoms of illness. Some of the boys may be diagnosed as having neurotic character. Other boys may have marked symptoms of what is sometimes known as psychopathic personality. The social case worker who understands the underlying causes of delinquency may be able to help these boys considerably.

Let us first discuss the boy who has a need to follow. He and his family may say that he would never have done the delinquent act if it had not been for the other boys in the group. His problem may be a lack of satisfying social contacts. He may need to follow because he has effeminate characteristics and wants to be recognized by a more masculine group of boys. He may be following a brother or a pal whom he likes. A boy may be following an idealized character or relative about whom he has read or heard. He may follow because of mental dullness and suggestibility. The principal problem of case work with the boy, who becomes a delinquent because of a need to follow, may be to help him to develop recreational, social and vocational skills which will give him recognition and will alleviate his need to follow anti-social and aggressive groups or individuals.

Solo sports may be the most suitable types of social

skills for this boy to learn at the beginning, because he may fear competition. Later on he may be able to enter some competitive group games. This boy will need lasting ties of affection in order that he may continue his social adjustment.

Another problem which may bring some training school pupils to the attention of the social worker and the psychiatrist is anxiety, often complicated with symptom formation.¹ This child may have come from a home where he had some affection but where conventions and morals are stressed. The parents may have found it difficult to express affection toward the child. There was probably more sternness than love in the family circle. The parents may have been respected and religious people who set rigid restrictions on the behaviour of the children. The child probably found that in order to retain what dubious affection his parents did show him, he had to obey fixed taboos. As a result he developed a severe and rigid super-ego or "conscience." With all of the urges of youth surging up within him, however, he found it hard to live up to the demands of his severe super-ego. Consequently, he developed feelings of inadequacy, failure, guilt and anxiety. As a result, he tried to repress rather than express his aggressive urges.

1. Hamilton, Opp. Cit. pp. 71-97.

If this boy habitually internalizes his conflict he may develop neurotic symptoms of illness that will take him to clinics or to hospitals seeking cures. He may take a schizophrenic trend and be taken to a psychiatrist. He may succumb to his feelings of inadequacy and failure by fainting as Arthur¹ did. If he reacts to his feelings of inadequacy by spasmodic outbursts of stealing or violence he will probably be referred to a training school.

This child has ambivalent feelings toward his parents. At one time he thinks they love him, at another time he is unsure of their affections. If his parents did not try to keep him from being committed to training school or if they were active in arranging the committal, he feels rejected by them. He may run away to see whether his parents may have missed him and may have changed their mind, or whether possibly they did really love him. In the institution this boy may distrust the case worker as he distrusts his own parents. He may avoid the case worker when actually he would very much like to feel that the case worker really did care for him. He probably feels guilty and says that his committal to training school was justified. He may hope to reform himself before he will try to relate with the staff or

1. Arthur. Supra P.133.

with the worker. The case worker gives this boy acceptance just as he is. When this boy does relate with the case worker he will transfer onto him some of the uncertainties that he feels about his own parents. He may revile the worker and then feel so guilty that he will come and apologize. When he finds that the case worker likes him when he is good and when he is bad, he will probably transfer onto the worker the feelings of dependency that were not satisfied by his own parents. The worker's approach is to look for ego strengths in the boy. These ego strengths will be developed so that the boy's ego or the feeling of "I" will be able to develop some balance between his impulses and his conscience.

As the boy gains confidence in himself, and in the worker, he may tell some of his repressed feelings in the form of dreams and fantasies. This will relieve his feelings of guilt, and will reduce his inner tension. The case worker will do well to avoid trying to give the boy insight into the unconscious meaning of his dreams and fantasies. This should be discussed with the psychiatrist before anything is done about giving insight on the unconscious level. The case worker gives the boy support and reassurance while he is expressing his inner conflict. If the boy asks why he should dream of men coming to kill him, the worker may give him assurance on the conscious level that the dream is not

dangerous. The aim of therapy is to help the boy to relieve his inner tensions and to give him support so that he may develop ego strengths. The objective is that the boy may develop skills that will give him feelings of adequacy and emotional balance. In the case of Arthur¹ this was done by giving him a course in cartooning. This gave him feelings of worthwhileness and of social status.

The anxious boy may be helped to externalize his conflict by learning some solo sports through which he is able to express his hidden feelings of aggression. He may later be able to express his aggression further in competitive sports.

The anxious boy will probably be conscientious about personal neatness. He may have a strong drive to improve his intellect in academic studies, to compensate for his feelings of failure.

Let us now discuss the children who act out their conflicts on society.² Possibly the majority of boys who find their way to training school will be those who express their conflicts in aggressive, anti-social actions. These boys have not had enough love to help them to resolve their oedipal and other childhood conflicts.

1. Arthur, Supra P. 133.

2. Hamilton, Opp. Cit. P. 250.
See also J.H.W. Van Ophuijsen "Primary Conduct Disturbances"
Modern Trends in Child Psychiatry. (Edited by Nolan D.C. Lewis
and Bernard L. Pacella, New York, 1946) Pp. 35-42

When these boys reach the training school they will probably revile the staff, particularly the male staff. They will express hostility toward the institution and toward all authority. At first the boy may ridicule the case worker and may try to dominate him or to make him feel cheap in the presence of the other pupils. If the worker understands that the boy is transferring onto him the feelings which he has toward his own father, he will be able to help him.

