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The use of the orientation period in diagnosis at a state training school

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THE USE OF THE ORIENTATION PERIOD IN DIAGNOSIS
AT A STATE TRAINING SCHOOL

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
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THE DEGREE OF MASTER OF SOCIAL WORK

BY
DORIS JONES WILSON

SCHOOL OF SOCIAL WORK

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CHAPTER I

INTRODUCTION

Significance

"The purpose for orientation is diagnosis and evaluation with the goal of making treatment effective."¹ Treatment as used here means...

... the treatment ... of rehabilitation held for each child in institutional care. It can be defined in many ways ... it is the total environment within which a suitable program and all necessary services are provided for an individual, based on a diagnostic evaluation of the child's specific needs.²

"The orientation process presents an opportunity for helping each new child to understand and accept the factors leading to her commitment."³ Here it can be noted that these are two broad purposes of orientation; however, we will focus our attention on how orientation is used in diagnosis.

Upon arrival at the training school a girl is generally received at a reception cottage where she remains throughout her...


³Ibid., p. 46.
orientation period. During this period she is being examined and observed in a relaxed setting wherein a full program of activities is provided which usually forms the basis of her assignments and treatment within the institutional program. The more normal and absorbing the activities and situations are, the more opportunity is presented to make an accurate diagnosis.

The initial diagnostic procedure usually requires from two to six weeks for testing, interviewing, compiling the necessary social history data whenever necessary, and getting to know the total child. By being able to observe the child in the various situations of the day and night, the cottage personnel, teachers, recreation supervisors, chaplain, social worker, psychiatrist and psychologists can provide facts from their observations and findings that describe the girl's personality and her ability to get along with others, her reaction to authority, her aggressiveness or withdrawal, her cleanliness and other habits that should possess the diagnostic function of determining the girl's specific needs.

To perform the work of diagnosis and assignment adequately, it is essential that the institution have available full clinical facilities of psychologist, psychiatrist, and social workers. There are variations in the amount of clinical attention devoted to the individual adolescent in different institutions. In the majority of institutions, psychiatric service is rendered only when a girl has not had an examination while the court is studying her while she's on probation. Many times the social history that accompanies the commitment papers is very helpful because
some courts present a good picture of the entire situation. However, sometimes it is necessary for the institution to perform again the process of social investigation. Securing a complete picture of the individual and an understanding of the motivations from which his conduct stems are essential to a program effective in institutional treatment.

The personnel in a training school must know the boy intimately in order to approach his problems intelligently. We believe that the offenses that he commits against society must be overcome. We are much more interested in what there may be in a boy's emotional life that may cause him to steal than we are in just how much he has stolen. We want to know whether or not he has been rejected in his home; whether he is capable of competing with his brother in his home or with his classmates at school; why he started truancy; what his early training has been. The sooner we can get a clear picture of what has happened in the boy's life, the more intelligently we can approach and help the boy. It is therefore quite conceivable that were we to receive no information about the boy, it would take a number of months before we could pick up important parts of the puzzle that might be already known to the probation officer. A complete social history, reports from clinics on health and mental condition, description of the boy's adjustment in school as well as his grades, results of achievement tests and like materials are fully as important as the commitment papers that give the school custody.\textsuperscript{1}

We do not intend to achieve everything during the orientation period, however, we can agree that this period constitutes the beginning phases of understanding and treating the child.

At the conclusion of the diagnostic period, each person involved in orientation writes a report that is to be presented

at the assignment meeting or diagnostic conference. In this meeting all the diagnostic material obtained during the study period from records, observation, tests, et cetera should be presented for evaluation. The facts are analyzed from all viewpoints and the most promising type of treatment is agreed upon. A report is drawn up that seeks to assemble all the information gathered into a complete picture of the case. Several copies are made with one for each department represented. This is practiced at the New York State Training School for Girls at Hudson, New York.

Assignment to cottage, recreational and educational programs, and occupational or vocational training should be based upon probing clinical investigations into the child's social history, his personality, and his developmental requirements; and provision should be made for careful review and reassignment during institutional experience.

After reading several articles pertaining to the importance of the orientation period at an institution, the researcher became interested in studying the orientation period as practiced in the New York State Training School for Girls and felt that it would be necessary to actually see how this period is used as a diagnostic tool.

Purpose

The purpose of this study was to describe the orientation period and how it is used in diagnosis at a state training
school. The writer was interested in describing the roles of all persons involved in this process with the kind of information used and how it is secured serving as sub-purposes. The final purpose was a description of the interrelationships of these roles and their influence on diagnosis.

Method of Procedure

The method used in this study is the descriptive method. The following were the procedural steps utilized in securing the data for this study:

1. The researcher surveyed the literature related to the selected problem.

2. An interview guide was formulated and utilized during interviews with the following persons: the social worker, six house mothers, educational director, head nurse, recreation worker and chaplain.

3. In order to fully understand the basis for assignment, it was necessary for the researcher to contact each cottage supervisor personally and inquire about the type of girl that is best helped in his or her cottage. However, we realize that it was not possible to put one type of girl in a particular cottage and expect treatment to be effective, but we felt that there was at least one type of girl that could benefit more from each cottage structure.

4. The researcher checked the list of new admissions that were to be discussed during the month of February, read and took notes from the orientation summaries. By doing this prior to the assignment meetings, the researcher was able to devote her attention to the discussion and note-taking during the meetings. This was done because none of the meetings are recorded and it was necessary to know what transpired in fulfilling the final purpose of the study.

5. Whenever a final decision was made without discussion, the researcher questioned the reason. In cases where a reason had been known, earlier, there was no need for questions.
Scope and Limitations

The gathering of data for this study was limited to the six-month period during which the researcher was at the New York State Training School for Girls. The study concerned itself with the description of what actually takes place in orientation and how this period is used in diagnosis. The orientation procedure is being studied further at the training school and changes are expected to occur in the near future. These changes will be brought out in the agency manual that is in the making. Because the agency had reached its capacity, the cases (which included all new admissions discussed during the month of February) were limited since two of the assignment meetings were not held. Several of the cases used were unable to experience a full orientation period because there was an influx in intake which necessitated the shortening of the orientation period to two weeks and in some instances ten days.

The researcher had no previous experience at research and the data from the records were not secured until her last month at the agency. The universe was the New York State Training School for Girls.
CHAPTER II

THE NEW YORK STATE TRAINING SCHOOL FOR GIRLS

History

In 1904, what was formerly known as the House of Refuge for Women at Hudson became the New York State Training School for Girls by Legislative Act. Prior to the establishment of this institution, its present clientele was sent to the girl's department of the House of Refuge on Randall's Island, New York City and the State Industrial School at Rochester. The New York State Training School for Girls is the only public institution that houses delinquent girls between the ages of twelve and sixteen in the state.1 "Girls under twelve years may be committed if their offense would constitute a felony, or between sixteen and seventeen if they had been previously known to the juvenile courts."2

The New York State Training School for Girls is a residential treatment center for girls adjudicated delinquents by a children's court in the state. The institution provides for the

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care, training and some treatment of the girls while under its supervision. A girl once committed, remains under the agency's jurisdiction until she reaches twenty-one years of age. Exceptions occur when a girl is granted a discharge before reaching the stated age. However, this is based on the factors present in each individual case.

