The relationship of movement in casework to movement in therapy in a child guidance clinic

Willie Dollie Glover Whitehead

Atlanta University

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THE RELATIONSHIP OF MOVEMENT IN CASEWORK TO MOVEMENT IN THERAPY IN A CHILD GUIDANCE CLINIC

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
WILLIE DOLLIE GLOVER WHITEHEAD

SCHOOL OF SOCIAL WORK

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DEDICATION

This thesis is dedicated, with love and appreciation, to my husband and my son, James W. Whitehead, I and II, my parents, Mr. and Mrs. William H. Glover, and my sisters and brothers, Frances, Odessa, John, and Henry Glover, without whose sacrifice, encouragement, and support, my training which ultimately resulted in this thesis would not have been possible.
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CHAPTER I

INTRODUCTION

Significance of the Study

Phenomenologically viewed, deviations in social adaptations are oriented on the one hand to environment and on the other, to vicissitudes in emotional growth. Both the structure of the environment and the structure of the individual personality are part of the problem. It is self-evident that the social worker cannot treat social ills as abstractions, without adequate knowledge of people, since in the last analysis social ills are expressed through the behavior of people; nor can the psychiatrist treat individual persons without knowledge of social patterns. Neither the caseworker nor the psychiatrist as at present trained, is equipped technically to deal with the whole range of the problem. The total task, by its very nature, requires a fusion of the highest order of efficiency of the special skills of both professions.¹

Ackerman thus summarizes the philosophy underlying treatment practices in the field of mental hygiene today. The concept of teamwork is particularly pertinent to child guidance practices.

In child therapy, since the strivings, stimulations, and frustrations are currently going on, the integrative process may be assisted both by the direct treatment of the child and modification of the environment.²

Since the mother is generally the major factor in the environment of the child for many years, environmental modification is sought through involvement of the mother in the treatment process.

From early infancy the child is part of the mother, and is separated from her only in a physical sense. In the first years, a disturbance in the child is merely a reaction to


maternal attitudes. Later the disturbed reaction patterns of the child become incorporated and represent established intrapsychic patterns. Even after the fixation of established personality patterns takes place in the child, his vital dependence on the mother continues for many years. The dynamic situation at this later stage requires direct therapy of the child as well as treatment of the mother.¹

The feasibility of treatment of the child concomitantly with treatment of the mother seems to have stood the test of time and experience, but many questions remain as to what contributes to successful treatment of the child.

This writer is interested in what happens during casework treatment of the mother and psychotherapy of the child in a child guidance clinic, more specifically, what changes, if any, occur during treatment and how they seem related.

Hunt calls the changes that occur, "movement", which he defines as "Changes that take place in clients of social casework during the period when casework services are being furnished."²

For purposes of this study the term "movement" will be understood to mean changes that take place in children during psychotherapy as well as changes that take place in their mothers during the period when casework is being provided.

The writer initially became interested in movement in casework after reading material written on the subject by J. McV. Hunt. This interest

was revived during a discussion by the therapists at Northside Center for Child Development, Inc.\(^1\) when the necessity of parental participation in casework for movement in therapy was discussed. It is the general practice at Northside Center, as in most child guidance clinics, for mothers of children receiving psychotherapy to be involved in the treatment process through casework. Taking a broad view of the treatment of children, one readily questions: what about the father, siblings, and other persons who figure importantly in the life of a child? These and many other questions come to mind regarding possible factors which affect treatment of the child in the fields of mental hygiene and social work. In child guidance, these fields converge toward rendering the most effective services to their clients. It is the hope of the writer that time will bring about extensive and intensive research toward answering the many questions regarding the most effective treatment of children in child guidance clinics.

The writer is hopeful that this study may serve to show how movement of the mother in casework with the social worker relates to movement of the child in therapy with the psychotherapist.

**Purpose of the Study**

The purpose of this study is to determine whether or not movement occurred in the cases studied, and whether and how movement of the mother in casework with the social worker was related to movement of the child in therapy with the psychotherapist.

\(^1\) Hereinafter referred to as Northside Center.
Method of Procedure

A purposive sample of twenty closed cases was chosen, in which:

1. The diagnosis at acceptance was "neurotic character disorder" or "neurotic behavior disorder;"
2. The age of the child at acceptance was between nine and twelve years;
3. Both mother¹ and child received treatment;
4. Only one child in the family was in treatment.

The casework and therapy interviews in the case records were analyzed for movement according to Hunt's criteria for measuring movement. The interviews in all of the cases selected did not lend themselves to analysis by Hunt's criteria; for this reason, evaluative and closing summaries were used to indicate whether or not movement occurred. The summaries were written by the psychotherapists and social workers at the end of the agency's year² and upon closing of the cases to evaluate the casework and therapeutic services.

Scope and Limitations

The data necessary for this study were limited to:

1. Criteria for measuring movement in casework and in therapy. These criteria were obtained from J. McV. Hunt's scale for measuring movement in casework;

¹ The term "mother" will be understood to mean natural mother or mother-figure.

² The agency year, where psychotherapy and casework are concerned, extends from September through June.
2. Records of the closed cases; the cases were selected from the files of the closed cases at Northside Center.

The population from which the sample was selected was the clientele of Northside Center in New York City. The styles in which some of the interviews were written proved a limitation, but were compensated for by the use of the yearly and closing summaries.

The Hunt scale which was designed to measure movement in casework was used to measure movement in casework and movement in psychotherapy. This scale limited the information gathered from the cases studied. Other limitations included the time allotted the writer to make the study and the writer's limited research experience.
CHAPTER II

THE AGENCY SETTING

History

Northside Center began as a dream in the hearts and minds of Drs. Mamie and Kenneth B. Clark. In 1944, they became interested in the lack of child guidance facilities in the Harlem community, and made efforts to stimulate social agencies in the community to extend their function to include mental hygiene services. When no social agencies were able to assume that responsibility, the Clarks, who were professionally trained, set out to help meet the overwhelming needs. Their goal to establish a clinic was realized in the reorganization of the Northside Testing and Consultation Center in March, 1946.

The initial location of the Center was far from ideal. Located in the basement of the Dunbar Apartment Building, it was somewhat inaccessible to all parts of the city. The one-room office, partitioned off into five cubicles and a small waiting room, afforded little privacy for interviews.

The staff consisted of the Director, Dr. Mamie Clark; one full time and one part-time psychologist; three consulting pediatricians; three part-time psychiatrists; one secretary; and three caseworkers who worked...
one or two evenings a week and sometimes on Saturday. The staff, with the exception of the remedial teacher and secretary, worked on a voluntary basis. The staff at the outset, as it has been through the years, was interracial; all of its members were professionally trained, with extensive experience in dealing with emotional problems.

Children, aged three to eighteen, were accepted for study and treatment on an interracial basis. Only children, who through testing showed some mental defect of a serious nature which was unattributable to emotional conflict or who were psychotic, were not accepted. Some adults were also accepted during the early years.

The Center, a non-profit organization, was sustained through contributions by members of the staff and small fees from clients. The fee was set according to a sliding scale based on the annual income of the client.

In April, 1947, a group of interested persons, brought together by Mrs. Marian Rosenwald Ascoli, with the aid of the Citizens' Committee on Children of New York, dissolved the old Northside Testing and Consultation Center and formed a voluntary, non-profit, tax-exempt association, the Northside Center for Child Development. The purpose of the Association was to provide an adequate financial and professional foundation for the Center to meet more effectively the needs of the children of the Harlem area for child guidance facilities. One of the first acts of the Association was to liquidate the debts of Northside Center and to contribute financially to the agency.

