A FOLLOW UP STUDY OF THIRTY FIVE FULL
STUDY CASES WHICH HAVE BEEN CLOSED AS
IMPROVED IN THE CHILDREN'S MEMORIAL
CLINIC OF RICHMOND, VIRGINIA.

by

Beattie Perry Young
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SECTION I.
INTRODUCTION.

"At the present time no problem of social work is more insistent than the problem of evaluating its results." This statement was made recently in an address by Porter R. Lee. As the firm establishment of the older agencies is secured, it will become increasingly necessary that the results of their work be measured and made available, in order that faith in their programs may be strengthened by faith in their achievements.

The purpose of the study presented in this thesis is to discover whether or not the improvement begun by treatment in the Children's Memorial Clinic of Richmond, Virginia, has continued.

By improvement is meant that the symptomatic behavior giving rise to the problem or problems for which the children were referred to the Clinic have disappeared.

There is available to the author only one article attempting an evaluation or follow up study of social case work. This investigation was conducted in the Bureau of Children's Guidance, established by the New York School of Social Work in 1921 as a part of the Commonwealth Fund program for the prevention of delinquency. The basis of the study was 196 cases which had been carried through the treatment period. After compiling data in regard to these cases the staff of the Bureau reviewed each case.

and classified it as successful, partially successful or failure. The result of this staff appraisal showed that forty eight per cent of the cases were successful, thirty one per cent partially successful and twenty one per cent failure.

The parents of sixty one of the 196 children were interviewed and the results of the investigation as compared with the staff classification were as follows: The parents considered thirty four cases successful, twenty one partially successful and six failures. The staff considered thirty three successful, twenty partially successful and eight failures. This indicated an approximate agreement between the staff and the parents in the classification of results.

"Until recently there was no agency in the community which could give intelligent consideration to a child’s problems from all points of view, the physical, the mental, the educational, and the social. Yet as we know, all these phases act and react, one upon the other. Scientific study of the physical, the mental, and the social make up of children began with the delinquent children, just as our knowledge of child health is the outgrowth of study and treatment of sick children. It was only twenty years ago that the first Clinic for study of delinquent children was set up, in connection with the Chicago Juvenile Court."  

The Children’s Memorial Clinic of Richmond, Virginia, was organized in 1925 for the purpose of studying personality and behavior traits in order to prevent delinquency and mental disorders and to promote happier and healthier adaptation to life.

The Clinic renders two types of service which may be classified as full study, including Clinic staff and cooperative cases; and mental health service. In the Clinic staff each case has a complete examination including the four phases which experience has shown to be essential for

1 Abbot, Grace - School and Society, November 23, 1929 - Page 704
the understanding of the individual. The physical examination is given with particular reference to present disorders. The psychological examination is a study of the measurable abilities and disabilities of the child. The social history is recorded by an examination of the environmental situations and the background of the individual. The psychiatric examination is an estimation of the total personality. With these data in hand the specific plan of treatment is worked out.

In the cooperative cases the referring agency is responsible for procuring the social history and for all subsequent social treatment of the case. The Clinic gives the physical examination and laboratory tests, psychological and psychiatric examinations, and is responsible for the treatment plan. When the need is evident the Clinic undertakes to do follow up psychological and psychiatric work.

The mental health service is a form of study evolved to meet the demand for quick service in the schools, social agencies, juvenile courts and other referring agencies. A short social history is furnished by the agency involved or by the Clinic on a basis of a single interview, the Clinic in either case does the physical examinations and laboratory tests, psychological examinations, and where indicated "exploratory" psychiatric examinations. A brief treatment plan is reported to the referring agency.

The staff of the Children's Memorial Clinic of Richmond, Virginia consists of a director who is also the psychiatrist, three psychiatric social workers, a pediatrician and a trained nurse, full time
psychologist, with a part-time assistant psychologist, a laboratory technician, a secretary and two clerical assistants.

"The Clinic accepts for study children under eighteen years of age from the city of Richmond and the county of Henrico, referred by the public, private and parochial schools, the thirty-nine agencies of the Richmond Community Fund, the juvenile court and private physicians." 1

While the Children's Memorial Clinic was a Demonstration Clinic supported solely by the Commonwealth Fund, referrals were accepted from any source. This fact explains the four parental referrals to be noted later.