One of the techniques of case work will be to let the boy express his hostility and aggression in private interviews. It may be necessary to make it clear to the boy that he can say what he likes in the interviews, but that he cannot do so with the cottage parents or in the school classes. For this type of therapeutic relationship the case worker must be free from administrative responsibilities. The boy must be assured that there will be no recrimination for what he expresses in the interviews. When the boy reviles the training school, the worker must identify with the institution. To ally himself with the boy against the institution or with the institution against the boy would spoil the cathartic value of the interview. As the intensity of the boy's hostile feelings is reduced, his need to be violent with society diminishes. The boy may then develop a positive transference toward the worker and may begin to see in him the father that he would

like to have. The boy will then begin to ask help and guidance of the worker.

This boy will usually participate readily in group games and team sports. One of his problems may be that he has never had the equipment or the opportunity to learn group sports. The training school can do the boy a lifetime service by providing him with the equipment and the instruction that is necessary for him to develop recreational skills. If this boy can learn to express his aggression in socially accepted manners such as in hockey, football or other aggressive and competitive sports his need to do violence to society is diminished. Vocational guidance and vocational training are also important to help this adolescent to develop feelings of social adequacy and economic security.

Another psychiatric diagnosis which may be made of some boys in a training school is that of neurotic character.¹ Case work with these boys requires close psychiatric supervision.

The boy with neurotic character has probably been reared in a home where the mother was weak and lenient whereas the father probably was severe and demanding or vice versa.

1. English and Pearson, *Opp. Cit.* Pp. 349-354.

His early training was given to him in an atmosphere of confused and conflicting social standards. As a result, his super-ego is confused. He goes through periods of anxiety about what is right and what is wrong for him to do. He may go on for months or for years without getting into trouble, then suddenly he will go out and steal something, when probably he appears to have no outward need of it. He may say, "I can't for the life of me figure out why I did it". He may show some concern about the damage he did. He has some super-ego but it is inconsistent. He may have some guilt feeling about what he has done, but he probably will have no notion of making restitution. He may ask the therapist for help so that he may not do it again, because if he repeats the act he will be caught.

Committal to a therapeutically orientated training school may be a valuable experience for this kind of boy because the surrounding atmosphere of kindly but consistent discipline may help him to see that he needs treatment. Psychiatric diagnosis and supervision are extremely important in treating this boy. This boy needs an affectionate relationship in an atmosphere of consistent control. The aim of case work here is to reduce tension in the areas where the boy shows anxiety. This may be done by permitting him to tell in interviews about some of the murderous thoughts or dreams which he has had and by assuring him that they are harmless.

The boy may tell dreams that are defenses against his aggressive urges. The case worker will do well to avoid tampering with the defenses of the neurotic character unless he is sure of what he is doing. Though the worker knows the unconscious significance of the dreams and fantasies, he does not try to interpret the unconscious implications of them. Any insight he gives must be on the conscious level.

The neurotic character may have feelings of inadequacy which do not have any foundation in fact. The case worker will look for ego strengths and will build them up to counter-balance the feelings of inadequacy. The aim of therapy is that the boy's ego may develop a balance between his impulses and his "conscience". The emphasis is especially on the development of consistency in the super-ego. The consistent discipline of the controlled environment of the training school may be helpful here.

The boy who has been diagnosed as having neurotic character may have high ideals about marriage and family life. It may help him if he can talk about his ideals and compare thoughts with an accepting case worker. It is preferable if the case worker has a satisfactory marriage relationship and has children. The boy will be enabled to work out some satisfactory and acceptable social values with someone who represents the kinds of affectionate relationships that he himself would

like to have. The prognosis of treatment is uncertain in such cases, but a measure of adjustment may be achieved.

The next delinquent child to be discussed here is the boy who has been diagnosed as a psychopathic personality.¹ Many psychiatrists hesitate to say that a boy is a psychopathic personality. They may say that he has some of the symptoms of a psychopathic personality, or that he shows psychopathic trends. This boy has not had enough love in his early childhood to enable him to learn the rules of society. As a child he was not taught to bear responsibilities.

As an adolescent he may steal to satisfy his needs with little or no feeling of remorse for the inconvenience or harm that his thefts have caused other people. He may tell of plans that he had to steal and to invest money until he would have enough to live at ease the remainder of his life. He may rationalize that he usually stole from people who had plenty left after he had taken what he wanted. The thing that really bothers him is that he gets caught.

Psychiatric diagnosis and treatment early in the development of his anti-social acts is important if this boy is to be helped. Committal to a training school may help him to see that he has a problem. This may motivate him to ask the therapist for help.

1. Hamilton, Opp. Cit. Pp. 119-121

It was noted in the cases of Donald¹ and Abe² that these two boys had not learned to control their emotions and impulses adequately. Donald was appointed as office boy to the assistant superintendent. At a later time, Abe was houseboy to this same staff person. This man treated these two boys with kindness. Yet, he was firm with them in helping them to accept responsibilities. This type of treatment is a contribution that a training school can make to the social adjustment of such boys as these.

It is also important that the boy who lacks volitional control be given opportunities to express his hostility in a socially accepted manner such as in private interviews. After the boy has reduced his inner tension, he may want to discuss social values with the case worker.

The prognosis of treatment of the psychopathic personality is uncertain. The clinical picture, however, is often confused. There may be psychopathic tendencies along with other symptoms. Because the boy is diagnosed as having some symptoms of psychopathic trends, does not necessarily mean that he is hopeless. The worker may at

1. Donald. Supra P.122.

2. Abe. Supra P.126.

least help the boy to reduce some of his inner tensions. He can also help him to accept rules as being essential to the welfare of himself and other people. If this type of youth can develop a satisfying love relationship he may settle down and take responsibilities because of the love which he receives from his spouse in return.