In January, 1948, as a result of the initiative taken by Northside Center's Board of Directors and Professional Advisory Committee, Northside Center was granted a dispensary license by the New York State Board
of Social Welfare. This act established its basis for operating as an officially licensed mental hygiene clinic, the first in the Harlem community.

In October, 1948, Northside Center moved to new offices in its present location, 31 West 110 Street, between Madison and Lenox Avenues. The spacious new offices alleviated the overcrowding which had characterized its initial location.

Northside Center was accepted as a member of the Greater New York Fund in March, 1949; in July, 1949, it received a grant from the National Mental Health Act. In order that the New York City Youth Board might refer a certain number of cases for treatment each year, Northside Center was given a grant by that organization.

A student training program was initiated in February, 1949 by the placement of a student from the New York School of Social Work to do field work at Northside Center. In September, 1949, a field work student was sent from the Atlanta University School of Social Work. The student training program has since expanded to include an intern-in-training program for student psychologists. A grant in 1956 from the Avalon Foundation made possible the beginning of a study, the ultimate goal of which is the establishment of a coordinated training program for psychiatrists, psychologists and social workers.

As Northside Center became swamped with referrals, it became necessary to limit the geographic area served. Limits were set which included the area between 96th Street and 165th Street, from the East to the Hudson Rivers.

During the year 1957-1958, a child psychiatrist with experience in
the organization of psychiatric clinics for children, concluded an evalu-
native survey of Northside Center. The funds for this survey had been
donated by the Avalon Foundation. Many positive aspects of the program
were stressed by the study, and recommendations were made for improvement
in clinical structure. The Professional Advisory Committee disbanded in
1957; most of its members joined the Board of Directors. Plans are now
being made to add to the staff a child psychiatrist with experience in
administration to fill the position of Clinical Director. A member of the
psychiatric staff is serving as acting director while the search is under-
way for someone to fill that position. Another pending change is the re-
location of Northside Center in larger offices. Along with Northside
Center's interest in relocation is an ever-present desire to serve its
community with progressive and productive methods.

Staff and Services

The staff at Northside Center includes a Director; an Associate
Director who is also Research Director; an Acting Clinical Director;
twelve psychiatrists and one lay analyst who work on a part-time basis;
one part-time pediatrician; one part-time and one full time psychologist;
three full time and one part-time remedial reading therapists; seven
social workers; three students-in-training, and an eight-member clerical
staff. A Spanish-speaking team is included on the staff to accommodate
Northside Center's Spanish-speaking clients.

Services offered by Northside Center include remedial reading and

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1 Annual Report Concerning the Northside Center for Child Development,
Inc. for the Year Ending June 30, 1958, op. cit.
arithmetic, diagnostic study of and therapy for children, casework services for the parents, psychological testing and combinations of the services. Between July, 1957 and June, 1958, a total of 780 children were helped in some way and 325 parents were seen in casework.

In addition to direct services to clients, Northside Center offers services to the community. These services include consultation to teachers and staff of the Neighborhood Children's Center, speaking to community groups, leading group discussions, organizing parental groups for exploration and discussion of subjects of their interest, and having articles published in Spanish newspapers for the benefit of Spanish-speaking parents.

A well integrated team approach is used in the diagnosis and treatment of cases at Northside Center. At the outset, the social worker secures social history data from the parents or guardian of the child; the pediatrician gives the child a physical examination; the psychotherapist has a diagnostic interview with the child and sometimes talks with the parents; the psychologist gives a battery of psychological tests. The findings of the members of the team are presented in the Acceptance Conference during which diagnosis and recommendations for the case are made. Thereafter, members of the team involved in the treatment process meet periodically in Evaluation Conferences to keep mutually informed of all phases of the treatment and to coordinate treatment plans. A closing Conference is held by the team when the case is closed. There is full utilization of teamwork at Northside Center to provide the best treatment possible for the children through treatment of the mothers as well as of the children. In cases where it is feasible and possible, fathers are also involved in the treatment process through casework.
CHAPTER III

CHARACTERISTICS OF THE SAMPLE

The cases used in this study were taken from the files of closed cases at Northside Center. The sample was composed of cases in which the ages of the children were between nine and twelve years; both mother and child received treatment; only one child in the family was in treatment; the diagnosis at acceptance was neurotic behavior disorder or neurotic character disorder.

Personal Characteristics

The children in the twenty cases studied ranged in age from nine through twelve years when treatment began. Four were nine years of age; six were ten years of age; seven were eleven years of age; three were twelve years of age. The sample consisted of two girls and eighteen boys.

Thirteen of the children were Negroes, six were Puerto Ricans and one was a Caucasian. This is understandable in view of the fact that the geographical area served by Northside Center is populated predominantly by Negroes. In recent years there has been an influx of Spanish-speaking people, white and Negro. The agency classification for these people is Puerto Rican.

Seventeen of the children had I. Q.'s which fell between 90 and 110, in the average range. One child was above average with an I. Q. of 121, and two children were below with I. Q.'s of 82 and 75.

The children were in grades ranging from Four to Seven. There were five in Grade Four, all of whom were below grade level in reading and arithmetic. There were seven in Grade Five. Of these, six were below
organized. His parents continued to be demanding and critical of J.

Changes in attitudes and understandings. — J.'s parents failed to gain understanding of his problems or of their role in them. J. was able, to some extent, to detach himself and see his parents realistically. His self-esteem was heightened and he became able to face his fears.

Changes in environmental situation. — No changes were indicated in the home. In school, at one period, J. suffered a setback and was put in a slow class.

Picture at termination. — When treatment was terminated, J. was showing marked improvement in terms of his relationship with peers, his self-confidence and self-esteem, his improved functioning in school and his understanding of his parents. Mr. and Mrs. J. seemed unchanged in their way of relating to J. and in their expectations and demands.

Cases in Which There Was No Evidence of Movement

Case No. 11

K., a 10 year-old Negro boy was referred by his school principal because he was disruptive and impulsive in school to the point of throwing knives, refusing to do his school work, was defiant and tempestuous, and had severe asthmatic attacks. K.'s diagnosis was neurotic behavior disorder. K. was seen in therapy 103 times in 36 months and his mother, 56 times in 49 months.

K., an egocentric child, was superficial in his contacts in an effort to preserve his comfort instead of being genuinely communicative. This seemed indicative of his having learned to be protective when dealing with adults, satisfying them without actually involving himself. He seemed to use his asthma to further his detachments and non-involvement in relationships.

K.'s personality seemed to be reactive to the extreme amount of pressure exerted by both parents. His rebellion was expressed in his negative behavior and his use of his asthma. He had a very depreciated concept of self which showed in his posture and walk.

During the first three years, K. showed moderate gains in therapy. He was slightly less ego-centric and mean in his relationships, and behaved better in school. During the 4th year he spent some time in a convalescent home. There was little change noted in therapy that
year. K. wasn’t seen during the 5th year. He seemed to have reached a plateau in therapy. He assumed no responsibility for himself, projecting responsibility for his behavior on his parents. Placement was considered as the only way of helping him. He was finally placed but remained there for only a few weeks because his parents upheld his objection to working there and finally removed him. He attended school only 8 days that year.