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Memorial Clinic</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Community House</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Physician</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Parent</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Juvenile Court</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>School</td>
<td>31</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

1 referral or two per cent of the group was made by the Children's Memorial Clinic. This was brought about by contact with the family due to an older brother. The mother was a reticent, exclusive person whose children were imitating her behavior. The older brother had failed to make a proper adjustment at adolescence. He had no close friends and was ill at ease with his companions. The mother was not an example of easy child-rearing.

1 Oughill, Harvie DeJohn - The Clinical Approach to the Problem Child
Since treatment at the Clinic four children had had contacts with a community house, therefore, the settlement house club leaders were interviewed. One child was under the supervision of a social worker in a children's organization. She was visited.

Table I — Source of Application for Study of the Thirty Five Cases Treated in the Children's Memorial Clinic of Richmond, Virginia.

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Memorial Clinic</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Community House</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Physician</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Parent</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Juvenile Court</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>School</td>
<td>21</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

One referral or two per cent of the group was made by the Children's Memorial Clinic. This was brought about by contact with the family due to an older brother. The mother was a reticent, seclusive person whose children were imitating her behavior. The older brother had failed to make a proper adjustment at adolescence. He had no close friends and was ill at ease with his companions. The mother was led to see the cause of this difficulty...

1 The data in this and all following tables were compiled from the investigation made from the thirty five cases chosen from the files of the Children's Memorial Clinic of Richmond, Virginia.
SECTION II.
ANALYSIS OF THE GROUP

The thirty five cases used as the basis of this study were selected according to three criteria. First, they were full study cases, second, they were "closed" as improved, and third, the families involved were living in or near Richmond. By "closed" is meant that the child is considered as no longer being benefited by treatment and is therefore discharged from the Clinic. The first thirty five cases referred to the Children's Memorial Clinic which met these requirements were chosen. These cases cover the period from January 29th, 1925 to May 22nd, 1928. Information about these cases was procured in the following manner. Letters were mailed to the parents or the guardians of the thirty five children. These explained that the Children's Memorial Clinic desired to ascertain the present adjustment of the child. In reply four letters and three telephone messages were received expressing a willingness to give the desired information. Twenty seven home visits were made. The parents and guardians who did not answer the letters were cordial and cooperative when visited. Many expressed the intention of answering the letter. One mother came to the Clinic office for the interview, while six interviews were made at the parents' place of business. One report was given by a psychiatric social worker who was treating a brother of the former patient.

School visits were made in which reports of sixteen of the thirty five children were given, involving eight different schools.
and recognized the same symptoms in her younger son, consequently she was willing to accept Clinic advice.

Two children or six per cent of the group reported by the community house presented quite different problems. One girl was incorrigible while the other exhibited superior ability and talent which caused her to make a constant play for attention.

The two cases referred by private physicians constituted six per cent of the group. One child was taken to consult a physician on account of a pain in her side. Finding no physical basis for the pain the doctor referred her to the Clinic for the four-fold examination. In the second case reported the child in question was having "spells", fainting and causing a great deal of turmoil and anxiety in the family. The doctor felt that this was solely an attempt to gain attention so suggested that the child be brought to the Clinic for study.

Four cases or twelve per cent of the group were parental referrals. The first was by a mother who recognized in her son a mental handicap. The child was of a gloomy disposition and had frequent "grouchy spells". The mother wished to be advised as to the wisest way to train the boy to enable him to make an adjustment to the limitation and later to become self-supporting. She showed unusual insight into the situation and followed the Clinic recommendations closely. Another mother brought her daughter to the Clinic upon receiving a complaint from school. This case will be presented in full later. There was nothing remarkable about the other two parental referrals.
Only five children or fourteen per cent of the entire group of cases closed as improved were referred by the juvenile court. From this it appears that once a child becomes delinquent enough to be brought into court the chances for improvement are largely against him. The cause of three of the five boys referred to the Clinic by the juvenile court was stealing with a gang. Two of these boys were from broken homes, that is, the fathers were dead, with a subsequent lack of finances and supervision. The fourth boy charged with stealing came from an overcrowded home, the family consisting of the two parents and seven children. The father in this family was away from early morning until late at night consequently having little contact with his children.