The case worker in a training school usually finds that many of the boys who come to him are suffering from feelings of rejection, emotional deprivation and general lack of consistent love relationships. If there was affection in the home it may have been confused by marital discord, by loss of parents or by some other factors that leave the boy in need of some affectionate tie that is consistent. The child who feels rejected often feels that there must be some inadequacy in himself that makes him unwanted by his parents. The child whose problem is rivalry with a sibling also feels that he has inadequacies in himself. The therapeutic approach would be to give the boy acceptance and to help him to develop his personality strengths. He needs to be helped toward social and economic adequacy.

A psychiatric social case worker in a training school would need to be able to work closely with the psychiatrist

and with the school's staff, He must often act as a liaison person between the psychiatrist, and the school personnel.

The case worker in a training school would find it necessary to limit his load of active cases to twenty or thirty boys so that he could do an adequate job. He would need to have both time and stenographic help so that he could record the progress of the boys under treatment. His recording would be helpful to the case worker himself in criticizing and in improving his own interviewing and treatment techniques. The records would also provide a medium whereby the administrators of the school could evaluate and supervise the work of the case worker. The recorded material would also be useful to the Training School's city office for case work with the parents of the pupils and for referrals to other agencies.

Treatment of a training school pupil often requires case work service to his family in order that factors in the home which precipitated the boy's delinquent behaviour may be adjusted. Speaking of the homes of delinquent children in the United States, Doctor George Mangold says:

Studies of the home life of delinquent children have clearly established the fact that in addition to the proportion of homes that are broken, there is a high percentage of incompetent and inadequately adjusted homes. So-called normal homes are comparatively few - probably not more than ten to twenty percent of the total.¹

Whether the percentage of broken and disorganized homes is as high in the clientele of the Boys' Farm and Training School as Doctor Mangold found them in the United States, the fact still remains that many of the homes are inadequate from the point of view of the family relationships. In the nine cases that were selected for this study it was found that emotional conflicts in the home were factors in the problems of all the nine boys.

It was found that in three of these nine cases, the home was broken by the death of the mother and the desertion of the father following her decease. One home was broken by the desertion of both parents. In two others of the nine cases the father had deserted the family. In these two cases the mother maintained the home in a disorganized condition.

1. George B. Mangold, Social Pathology (New York, 1936)
P. 494.

In three of the nine cases the parents were united and the home was comfortably furnished and neat. In one of these three cases the mother was mentally dull and was unable to cope with her family of four boys. The father, on the other hand, was mentally alert and had a good relationship with the boys, but he spent many of his evenings working overtime. As a result he had little time for his family. In another of these three homes the father was stern and the mother overprotected the boy. She indulged him and did things for him that he was old enough to do for himself. Sometimes she nagged at him, belittled him or bribed him in her efforts to get him to obey. The maternal grandmother lived in this home. She excused and indulged the boy and thereby made it difficult for the parents to train him. In the third home where the parents were united, the boy was mentally retarded and the parents appeared to lack understanding of his mental inadequacy.

This small sample of nine cases illustrates some of the problems and conflicts that appear in the family background of boys who are in the Training School. It is, of course, too small and too selected a group of cases to be representative of the general population of the School.

On the other hand, these cases indicate some of the problems that a training school faces in its work of rehabilitating boys.

The Ohio Committee on Children's Institutions prepared a handbook on the principles of child care in institutions. Speaking of the homes to which the children will go when they leave the institution, this handbook says:

Adequate care of the child in an institution is a continuous process which includes not only his immediate care but also his ultimate return to his own or a new home. It is, therefore, essential that the institution staff be aware of the problems of the family from which he comes and the need for constructive service to it.¹

Social case work with the parents of the pupils would be an essential part of the Training School's mental hygiene program. Otherwise the boy who had responded successfully to treatment in the School might again become maladjusted during or after parole because of adverse attitudes and disturbing conditions in the home. The mental hygiene program of the School could be helped considerably by having

1. The Ohio Committee on Children's Institutions. Principles of Child Care in Institutions: A Handbook for Staff Study and Discussion. (Ashville, Ohio. 1939) P. 297.

the psychiatric social worker in direct contact with the pupil, the psychiatrist and the other staff members at the institution and finally in contact with the family case worker in the city office of the Training School. All of these persons could contribute co-operatively to the training and treatment of the boy from the time he entered the School and on toward his adjustment in the home and in the community.

Such a program would require at least one full-time family case worker in the city office of the Training School. He would need to be free from administrative responsibilities other than family case work and rehabilitation of boys. He would need to have a reasonable size of case load in order to do an adequate case work job. One competent family case worker might be able to accept one or more students from the McGill University School of Social Work for field placement in the School's city office. Under the supervision of the family case worker the students would learn skills in the field of social case work with juvenile delinquents and their families while carrying several cases for the Training School.

Case work with the parents in the city would in some families be related to economic difficulties. Community resources would have to be found to supplement families who

were in unavoidable economic need. Some parents may need help with problems of budgeting. The worker would want the boy to come home to a family which is able to plan its economy or else the progress that the boy made in the Training School might be marred by conditions in the home. The boy needs a situation where he will pay his own way if he is old enough to work, and will get his sustenance in return. On the other hand, if his earnings are wasted or if he is exploited by his parents, he may go out and exploit the community again in delinquent acts.

In some of the homes the economic situation might be satisfactory but there may be other problems. The boy may have learned new skills in the Training School which will require equipment that he did not have at home before he went to the School. In the case of Albert¹, for example, the boy learned advanced skills in woodwork while at the School. This was an important part of the treatment which helped him toward social adjustment. The father discussed the matter with the director of social welfare at the Training School. As a result, he provided his son with a

1. Albert. Supra P. 147.

power saw, a power lathe, a bench and several tools in the basement. This helped to carry treatment forward after the boy had returned to his own home. The boy may need equipment to pursue recreational skills that he learned while in the Training School. He may need entrance into a club or a recreational association in order to continue the social adjustment that he made while in the School.