At the end of the 6th year K. requested that he be continued at Northside Center. The feasibility of doing so was questioned in light of the great agency investment in him with little changes. It was decided to re-evaluate him in the fall in terms of the use he made of the summer. It was felt that it might be worthwhile for him to continue if he could mobilize himself to productive activity. In the fall, K. could not mobilize himself to meet the conditions for continuation at Northside Center, i.e., keeping regular appointments and attending school. He quit school, but did follow through on referral for employment. He had two jobs during the following year, but no details were available regarding his performance on them.

Mrs. K. dominated the family, relegating Mr. K. to an ineffectual position. Both Mr. and Mrs. K. had rigid personalities. They had high expectations for the achievement of their children. Very inconsistent in handling K., they were at times indulgent and overprotective and at times intolerant of him. Mrs. K. was receiving psychiatric treatment at one of the city hospitals.

Changes in adaptive ability or efficiency.— During the early part of treatment, K.’s behavior was indicative of slight improvement in his interpersonal relationships; however, as therapy progressed, the gains seemed to be lost. K. stopped school entirely. There was no evidence of change in the parent-child relationship.

Changes in disabling habits and conditions.— K. continued to shift the responsibility for his behavior. He was ego-centric and refused to mobilize himself to productive activity. There were no changes in his parents’ handling of him.

Changes in attitudes and understandings.— The parents seemed to have little understanding of their role in K.’s problems. Their attitudes and ways of handling K. remained detrimental to his adjustment.

Changes in environmental situation.— It was felt that no basic
improvements could be made by K. while his parents remained unchanged.

K. spent a few months in a convalescent home where he adjusted very well.
Placement was recommended and finally effected. K. did not remain, however, because his parents upheld his objection to the placement and secured his release. Near the time when treatment was terminated, he quit school.

Picture at termination.— K. made temporary symptomatic improvements which, by the time of termination, had deteriorated to a minimal degree.
The attitude of K.'s parents remained rigid, and no change occurred in their relationship with him.

Case No. 12

L. was an 11 year-old Puerto Rican female who was referred to Northside Center by NYC Youth Board because she was nervous and fearful in school, destructive with toys, unable to keep up with her school work and in the habit of playing hookey. During her first period of treatment, L. was seen 9 times during 2 months, and her grandmother was seen 7 times during 2 months. After the re-opening of her case two years later, L. was seen 18 times in 54 months and her grandmother was seen 21 times during 68 months.

L.'s mother had been intellectually limited and was committed to Letchworth Village when she was 14. L. was conceived during a two-week visit home. L.'s parents married prior to her birth but later separated. During the time L. lived with them she was generally neglected. Finally L.'s maternal grandparents took her to live with them.

L. learned by memory but seemed unable to conceptualize. Her behavior in the classroom indicated lack of comprehension, however, her extreme fearfulness seemed to contribute to her low level of functioning.

After the first period of treatment, the case was closed. The final diagnostic impression was that of a defective child with problems of management, and the recommendation was made that the Bureau of Child Guidance place her in a class for retarded and mentally defective children.

The case was reopened two years later upon request of the grandmother. It was found that L.'s IQ was higher than had at first been believed, because of a mistake made in her age, and the Bureau of Child Guidance had not followed through on the recommended CRMD placement.

L. seemed to be an immature girl with poor intellectual capacity, reacting to her restrictive, punitive grandparents as well as to rejection by her mother.

During the two years of her second period of treatment, L. seemed to show some sporadic symptomatic improvement. Sometimes she seemed
more mature and sociable and did better in school. She graduated from 6th grade. Drug therapy was utilized to help her with her enuresis.

During the summer preceding her third year, L.'s mother visited her from the west coast where she had married a successful man and was doing quite well. L. was quite hurt over the fact that her mother refused to take her back with her. After her mother left and L. started in junior high school, L.'s behavior began deteriorating. L.'s school adjustment was poor, and she again truanted from school, arriving at home very late refusing to tell where she had been. After one such escapade, when L. said she had been with a boy all night, medical suspension from school was recommended as a means of protecting L. until she could be placed. Emergency placement was requested but nothing came through.

L. finally ran away with an 18 year-old boy and stayed with him until he ran out of money. The boy told L.'s grandparents where she had left him. No trace was found of L. despite radio and newspaper appeals, reports to the police and missing person's bureau, until about one month later. She was located in "The Women's House of Detention," where she had been for 17 days. She and some other youngsters were picked up by the police while loafing around the bus depot. L. had given another name and stated she was 18, claiming her parents had returned to Puerto Rico, leaving her in New York living with one of the youngsters picked up in her company. She decided to declare her true identity when the possibility of her being sent to jail was mentioned. She was remanded at Youth House after she stated she was pregnant; two months later she was transferred to Hudson State School for Girls after a gynecological examination showed negative.

L.'s grandmother was very punitive, and fearful that L. would follow in her mother's footsteps. She did not understand L.'s needs and limitations, and her expectations for L. were too high. In addition, L.'s grandfather was ill and quite obsessional, draining her grandmother's energy to the extent that she had little left for patience with L.

Attempts were made in casework to help L.'s grandmother understand her and be less punitive and restrictive where she was concerned. During the first year, she gave L. a little more freedom but remained extremely punitive.

During the next year, Mrs. L.'s attitude toward L. changed to a point where she was able to talk about her shortcomings in a humorous tone, and went so far as rewarding L. when she took home a good report card. However, L.'s unresponsive attitude and repeated misbehavior in the way of stealing, lying and truanting, and putting Mrs. L. in the spotlight in front of her church members, depleted Mrs. L.'s patience. She requested placement for L. but refused to get it through the court, because she did not feel that L. was a delinquent.

Changes in adaptive ability or efficiency.-- During the course of treatment some symptomatic improvement was noticed in L.'s relationship
with her grandmother and her adjustment in school. Mrs. L. seemed to
gain some understanding of the child and relaxed some of her rigid demands. However, basically, the situation remained unimproved in terms of the
attitudes of the grandparents toward L. and their high expectations of her.

Changes in disabling habits and conditions.--- L.'s delinquent tendencies diminished for a time, but reappeared in reinforced fashion prior to
termination of treatment. Mrs. L.'s basic rejection of L. remained, al-
though superficial attitudinal changes were noted in her from time to time. She continued to expect too much from L., and was disappointed when she
did not measure up. Her husband's ill health was an additional strain on her energies.

Changes in attitudes and understandings.--- Mrs. L. never seemed to
fully understand L.'s problems nor her role in them. L.'s feeling of
being rejected and unloved were never dispelled, but rather intensified when her mother refused to take her.

Changes in environmental situation.---Mr. L.'s condition got pro-
gressively worse during the time L. was in treatment. Hence Mrs. L. had
to spend a great deal of time caring for him, and many times found her-
self unable to cope with L.'s behavior. Negative attitudes toward L. existed in the home throughout treatment. Placement was recommended but
was not effected. L. was finally sent to the Hudson State School for
Girls.

Picture at termination.--- L.'s behavior at home and at school had
deteriorated to a marked degree, and she was sent to a state training
school.
Case in Which There was Evidence of Negative Movement (Deterioration)

Case No. 15

M., a 10 year-old Negro male, was referred by the NYC Youth Board because of his frequent lying, stealing, use of profanity, lack of bladder and bowel control, and hostility toward his maternal grandmother who lived in the home. M.'s diagnosis was neurotic character disorder. M. was seen 26 times over a period of 9 months; his mother was seen 20 times in 10 months.