"In the case of a family where the home is crowded, conditions either within the house or in the neighborhood are bad, there is less chance for training in the case of younger children than in the case of the older ones because with the birth of each child the strain upon the family resources becomes greater, the opportunity of the mother to safeguard the child is lessened, and he is at the mercy not only of the older members of his own family but of disorderly persons of the neighborhood." 1

Stealing is considered an anti-social offense, yet, "the very terms of the charge on which the child is brought into court often indicate social effort, misdirected unfortunately but still social." The 'gang' which is frequently responsible for the offenses of its members, presents a social phenomenon of hopeful significance and promise when once understood and utilized. In the past, however, its members have no other education in the fine duty of following a leader than seeking adventure on the tracks, in the streets at night, in the unguarded shop or house, and then finding themselves not heroes but delinquent boys in court!2

1 Breckenridge and Abbot - The Delinquent Child and the Home - Page 118
2 " " " " " " " " " " - Page 156
"The boy who would never steal alone is quite ready to steal with his gang, and the gang leader is not a common law breaker in the eyes of his followers but a glittering hero in the days of splendor." 1

Environment is formed chiefly by adults and upon this children are dependent for wholesome recreation. If their recreation and pleasure are not provided for adequately they seek pleasure in illicit, soul destroying devices.

In the fifth juvenile court referral the boy was brought to court by his mother for staying out late at night and being incorrigible. Clinic study revealed that the father had deserted seven years before. The mother had trained her son to play the role of a "perfect lover". At adolescence he revolted against authority. His mother was unable to comprehend this change. Phyllis Blanchard says, "The repressive kind of discipline creates a rebellious attitude which smolders beneath the outward obedience until it breaks into an open blaze at adolescence. In extreme cases, this youthful antagonism to parental authority may become an adult revolt against the organized rules of society". 2

In considering the twenty one children or sixty per cent of the group, referred by schools fifteen were found to show either overt behavior problems such as truancy, stealing and lying or poor school progress. Of the remaining six, three children were referred for direct personality difficulties while the remaining three involved both direct emotional problems such as being disinterested, unresponsive, unfriendly and also overt behavior problems.

1 Breckenridge and Abbot - The Delinquent Child and the Home - Page 168
2 Blanchard, Phyllis - The Child and Society - Page 282
Therefore, it is seen that the overt problems are the ones which most engage the attention of the teacher. "They constitute infractions of classroom rules and routine, and failures in meeting school work requirements. The personal problems of the child seem to be subordinated to the problems encountered in teaching and in classroom management. Of these personal problems, those which are expressed in overt and directly annoying behavior are more firmly registered in the minds of the teachers than are the inner emotional conflicts of children. Though these personal and individual difficulties of children are in a sense more fundamental to the child's welfare, social development, and training for life, and, moreover, are the real problems underlying much of the overt distressing conduct of pupils, it is only human nature to be more sensitive to the behavior difficulties that directly frustrate adult purposes or annoy adult susceptibilities. But it is just these frustrations and annoyances that appear to determine our prevailing attitudes toward the behavior problems of children".1

It appears from our study that children referred by the schools have a better chance of improvement than those referred by the juvenile court.

In this study there are twenty two boys or sixty three per cent of the entire group are considered as opposed to thirteen girls or thirty seven per cent of the group. Boys are more overt in their behavior than girls who are inclined to be shy, timid and seclusive and, therefore, not as annoying to their elders. Wickman finding this true, stated that, "Boys are considered to be notoriously more difficult to manage than girls, so that we would expect to find, as we actually do, that the incidence of reported problems among them is greater than among girls. --- Boys are more aggressive than girls and so increase their chances of annoying and frustrating the adult". 2

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1 Wickman, E. K. - Children's Behavior and Teacher's Attitude- Page 43-44
2 Wickman, E. K. - Children's Behavior and Teacher's Attitude- Page 44
Table II - School Grade at which the Thirty Five Children Studied Were Referred.