As illustrated above, some of the children became delinquent because of parental rejection. The family case worker may be able to help some of the parents to modify their rejecting attitudes sufficiently to provide a suitable home situation for the boy.

Other parental attitudes such as parental domination¹ may in some cases be modified by family case work.

Some of the homes may be diagnosed as inadequate to provide a suitable situation for the boy. Other pupils would have no home of their own. Boys over the age of twelve or fourteen years of age who had no home or who did not have an adequate home might be placed in boarding homes where they would be supervised by a case worker. The younger boys who needed a substitute home might be placed in foster homes.

1. Dorothy Daniels Mueller. "Parental Domination: Its Influence on Child Guidance Results". Smith College Studies in Social Work. (March 1945) Pp. 184-215.

The Ontario Training School at Bowmanville in Ontario, for example, reported in February 1948 that five hundred of its graduates were in foster homes.¹ The boys were so popular in the foster homes that there was a waiting list of homes that had applied for them.²

A psychiatrically orientated program of training and treatment would provide the family case workers with recorded information about the progress of boys who had received psychiatric treatment. This information would be helpful to the family case worker in rehabilitating the boys. This type of program would also provide the family case workers or rehabilitation officers with opportunities to attend case conferences regarding boys at the School who were being prepared for parole. The parole conferences would help the workers to plan the after-care of the boys.

In summing up this chapter, it is recalled that the case worker in a training school would be responsible for observing the behaviour of each new pupil at the School and for study of any agency reports which had come to the School about the boy. If he saw that the boy needed psychiatric

1. Ken. Johnstone, "Bowmanville Program is Designed to Meet Needs of Boys who are Reaching Adolescence and Stresses Vocational Training". The Standard, Montreal: (February, 21st, 1948) Rotogravure Section, P. 8.

2. Ibid. P. 2.

help, he would prepare a social history and plan to have him examined by the psychologist and the psychiatrist on their clinic days. The case worker might then be called upon to plan a case conference for the purpose of planning the treatment of the boy. The case worker would be called upon by the psychiatrist to hold therapeutic interviews with some boys who had been examined in the clinic. He also would confer with his fellow staff members about the needs of certain boys and about providing them with activities which would be conducive to their social adjustment. The case worker or case workers at the School and the family case workers in the city office would share their information about the boy and about the family. This sharing of information would be an aid to the treatment of both the pupil and his parents.

To have a psychologist and a psychiatrist hold clinics one day a week at the Training School and to have one psychiatric social case worker in residence at the School would not provide psychiatric treatment for all of the boys in the institution. It would provide for the psychiatric diagnosis of most of the incoming pupils and treatment for those pupils who were most seriously in need of this kind

of help. In the event that the Training School is able to develop a program of mental hygiene, parents and social agencies would probably send increasing numbers of boys to the School for treatment and training. If the population of the School were increased the program of treatment would probably be expanded to include more frequent psychiatric clinics and more social case workers at the institution.

It might be added here that during the last decade case work went through a phase during which family case work to keep the boy in his own home, or in a foster home placement was almost invariably tried before placement in an institution was considered. Home life or foster home placement has in many cases been experimented with while placement in an institution for a period of training was reserved as a last resort. On the other hand, a recent trend is toward more adequate case work diagnosis, or psychiatric diagnosis at the beginning of the case worker's contact with the child. As a result the case worker is better able to decide whether the child will be able to adjust in his own home or in a foster home or whether the child needs a period of re-education in an institution before home or foster home adjustment can be effected. At the same time,

the case worker often is at a loss to find an agency which can provide psychiatric treatment within a controlled environment. It is, therefore, highly probable that many social agencies in the Montreal area will gladly make increasing use of the facilities of the Training School when it is able to provide the combination of controlled environment, psychiatric treatment and vocational training which many of their clients need.

CHAPTER 1X

FINDINGS AND CONCLUSIONS

The aim of this study is to explore ways in which the Boys' Farm and Training School and the Mental Hygiene Institute may work together more adequately than they have done in the past in providing psychiatric treatment for boys at the Training School. In this concluding chapter the salient points of the preceding chapters will be summed up briefly. These points will be summarized in the same order in which they are written in the previous chapters.

It has been observed that in the nineteenth century it was common practise to house juvenile delinquents in jails or in reform schools where they were punished severely to subdue their urges. In contrast to this nineteenth century practise, the modern trend is toward providing psychotherapy and re-education for delinquent boys in training schools. The modern emphasis is on giving the boys opportunities to adjust their emotional and social problems so that they may function more adequately in the community after their experience in training school. Another modern emphasis is on helping the boys to channel their energies into socially constructive activities.

When the Boys' Farm and Training School was opened in the year 1908 one of its first groups of fifteen pupils

was transferred from a jail to the School. These fifteen boys arrived at the School in handcuffs. They were unmanacled and were freed to participate in the activities of the new School and thus the 'open door' policy of the Boys' Farm and Training School was dramatically established.

Since its establishment the Training School has grown until it now owns fourteen hundred acres of land. It now has over thirty modern buildings and can accomodate over one hundred and fifty boys. The residence facilities for the boys are arranged on the cottage plan which is one of the more modern methods of housing boys in training schools.