M. was born out of wedlock, and had experienced a series of boarding home placements. At the age of 4, he went to live with a paternal uncle where he remained until his mother abducted him, against the advice of a psychiatrist at Community Service Society, when he was 8 years of age. M.'s basic needs for love, affection and acceptance had been unmet.

M. made marked improvement in therapy. He became a better behaved, neater child and seemed much happier.

Miss M. was extremely nervous and tense during intake. She seemed on the verge of a nervous breakdown, for which she was hospitalized the following month. Her mother died the second month following intake.

Miss M. kept regular appointments except when work interfered. She was able to see what M. had gone through during their years of separation, and discuss that and her own feelings of guilt for not offering him a better life. Miss M. accepted counsel and tried to follow through on suggestions related to M.'s basic needs for love, affection, and acceptance. In a short time the relationship changed, and M. began behaving differently. Gradually he gained bowel control, his bedwetting decreased, he kept himself neater, took pride in his personal appearance and the appearance of his room, and became more interested in school. Whereas Miss M. had been physically repulsed by M., she began to enjoy expressing physical affection toward him.

When Miss M. returned in the fall she informed the social worker that M. was no longer with her. She felt she could no longer cope with his behavior, and had placed him with friends upstate. She felt guilty about her decision, and was encouraged to continue contacts if she felt the need to do so. (There were no details in the record concerning what precipitated the changes that occurred during the summer.) M. felt quite rejected, and expressed as much to his mother so she would send him more money.

Changes in adaptive ability or efficiency.— The relationship between Miss M. and M. showed marked improvement during the early part of the treatment process. M. became more relaxed and changes were observed in all of his problem areas. Miss M. began relating to him in a more
positive fashion. There was a breakdown in the positive relationships during the summer interlude between treatment periods.

Changes in disabling habits and conditions. It seemed in casework that Miss M. became more accepting of M. and began giving him the affection he needed. M.'s disabling symptoms began to show noticeable decrease; he became a neater, more likable child. There was, however an apparent recurrence of symptoms during the summer with which his mother felt she could no longer cope.

Changes in attitudes and understandings. Miss M. seemed to gain understanding of her son's needs and problems and how to be of utmost help to him. M. showed a great deal of pride in his change of attitude from one of indifference to one of concern in that he improved considerably in his habits. M. also seemed to be much happier, feeling that he was loved and wanted. When his mother again placed him, her guilt and his feelings of rejection were intensified.

Changes in environmental situation. The marked improvement in the mother-child relationship can be considered as a change in the environment in that it was indicative of an improved emotional climate in the home. This was shortlived. During the summer a major change was effected in the physical environment, when Miss M. placed M. in a foster home.

Picture at termination. During the time active treatment was in effect, both mother and child evidenced considerable movement. M.'s movement seemed directly related to changes in the mother's attitude toward him and the resulting treatment she gave him. In addition, the death of the grandmother seemed to have a positive effect on M.'s adjustment. It also seemed that M.'s response to his mother's new ways of handling him.
stimulated her continual improvement.

During the summer, however, there was apparently regression on the part of mother and child. Miss M., feeling that she could no longer cope with M., placed him away from the home. Her natural guilt about her decision was heightened by her son's statement to the effect that he felt rejected. She attempted to compensate for her guilt and his feeling of rejection by sending him money. It seemed in this case that there was deterioration or negative movement. The situation appeared worse when treatment was terminated than it had been at the outset.
CHAPTER V

SUMMARY AND CONCLUSIONS

This study represents an analysis of casework and therapy interviews and summaries in 20 case records selected from the closed files of Northside Center for Child Development, Inc. These cases were analyzed according to Hunt's criteria for measuring movement to determine whether or not movement occurred, and whether and how movement of the mother in casework with the social worker was related to movement of the child in therapy with the psychotherapist. Thirteen of the 20 cases were discussed in detail in Chapter Four.

Movement was seen in 18 of the 20 cases. Fourteen of those cases evidenced movement of mother and child, three, movement of child only, and one, negative movement or deterioration of mother and child.

In the cases in which there was movement of mother and child, with the exception of Case Six, it appeared that movement of the child was directly related to movement of the mother. In those cases, it seemed that as the mother's improved attitudes and understanding of the child and the situation began expressing themselves in her improved handling and relationship with the child, the child would begin to show improvement. After movement seemed in progress, there tended to develop a reciprocal relationship between movement of mother and child. Case Six evidenced movement of mother and child which seemed related to factors outside of the treatment relationship.

In Cases Eight, Nine and Ten, there was movement of the child only; movement in those cases seemed related to the strength of the therapy
relationship. In Cases Eleven and Twelve, which evidenced no movement, it seemed that failure of the child to move in treatment was directly related to failure of the mother to move in treatment. In case Thirteen, it seemed that the negative movement was related to deterioration in the mother-child relationship.

Several factors were examined to determine if they seemed to show how movement or lack of movement of the children and mothers in this study was related. Those factors were: diagnosis, prognosis, marital status of parents, person with whom the child lived, ethnic group, number of years of treatment, whether or not appointments were kept with regularity, the problems of the children, the problems of the mothers, the mother-child relationship and the interest of the mothers in treatment.

TABLE 1

<table>
<thead>
<tr>
<th>Movement</th>
<th>Neurotic Behavior Disorder</th>
<th>Neurotic Character Disorder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>7</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Child Only</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

When the diagnoses were viewed in relation to movement, the following results were found. Of the children who were diagnosed as having neurotic behavior disorders, seven cases evidenced movement of mother and child, one case evidenced movement of the child only, and 2 cases showed no evidence of movement. Seven of the cases in which the diagnosis was neurotic character disorder evidenced movement of both mother and child,
two, movement of the child only, and one, negative movement or deterio-
ration of mother and child. There seemed to be no differences in the re-
lation of the 2 diagnostic categories to movement or lack of movement in
the cases.

TABLE 2

STUDY SAMPLE BY MOVEMENT AND PROGNOSIS

<table>
<thead>
<tr>
<th>Movement</th>
<th>Prognosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Fair</td>
</tr>
<tr>
<td>Both</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Child Only</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>

The prognoses represent the predictive thinking of the team relative
to the outcome of treatment. It seemed advisable to consider this factor
in regard to movement to see if there appeared to be any relation be-
tween diagnostic thinking about the outcome of treatment and movement of
mother and child. Of the 14 cases which indicated movement of both mother
and child, the prognosis was "good" for nine cases, "fair" for four cases and
"guarded" for 1 case. The prognosis in the cases where only the child
showed movement was "good" for 2 cases and "guarded" for 1 case. For the
two cases which evidenced no movement, the prognosis was "fair" for 1 and
"guarded" for the other case. The prognosis for the case in which nega-
tive movement was evidenced was "guarded". Nothing conclusive seemed
evidenced when the prognoses were examined in relation to movement. It
did seem significant that neither of the cases in which there was no
evidence of movement showed a prognosis of "good," although 1 each of the
cases in which there was dual movement and movement of the child only had a prognosis of "guarded."