<table>
<thead>
<tr>
<th>GRADE</th>
<th>NUMBER</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten and Pre-School</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>First</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Second</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Third</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Fourth</td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>Fifth</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Sixth</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Seventh</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Eighth</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

This table indicates that nineteen or fifty five per cent of the children were in either the fourth or fifth grade at the time of referral to the Clinic. These children were, therefore, about ten or eleven years old. This age, according to Dr. Paul Hanly Furfey, "Marks the transition from the individualistic play of the young school child to the team spirit of the gang age."\(^1\) During this period known as pre-adolescence, children go in gangs only when it pays them to do so. The gangs are variable and unstable.

\(^1\) Furfey, Paul Hanly - Abstract from Case Studies in the Developmental Age - Unpublished.
because the group does not gravitate around a leader but each child is working toward a selfish goal. When the gang ceases to be beneficial to the individual, he immediately seeks another. Tattling and tale-bearing are characteristic of this age. A typical child in the fifth grade would not make a sacrifice hit in baseball for the sake of the team. Each child strives to be the star. Their games are individualistic or competitive but never cooperative.

At the age of ten or eleven years the child changes from individualistic play to what is known as the gang age. The gang is an end in itself. The gregarious instinct is at its height. This change necessitates an adjustment in the child which is difficult.

The table above shows that thirty-nine per cent of the children were ten or eleven years old. In the preceding table it is shown that fifty-five per cent of the children were approximately ten and eleven years old. The discrepancy in the per cents of thirty-nine and fifty-five is explained by the fact that sixteen or forty-six per cent of the children were retarded, while five or fourteen per cent were accelerated, leaving fourteen or forty per cent placed in a normal grade for the age. The child who is larger
Table III - Age at Referral of the Thirty Five Children Studied.

<table>
<thead>
<tr>
<th>AGE</th>
<th>NUMBER OF CHILDREN</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>8</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>11</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>13</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>14</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td></td>
</tr>
</tbody>
</table>

The table above shows that thirty nine per cent of the children were ten or eleven years old. In the preceding table it is shown that fifty five per cent of the children were approximately ten and eleven years old. The discrepancy in the per cents of thirty nine and fifty five is explained by the fact that sixteen or forty six per cent of the children were retarded, while five or fourteen per cent were accelerated, leaving fourteen or forty per cent placed in a normal grade for the age. The child who is larger
and older than his classmates will naturally feel this difference keenly. The group activities of the class are not suitable to a child several years older or younger. Yet if he does not join these he is left alone. This condition leads to a conflict between the child's nature and his school environment.

This table shows also that eight or twenty two per cent of the group are beginning the period of "stress and storm" known as adolescence. This is the time when the child's physical development takes place rapidly thus rendering him awkward and causing him to be sensitive. He is also reticent in making social contacts. He feels that he is different from others and enduring experiences which none other has ever suffered. Adolescence is characterized by the maturation of the sex organs and a tremendous sex drive accompanied by a general awakening of all the faculties, mental and physical, all of which must find adequate sublimation. It is, therefore, not surprising to find a number of children referred at the beginning of adolescence.
Table IV - Intelligence Quotients of the Thirty Five Children Studied.

<table>
<thead>
<tr>
<th>INTELLIGENCE QUOTIENTS</th>
<th>NUMBER</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Border Line 70-79</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Dull Normal 80-89</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Normal 90-109</td>
<td>17</td>
<td>49</td>
</tr>
<tr>
<td>Superior 110-119</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Very Superior 120-129</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

The intelligence test used for this group was the Stanford Revision of the Binet-Simon. The range of intelligence of the children is from the border line to the very superior classification, the greatest numbers falling in the dull normal and normal groups. There were three children in the border line category, while there were three in the superior and very superior classification.

This table indicates that average intelligence is a constructive factor toward improvement. A satisfactory adjustment is easier for the normally intelligent child than the sub-normal or superior child. Of the border line group one boy improved in behavior before his treatment was completed. His improvement continued to a degree but the problem for which he was referred to the Clinic had not entirely disappeared when this follow-up study
was made. The other two children of borderline intelligence also made continued improvement in spite of their handicaps. One of these, a boy, was reported for truancy. After he was transferred to another teacher there was no further trouble with this problem. He was promoted regularly until he had reached junior high school when the last report was received. The other child was "incorrigible, used vulgar language and there was a question of a sex problem". In the home there was found a conflict of discipline among the mother, step-father and maternal grandmother. The mother worked away from home, consequently the children were unsupervised. At the time of investigation the mother was staying at home in order to train the children. The problems for which this child was referred had entirely disappeared.