Administration

The researcher wishes to state that this thesis has been written in the present tense because this is a description of the orientation period in the past and present. It is evident that this period is an important part in the girl's institutional life. Even though some changes will occur in the orientation period; these are procedural, rather than policy changes.

Structure.-- The structure of the New York State Training School for Girls follows a general pattern that is common to public agencies. The board of visitors is nominated by the governor and is confirmed by the senate of the state. The superintendent is responsible to the Board of Visitors and interpretation is seemingly among his major functions. "His assistant (the assistant superintendent) coordinates the work of the major departments."\(^1\)

What was formerly known as Social Service has been divided into community service and cottage service. The director of community

\(^1\text{Ibid.}\)
service is largely concerned with after care and communications between the agency and community. The director of cottage service supervises the social workers who are responsible for cottage life. The director of education is responsible for vocational and academic programs. There is a business manager with appropriate staff for maintenance and clerical work.

Cottage Service.--- There are twelve social workers supervising the sixteen cottages. The social workers are assigned to supervise the activities of the children and the cottage staff in one or two cottages. They have direct authority over the cottage staff and they offer guidance to the cottage parents in handling the girls under their supervision. The social worker and cottage staff discuss their problems and decide on how to administer discipline and treatment simultaneously. As supervisors, the social workers evaluate the cottage parents' strengths and weaknesses and help them to develop on the job.

The group approach as well as the one-to-one approach is utilized in working with the girls. Treatment can be administered through formal and informal groups. All of this is taken into consideration when the supervisor is planning for the girls.

One of the sixteen cottages is used to house new admissions during their two or three week orientation period. There are five assistants and one house mother in this cottage. Unlike the others, orientation cottage has a social worker to work with the girls in terms of the orientation process and a cottage supervisor. This cottage is only similar in physical features
because it operates differently from the other fifteen cottages.

When a girl enters the institution she is usually received by the orientation social worker who escorts her to the reception cottage. During the following two-or-three week period the girl is available for testing, observation, interviews, et cetera. On the basis of the findings during the orientation period, the girl is discussed in assignment meeting where her home cottage and program are decided upon. This occurs at the termination of the orientation period.

The recreation department, even though it has its own director, is a part of cottage service. There are four recreation workers. Each cottage has a recreation worker who works very closely with the housekeeper in planning activities for the girls. In each cottage there are five regular staff with occasional relief staff. Each staff member is classified according to Civil Service classification. The first one is the house father or mother; two is the cook; three is housekeeper and recreation worker; four is the staff on at night; and five rotates to various positions when pass days occur.

The recreation department initiates such activities as basketball, swimming, and softball teams; dances, movies, and seasonal activities such as camping, winter sports, et cetera.

School Services.-- The girls are assigned to groups which are grade equivalents. These assignments are based on their reading level. The academic program may be classified as mainly remedial. The girls committed are usually retarded and in some
instances this is a contributing factor to their truancy which leads to many commitments.

The vocational or assistant educational director usually makes the assignments based on interest, ability and sometimes need. The agency offers vocational training in business, cosmetology, home making, laundry, sewing, dental and nurse assistants, accounting and managing, and waitressing.

Clinical Services.-- Included in the staff of the New York State Training School for Girls is a part-time psychiatrist and a part-time psychologist who act as consultants to the social worker. The psychologist receives problems related to personality functioning and intelligence that are referred by the social worker. The psychiatrist is usually called in for consultations to analyze the dynamics of certain behavior patterns and to give advice as to approaches to these difficulties. A few girls are seen in therapy on the individual basis or in groups.

Community Services.-- There are sixteen field workers affiliated with the agency. Under a supervisor and director of community services they work with the in-school and after-care programs.

While a girl is in the institution, the field worker who is working in her community makes periodic visits to her home. She works with the family in preparing for the girl's return to the community. She also writes reports which are sent to the institution which are read by the social worker and are placed in the records. From her contacts she is able to determine the family's interest, feelings, et cetera which are very important
in planning with the youngster.

The field worker deals very closely with the girl after parole from the institution. She assists as best she can in helping her to make a favorable adjustment. She initiates foster home, residential and adoptive care wherever the need and desire are indicated.

Even though the agency is seemingly functioning adequately with its program, services and staff, there is still a lack of staff which would facilitate the treatment to be given on a more intensive basis.
CHAPTER III

DESCRIPTION OF THE ORIENTATION PERIOD

Orientation period was the name given at the time of this study to the initial two to three weeks of a girl's life in an institution. It is at this time that all persons concerned at the Training School begin securing information that is pertinent to a diagnostic evaluation of the child and some initial treatment commences.

During this period the child is housed in a special cottage that is called reception or orientation cottage. Such a cottage, staffed by the best qualified personnel available, provides opportunities for closer supervision during the early adjustment and for carefully planned integration of the new girl into institutional routine. In addition to the staff in all other cottages, there are three extra staff members in orientation cottage making a total of eight staff. This cottage is usually located near the administration building so that the girls may be most accessible for diagnostic study. This also facilitates the girls receiving their interpretation of the institution from staff rather than from the girls.\(^1\)

The living arrangements should be pleasant, attractively furnished and supervised by skilled staff who possess special abilities to handle new children. Adequate living quarters and a good staff should not be provided alone in the reception cottage; there should also be good programming which includes recreation that will be satisfying to the new girl. These activities will absorb the time and energy the girl would ordinarily pass away by dwelling on her recent traumatic experiences.¹

Roles of All Personnel Involved

Social Worker. — The social worker is in one of the most important positions in orienting a new girl to the training school. Her role at the training school begins with receiving the material from the community regarding each new girl committed. She studies the reasons for commitment in legal and psycho-social aspects.² The legal aspects of the act usually entail a violation of the law on the part of the girl that is detrimental to her own personality. The psycho-social aspects cause the social worker to examine the family inter-personal relationships; peer relationships; type of and feeling regarding neighborhood, her problem, feelings regarding school and feelings toward adults in general. This knowledge is gained by the social worker from the community record, from observations, interviews, and discussions with housemothers. When case histories are late coming from the

¹Muriel E. Jenkins, op. cit., p. 125.
²Ibid., p. 126.
committing court, the orientation social worker requests this material after one week has elapsed.\(^1\) She also requests information from agencies listed on the Social Service Exchange form. She only makes this request for such collateral material when it is felt that there is something of importance to be gained therefrom. Inquiries to such agencies as Department of Public Welfare, hospitals, et cetera are not made unless it is felt that the agency has some pertinent information to offer on the individual girl.\(^2\) Whenever any significant medical history is seen in the record, the social worker sends a memo to the hospital giving this information.

The orientation social worker prepares a summary for distribution at the assignment or diagnostic conference on the girls to be discussed. This is discussed further in the chapter under Assignment Meeting or Diagnostic Conference.

The social worker receives the girl upon her arrival at the training school. Realizing that the manner in which a new arrival at the training school is received has an important bearing on his later adjustment; "the new student should be received in pleasant physical surroundings by the trained and skilled staff who can initiate the best possible relationship and provide the most effective interpretation".\(^3\)

\(^1\)"Description of Orientation Worker's Duties" (Hudson, New York, n.d.).

\(^2\)Ibid.