TABLE 3

STUDY SAMPLE BY MOVEMENT AND MARITAL STATUS

<table>
<thead>
<tr>
<th>Movement</th>
<th>Father</th>
<th>Mother</th>
<th>Both</th>
<th>Div.</th>
<th>Sep.</th>
<th>Together</th>
<th>Unwed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Child Only</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

The marital status of parents was viewed in relation to case movement. Of the 14 cases which evidenced dual movement, the father was dead in five cases, in one of which the mother remarried and later separated from her second husband. In 2 cases, the children lived with both parents, in 2 other cases with grandmothers. Of the latter 2 cases, both parents were dead in one; the mother was dead and the father had remarried in the other. In 3 cases the parents were separated; the parents in one of the cases were reconciled during the time of treatment; in one case the mother was unmarried; in the last case the parents were divorced and the mother had remarried. Of the 3 cases which evidenced movement of the child only, the parents in 2 cases were together and in one case divorced. Of the 2 cases which evidenced no movement, the child lived with both parents in one and with the grandparents in the other; the parents in the latter case were divorced and the mother remarried during the time of treatment. The mother in the case in which there was evidence of negative movement was unmarried. The study did not indicate any relation between the
marital status of the parents and movement of the child.

TABLE 4

STUDY SAMPLE BY MOVEMENT AND PERSON WITH WHOM THE CHILD LIVED

<table>
<thead>
<tr>
<th>Movement</th>
<th>Father and Mother</th>
<th>Mother Alone</th>
<th>Mother and Step-father</th>
<th>Grandparents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>2</td>
<td>9</td>
<td>1</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Child Only</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>11</td>
<td>1</td>
<td>3</td>
<td>20</td>
</tr>
</tbody>
</table>

In the above table, movement was considered in relation to the person with whom the child lived. The child lived with both parents in 2 cases, with the mother in 9 cases, with mother and step-father in 1 case, and with the grandparents in 2 cases of the 14 cases in which movement of mother and child was indicated. In the cases in which there was movement of the child only, the child lived with both parents in 2 cases and with the mother in 1 case. One child lived with both parents and the other with grandparents in the two cases in which no movement was noted. The child in the case in which negative movement was seen lived with the mother. From the study, it seemed that the person with whom the child lived had no effect on movement in the case.

The sample consisted of 13 Negroes, six Puerto Ricans, and 1 Caucasian. The cases of 9 of the Negroes and 5 of the Puerto Ricans evidenced movement of mother and child. Two cases of Negroes and the case of the Caucasian evidenced movement of the child only; one case each of a Negro and a Puerto Rican evidenced no movement; one case of a Negro evidenced negative movement. The study seemed inconclusive as to the effect of the ethnic group.
of members of the sample on movement in the cases.

**TABLE 5**

**STUDY SAMPLE BY MOVEMENT AND ETHNIC GROUP**

<table>
<thead>
<tr>
<th>Movement</th>
<th>Ethnic Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Negro</td>
<td>Puerto Rican</td>
</tr>
<tr>
<td>Both</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Child Only</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td>6</td>
</tr>
</tbody>
</table>

**TABLE 6**

**STUDY SAMPLE BY MOVEMENT AND YEARS OF TREATMENT**

<table>
<thead>
<tr>
<th>Movement</th>
<th>Years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1, less than 2</td>
<td>2, less than 3</td>
</tr>
<tr>
<td>Both</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Child Only</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

In order to determine if the length of time the cases were open seemed to affect movement, this factor was examined. The duration of treatment in the cases in which dual movement was evidenced ranged from 1 year (3 cases) to a case in which the child was in treatment for 4 years and the mother for 5 years. In addition to those cases, there were 7 cases in treatment for 2 years, one for 2½ years, and one each of a child in treatment for 1 year and the mother 3 years and of a child in treatment for 4 months and the mother in treatment for 1½ years. Of the three cases in which only the child evidenced movement, one had two periods of
treatment, the first for 4 years and 3 years later the second, for 1 year; two were in treatment for three and one-half years. The cases in which no movement was evidenced included 1 which had been open for 4 years and 1 in which there had been 2 periods of therapy, one for \( \frac{1}{2} \) year and 2 years later for 3 years. The case in which negative movement was evidenced had been in treatment for 1 year. No relation seemed indicated between the duration of treatment and movement.

**Table 7**

**STUDY SAMPLE BY MOVEMENT AND REGULARITY WITH WHICH APPOINTMENTS WERE KEPT**

<table>
<thead>
<tr>
<th>Movement</th>
<th>Both Appointments</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Child Only</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 7 pictures the findings when movement was studied in relation to the regularity with which appointments were kept. Of the cases which evidenced dual movement, regular appointments were kept by both mother and child in 6 cases; the mother was irregular and the child regular in 1 case; the mother was regular and the child irregular in 3 cases; both mother and child were irregular in 4 cases. Of the 3 cases of movement of child only, both mother and child were irregular in the first case and only the mother was irregular in the remaining cases. Of the 2 cases which showed no movement, the mother was irregular in 1 case and both mother and child were irregular in the other case. Both mother and child
were regular in keeping their appointments in the case which evidenced negative movement. These results did not seem to indicate any relation between the regularity with which appointments were kept and movement.

Eighteen of the children had serious behavior and/or academic problems in school along with personality, behavioral and/or situational problems evidenced in the home and in interpersonal relationships. The two children whose problems were not disturbingly manifest in school had home and relationship difficulties similar to those of the other children. When the problems of the children were viewed in relation to movement in the cases, the results were not indicative of any patterns of relationship. Because of the interrelatedness of all the problems of the children, it was not possible to isolate and definitely classify them on the basis of one outstanding characteristic. This same problem was encountered when the problems of the mothers and the mother-child relationships were examined.

The problems of the mothers were surveyed as to possible relation with movement in the cases. The results indicated no pattern of influence between the problems of the mothers and the movement in the cases.

The mother-child relationships were also examined as a possible factor affecting movement. Again the results indicated no pattern of relationship.

As the cases were studied, one factor seemed pronounced. That was the interest or lack of interest on the part of the mother in sincerely helping the child. This is a very important element in the treatment situation. As Gordon Hamilton said,

Since the parents are involved, whether causally or not, in all
problems of child behavior, they must be brought into the treatment process in some fashion. The mother of young children and of most older children must be helped. If the parent's participation is lacking, the entire treatment process is seriously handicapped.\(^1\)

Therapy is dependent to a large extent on what the parent is able and willing to do to meet the child's needs. The position of the parents must be considered not only diagnostically but also as the chief element in reconstruction of the family balance.\(^2\)

If the mother really does not want the child to change, little good can come of treatment.\(^3\)

In practically all successful cases there is honest questioning at some time by the parents of their own role followed by active enlistment and self involvement in the treatment process.\(^4\)

It is thus understandable why genuine interest and a desire to use help are such vital ingredients in the treatment situation.

In all but one case in which there was movement of mother and child, Cases One through Five, and cases Seven and Fourteen through Twenty, there seemed to have been a sincere desire by the mother for help and constructive use of casework services. In Case Six, factors outside of the treatment situation seemed responsible for the movement evidenced. In Cases Eight, Nine and Ten, where there was movement of the child only, the parents seemed too involved in problems or aims of their own to get involved in the problems that affected the child for the sake of helping him. No real casework relationship seemed to have been established during treatment. In those cases, however, it seemed that the therapy relationships were strong enough to counteract the influence of the home.