In the superior group, one child referred to the Clinic for "disobedience, lack of interest in school and stealing" was found improved but there remained the problem of disobedience. The mother stated that while this was a source of irritation at home, the child was not disobedient at school. This indicates that there was something in the home environment which was causing the problem. The second child in this group was referred as being, "negativistic, bored, lalling speech and inability to play with other children". After this child was introduced to the kindergarten of a community house where he associated with children in his own age group his timidity was partially overcome. The mother was persuaded to allow children to come to the house and play with her son. The child had overcome his speech defect to a certain ex-
tent. He answered questions in complete sentences rather than words. The third child with superior intelligence was reported to the Clinic for being "hyperactive and making a constant bid for attention". This child made improvement along this line but her mother and her teacher still felt that she was too active. The mother commented, however, that the child was now on the honor roll every month at school and her scholastic standing was high. This indicates that her energy is being used constructively. Before contact with the Clinic her school work was of an uneven character; one month the grades being high and the next month very low. Her general personal hygiene had improved immensely. It was thought by the Clinic staff after study of this child that her play for the lime light was legitimate, due to her superior intellectual ability and talent.

Table V - Ordinal Position in the Family of the Thirty Five Children Studied.

<table>
<thead>
<tr>
<th>ORDINAL POSITION</th>
<th>NUMBER</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youngest</td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td>Oldest</td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>Only</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

According to Adler a person's position in the family is an important factor in his life. "Frequently we can catalogue human
beings according to this viewpoint after we have gained sufficient expertise, and can recognize whether an individual is a first-born, an only child, the youngest child, or the like. In our study eleven children or thirty one per cent were found to be the youngest members of the family. The youngest child grows up in different circumstances from the other members of the family. Being the smallest he receives solicitous treatment. Following Adler's theory no one enjoys being the smallest member of the group. Stimulated by this knowledge a child strives to prove his superiority. In his longing for power he often overcompensates for this feeling of inferiority, thus failing in an ideal adjustment to the situation.

Ten, or twenty nine per cent of these children, were found to be oldest children in their families. The oldest child naturally has more responsibility than the younger members of the family. He is often entrusted with the care of his brothers and sisters. This develops in him a feeling of superiority. If this superiority is threatened in any way the child is likely to develop anti-social behavior or undesirable personality traits.

Five, or fourteen per cent of the cases in this study, were only children. Only children are in a peculiar situation. Unless the environment is particularly favorable the child is deprived of one of the four fundamental needs of childhood, that is, companionship of his contemporaries. The parents of only children having no standard of comparison often become hyper-critical thus forcing the child to live in an atmosphere of constant disapproval. On

1 Adler, Alfred – Understanding Human Nature – Chapter-The Family Constellation.
other hand the parents often become so wrapped up in the child that they are oblivious to all faults and pamper him in his whims.

In reviewing the health of the thirty five children it was discovered that the greatest number of the physical defects were minor ones. This is following Moore's classification in "Public Health in the United States". He lists under defects that lead to "improvement" the following ailments which occurred in this group: under and over weight, carious teeth, functional and mitral heart murmurs, hernia, and eye strain.

There was a question of one child having a slight case of chorea though the weight of the evidence indicated a play for attention. This defect is classed with "sicknesses that disable". Another child suffered from spastic constipation which is listed in "serious diseases".

In the minor disorders eighteen or fifty one per cent of the group were under weight while five or fourteen per cent were over weight. Fourteen or forty per cent of the group had carious teeth. Six or seventeen per cent of the children indicated the need for eye examination or change of glasses. Diseased tonsils were discovered in ten cases or twenty eight per cent of the group.

The physical condition of these children shows that sound health is an important factor in the problem and is conducive to improvement.

1 Moore, Harry - Public Health in the United States - Pages 33-59
Table VI - Economic Status of Parents of the Thirty Five Children Studied.