She talks to her in general and refrains from explaining rules and regulations at that moment. The worker takes the girl to orientation cottage, introduces her to the housemothers who begin their role at that point. At the agency studied, the girls received on the individual basis are mainly from up-state New York. The girls committed from New York City, which constitutes the largest portion of commitments, are picked up by the school's transfer worker in the car and are brought to orientation cottage. In these instances the social worker is notified of the approximate time of arrival so that she can greet them when the transfer worker brings them to orientation cottage. There are approximately six arrivals weekly from the city. The social worker gives the group a little talk, again refraining from explaining rules and regulations. After their discussion, she introduces them to the housemothers who "take over."

The orientation social worker conducts many of her contacts in groups. Because of the increasing number of new admissions and her other responsibilities, interviews with new girls are kept at a minimum and are only held when they are required by individual cases. These requirements may be in terms of behavior, supplementary information, soliciting girl's interest, et cetera.

It is felt that the group setting is very important in the overall diagnosis. It provides for a greater degree of normalcy, security and anonymity for each member so that the girl's use of self within it is comparable to her use of self in various
situations which may be found in the community. Since it is possible to reproduce situations testing feelings towards authority, towards adults and peers, the particular setting in the institutional community in which the girl would make the best adjustment can be selected based upon her response to these different situations. These factors are usually detected in the group setting which aids the social worker in writing her impression of the girl and in making her recommendations.

The group setting protects the non-verbal child from the pressures of response to a one-to-one relationship with a strange adult. The adolescents have the opportunity to act out their feelings so that the diagnostic picture is not blocked by their lack of verbalization. The group setting also provides a means of expression which adds to the diagnostic picture for anxious and hostile children, as well as other types of children. Through this means the social worker can secure data on each girl's capacity to relate.

Within twenty-four hours after admission, the girls are seen in a group where the social worker's identity and role with them is defined along with the explanation of the purpose and duration of her contact. The social worker's contact with the girls is usually on a daily basis. In this manner, she is able to help them live through the initial experience by not only

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1 Margaret Purcell, op. cit., p. 118.
2 Ibid., p. 119.
discussing points of interest with them, but by also participating and sharing in many of their activities. She takes them on campus tours, initiates recreational activities to supplement the recreation worker's program, and attends the campus wide activities with them such as movies, and chapel.

At the termination of the orientation period for each girl, the social worker individualizes each girl's activity as she thinks over the factors she plans to include in her report. The case conference, diagnostic conference or assignment meeting terminates the orientation social worker's role. The report will be discussed in Chapter IV under Assignment Meeting or Diagnostic Conference.

Housemothers. — "The housemother must possess a capacity to relate to children and a flexibility in adapting to new situations."1 The housemother in orientation or reception cottage encounters new situations every week because each new arrival presents a new situation. Her role at the training school begins with the ritual of examining and checking the girl's possessions. She has to list every article the girl brings to the training school with her. This is done to eliminate confusion and dispute over clothing and other possessions. In some instances the social worker will initiate conversation around something of interest to the girl to avoid the monotony and silence that often prevail during this checking process. The housemother begins to

1U. S. Department of Health, Education and Welfare, op. cit., p. 44.
notice the girl's reaction, attitudes, and general appearance which she remembers when writing the girl's report for the diagnostic conference. Following this ritual, the girls bathe and prepare for supper.

The housemother introduces the new admissions to the other girls and tries to help them become a part of the group. Despite her duties of checking the clothing, administering discipline and appearing to be the domineering and authoritative person, she has to be emotionally mature and stable along with conveying the idea that she is there to help by showing genuine good will and respect for all children. She also has to realize that many of the young people usually come to the training school with the feeling that they have been sent away and consequently, may not develop a sound relationship.¹

The housemother lives twenty-four hours per day with the children. She gets a chance to learn something about their eating and sleeping habits, attitudes regarding cleanliness, and general habits. In the area of food, the new arrival's feelings regarding her situation may cause her to appear both physically and emotionally starved. The housemother should recognize this and provide the food needed to satisfy this need. In this light, we can say that food does have a role in diagnosis and treatment in some instances.

The housemothers also have the role of escorting the girls

¹Ibid., p. 47.
wherever they have to go. They are able to observe the girls outside as well as in the cottage.

The housemother's role in diagnosis terminates with the writing of a report which contains her impression of the girl as she functioned in orientation or reception cottage. This report has a definite part in the total diagnosis.

Chaplain.---The chaplain is a member of the treatment team. At the agency studied, the chaplain has a psychiatric orientation. He usually sees the girl within a week after her arrival at the institution. From his interviews with the girl he can determine the extent and significance of her religious background. He also makes careful observations of the behavior of the girls in his contacts with them, and contributes to the understanding of them. While the girl is in orientation he begins a relationship that lasts throughout her stay in the institution.

Educational Director.---"The educational program has therapeutic values in addition to its instructional values; it is an essential part of treatment program."1 Based on this principle all girls in the training school community must attend school.

The educational director designates a person from that department to go to orientation cottage the Monday following the arrival of new admissions to secure the information needed for the department's recommendations. The person issues the girls a

1Ibid., p. 63.
form to complete which is composed of questions that will determine their attitude, interest, and feelings regarding school in general. After they have completed this form, they are given the reading portion of the California Achievement Test, BB to determine their reading ability and level. Because results generally indicate a larger per cent of retardation, the educational program is mainly remedial. The person who administered the tests corrects them according to the answer sheet and computes the total reading level.

He then gives this information to the educational director who sends the questionnaire to the assistant educational director who makes the vocational assignments based on the interest mentioned and the reading ability. She returns this to the educational director who makes the academic assignment based on the reading level. These are taken to the assignment meeting or diagnostic conference where they are discussed and a final decision made.

Head Nurse.—The medical role in orientation commences the next morning after the arrival of the new girls at the institution. The girls receive a chest x-ray, Wasserman and urinanalysis first. They are then seen by the nurse who secures the medical history as the girls remember it. They receive a complete physical, dental test; vision test; patch test for tuberculosis; three injections for diphtheria, Asiatic flu and polio; smear test and a check for lice. The results of these tests are placed in each girl's folder which is kept in the hospital. Subsequent contacts are recorded in the girl's folder.
Whatever treatment is indicated begins immediately. Family permission has to be secured before a girl could be given shots or a needed operation. In instances where this permission is not granted by the family, it is given by the superintendent.

Because the medical aspect is so important in the total treatment, the nurse attends the assignment meeting or diagnostic conference. She is able to get a complete picture of the individual child and the treatment plans for her.

Superintendent and Assistant Superintendent. -- The superintendent usually tries to greet the newly admitted girl and welcome her to the institution in person. Because of his heavy schedule during this study, he was not able to welcome any of the girls in the sample.

Psychologist and Psychiatrist. -- The psychologist at the training school studied is part-time and has no function in the diagnostic process unless the report from previous psychological examination does not accompany the community material. In some instances she may be called upon to test or retest a girl who shows bizzare behavior patterns or whose testing has been done too long ago to be valid.

The psychiatrist is part-time and is usually not involved in orientation study unless it is felt that there is a danger of psychosis or that the girl is a mental defective.¹

Recreational Worker. -- Although the recreation worker

¹Jenkins, op. cit., p. 129.
assigned in part to orientation cottage does not participate in the diagnosis, she reports her observations to the orientation social worker. The recreation program permits the girl to gain self understanding at her own pace. At the training school studied, the recreation worker sees the girls twice a week, once for arts and crafts and once for activity games. To supplement this, the social worker takes them out for recreational activities also. The recreation worker gets a chance to observe the girls feelings, attitudes, frustration tolerance, good or bad sportsmanship, teamplay and feelings towards competition. It also helps the girl release her stored up energies and occupy her mind with something other than her recent experiences of court appearances, time in detention home, and general traumatizing experiences.