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The children seemed motivated toward utilizing the help offered them. In cases Nine and Ten, the children kept regular appointments. The child in Case Eight did not keep regular appointments; however, his irregularity seemed related to the mother's attitudes and resistance rather than to disinterest on the part of the child.

In Case Eleven, which evidenced no movement, the parents did not seem interested in casework help and could not benefit from it. The mother had serious mental health problems, and was undergoing treatment in a local outpatient psychiatric clinic. The parental attitudes were detrimental to the success of therapy; it was the feeling of the team that the child would make and sustain little improvement while in the home environment. Placement of the child was recommended and later attempted, but no lasting placement arrangements were effected.

In Case Twelve, the grandmother seemed interested in and desirous of help, but was unable to utilize it, and continued unable to meet her granddaughter's needs, especially in times of crisis. The grandmother was burdened with the care of her very physically sick, neurotic husband who drained her energy to such an extent that she had little left for her relationship with her problem grandchild. In Cases Eleven and Twelve, the therapy relationships didn't seem strong enough to make up for or counteract the influence of the home.

Case Thirteen, in which negative movement or deterioration was evidenced, showed evidence of great improvement during the time the mother and child were in direct contact with the social worker and the psychotherapist. During the summer, however, when casework and therapy were not offered, as is the policy at Northside Center during the months of
July and August, there occurred serious deterioration of the mother-child relationship. The situation which resulted seemed more emotionally damaging to mother and child than the situation which had existed at the outset of treatment.

The results of this study are for the most part, inconclusive. There was evidence to the effect that movement occurred in 18 of the 20 cases studied. There was also evidence which pointed to a relationship between movement, lack of movement or negative movement on the part of the child with movement, lack of movement or negative movement on the part of the mother in 16 of the 20 cases studied. No conclusion, however, could be drawn as to the factors affecting the movement. There was some evidence which indicated that a sincere interest and desire to help the child on the part of the mother might have been a factor affecting movement in the cases studied. Although such a connection has been suggested by such authorities as Gordon Hamilton, Oliver English, George Pearson, Nathan Ackerman and Peter Neubauer¹, this study cannot be regarded as conclusive proof.

¹ See works cited by the writer in the bibliography.
BIBLIOGRAPHY

Books


Articles


Unpublished Material


SCHEDULE

I. DIAGNOSIS
   A. Neurotic Behavior Disorder
   B. Neurotic Character Disorder

II. PROGNOSIS
   A. Good
   B. Fair
   C. Guarded

III. IDENTIFYING INFORMATION
   A. Age (when case accepted)
   B. Sex
   C. Ethnic Group

IV. EDUCATIONAL INFORMATION
   A. Intelligence Quotient
   B. Grade Placement
   C. Arithmetic Level
   D. Reading Level

V. FAMILY INFORMATION
   A. Marital Status of Parents
   B. Ordinal Position of Child in Relation to Siblings
   C. Problems of Mothers Related to Problems of the Children
   D. Person with Whom the Child Lived

VI. DURATION OF TREATMENT OF MOTHER AND CHILD

VII. REGULARITY WITH WHICH APPOINTMENTS WERE KEPT BY MOTHER AND CHILD

VIII. INITIAL PROBLEM SITUATION OF MOTHER AND CHILD

IX. PICTURE OF THE MOTHER AND CHILD SITUATION AT TERMINATION OF THE CASE

62
X. INDICATIONS OF MOTHER-CHILD RELATIONSHIPS

XI. INDICATIONS OF INTEREST ON THE PART OF THE MOTHER IN SINCERELY HELPING THE CHILD

XII. INDICATIONS OF MOVEMENT OF THE MOTHER IN CASEWORK AND THE CHILD IN PSYCHOTHERAPY

A. Changes in Adaptive Ability or Efficiency
   1. Changed ability to get along with other people
   2. Changed efficiency in running a home or in performing on a job or in school
   3. New skill of any sort

B. Changes in Disabling Habits and Conditions
   1. Changes in attitudes, personality traits and behavior inimical to good social relations
   2. Changes in delinquent tendencies
   3. Changes in anxiety level in basic conflicts of motivation and in health

C. Changes in Attitudes or Understanding as Evidenced from the Clients' Verbalizations
   1. Accepting counsel
   2. Changes in attitudes toward self and others as shown by what the client says
   3. The discernment of relationships between present behavior and feelings and events in the client's personal past

D. Changes in Environmental Situation
   1. Changes in living quarters, clothes and furnishings
   2. Changes in the behavior of other people toward the individual
   3. Changes resulting from child placement or the transfer of a psychotic from the home to a hospital

grade level and one at grade level in arithmetic; in reading, two were above grade level, one at grade level and two below grade level. There were four in Grade Six, all of whom were below grade level in reading and arithmetic. There were also four children in Grade Seven, three of whom were below grade level and one at grade level in arithmetic, and three below grade level and one above grade level in reading.

Seven of the children had no siblings. Four were the oldest of the siblings and six were the youngest. One child was the sixth of eight siblings; two children were the third of four siblings.

Ten of the children in the sample were diagnosed as having neurotic behavior disorders. Of this group, the prognosis of seven was good; of two, fair; and of one, guarded. The other ten children were diagnosed as having neurotic character disorders. Their prognoses were good for four, fair for three and guarded for three.

The parents in five cases were married and living together. The fathers were deceased in five other cases, in one of which the mother had remarried but was separated from her second husband during the time of treatment. Both parents were deceased in one case; the child lived with his grandparents. The mother of the child in one case was deceased and the father had remarried; the child lived with his grandmother. In two cases the parents were divorced; in one case the mother had remarried by the time treatment was initiated and had her child with her; in the other case, the child lived with her grandparents although her mother remarried during the time she was in treatment. The parents in three cases were separated; however in one of these cases the parents became reconciled during the time of treatment. In these cases the children lived with
their mothers. The mothers of the children in two cases were unmarried.

Problems of the Mothers Related to the Problems of the Children

Arthur Noyes discussed the effects of certain parental attitudes on children.

Parental oversolicitude...in every phase of the child's life, including dress, health, food, play and associations with other children prevents the development of independence, responsibility and maturity of personality essential for successful adaptation. Such children, shielded from all the ordinary hazards of life, are rendered dependent, infantile and frequently hostile. They lack the satisfying pleasures of childhood and are usually whining and deceitful. Oversolicitous parents, in their anxiety to protect the child against imaginary harm, usually nag, scold and constantly admonish him. As he grows older they continue to treat him as a child rather than as a responsible, or at least partially responsible, person.1

...in her training of the child the overprotective mother is either indulgent or dominating. The child of the indulgently overprotective mother continues his infantile demands and expectations long after they should have been outgrown. He is often a disciplinary problem, and his behavior may be characterized by disobedience, impudence, tantrums, an aggressively demanding attitude, and varying degrees of tyrannical behavior. He may be selfish, conceited and a show-off. His bossy and demanding attitude betrays the fact that maternal indulgence has stimulated the development of aggressive components of the child's personality. Feeding problems are common in the child of the indulgent, apprehensive mother. The problems of the dominating overprotective mother's child are largely of anxieties, fears, shyness and submissive behavior.2

The child who is deprived of love or raised by fear, terror, punishment and other sadistic methods usually responds by aggressive behavior or by mechanisms of escape. There is danger that the child may become either dependent and submissive or else rebellious toward the authority