The School provides academic education up to seventh grade for all of the boys who wish to take it. A balanced diet is provided, with ample supply of fresh foods from the School's farm department. A consulting physician holds clinic at the School once a week to provide adequate medical attention for the boys. A visiting dentist conducts a weekly clinic at the School thus maintaining modern standards of oral hygiene among the pupils.

In the year 1945 the School formulated a policy which calls for the appointment of a psychiatrist to hold clinics at the School. This appointment would establish a program of mental hygiene in the institution. This is not an easy aspect of the School's program to develop, principally because of the currant shortage of specialists in child psychiatry in the community.

While it explored the possibilities of providing psychiatric service for its pupils, the School referred several boys to the Mental Hygiene Institute in Montreal. The Training School being situated forty miles from Montreal found it difficult at times to take a boy to the Institute in time for an early morning appointment.

The director of the Institute was aware of the problem of accessibility that the School faced in using the services of the Institute. Throughout the years of his leadership at the Institute the director has shown active interest in the Training School and has recommended training at the School for many boys whom he has examined. When he saw that the School wished to provide psychiatric service for its pupils he showed interest in offering any assistance he could to the School in developing this aspect of its work. When interviewed by the writer in the spring of 1948, the director of the Institute said that he had hopes of expanding the mental hygiene clinic within the next year or so. He said that if the clinic staff were enlarged it would probably be possible to set aside one morning every two weeks in the clinic for the Training School. This would mean that the School could bring several boys to the Mental Hygiene Institute in one trip thus reducing the transportation problem.

In later interviews the writer discovered that the director of the Institute and the executive director of the

Training School had conferred about the possibilities of providing psychiatric service for the pupils at the School. Their suggestion was that if the Institute were able to enlarge its staff, a psychologist and a psychiatrist from the Institute might hold weekly clinics at the School. Another suggestion was that the Mental Hygiene Institute and other teaching departments of McGill University might co-operate in selecting and training an interne in psychiatry to specialise in child psychiatry with the understanding that he would accept an appointment to do part time work at the Training School. It was recognized that approximately two years over and above the usual course in psychiatry would be required to train an interne for the appointment. Meanwhile, the School may continue to take boys to the Institute. In the event that its staff were enlarged the Institute could set aside one fortnightly clinic day for the School or it could send a psychologist and a psychiatrist to hold weekly clinics at the School.

Whatever plan the Training School may adopt to secure the services of a psychiatrist, there is still the problem of providing the social case work service which is an integral part of the modern mental health clinic. In chapters six and seven of this study it was found that in the referrals which the School made to the Institute, several case work problems arose. One of these

problems was that the Mental Hygiene Institute wanted to have more adequate social histories of the boys whom the School wished to refer to its clinic. Consequently, the writer, in co-operation with the School and the Institute prepared an outline which suggests the types of information which the Institute wishes to have about training school boys who are to be examined in its mental hygiene clinic.

It was also found that some of the boys who were referred from the School to the Institute were on the defensive in the psychological and the psychiatric interviews in the clinic. Chapter six of this study illustrates how a couple of preliminary interviews with a boy in the training school can prepare him to co-operate in the therapeutic relationships in the mental hygiene clinic, thus paving the way for positive results in treatment.

Other case work problems were discovered in the analysis of nine selected cases in chapter seven of this study. It was found that in three of these nine cases, specific mental hygiene treatment recommendations were not followed in treating the boys at the School. In one of the nine cases, a lack of understanding of the boy's psychiatric problem led to treatment at the School which probably intensified the pupil's feelings of inadequacy. In another of the nine cases the psychiatrist's treatment

recommendation was not followed at the School until the boy became involved in anti-social behaviour of a serious nature. In two of the nine cases, one staff member at the School concentrated considerable effort on helping the boys. In one case various staff persons at the School participated in implementing the psychiatrist's treatment recommendations. It was observed that a case conference might have helped these staff persons to co-ordinate their efforts to help the boy toward social adjustment. In one of the nine cases some of the instructors in manual training at the School used the mental hygiene reports to help them to decide upon a program of advanced training in woodwork for the boy.

It should be pointed out here that in many modern child guidance and mental hygiene programs, the case worker takes the initiative in proceeding with the treatment that has been commenced by the clinical psychiatrist. In a setting such as a training school the case worker usually carries considerable responsibility for treating the child in co-operation with the psychiatrist. Another important part of the case worker's responsibility is to confer with his fellow staff members thus helping them to participate actively in aiding the child toward adjustment.

Now, if the School were able to secure the appointment of a clinically trained psychiatric social worker, he could co-operate with his fellow staff members in using

psychiatric clinical services in Montreal to help those boys who have psychiatric problems. Later, when the Training School is able to secure the services of a psychiatrist to hold clinics at the School, the case worker could co-operate with him and the staff in developing a more extensive program of mental health within the institution.

As a practising case worker in the city of Montreal the writer is made aware from time to time that social agencies in the community have among their clientele some boys who need psychotherapy and who at the same time need a controlled environment such as the Boys' Farm and Training School has to offer. Recently one social agency in Montreal sent a boy to a school in the United States where he was given psychotherapy in a controlled group setting.¹ The cost was approximately two hundred dollars per month. This agency was so pleased with the results of the treatment of this boy that it wished more of its boys could be given this kind of help.

Now, the Boys' Farm and Training School has an excellent set of modern buildings, and it provides satisfactorily for the physical needs of its pupils. When it becomes able to provide psychiatric treatment also

1. Information obtained from Jean Henshaw, Assistant Director, Jewish Community Services, June 2, 1949.

for those pupils who have serious emotional and social illnesses the Training School will no doubt provide a service which is sorely needed in the local community.