The combination of all these roles discussed tried to present a clear diagnostic picture of the girl in the training school. It is from this picture that the committee attempts to establish the best possible treatment method within agency limitations. These treatments are executed when the girl moves into her home cottage.
CHAPTER IV

INTER-RELATIONSHIPS OF THE PERSONNEL ROLES IN THE ORIENTATION PERIOD

Assignment Meeting or Diagnostic Conference

"Before placing a girl in the regular training school program there should be a case conference (diagnostic conference)."¹ The assignment meeting or diagnostic conference, is the first formal case conference in which a girl is discussed after admission to the training school, and usually occurs at the termination of the orientation period. It is at this time that the case conference committee, which includes the personnel involved in orientation with the exception of the houseparents, come together to formulate a treatment program for the girl. All the information on each girl is brought together to help the staff understand the girl's problems so that they can be instrumental in planning treatment for her. This information is a compilation of the material received from the community, supplemented by the information received from the institutional staff who worked with the girl during the orientation period.²

²Ibid.
The procedure employed in the assignment meeting or diagnostic conference is as follows: The material available on each case is read. This material includes the problem resulting in the petition, a complete social history, personal and family history, previous psychological and psychiatric examination reports, orientation worker's impression, cottage reports, and in several instances, girl's statement which is an expression of her feelings regarding her new situation. A discussion of the individual evolves in terms of the type of cottage that would best meet her needs. After the decision and final recommendation for home cottage are made, the educational director gives his recommendations regarding the academic and/or vocational group.

Social Worker. -- The social worker prepares a summary of the problem leading to the petition, social history, previous psychological and psychiatric examination reports, educational history and girl's statement; she also writes her impression of each girl at the termination of the orientation period. In the cases studied, she wrote an impression for fifteen of the sixteen girls. A written impression was not given on the sixteenth girl because the worker had not been able to observe her nor have interviews with her due to the necessity of immediate medical attention and the brevity of her stay in orientation cottage. The following cases illustrate the type of information the social worker brings out in her summaries and impressions. The illustrations were selected at random from the cases in the study because all of them illustrated the social worker's summaries
of the material received from the community that commits the
girl.

Orientation Summary

Name: M__, L__
Bronx County
Religion: Catholic

C. A.: 16-0
Born: 3/27/42
Admitted: 1/13/58

Problem: L. was first known to the Bronx Children’s
Court in April, 1955. Child had a history of lying and
stealing. She was sent to Bellevue Hospital for obser-
vation, treatment and planning.

L. was admitted to Linden Hill School in June,
1954. Child was known to court on 5/16/57 on the pe-
tition of the supervisor of Linden Hill School. She
had deserted the institution on seven different oc-
casions. On 4/20/57, she ran away again and where-
abouts were unknown.

On 6/20/57, child was adjudged a delinquent and
remanded to the detention home. On 7/13/57 child was
paroled to parents and was referred to Catholic Charities
Guidance Institute.

On 9/30/57, L. deserted her home. She was appre-
hended on 12/23/57. Child was remanded to detention
home until 1/7/58. St. Germaine felt that she was too
disturbed and child was in need of more intensive
therapy. She was committed to New York State Training
School for Girls on 1/7/58.

Personal and Family History: L. is the oldest of
cour children, ages ranging from fifteen months to
fifteen years. The parents are respectable and are
greatly concerned over the welfare of their children.
In the past, the father has used physical force and
is sometimes a very rigid person.

Mother allowed father to be a stern discipli-
narian when she disagreed with his methods.

L. stated that she stole because her parents
couldn't afford to give her what she wanted. Child
was unhappy at the Linden Hill School because most of
the girls were Jewish and she had to go off the grounds
to attend church.

Family reside in an attractive furnished apartment.
They have lived in this building for fourteen years. Father earns $64.00 a week as a store keeper.

Medical History: Normal birth; early development uneventful.

School History: L. attended Public School #60. School felt that she was emotionally disturbed. Linden Hill School - 1955. No report.

Previous Psychological: Bellevue Hospital -- 3/1/55. She is capable of average Intellectual achievements but functions under this due to emotional disturbance at the present time. Projective tests show her to be markedly bewildered, confused, and to have difficulty controlling impulsive behavior. She is quite pre-occupied with sex and feels very guilty over this.

Previous Psychiatric: Bellevue Hospital -- 3/1/55. L. adjusted very well. She tends to relate in general to the quiet passive youngsters and is fearful of the more aggressive girls. In interviews she was always friendly, cooperative, related well to examiner. Speech logical, coherent, relevant, affect appropriate. Child readily spoke about her impulsive stealing and lying over the past two years and of her inability to understand this behavior. She also stated that during the past year or two, she has been aware of voices within herself urging her to good and evil actions and often heard her name called when she was alone. L. feels that she is emotionally ill and does desire assistance.

It is felt that L. presents the clinical picture of childhood schizophrenia who is still in excellent contact with reality. We do not feel that hospitalization is indicated at this time, although return to the community would not prove feasible. We feel this youngster would do well in your institution and would benefit from your program.

Girl's Statement: L. doesn't think Hudson is a bad place after all. She was a little anxious to get here and see what the place really was like. Several of her friends are already up here and she is anxious to get to her home cottage. She was surprised at the number of dances held on campus. She isn't too pleased about being here, but, she'll make the best of it.

Impression: L. is a tall, attractive girl sophisticated in manner. In interviews she is spontaneous
and seems to relate easily, demonstrating an awareness of herself and an almost objective analysis of her difficulties. At the same time, her insight reveals with considerable verbal facility seems to be the result of her experiences in Linden Hill treatment center and to be derived from her contacts with professional people. There is no indication that L. has made an effort or intends to effect change in her attitudes or behavior despite the insight she has developed. Her relationships to adults are superficial and lack meaning, again despite the outward indications of her cooperation, conformity and ready open revelations about herself. Her discussion of the family is quite detached and lacks any evidence of warmth. She resented parents' controls and lack of confidence in her as evidenced by the restrictions and escaped this by running away. Her history of several runaways from Linden Hill support the belief that L. will continue to be a potential runaway risk and used this to escape accumulated pressures. Her chief goal in life is independence, the acquisition of material possessions, particularly clothing and an apartment of her own. To attain these L. will without regard to consequences, resort to any means available. She displays no guilt regarding her promiscuity, although she volunteers that she did not resort to "hustling" as people believed. L. further reveals that she has had homosexual attachments in the community.

Her sophistication and worldly experiences make her somewhat of an authority with the group who are ready made tools for her as she represents their concepts of the "real cool operator." L. does not present overt behavior problems in that she is able to conform, knows what is expected of her by staff and obliges. Her "behind the scenes activity" foments dissension, as she can definitely manipulate the group and keep them stirred up with open discussion of racket relationships, criticism of staff, and plans for rebellion. She seems untouched by people.