<table>
<thead>
<tr>
<th>STATUS</th>
<th>NUMBER</th>
<th>PER CENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affluent</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Comfortable</td>
<td>13</td>
<td>34</td>
</tr>
<tr>
<td>Marginal</td>
<td>13</td>
<td>37</td>
</tr>
<tr>
<td>Dependent</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>35</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

By affluent is meant having a large income and accumulated resources. Moderate and comfortable refers to having accumulated sufficient resources to maintain the family free from financial strain. By marginal is meant living on the earnings but accumulating little or nothing and falling into a dependent class in case of emergencies, while dependent means lacking in the necessities of life or receiving aid from public funds or from persons outside the immediate family.¹

In the table it is noted that only three of the children or nine per cent of the group were from homes in which the economic status was considered affluent.¹ One of the underlying factors in the problems of many children referred to a Child Guidance Clinic is discovered to be the stress and strain caused by economic insecurity. This could not be true of two of these children, though the third child, living in the home of her aunt,

¹ Statistical Manual for Use of Hospitals for Mental Diseases, 3rd edition, revised, New York National Committee for Mental Hygiene, 1923.
had not always been accustomed to comforts.

Twelve children or thirty four per cent were in comfortable circumstances while thirteen or thirty seven per cent were considered marginal although the families were self-supporting. Only seven of the group or twenty per cent of the families were dependent on outside sources for support.

The conclusion is drawn that since only twenty per cent of the parents of the children studied were dependent on outside sources for a livelihood independence is a constructive factor in improving the problems of children. During the psychiatric examination the child in making three wishes often mentions "food, clothes, and shelter", thus revealing the correlation between parents' anxiety and uncertainty about the future and worry in the children.

Table VII - Occupations of Parents of the Thirty Five Children Studied.

<table>
<thead>
<tr>
<th>OCCUPATION</th>
<th>NUMBER</th>
<th>PER CENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturing</td>
<td>12</td>
<td>35</td>
</tr>
<tr>
<td>Trade</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>Public Service</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Clerical</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Professional</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Domestic and Personal Service</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Not Recorded</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

1 According to the United States Census.
The range of this table is so scattered that little information can be gained from it. It includes the occupations of thirty fathers or guardians of the children studied. The occupations of two parents were not stated in the records. In three cases mothers were working because the fathers were out of the home, thus totaling the thirty-five cases. In addition to these occupations in the table four mothers were also employed. These four occupations may be classed as follows: Trade— one, manufacturing— two, and public service— one. In two of the occupations listed above the mothers and fathers were employed in the same business.
SECTION III.

ANALYSIS OF THE BEHAVIOR PROBLEMS AND RESULTS OF THE FOLLOW-UP STUDY OF THE THIRTY FIVE CHILDREN STUDIED.

In the following table is shown the behavior problems of the thirty five children as referred and the causative factors as revealed by Clinic study. "Behavior applies to our mode of behaving in the presence of others or toward them." 1 "Behavior in the social sense in which it is here employed, is a socially evaluated and socially regularized product; and behavior problems represent conflicts between individual behavior and social requirements for behavior." 2

By causative factors is meant the conditions in the heredity or environment of the child which seem to be the source or the underlying reason for the problem. The behavior of the child is symptomatic of the true cause. In no case do we find the behavior and causative factors identical.