The Superintendent of the Training School said that the ideal situation would be to have a psychiatrist, a psychologist and several counsellors on the staff. He felt that it would be preferable that the counsellors be trained social workers. The psychiatrist, the psychologist and the counsellors could share their knowledge of the boys' problems with the staff and could work with them in helping the boys.¹

The Superintendent's ideal corresponds somewhat to the clinical situation at Hawthorne-Cedar Knolls School, New York. In this school there are two visiting psychiatrists, one resident psychologist and several resident psychiatric social workers. These people function together in a team-work relationship with their fellow staff members in the school. The clinic therapists make a point of helping the cottage parents, the teachers, the instructors, the cooks and all the personnel feel that they are important persons in the total treatment program for each pupil in the institution. A total team-work job of treating and

1. G. D. Young, Superintendent of the Boys' Farm and Training School, interviewed February 16th, 1949.

training the boys is the aim of those who direct the program in the school.¹

The mental hygiene program of the Boys' Farm and Training School could scarcely begin on the large scale of the ideal situation suggested by the superintendent. Actually, a small beginning has been made by referring some boys to the mental hygiene clinic. Although problems did arise for both the School and the Institute in some of these referrals, they are surmountable problems. These few referrals have provided a sample from which lessons may be learned for the development of a larger program of psychiatric treatment in the School. If this program is developed, the ideal of the larger, team-work treatment program is attainable.

By the time this study was ready for presentation to the McGill University School of Social Work in August, 1949, the Institute had acquired additional building space for its clinic and had formulated definite plans to enlarge its staff. It is therefore probable that later, in the autumn of 1949, officials of the School and of the Institute may explore afresh the possibilities of establishing regular psychiatric clinic days for the Training School either at the School itself or at the Institute as discussed above.²

1. Information obtained from Anna Faust, Supervisor of Non-Catholic Probation Officers at the Juvenile Court, Montreal, May 24, 1949.

2. Supra, pp. 52, 53.

One question that would probably merit study is whether parents and social agencies would be willing to pay fees for the psychiatric treatment of boys whom they wish to place in the Training School. This might help to pay at least a part of the cost of providing psychiatric service in the School. It might also be worthwhile to explore the possibilities of obtaining a Provincial or Federal Government health grant to aid in the establishment of a mental hygiene program in the School.

One point that has been raised in this study but which has not been discussed to any great extent, is the importance of vocational training as an aid to the social adjustment of adolescent boys. This problem is too large for the scope of this study. This question would probably be an appropriate topic for a research project. It would be valuable for the Training School to find out what types of vocations the pupils enter after leaving the School. This might be done by discovering the present vocational activities of the boys who have left the School during the last five years. The Training School would then be in a position to know what types of vocational training services would be necessary at the School in order to help boys to equip themselves for economic security and social adjustment.

Appendix

Section A

This section contains an outline which suggests the kinds of information which the Mental Hygiene Institute would like to have about boys whom the Boys' Farm and Training School wishes to refer to the Institute. There may be times when it is not possible or even desirable to obtain information on every topic in this outline. This outline suggests topics to explore in preparing current social history of a boy who is in the Training School. This current history could be prepared at the rural office of the Training School. It could be supplemented later by interviewing the pupil's parents in the city.

SUGGESTED OUTLINE FOR THE BOYS' FARM AND TRAINING SCHOOL
FOR USE IN THE PREPARATION OF SOCIAL HISTORIES FOR
REFERRAL TO MENTAL HYGIENE CLINIC

Date:

Name of boy; also, day, month and
year of birth.

Home address:

Home telephone:

FAMILY DATA:

Full
name

Year of
birth

Place of
birth

Father,

Mother,

Children: (List in order of year of birth.)

(List step-mother or step-father if any)

REASON FOR THE BOY BEING AT THE TRAINING SCHOOL:

Previous committal if any.

Present committal: date, name of Judge and of Court.

Nature of offense, length of committal period. In
the case of a voluntary placement give the parents'
stated reasons for placing the boy.

PARENTS' AND PUPIL'S UNDERSTANDING OF THE CLINIC'S FUNCTION:

How do the parents feel about having their boy go
to clinic? Does the boy know why he is going to
clinic? How does he feel about going?

PROBLEMS OF UNUSUAL BEHAVIOUR AT THE TRAINING SCHOOL:

Stealing, disobedience, lying, temper tantrums,
cruelty, bullying, stubbornness, seclusiveness,
over sensitivity, timidity, extreme shyness, day
dreaming, unusual fears, irritability, crying,
moodiness, twitching(of hands, face, body), clumsiness,
headaches, fainting, convulsions, vomiting,
marked fatiguability, bed wetting, nail biting
running away.

Write about any of the above behaviour
problems, note date of onset and circumstances
surrounding the occurrence. Note the reasons the
boy gives for the occurrences and how he feels
about the problem.

Reason for referral to mental hygiene clinic?

CHRONOLOGICAL:

In what places has the boy lived since his birth? Note dates, places and circumstances of any previous placements.

EDUCATION:

Present grade. Grades repeated. Double promotions. Ease or difficulty in learning. Reactions to different subjects. Any special training. Relationship to teachers and to class-mates. Interest and application. Behaviour in school. Note any problems.

If the boy has left school, what grade did he attain? Intelligence tests: give date, name of test and results.

Right handed or left handed.

Vocational training taken at the Training School or elsewhere. Machine shop, woodwork, painting, electrical work, cooking, farming or others. Note vocational interests.

PERSONALITY:

Energy: lively, active, sluggish, lazy. Social attitudes: Does he mix well with other boys? Leads, bullies, easily led, good mixer, generous, well liked by the boys, not liked, has few friends, sits alone, sulks, sensitive to criticism, irritable, seclusive, selfish, egoistic. Reaction to pain or illness.