1Racket is a form of homosexual activity. It may be overt or covert homosexuality. To the girls at the training school, it has several meanings. To some it is merely a form of group acceptance; to some it is a form of identification; to some it is fixation at a psychosexual stage of development; to some it is a way of annoying the staff, etcetera.
and considers them, peers and adults alike, as puppets to be manipulated for her own ends.\textsuperscript{1}

From interviews with the social worker, it was brought out that this is a girl who has had intensive casework treatment at the Linden Hill School where she spent approximately three years. Evidences of the effect of this treatment and her contact with professional staff are seen in her demonstration of self awareness and the perception she has developed regarding her problems. The verbalization of this seeming insight on L.'s part may only be a manipulative device to mislead staff so that she can be free to do as she pleases.

L.'s parents have been described as respectable people who are interested in the welfare of their children. Despite this, L.'s description of her family is detached and seemingly lacks warmth. She resents parental control and on several occasions ran away from home. Perhaps this was found in L.'s case "because of the inherent drive toward maturation, the adolescent does have an urge to emancipate himself from the domination and protection of his parent."\textsuperscript{2} She has expressed the acquisition of material possessions, particularly clothing and an apartment of her own, as her chief goal in life. To L. these desires may be indicative of her need to be an "independent and grown-up individual and possibly the only way to be an adult is to act like

\textsuperscript{1}Verbatim report from the files of the New York State Training School for Girls, Hudson, New York, February, 1958.

Because of the possible existence of these feelings and desires to be independent, L. seemingly has chosen to escape the reality of this situation by running away, rather than discussing it with her parents. A discussion with her parents regarding this may cause her to feel inadequate, so she seemingly preferred avoiding the entire situation.

The record brings out a history of promiscuity on L.'s part and she displays no guilt feeling regarding this behavior. "The adolescent period is one of increased conflict between the parts of the personality - the id, ego, and superego - and a certain period of time is necessary before the three parts of the personality are able to function as a smoothly working whole."2

L.'s feelings around her promiscuous behavior may evidence a lack of superego development. She could be in the midst of the struggle between the parts of the personality with the id dominating.

We find, from the record, that L. has experienced homosexual relationships. Since she is in the turmoil that is characteristic of the adolescent period, perhaps one would expect some confusion in terms of sexual identification. Her homosexuality may be explained in Helene Deutsch's words:

Homosexuality in the adolescent girl very often

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1Ibid., pp. 105-106.

runs a course as follows: After more or less passionate friendships with mates of the same age, after ardent worshiping of an older girl or a woman teacher, there comes, with the rising sexual instincts, an overwhelming infatuation with a maturer woman who is usually inaccessible and often known only casually. This infatuation has all the characteristics of painful and passionate love. This form of love in adolescence presupposes a strong persistence of the mother tie.¹

There is a possibility that because L.'s father has used physical force and has been described as a rigid person, she has become deeply attached to her mother, but cannot come to accept this. Consequently, she has sought a means of holding on to the mother tie through her homosexual behavior.

We can see that L. is a severely disturbed youngster who seemingly finds it gratifying to relate easily to people as a means of incorporating them as manipulative tools. Placing her in the institutional program poses a problem for the committee because of the conflict in her needs and the institutional desires. Because of the status she has acquired in orientation cottage as a result of her homosexuality, she will definitely manipulate the group by keeping them stirred up with open discussion of homosexual activities and plans for rebellion.

L.'s case is typical of the material summarized by the orientation social worker. The medical and school reports are very brief, but are typical of the material received from the community. It seems as though the committing court has very little information on school history. The medical history either

¹Helene Deutsch, The Psychology of Women (New York, 1944), p. 120.
indicates "normal" or concisely mentions whatever illness is present or has been present at one time in the girl's life.

The following case illustrates the type of information the social worker brings out in her summaries and impressions. We find this case illustrative of two previous psychiatric and psychological examinations reports, and a contact with another agency which has expressed interest in this youngster:

Orientation Summary

Name: B, A.
New York County
Religion: Protestant
C.A.: 16-5
Born: 9/2/41
Admitted: 1/13/58

Problem: A. was first known to the court on 2/6/57 on the petition of the teacher-in-charge. While in concert with another girl, A. came to the school under the influence of liquor acting in a very loud and boisterous manner and disturbing the routine of the school. Child was referred to the court psychiatric clinic for study, so as to best understand her behavior problems. On 8/14/57, child was placed on probation and was referred along with family, to community agency for supportive casework.

On 1/6/58, A. was remanded to Bellevue Hospital as girl was writing a note in school and asked teacher to spell suicide. She was incoherent and couldn't stand up. The school doctor felt that the child should not be in school. A. was committed to the Training School on 1/7/58.

Personal and Family History: A. is the second of six children ages ranging from eight to seventeen. There is a half sibling twenty-nine years of age from the father's first marriage.

Father describes a very harmonious marriage relationship indicating that he gets along very well with his wife and relates very well with all of the children. However, one sibling was known to the children's court in 1954 and was discharged on a favorable report.

A. has been taken by the father to Mental Hygiene
Clinic on three different occasions. He feels that the girl might be seriously disturbed. She was discharged each time.

Mother is pleasant, cooperative, and indicates that the most of the child's difficulty is out of the home, in the school area.

A. is a very pleasant child, dull, but fairly responsive. Child admits conflict and hostility to adults in authority. Her friendships in the community are limited. She gets along much better with mother because she is easier.

A. resents the fact that she has very limited social outlets, having to come into the house immediately after school.

The home consists of three and a half rooms. It is crowded and congested. The general appearance of the home was untidy.

Father is employed as an elevator operator earning fifty-four dollars per week. The family income is supplemented by public assistance at the rate of twenty-five dollars semi-monthly.

Medical History: Normal birth and has had the usual childhood diseases. She suffered from an asthmatic condition when she was a child, no hospitalization recorded.

School History: Yorkville High School. She was in the fourth term.

Previous Psychological: Court Clinic -- 7/17/57. The Wechsler Bellevue Verbal Intelligence Scale was administered and showed A. to be a girl of low average intelligence. Because of her slowness and reluctance, the performance scale was not given. It was felt that she would be penalized too heavily on the time factors of the performance sub-tests.

There is a great deal of underlying hostility and anxiety which she cannot express. The anxiety is diffused and pervades all areas of her functioning. But, as she does not express her feelings, these tensions remain bottled up within her, and overwhelm her.

As a result, she is very rigid and constricted. She depicts other people as doll like, unfeeling creatures, much as she would like to be herself. She is
extremely evasive and it is almost impossible to get at the root of her problem. In moments of stress, even her speech becomes rigid; she speaks in a thick, fuzzy manner, almost as if she were under the influence of narcotic.

Bellevue Hospital -- 12/27/57. On the WAIS, A. achieved a full scale IQ of 87, verbal of 88 and performance of 89 which places her in the dull normal range of intellectual functioning. In comparison with the tests done in 1955, her present material reflects less disorganization than noted previously. She tends to be suspicious of people and their motives. Her adjustment is not too adequate, and her thinking somewhat overconcrete and overpersonalized. When frustrated she may resort to impulsive acting out. There is a great deal of negativism, hostility, and some depression under the surface.

Previous Psychiatric: Court Clinic -- 7/17/57. Diagnosis: Incipient Schizophrenia. A. is a serious emotionally disturbed youngster. Father is described as restrictive and punitive. She has a great deal of feelings of resentment and hostility but is unable to verbalize this. She is extremely evasive. It is felt that this child could be placed on probation and her behavior kept under close supervision. Casework with the family could prove helpful. It is very doubtful that she can respond to treatment situations at this time.