1 Webster's definition

2 Wickman, E. K. - Children's Behavior and Teacher's Attitudes - Pages 3-4
<table>
<thead>
<tr>
<th>Problem as Referred</th>
<th>Causative Factors as Revealed in Clinic Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Father's name forged on school papers</td>
<td>1. Intellectual handicap</td>
</tr>
<tr>
<td></td>
<td>Over-placed in school</td>
</tr>
<tr>
<td></td>
<td>Educational drive in the family</td>
</tr>
<tr>
<td></td>
<td>Little training in personal responsibility</td>
</tr>
<tr>
<td>2. Unresponsive and uninterested in school</td>
<td>2. Mother and father not congenial</td>
</tr>
<tr>
<td>Not dependable</td>
<td>Favoritism shown to younger sister</td>
</tr>
<tr>
<td>Nags and teases children</td>
<td>Stress and strain due to lack of finances</td>
</tr>
<tr>
<td>3. Inability to get along at school</td>
<td>3. Strict but inconsistent discipline</td>
</tr>
<tr>
<td>Untruthful</td>
<td>Bad eye sight</td>
</tr>
<tr>
<td>Stealing</td>
<td></td>
</tr>
<tr>
<td>Lack of interest in school</td>
<td>Unstable domestic situation</td>
</tr>
<tr>
<td>Stealing</td>
<td>Unfavorable maternal suggestions regarding school</td>
</tr>
<tr>
<td></td>
<td>Lack of understanding of money with stress on its importance</td>
</tr>
<tr>
<td>5. Speech defect</td>
<td>5. Over-solicitude of parents</td>
</tr>
<tr>
<td>Extreme nervousness</td>
<td>Desire on part of child to remain infantile</td>
</tr>
<tr>
<td>Poor appetite</td>
<td></td>
</tr>
<tr>
<td>Bored</td>
<td>Children copying seclusive patterns from mother</td>
</tr>
<tr>
<td>Does not play well with other children</td>
<td>Inadequate play equipment</td>
</tr>
<tr>
<td>Lelling speech</td>
<td>Poor health</td>
</tr>
<tr>
<td>7. Complaints from teachers about conduct</td>
<td>7. Mother works away from home</td>
</tr>
<tr>
<td>Suspended from three schools</td>
<td>Crowded home conditions</td>
</tr>
<tr>
<td></td>
<td>Difficult to adjust to complexities of school program because he is slow and deliberative</td>
</tr>
<tr>
<td></td>
<td>Bad start in infancy</td>
</tr>
<tr>
<td></td>
<td>A morasmus baby</td>
</tr>
<tr>
<td></td>
<td>Enuresis</td>
</tr>
</tbody>
</table>
Problem as Referred

8. Discipline problem in classroom
   Teases girls and chases them home.

9. Stealing

10. Poor school progress
    Loses interest
    Goes all to pieces when she hears fire alarm
    Fears
    Walks in sleep

11. Slow in grasping ideas
    Lacks concentration

12. Truancy

13. Suspended from school for stealing
    Lying
    Speech defect

Causative Factors as Revealed in Clinic Study

8. Heredity - mother definitely mental
   Environmental stress and strain
   Boy over-protected by mother who sometimes abuses him
   Boy is probably trying to free himself from his mother, though this is probably unconscious

9. Too few interests to hold him in home and lack of recreational opportunities.
   Bad companions
   Questions about parental supervision, confidences, and home training.
   Overcrowding

10. Heredity - neuro-pathic stock with high incidence of nervous and mental diseases on both sides
    Environmental stress and strain
    Behavior patterns acquired from mother and feeble-minded sister
    Sleep walking indicates mental unrest

11. Adopted child - knowledge withheld and learned accidently.
    Questionable heredity
    Prolonged period of over-protection
    Slightly overplaced

12. Limited mental ability
    Question of father's interest in boy

13. Knowledge of father's incest with subsequent loss of respect for him and revolt against all authority
Problem As Referred

Causative Factors as Revealed in Clinic Study

14. School failure
   - Alcoholic and unfaithful father
   - Psychotic sister
   - Mother's lack of control
   - Unsupervised recreation
   - Companionship with older and delinquent boys
   - Unstable home environment
   - Boy's own suggestibility

15. Incorrigible
    Question of sex problem
    Vulgar language
    Inability to win her confidence
    - Over-protective parents
    - Question of cruelty of step-father
    - Economic insecurity
    - Too few recreational outlets
    - Poor home supervision and inadequate training
    - Conflict of authority - grandmother, mother, step-father
    - Question of sex conflict due in part to lack of knowledge and bad companions
    - Bad companions
    - Feelings of inferiority

16. Stays out late at night
    Under influence of a girl considered undesirable by the family
    - Poor parental supervision, early deprivation - father rejected
    - When patient was seven years old
    - Mother over protective and over demonstrative
    - Unfortunate sex knowledge and experience
    - Bad companions
    - Lack of deterring and constructive influences in home and neighborhood

17. Stealing
    - Death of father with subsequent lack of finances and supervision.
    - Lack of recreational outlets
    - Bad companions

18. Poor adjustment in home and school
    Poor school record
    - Dull normal intelligence
    - Mother's attitude of disappointment
Problem as Referred