Recreation or play: participation in group games and competitive sports such as hockey or ball. Role played. Co-operative or otherwise. Solo sports such as skiing, swimming or fishing. Preference for indoor or outdoor recreation. Interest in reading, music, drawing, pets. Hobbies or special interests.

Cottage relationships: Does he like to talk with or to do things for his cottage mother or father? Behaviour in cottage?

Work: Jobs held before he entered the Training School, note reasons for leaving jobs. Describe his work duties in the Training School. How does he respond to duty? Is he reliable, co-operative, energetic, thorough, meticulous, competitive for recognition, casual, careless, defiant?

HABITS:

Food: Appetite, special cravings.
Sleep: Restlessness, dreams, night terrors, talking or walking in sleep.
Elimination: Bowel and bladder control. Bed-wetting, day-wetting.
Sex: Masturbation, sexual activities with other boys, with girls. Sex information, how obtained? Interest in girls.
Tobacco, alcohol.
Cleanliness: Neat, unduly fussy, careless.

RELIGION:

Religious affiliations of the family. Attitude of the boy toward religious expression and instruction at the Training School?

HEALTH:

Childhood diseases. Injuries, nature of, severity, place of treatment, convalescence. Attitude of the boy toward diseases and injuries.

Verified reports from the Training School's hospital or physician or copies of reports from other hospitals may be attached.

FAMILY BACKGROUND:

Include any pertinent social information about the boy's family. Write a note on the parent, parents or other relatives most likely to take an interest in the boy's welfare. Give name, address and telephone number of such relatives if possible.

What parent, guardian or relative of the boy can go to the mental hygiene clinic to be interviewed. Give name, address and telephone number if possible.

CONCLUSION:

Include questions or problems which the School wishes to explore about possible plans for furthering the treatment of the boy.

Attach copies of medical reports, school reports and reports from other social agencies.

Signature:

Office held:

Appendix

Section B

This section contains a copy of an outline which the Mental Hygiene Institute supplies to social case work agencies in the community which refer clients to the Institute. It suggests topics to be explored in the preparation of psychiatric social histories. This outline covers topics about the early development of the child and suggests other information which could be obtained only from the parents of the boy.

The current history of the boy's life in the Training School as suggested in Section A of this appendix could be supplied by the rural office of the Boys' Farm and Training School. The current history could be supplemented by case work interviews with the boy's parents in the School's city office. The outline in Section B of this appendix could be used to suggest topics for this supplementary social history. On the other hand, the head social worker at the Institute said that she would be willing to supplement the current social histories from the Training School by interviewing the boy's parents in the Institute. ^{1.}

1. For further discussion of social histories see Chapter VI of this study.

MENTAL HYGIENE INSTITUTE
531 Pine Avenue, W.,
Montreal.

Outline - Suggestive for Use in Preparation of Psychiatric
Social History

Name:

Age:

Date:

Telephone No.

Informants:

Reasons for and circumstances of Referral: Why is the patient being referred to the Institute? What further understanding of him does the Agency wish at present? What interpretation has the patient been given of the Institute's service? What is the reaction of the patient and his family toward coming to the Institute.

Present Illness or Unusual Behaviour: (Adults)

Outline in detail: Date of onset, early changes, development. Concrete illustrations of changes in behaviour before and after onset. Significant attendant circumstances. Frequency of manifestations. Duration. Any free intervals.

Ideas not based on facts - description of grudge attitudes, ideas that people are against, depreciatory ideas, exaggerated ideas of importance or possessions, ideas of reproach or sin, seeing or hearing imaginary things. Periods of elation, depression, excitement, indifference, restlessness. Undue crying, laughing. Mannerisms. Overactivity. Slowness. Change in appetite, sleep, care of person. Loss of interest. Speech irrelevancy - defect, rapid, slow. Memory defect. Periods of confusion; orientation; quasi-normal ideas; worries, fears, defective judgment. Conduct disorders, lying, stealing, sex experiences, profanity, violence, suicidal or homicidal threats or acts. Shocks, convulsions, dizziness, fainting, headaches. Extreme emotional experiences. Physical complaints. Treatment employed and effect. Note onset, frequency and duration of all symptoms.

Problem: (Children)

For each complaint (See below) note age at onset, earliest manifestations, frequency, duration, severity, circumstances accompanying the occurrence of any manifestations or form of behaviour, detailed description, relation to other difficulties, response to treatment. List complaints in order of importance.

Temper: Screaming, feet-stamping, breath-holding, head-banging, throwing things, hitting, etc. Causes of temper outburst. Toward whom directed most frequently. Subsequent behaviour - admits wrong, sulks, sleepy.

Stealing; Lying; Truancy; Spells. Sex-experiences. Masturbation. Enuresis. Thumb-sucking; nail-biting. Restlessness. Incurability. Stubbornness. Fear and timidity; shyness. Seclusiveness. Cruelty. Extreme aggressiveness or dependency. Food fads. Sleep disturbances. School problems. Physical complaints. Early shocks or emotional experiences. Speech defects. Backwardness; Indications such as delayed development, lack of understanding, response, inability to talk, mix with other children, school retardation, etc.

Personal History:

Developmental: (Details for use in children's cases chiefly.)

Ante-Natal: Note any state of physical or mental ill health of either parent at time of conception; welcome, expected or accidental pregnancy. Condition of mother during pregnancy, malnutrition, illness, emotional disturbance, bodily injury which might have affected foetus, threatened interruption of pregnancy (attempted abortion); employment of mother during pregnancy.