Bellevue Hospital -- 1/6/58. A. is a tall, attractive looking sixteen year old girl who appeared quite at ease on the ward and in the interview. Speech was logical and coherent. There were no overt delusions or hallucinations. Her sensorium was clear but her judgment was immature. On the ward she related well to her peers and to staff. She participated fully in all of the ward activities. It is felt that A. is not psychotic manifesting defective. We are dealing with a schizoid personality manifesting mild depressive trends.

Girl's Statement: A. felt that she had not done anything to warrant her commitment to Hudson as it was a place for the "bad" girls. However, since she had been here she likes the set-up and feels that she'll enjoy her stay. Her major complaint was in terms of the advances some girls made to her. She felt the recreational activities were most impressive, especially the dances.
Impression: This is a youngster on whom we have had two telephone calls from a social worker at Community Service Society. This agency feels that commitment here was unwise as A. is a victim of homosexual panic, has been diagnosed schizophrenic and needs treatment in a psychiatric setting. The family is known to C.S.S.

For several days following admission, A. seemed to be in a daze, fearful of speaking to either staff or girls. She would frequently remove herself from the group, remain with fingers in mouth and watch. At this point, she has changed to the extent that her fear is not evident and she participates in most every activity and seeks out staff to whom she has confided her fears. She also revealed to one of the housemothers that a few days after her arrival she had tried to hang herself with a clothes hanger but that it was too weak.

In our contacts, A. is most coherent and aware of herself and surroundings. She verbalizes her depression and her feeling that killing herself is the only solution to her problems. She is able to talk about her fears of homosexuals and confusion that is a constant part of her as she feels unable to withstand the approaches girls make to her. Her disturbance in this sexual area is so consuming that she feels she will lose her sanity. She claims that the doctors at Bellevue were thinking of sending her to Rockland but she came here instead.

A. is a highly disturbed girl whose threats of suicide cannot be disregarded and as a result she has to be watched closely. It is felt that she actually is much attracted to homosexual activity and her conflicts are created by her inability to suppress these urges. It would seem that she rather thinly disguises her seeking such a relationship, but becomes panicky when girls respond to her.1

In this case we find an inter-agency contact with Community Service Society. This agency has expressed an interest in A. and is seemingly questioning the basis for her commitment to the

training school. The agency seemingly feels that because A. is a victim of homosexual panic and her diagnosis of schizophrenia, that her commitment should have been to a psychiatric treatment center rather than to Hudson. This was the only case studied that is characterized by an inter-agency contact.

In discussing the causes of schizophrenia, Noyes states:

... influence of early interpersonal relationships within the family that fails to meet the child's emotional needs or result in the production of attitudes and identifications that so check or distort the development of his personality.... It will be found with significant frequency that schizophrenic patients have spent their childhood in emotionally unwholesome family settings.... A large percent of schizophrenic disturbances occur in persons who have been "shut in", withheld themselves from spontaneous emotional relationship with others and never been able to confide in them. The resulting situation has been one of separateness, isolation...

In looking at A. we can see many of the characteristics present that Noyes discusses under causes. Because she had to come into the house immediately after school, she felt her social life limited; this could have been interpreted by her as being the "shut in" that Noyes is talking about.

A.'s homosexuality or desire to engage in the activity may not be as easily detected as L.'s because of her seeming inability to express these feelings. The social worker, in her impression, brought out the point that A.'s homosexual panic may be due to the suppressing of her urge to actually engage in the activity. Here again is the element of her inability to

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verbalize her feelings that was brought out in her psychiatric report from the Court Clinic.

The types of emotional and behavior problems that are present in A.'s case, makes it difficult to work out a program for her. Because of her attempted suicides, she will need close supervision and at the same time, she will not work out too well in a situation with girls who exhibit overt homosexual activity.

In this case we find the reports from two previous psychiatric and psychological examinations, one from the court clinic and the other from Bellevue Hospital. The information in this case is rather complete and is representative of the summaries at the training school.

The information utilized in the above illustrations is obtained from reading the community report, from interviews with the girl, observations of the girl in the group and other situations, and the worker's general knowledge of human behavior. In instances where the community or committing court fails to send the report, the social worker gives an oral report in the meeting. The content of this report is obtained from interviews with the girl in which she tries to bring the type of information that would be found in a written community report.

Housemothers.-- The housemother does not routinely attend the assignment meetings; however, she is represented by her written report which usually follows the summary that is prepared by the social worker. The content of these reports is based on: (a) her impression of the child on seeing her and noting any changes that have occurred while she's in orientation
cottage; (b) impression of the child's physical appearance, grooming, facial expressions and manner; (c) how does she feel about commitment; (d) what type of relationship does she have with peers and staff; (e) how does she enjoy the group, any expressed attitudes about having to leave orientation cottage; and (g) anything else that has occurred that would be significant.

In order to properly carry out many of the duties of the housemother, there are certain qualifications one must meet. They should be emotionally matured and stable, possess an ability to take hostility without reacting in a hostile manner, alert and sensitive to group situations, moral integrity, accepting of physical appearance, some imagination, an understanding of the institutional treatment philosophy, and an ability to make decisions, accept criticisms, work under pressure, and follow directions.¹

All of the housemothers write their reports to get a cross section of the girl's actions throughout the day and night. However, all of these reports are not read in meetings unless they differ in content. The following excerpt from L.'s case will illustrate the housemother's report:

Cottage Report: L. is a girl who knows more about life at fifteen than the average woman of thirty-five or forty. She has lived and associated with people of Greenwich Village whom she calls "queers, Lesbians, faggets, and studs." She talked to one housemother

¹U. S. Department of Health, Welfare and Education, op. cit., p. 44.
for about an hour about her friends. She talks constantly about life at Linden Hill. L. claims to have been a Lesbian since she was nine years old, but says her mother knows nothing about it. She has told staff she feels she cannot change her life for the better. L. also claims that she is married on the outside to a girl. The staff feel more educated on the facts of life since L. has been here. L. says she cannot talk to social workers as they act like the goody-goody and motherly type. She feels that because the housemother is so loud that she can understand what she says better. 1

The housemother's report for L. seemingly indicates that she was so impressed by her Lesbian activities, that it monopolized her focus of the report. She made no mention of initial impressions, cottage work, her ability to relate to peers and staff and her general feelings regarding the group.

From the information that is brought out in the record, L.'s feelings toward social workers may stem from a possibility of her finding it difficult to incorporate them as manipulative tools. Consequently, she prefers to express this feeling in terms of not being able to talk to them.

The excerpt from A.'s case to illustrate the housemother's report is representative of the reports that are usually written:

Cottage Report: When A. came into the cottage she was moody and never seemed to have anything to occupy her mind except the fact that she was crazy and had been in Bellevue. She told housemother she was acting "peculiar" as she put it, to get sent away from here. She told another housemother that she had tried to commit suicide one night since she has been here with a clothes hanger. A. has shown some improvement since seeing Dr. Jarrett. * She now mingle with the


* Her referral to the psychiatrist was focused on her attempted suicide. No written report was made to supplement the orientation report.
group. Because of her ability she has established herself as the cottage beautician, she works very nicely. Despite her ability in cosmotology, she does not want to become a beautician. The disturbed look seems to have left her. She is neat and cooperative. Would give one cause to know that she will fall in with the racket. She told the housemother in the presence of the other girl involved that the girl asked her to go with her but she hasn't given her an answer yet.