19. Lying
   Stealing
   Masturbation

20. Slow in school work
   Stubborn

21. Unable to keep up in school work
   Stubborn

22. Moody
   Temper tantrums
   Bragging
   Few friends

23. Nervous
   Restless
   Enuresis
   Truancy
   Depressed

24. Uninterested
    Untruthful — evasive
    Irresponsible
    Uncommunicative
    Lacks concentration

25. Inability to learn to read or spell

26. Truancy
   Stealing

Causative Factors as Revealed in Clinic Study

19. Inconsistent discipline
   Patient left-handed
   Possible feeling of inferiority

20. Much oversolicitude at home, associated with fear of school built up by family on basis of severe and inconsistent discipline

21. Mother and paternal grandfather over-solicitous
   Meals irregular
   Somatic illness to be considered

22. Hereditary factors—sensitiveness
   Unstable home setting — no opportunity to acquire friends
   Probable poor handling by insane mother
   Lack of normal affection
   Dependency on aunt with associated ideas of inferiority

23. Sex Conflict
   Adolescent desire for freedom and independence
   Drive for recognition

24. Unwise methods of discipline
   Conflict of authority in the home
   Over-solicitude

25. Question of special reading defect
   Poor early school training
   Lack of cooperation between home and school

26. Patient feels insecure
   Patient feels "picked on" by the family
27. Day dreams
   Sensitive
   Cries easily
   Peculiar

28. Listless and indifferent
    Lacks concentration
    Recent slump in school work

29. Stubborn
    Temper tantrums

30. Walks and talks in sleep
    Temper tantrums
    Painting

31. Nervousness
    Chorea

32. Truancy
    School retardation

33. Stealing

34. Constant play for attention
    Hyperactive

35. Poor school progress
36. Poor personality traits

Causative Factors as Revealed in Clinic Study

27. Inharmonious home situation
    Possibly too much religious training

29. Deaf parents - unable to give adequate supervision
    Poor home training - faulty discipline
    Patient jealous of younger sister
    Mother unhappy

30. Walks and talks in sleep
    Temper tantrums
    Painting

31. Nervousness
    Chorea

32. Environmental stress and strain
    Economic insecurity
    Overcrowding
    Lack of recreational outlets
    Probable nagging

33. Lack of good parental supervision
    and home training
    Bad companions
    Early sex knowledge and experiences
    Pleasurable returns from delinquencies with no adequate deterrents

34. Too much time with adults and too little with children
    Inadequate training in a crowded home
    Inadequate sex instruction

Aunt focuses attention on patients' shortcomings
Patient made to feel inadequate
Probable bad companions who influenced patient to steal
Parental attitude
Unfavorable comparison with younger sister
Conflict in discipline at home
Broken home
Poor early habit training
Insecure home setting
Patient deserted by both parents
Over solicitude of grandmother
Danger of developing invalidism
Environmental stress and strain
Economic insecurity
Overcrowding
Lack of recreational outlets
Probable nagging
Lack of good parental supervision
and home training
Bad companions
Early sex knowledge and experiences
Pleasurable returns from delinquencies with no adequate deterrents
Too much time with adults and too little with children
Inadequate training in a crowded home
Inadequate sex instruction
Problem as Referred

35. Poor school progress
    Poor personality traits
    Grouch
    Seems to have something on his mind

Causative Factors as Revealed in Clinic Study

35. Mental handicap
    Undesirable neighborhood

The problems cited in the above table are classified according to Dr. Lawson G. Lowry of the New York Institute of Child Guidance as:

1. "Children who present problems because of their socially unacceptable behavior (whether legally delinquent or not) such as: temper tantrums, fighting, teasing, bullying, disobedience, 'show off', behavior, truancy, lying, stealing, rebellion against authority, cruelty, sex difficulties, etc., shown at home, school, or elsewhere.

2. "Children who present problems manifested chiefly in personality reactions, such as: exclusiveness, timidity, sensitiveness, fears, cowardliness, excessive imagination and fanciful lying, "nervousness", excessive unhappiness and crying, stubbornness, selfishness, restlessness, and overactivity, unpopularity with other children, and the like.

3. "Children who present problems in habit formation, such as: sleeping and eating difficulties, speech disturbances (such as stammering), thumb-sucking, nail biting, masturbation, prolonged bed-wetting, etc." 1

4. To this classification we will add as a fourth topic - school problems including poor progress, failure, and suspension from school.

In the above table there are ninety one problems which are grouped as follows:

1 Lowry, Lawson G. - Circular of Information