1

2
Ibid.
of parents.¹

The child who feels rejected is often insecure and anxious as a result of which he is hyperactive, emotionally unstable, has difficulty in concentrating, feels resentment toward the person who denies him the love he wants, and expresses his hostile feelings in temper tantrums and disobedience. He may cover up his need for affection by an air of bravado and attack.²

One should not overlook the emotional reaction of the parents to the behavior of the child. Occasionally the behavior of the parents is a result of the child's behavior rather than the cause of it.³

Thirteen of the mothers in this study were overprotecting, demanding and controlling of their children. Of these mothers, six had extremely high academic, religious, and behavioral standards for their children, and three were punitive toward their children. Six of the mothers evidenced pronounced rejection of their children. One mother seemed to have no problem which contributed to the child's problem; however, she needed support in understanding the child's behavior. In all cases with the exception of the latter, the mothers seemed to lack understanding of some aspects of their children's psychosexual needs.⁴

¹ Ibid., p. 528.
² Ibid., p. 526.
³ Ibid., p. 525.
⁴ These impressions were expressed and/or implied in the case records.
CHAPTER IV

THE RELATIONSHIP OF MOVEMENT IN CASEWORK TO MOVEMENT IN THERAPY IN A CHILD GUIDANCE CLINIC

The Hunt Movement Scale

The movement scale is an attempt to measure casework results by standardizing and quantifying the judgement of casework practitioners on "the change that occurs in an individual client and/or his environment between the opening and closing of his case."

...the movement score yields no information on the absolute status of the client's adjustment at the close of the case. It does not reveal at what level he is functioning in relation to his social milieu but only how his functioning at the close of casework treatment compares with that at the beginning of treatment. It provides no information on the nature of the client's problems or in what specific respects progress in their solution may have been made. It does not indicate the kinds of services he has been rendered nor does it evaluate services typically provided in casework, such as information on community resources, financial assistance, housekeeping service, vacations or camp, where such services are rendered without discernible evidence of change enduring longer than the services themselves. It does not encompass "brief service" cases, i.e., cases consisting of less than five interviews.... By definition, it deliberately and explicitly excludes the degree to which casework treatment goals in a particular case were attained, the extent to which casework treatment may have prevented deterioration, and the degree of casework skill or extent of casework effort expended on a case. From the research point of view, the most serious limitation of the movement concept is that

it takes no account of the extent to which casework treatment is or is not responsible for any movement of progress evident in a case.

In brief, therefore, the movement scale is a device for standardizing the judgement of caseworkers in answering this one simple and direct question: What progress, or deterioration, and how much occurred in the client and/or his situation between the time he began receiving casework service and the time that service was terminated, regardless of the cause of the change?

The criteria for judging whether movement had taken place were developed empirically from the reasons given by a group of 15 caseworkers of the Family Service Department of the Community Service Society in rating the progress of 38 test cases. Examination and analysis of these reasons yielded four categories of criteria on which there was complete agreement. These were adopted as the basic criteria for judging movement. The four categories consist of changes in the client's --

1) Adaptive efficiency, such as his ability to get along with other people; efficiency on his job or in running a home; or overt changes in his competence in any other respect.

2) Disabling habits and conditions, such as changes in personality traits, basic emotional conflicts, and health.

3) Verbalized attitudes and understanding, such as accepting counsel; changes in attitudes toward himself or others shown by what he says; verbalized understanding of the relationship between his behavior and his attitudes or feelings.

4) Environmental circumstances, such as changes in living quarters, the behavior of other people toward the client, change resulting in child placement.

Application of Hunt's Criteria for Measuring Movement to this Study

The twenty cases studied were analyzed for movement according to the above described criteria for measuring movement. No attempt was made to determine a movement score; the study was concerned with the relation between movement of the mother and movement of the child.

The cases studied fell into four categories of movement. Fourteen cases evidenced movement of mother and child, movement of the child only was evidenced in 3 cases, no movement in 2 cases, and negative movement or deterioration in 1 case. None of the cases studied reflected movement of the mother only.
The remainder of the chapter is focused on discussions of thirteen of the cases studied. Seven of the cases which evidenced movement by mother and child were found to be exemplary of the range of problem situations noted in the cases in this category; for this reason, discussion of this category was limited to those seven cases. All of the cases in the other categories were discussed; they evidenced various problem situations in each category.

Each of the thirteen cases is presented in terms of Hunt's criteria: changes in adaptive ability or efficiency; changes in disabling habits and conditions; changes in attitudes or understandings; changes in environmental situation. The picture at termination is also set forth. This will show in a general manner what, if any changes have occurred.

**Cases in Which There was Evidence of Movement on the Part of the Child and the Mother**

**Case No. 1**

A. was an 11 year old Negro male who was referred by his school because of his immature behavior and poor school performance. His diagnosis was neurotic behavior disorder. A. was seen in therapy 31 times during a period of six months. His mother was seen in casework 22 times in 10 months.

A. had a desire to comply with accepted behavior, but his deep resentment of authority kept him from doing so. His relationship with his mother was one in which he was being infantilized, and standards out of keeping with the cultural norm were being imposed on him.

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2. The case material was taken from casework and therapy interviews and from the evaluation and closing summaries written by the social workers and psychotherapists. Some of the material was reworded by the writer. The initials used are fictitious.
During therapy, A. gained understanding of his immature behavior and relinquished it to a considerable degree. There was evidence of a greater sense of responsibility at home and his school work had greatly improved.

Mrs. A. was a demanding, overprotective, perfectionistic mother, who, through her intense control of her son, fostered immaturity in his psychosocial development.

During casework, Mrs. A. began realizing how her own fearfulness and inhibiting controls had resulted in an overprotectiveness which fostered A.'s infantile behavior. Mrs. A. made persistent efforts toward relaxing her pressures on A. and, as she became less anxious about him, evidenced growth toward seeing him as an individual.

Changes in adaptive ability or efficiency. -- The relationship between Mrs. A. and A. improved greatly during the time of treatment. A. became more responsible as Mrs. A. relaxed her pressures on him. His adjustment in school improved in terms of his behavior and academic performance.

Changes in disabling habits and conditions. -- A.'s immaturity, which expressed itself in overactivity, carelessness and poor performance in school can be thought of as disabling. The pressure that his mother subjected him to may be considered a disabling condition. During treatment, A. began evidencing maturity as his mother became less demanding of him.

Mrs. A. was fearful that her son would not mature, unaware that she was stifling his maturation tendencies. As Mrs. A. gained a stronger sense of self-worth, she was able to relax her pressures on A. to be a conforming child. As she became more hopeful of her own future, she became less anxious about A.'s future.

Changes in attitudes and understandings. -- Mrs. A. began realizing that her own fearfulness and inhibiting controls resulted in her overprotectiveness which was a contributing factor to A.'s infantile behavior. Mrs. A.'s increased understanding was exhibited in her efforts to relax her pressures on A. A. gained understanding of the inadequacy of his
behavior.

Changes in environmental situation.— The improvement in the mother—son relationship can be thought of as change in the environment in that it reflects changes in the behavior of mother and son toward each other.

Picture at termination.— When treatment was terminated, A. had relinquished his immature behavior pattern to a considerable degree. Mrs. A. had become a more understanding, less demanding mother and the parent—child relationship was a positive one. In this case, it seemed that movement of the child was directly related to movement of the mother.