A.'s suicidal tendencies are characteristic of the schizophrenic. The mild depressive features substantiate even more the behavior and the diagnosis.

The housemother's report supports the social worker's feelings regarding A.'s feelings about homosexual activities, in that she cited the incident where A. has not refused or accepted the approach. The fact that she had to think the thing over before giving an answer indicates some ambivalence.

It was interesting to note the repetition among the house parents in terms of homosexual activities and its ramifications presenting the major problem area that occurs in orientation cottage. Interviews revealed that a large portion of the girls committed from the New York area have had previous homosexual experiences. The housemothers felt that many of the girls become oriented to this activity while in the detention home in the city. According to them, very rarely do they find a girl from up-state New York who has had previous experience. However, as soon as many of them hear about the activity they are ready

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to experience it.\textsuperscript{1} This factor was present in all of the cases studied either in terms of actual participation or the desire to participate.

Elements present in the housemothers' report are given careful consideration in selecting the home cottage for the girl. Their reports present a picture of the girl's life at the institution. Oftentimes such a statement as "she is neat and cooperative" will determine partially whether or not the girl needs to go to a cottage where emphasis is placed on training the girl in cleanliness.

Educational Director.-- The educational director or his assistant attends the assignment meeting or diagnostic conference. He brings along with him his report which consists of previous school progress record; the results from the girl's testing on the California Achievement Test, Elementary, BB; her attitudes towards school and the vocational training she has had, for example:

By: Educational Department
Re: M__,L__

School Progress: as of 1/31/58, no school material received.

California Achievement Test, Elementary BB: L. achieved 9.0 in reading vocabulary, 9.0 reading comprehension which gives a total reading of 9.5.

Attitudes: According to L., she last attended Thorpe Secretarial School, New York City and was in the first term. She enjoyed Consumers Education, but stenography is her difficult subject.

\textsuperscript{1}Interviews with Cottage Parents (New York State Training School for Girls, Hudson, New York, January and February, 1958).
Vocationally: L. had the following occupational classes: Typing, stenography, and bookkeeping. In her own home she took care of the main house chores.1

L.'s school achievement has seemingly been hampered by her severe emotional disturbance. She is seemingly focusing her attention on material gains rather than educational ones. This may also be tied in with her struggles of the adolescent period.

By: Educational Department
Re: B, A

School progress: As of 1/31/58, no school material received.

California Achievement Test, Elementary BB: A. achieved 5.3 in reading vocabulary, 5.3 reading comprehension which gives a total reading of 5.3.

Attitudes: According to A. she last attended Yorkville High School, New York and was in the eleventh grade. She enjoyed nursing, but World Background is her difficult subject. In her spare time she likes to read.

Vocationally: A. had the following occupational classes: nursing. In her own home she did house work, and did not work outside the home. She is interested in nursing.2

A.'s difficulties in the school area may be accounted for by her severe retardation. She was in the eleventh grade and was only achieving at the fifth grade level. This could possibly account for her difficulties in the school area.

Both L.'s and A.'s school reports are typical of the educational reports discussed at the assignment meeting or diagnostic conference. There was no previous educational material


2Ibid.
presented in the reports of the cases studied. On the basis of the material presented, the educational director and/or his assistant makes the recommendations. This will be discussed further in Factors Influencing Cottage Placement and Educational Plan.

Chaplain.-- The chaplain does not write a report regarding his contacts with the girls during the orientation period. However, he does attend the assignment meetings or diagnostic conferences. He is used mainly as a resource person when a lengthy discussion evolves around certain girls. For example, the chaplain may be requested to give his impression of a particular girl when there has been no material received from the community, and the social worker's contacts have been limited. He was not called upon to make any contributions regarding any of the girls in the study. His role is not seen in the overall diagnosis.

Head Nurse.-- The head nurse or a representative from the hospital attends the assignment meeting or diagnostic conference. She brings along with her the girl's medical folder which contains results from the examinations and subsequent contacts. Even though she does not prepare a written report she is there to verify any medical illnesses that are brought out in the record or anything they have detected. For example, if a record indicates a pregnant girl, the nurse is in the position to verify her pregnancy from the tests administered. In the cases studied there was only one that needed the medical verification of a medical defect. This was an instance in which a girl had had her eye removed at age seven. The glass eye was to be removed at age twelve, but because of the family situation and other
factors, this was not carried through. Consequently, at age fourteen the eye is too small for the cavity which causes it to sink in and the eyelid to partially close. The nurse verified this and announced that they were in the process of securing the correct size eye for this youngster.

Assistant Superintendent.—The assistant superintendent chairs the assignment meeting or diagnostic conference. Even though duplicate copies are made of the reports, it is necessary for her to read orally the reports because everyone is not always accessible to them. She serves as the clarifying person when dissension occurs in recommendations on any one particular case. This is done by pointing out the important factors and weighing them to see which cottage will work best with this child.

Factors Influencing Cottage Placement and Educational Plans

Cottage Vacancies.—Because the New York State Training School for Girls is a public institution, it has no control over its intake. During the period of this study, there was an influx in intake causing the vacancies in each cottage to be very limited. Before discussion of the cases begin at the assignment meeting or diagnostic conferences, the vacancy list is checked to see which cottages are available to accept girls. In the meetings utilized in this study, it was necessary to decide which cottages could send girls to the hospital wing to make available rooms for the girls to be discussed. One area of the hospital is used to house girls when the cottages are filled. The girls selected to go to the hospital wing are usually girls on parole.
status and the well behaved girl. The girls only sleep in the hospital wing. They assume the regular cottage activities in their home cottages during the day.

**Cottage Structure.**—There are sixteen cottages on the campus at the training school. In order to partially clarify the basis for recommendations on the cottage level in assignment meeting, the writer felt it necessary to briefly state something about each cottage structure. It is interesting to note that the overall purpose of each cottage is similar, although the method employed in achieving this purpose varies from cottage to cottage: for example, according to the cottage supervisors, four cottages have firm controls and are rigid in routine, these cottages work best with the aggressive child who has few controls; four cottages are very permissive with some controls; one cottage works best with girls who have overt unmet infancy needs; one cottage works best with the immature, dependent, dull type of child; one cottage works best with the dull neglected child or any type of child except the too bright child; one cottage works best with the passive aggressive child and those with adolescent adjustment problems; one cottage works best with the physically handicapped child, passive conforming, or pleasant aggressive child; there is only one closed cottage on the campus; it houses the severely disturbed, uncontrollable girl; and one cottage works best with the dependent child who needs to identify with a strong mother figure; it also helps the child who has been torn between a series of adults. Only
one cottage supervisor mentioned the type of child that is not helped in a cottage; this is the sexually confused and hostile aggressive child. In this particular cottage these children are threatening to the house parents and consequently, cannot be helped.\(^1\) Assignment to the cottages also influences the possibility of individualized casework treatment since the supervisors in some cottages stress this type of work with the girls more than others.

**Cottage Placement Decisions.** Recommendations are sometimes made in terms of the institution's needs. This occurs in instances where the girl's needs indicate one type of program, but to place the girl would present major problems in the institutional program. So in instances like this, the girl is placed to meet the institution's needs.

In the cases studied, the recommendations varied. In seven of the cases there were no discussions because it was only a matter of placing the girls in the seven vacancies left. One case was discussed, but the recommendation was withheld because the girl's needs conflicted with the institution's needs; the final decision was to hold the case over for assignment at another meeting. The other cases were discussed and the cottages best fit to meet their needs decided on.