Natal: Place and date of birth. Full term or premature; first labor or multiple; duration of labor; normal or instrumental delivery; injuries to child during birth. Malformations. Blue baby. Convulsions.

Infancy and Childhood: Feeding - breast or bottle. Schedule, weaning. Note nutritional difficulties. Excessive crying, temper, fear.

Toothing: Age of first tooth, number at end of first year, second year. difficulties (?)

Walking: Age of holding head up, sitting, standing, first steps. Peculiarities in early stages of walking.

Talking: Age of commencement, peculiarities, stuttering, lisping.

Handedness: Right, left, ambidextrous. (Patient, and other members of family.)

Establishment of toilet habits. Details re: toilet training. Methods of training and correction (children). Response.

Puberty: For boys: Age first established; how shown, growth during puberty; fatigueability, etc.

For girls: Menses, when established; regularity, amount, pain emotional reactions; if abnormal, what measures taken.

Chronological Statement: (In brief.) Where patient has lived since birth; dates; circumstances of coming to this country.

Educational: Age of starting school; leaving; reason. Grade attained. Grades repeated. Double promotions. Changes in school. Verbatim reports from teachers when possible. General attendance, academic status. Reactions to different subjects. Any special training. Ease or difficulty in learning. Interest and application. Relationship to school-mates, teachers. Behaviour in school. Attitude of school and home toward patient's school life, especially any problem.

Economic: Age on going to work. Type of occupation, earnings, promotions and discharges. Reports from employers. List of positions held with dates. Attitude toward work, employers and fellow workers.

Occupations and incomes of each working member of the family. Rent, insurance. Unions. Savings. Debts. Other social agencies interested.

Home: Neighborhood. Housing facilities, number of rooms, sleeping arrangements, sanitary conditions, orderliness, type of furnishings. Composition of the family. Relatives, lodgers. Language spoken in the home. Relationships of members of the family to each other. (Note marked fondness for or dislike for member, especially in relation to patient.) Idea of home life. Social life in the family, recreational facilities, group recreation or individual. Intellectual and social interests. (The essential thing is to give a picture of the psychic and physical environment to which the patient has had to adjust, e.g., poverty, cramped living quarters, frequent changes of residence, congenial home atmosphere or friction, etc.)

Court Record:

Marital History of patient: Date and place of marriage. Name and address of husband or wife. Complete history of spouse, if significant. Attitude toward each other. Incompatibility - sexual or otherwise. Divorce or separation.

Children: Names and ages; education, occupation, personality, health. Other significant information.

Personality: Make-up and temperament - previous to changes manifested in present problem.

Intellectual capacity; Abilities and disabilities as compared with others.

Energy: Lively, active, pushing, sluggish, lazy, talkative or quiet.

Habits of activity: Systematic, definite, consistent, efficient, practical, desultory.

Social attitude: Degree of independence; ability to get along with others; sympathetic, generous, suspicious, jealous, sensitive, confiding, seclusive, social, egoistic, irritable or their opposites. Reaction to criticism, to pain or illness. Relations with opposite sex. Interest in personal appearance.

Recreation or Play: Children: History of play habits (noting changes at any period); attitude toward play; proportion of time devoted to active play, to more quiet types of play; camp experience, club membership, role assumed; to what extent has patient been social or seclusive in play activities; kind of companions, how intense in play. Other leisure activities; reading, interest in athletics, in mechanical activities, domestic, music, drawing, pets, attendance at movies, outings, etc.

Adults: Interests or character of amusements, associates, hobbies, various activities, as suggested for children.

Habits: Food: Appetite, diet, special cravings, regularity of meals.

Sleep: Hours, restlessness, dreams, night terrors, talking or walking.

Elimination: Bowel and bladder control, difficulties.

Sex: Present sex life. Form of expression, overt or latent.

Masturbation. Sex irregularities. Sex information - how obtained, and reaction.

Tobacco, alcohol, drugs.

Cleanliness: Habitual condition, undue fussiness or carelessness.

Religion: Describe the religious affiliation of family; interest in church activities. Patient's attitude toward religion; form of religious expression. Has anyone in the Church a special interest in the family?

Health: Diseases: Measles; mumps; whooping-cough; scarlet fever; typhoid, rheumatic fever; otitis; chorea; infantile paralysis; meningitis; encephalitis; convulsions; gonorrhea; syphilis; other physical complaints (gastric upsets, headaches, etc.), for each give date, duration, severity, complications, medical examination and treatment (giving hospital or private physician's reports); sequelae

Injuries: Dates; severity; length of time unconscious; length of time convalescent; treatment (giving hospital or physician's reports); sequelae.

Family History

Father: Give full name, age, birthplace, present address, health, if dead give age and cause of death. General education, vocational adjustment. Character, disposition, habits. Note any peculiarities. Attitude toward and relations with patient. Changes. Relationship with mate. Relationship with other members of the family.

Mother: Same information as for father.

Siblings: (List, including patient, in chronological order. Include miscarriages, abortions, still births and deaths, with reasons advanced.)

Name, age, school grade, occupations, noting general adjustment. Health. General description of character and disposition; any peculiarities (?) Home adjustment. Relationship with patient.

Father's Family and Mother's Family:

For grandparents, aunts, uncles, cousins, note name, age, birthplace, present address, health. If dead, age at and cause of death. Character, disposition, activities; any outstanding traits, peculiarities, difficulties. Nervous or mental disease or disorder. Suicides; alcoholism, drug-addiction; vagrancy; criminality, etc. Contact with patient and family.

Referring Agency's experience with family and proposed plan of treatment (not already included).

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