**Educational Plans.** The educational recommendations were based upon the results of the achievement test given. The girls

\(^1\)Interviews with Cottage Supervisors (New York State Training School for Girls, Hudson, New York, January and February, 1958).
are placed in the group that is comparable to their reading level. These groups range from one to nineteen which includes the first through eleventh grade. All sixteen of the girls were assigned to the academic program: L. was assigned to group 19 - school all day, business education; A. was assigned to group 10 in the morning and cleaning in the afternoon. In fifteen of the cases, the educational director gave the recommendation he had come to the meeting with; in one case it was necessary to change the original recommendation which was the laundry, because the material indicated that the girl needed to be placed under close supervision. Consequently, she was given cleaning in the afternoon with the housefather or housemother.

The New York State Training School for Girls tries its best to give the girl a very meaningful experience, which begins with her orientation period. It begins by welcoming the girl in a very congenial manner through the social worker and other staff members. In the "Handbook for Girls" the welcome reads:

This little booklet is to welcome you to New York State Training School for Girls. We are aware that you may not wish to be welcomed here, but that is just what we mean. We are not here to gloat over why you came or to condemn you for anything in the past. Our job is one of helping you and it is in that spirit we welcome you.1

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary

The orientation period at a state training school for girls is very significant in planning treatment and evaluation with the goal of making treatment effective and in helping each new girl understand and accept the factors leading to her commitment. Generally this period ranges from two to six weeks. At the training school studied, the orientation period ranges from two to three weeks. During this time several personnel, involved in orientation, are presenting various situations that lend themselves to observation, interviewing, testing and getting to know the total girl, which facilitates diagnosis. These personnel are the social worker, housemothers, chaplain, educational director, head nurse, superintendent and assistant superintendent, psychologist and psychiatrist, and recreation worker.

The New York State Training School for Girls is the only one of its kind in the state of New York. It is an institution for the reception, training, and treatment of girls who have been adjudged delinquent by the children's court. It is staffed with the clinical team for the purpose of providing the most effective treatment.
The social worker's role in the orientation period entails the compilation of the material received from the community regarding the newly committed girl. Two of the cases studied were used to illustrate the type of information the social worker brings out in her summaries and impressions. The illustrations were selected at random from the sixteen cases because all of them were illustrative of the social worker's summaries of the community material. From the summaries, the social worker was able to isolate the factors that would have direct bearing on the girl's adjustment and treatment in the institution. She receives the girl upon her arrival at the training school and initiates the best possible relationship. The social worker continues to see the girl throughout her stay in orientation either in one-to-one settings or the group settings. The interviews are kept at a minimum because of the large number of new admissions. The social worker observes the girl in the group because it provides for a greater degree of normalcy, security and anonymity for each member so that the girl's use of self within it is comparable to her use of self in various situations in the community. All of the girls studied except one were observed in group settings by the social worker. The one girl was not observed by the social worker because of needed medical attention and her brief stay in orientation. The group setting protects the non-verbal child from the pressures of response to a one-to-one relationship with a strange adult. It also protects the anxious and hostile child, as well as other types of children.
At the termination of the orientation period, as the social worker prepares to make her report, she individualizes each girl's activity in terms of the diagnostic information she has received during her stay in orientation. In this report she tries to give a picture of the personality that will influence the planning for this girl. The social worker wrote a report which included her impressions for fifteen of the sixteen girls studied. Her impression was omitted for the sixteenth girl. Therefore her report was only a compilation of the material received from the community regarding this girl.

The housemothers live with the girls twenty-four hours per day. They try to make the girl feel comfortable and simultaneously, notice her reactions, attitudes and general appearance which they remember when writing the girl's report for the diagnosis. The housemothers wrote a report for each girl studied. Interviews pointed out that the housemothers were together in their feeling that homosexual activities and their ramifications presented the major problems in orientation. The homosexual element was presented in all of their reports in different forms, as either present or potential.

The chaplain's role in orientation is not a diagnostic one. He sees the girl immediately after her arrival at the training school. His interest is purely of a religious nature. However, from his contacts, he can determine the extent and significance of her religious background which contributes to understanding her. He was not called upon to make any direct diagnostic contributions regarding the cases studied.
The educational director or someone in the department gives a vocational assignment based on the girl's interest and ability. An achievement test is given to determine which group will be beneficial to the girl. The academic program is remedial because many of the girls are functioning below their grade level. All sixteen of the girls were tested and assigned to the appropriate group in the academic program. Fifteen of the girls were given the original vocational recommendations; the sixteenth one was not given the original recommendation because the material indicated that she needed close supervision and this necessitated a different vocational assignment.

The medical department gives the new arrival a battery of examinations to make sure she is free from communicable diseases and to be sure that she is physically fit to function in the program. All of the cases studied were given the necessary medical examinations and treatment.

As administrator of the training school, the superintendent or the assistant superintendent usually greets the newly admitted girl and welcomes her to the institution. The superintendent demonstrates the philosophy of the orientation period even though he does not have direct contact with the girls. The superintendent did not welcome any of the girls studied because of his heavy schedule during the time of this study.

The psychologist only functions in the diagnostic process if a previous psychological examination report does not accompany the community material or if she is called on to test or retest a girl who shows bizarre behavior patterns. Because
all of the cases studied had valid reports from previous psychological examinations, the psychologist was not called upon to test or retest any of them.

The psychiatrist is not usually involved in orientation unless it is felt that there is a danger of psychosis or that the girl is a mental defective. The psychiatrist was consulted regarding an attempted suicide on the part of one girl in the study. However this was not to supplement the orientation report so he did not participate in the diagnostic process.

The recreation worker, through her program, helps to provide a relaxed atmosphere in which she can observe the girl's reaction to different situations. This program also helps the girl to occupy her mind with other things instead of thinking of her recent traumatic experiences. Even though the recreation worker observed all but one of the girls studied, she did not participate directly in the diagnosis.

All of the personnel discussed above contribute to the diagnostic picture of the girl during orientation. In the diagnostic conference at which all personnel involved in orientation are present, the assignments are based on the material presented. Because of cottage differences, some are assigned to cottages where they will receive individualized treatment and some are not.

Conclusion

The orientation period at New York State Training School for girls plays a major role in the diagnosis and initial
treatment of the child committed to the training school. The two to three week period attempts to prepare the child for her life in the institutional setting.

The availability of individualized treatment at the training school depends upon the cottage assignment. Some cottage supervisors place more emphasis on this form of treatment than others.

The orientation procedure at the New York State Training School for Girls is being studied further. It is hoped that the resulting changes provide a more effective orientation process. While this study is not conclusive, it is hoped that it has provoked thought around the orientation process and its use in diagnosis.
BIBLIOGRAPHY

Books


Miscellaneous Material


INTERVIEW GUIDE

1. What kind of information do you seek in orientation?

2. How do you secure it? Is it through observation, interview, arts and crafts, others?


4. To what extent is free expression of feelings allowed in your contact with a girl during this period?

5. In what manner do you report the information you have acquired about a girl during this period?

6. What criteria are used in judging the content of these reports?

7. What criteria are your recommendations based upon?

8. Do you confer with any other personnel before making any recommendations, if so, why? (Illustrations of times when consultations were necessary)

9. Do you attend the staffing? If so, what is your role in the meeting?