Case No. 2

B. was a 10 year old Puerto Rican male who was referred by the New York City Youth Board because he was functioning below his capacity in school, fought his classmates, had a resentful attitude, cried easily and had few friends. His diagnosis was neurotic behavior disorder. B. was seen in therapy for 30 sessions in 15 months. Mrs. B. was seen irregularly, 14 times in 15 months. She was sometimes accompanied by Mr. B., B.'s stepfather.

B.'s parents were separated and for 8 years he had lived in the Dominican Republic with his father. Then he went to New York to live with his mother who remarried a short time later. In addition to being resentful of his stepfather, B. was ambivalent, aggressive and resentful toward his mother because she had separated him from his father and the environment in which he had lived. He had been engaging in homosexual activity with a friend and in excessive masturbation.

Mrs. B. was a punitive, anxious mother who had rigid religious attitudes to which she wanted B. to conform. She feared that B.'s school behavior would get them deported. Mrs. B. worked and had little time to devote to B., especially after she remarried. B.'s stepfather, constantly upset and annoyed by the way B. acted toward Mrs. B., assumed the role of disciplinarian toward him.

B.'s problems of separation from his father and the place he had thought of as home, his oedipal conflicts, his homosexual activity and excessive masturbation emerged in the treatment relationship during the first year of therapy. As treatment progressed, B. began progressing in school. His anxiety decreased and his behavior improved, but his aggressiveness and hyperactivity continued to be of problematic proportions.

During the second year of therapy, B. did not keep regular appointments until late in February. In March he had a setback and acted in a very disorganized fashion. After he settled down, his
anxiety almost disappeared and his behavior was indicative of considerable improvement.

During the first year of casework, Mr. and Mrs. B. seemed to gain understanding of their role in B.'s problems. Mr. B. understood that because B. was not his own child, he sometimes preferred not to interfere in his handling. When he did, it was as disciplinarian because B.'s behavior with Mrs. B. had gotten out of hand. Mrs. B. understood that B. was jealous of Mr. B. and to some extent his problematic behavior served as an attention-getting mechanism. They also gained understanding of the effect on B. of their working which left him without supervision most of the day. Both Mr. and Mrs. B. were surprised when they learned that B. had been indulging in a homosexual relationship, but were helped to understand that, because of B.'s age, that might be a temporary stage in his psychosexual development. This reasoning was strengthened by the fact that B. also expressed heterosexual interests and had told his mother that he had a girl friend. Mr. B. was of great help in abating Mrs. B.'s anxiety as he brought up some of his childhood experiences along those lines in which he was faced with similar situations. There had been a great deal of anxiety created in B. because of the uncertainty of Mr. and Mrs. B.'s plans. As they became aware of this they realized the feasibility of not discussing family plans in B.'s presence.

During the second year of therapy, casework was focused primarily on involving the parents in the treatment plans and getting B. to attend his therapy sessions regularly. This was not accomplished until around the first of March. Then the focus shifted to the behavior problems B. was presenting at school and at home. By the end of the year B.'s behavior showed great improvement.

Treatment was terminated because Mrs. B. took B. to Puerto Rico. She spent most of her time working and there was a serious recurrence of the problems B. had been presenting in New York.

Changes in adaptive ability or efficiency.-- By the end of the first year of treatment, some improvement had been noted in the mother-son-stepfather relationships. Mr. B. came to understand better how to handle B. and in many instances was a stabilizing factor in relieving Mrs. B.'s anxieties. B. was improving in school; his anxiety had decreased and some improvement was noted in his relationship with his classmates, however, he continued to be aggressive and hyperactive.

During the second year, B. failed to keep regular appointments until late in the year. He had a behavior setback at home and at school. The school considered B. dangerous; he had grown more aggressive
and hostile toward his classmates and resentful toward his teacher. He was finally transferred to a 600\(^1\) school. There he made a better adjustment and his behavior and performance showed improvement. Toward the end of the year B. began showing improvement at home.

**Changes in disabling habits and conditions.** -- During the first year some symptomatic improvement was noted in B.'s behavior. Concomitantly, Mrs. B.'s anxieties were alleviated as she began to understand some of B.'s problems. Both she and Mr. B. evidenced improvement in their handling of him.

Early in the second year, however, B. regressed. This seemed related to the fact that Mr. and Mrs. B. discussed plans concerning moving (the apartment building in which they lived had been condemned), plans for going to Puerto Rico, Mr. B.'s home, and plans for sending B. to a church school (to which he raised strenuous objections) in B.'s presence. The plans were so indefinite and uncertain that the knowledge of them proved very upsetting to B. As the parents were again made aware of the adverse effect of the uncertainty of their plans on B., they began discussing family plans privately. By the end of the year B. was again showing improvement in his behavior.

**Changes in attitudes and understandings.** -- B.'s irregularity in keeping appointments during the second year could have been reflective of negative feelings about therapy as well as inner tensions about his role in the family. Gradually, as these feelings were to some extent worked

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\(^1\) The 600 schools are schools to which children with very serious behavior difficulties are sent.
through, he resumed keeping regular appointments. By the end of the year B. seemed to feel secure in the family.

Mr. and Mrs. B. were able to accept suggestions and put them into practice where B.'s welfare was concerned. Mr. B.'s past experiences as a boy and as a parent were utilized to help him understand B. Both he and Mrs. B. showed increasing understanding of their role in B.'s problems and were able to modify their attitudes toward him. Of particular import was the leeway they began to allow him in regard to religion. Question of their understanding can be raised in view of the fact that they discussed family plans in B.'s presence during the second year, although they had apparently understood the detrimental effects such discussions had had on B. during the first year. On the positive side, however, is the fact that they again ceased doing so when they were made aware of what was occurring. During the two years, Mrs. B.'s fear of deportation abated as she came to see B.'s problems in school as less of a threat to their remaining in the country. As these fears were relieved, she was enabled to be less punitive and more understanding of B.

Changes in environmental situation. — During the second year, at the point when B.'s behavior was especially problematic in school, Mrs. B. attempted to enroll B. in a private church school. B. became very upset about this plan, but it did not materialize. His behavior problems at school grew to such proportions that the school considered him dangerous and finally transferred him to a 600 school. He made a better adjustment there; at the end of the year the school reported that he was much improved.

In considering their need for new lodgings, Mr. And Mrs. B.
contemplated plans to go to Puerto Rico. The uncertainty of the plans made B. feel quite insecure. The trip to Puerto Rico was finally post-
poned; as the family became settled in another house, B.'s behavior be-
came more stabilized.

Picture at termination.— By the end of the second year B. had shown considerable improvement in his behavior in school and at home; however, continuation of therapy was recommended. Unfortunately, treatment had to be cut short because Mrs. B. took B. to Puerto Rico.

It seemed that movement of the child in this case was directly related to movement of the mother and stepfather. It appeared that as the parents' behavior toward B. reflected understanding of him and his problems, his difficulties subsided; when they reverted to behavior which in the past had seemed detrimental to B.'s adjustment, his difficulties became quite pronounced. When the parents' behavior changed positively, concomitant positive changes were noted in B.'s behavior.

It is significant to note in this case that B.'s behavior deteriorated in Puerto Rico. Mr. B. was in New York planning to join the family later. He informed the social worker that Mrs. B. was working, but that B. was presenting many problems, more so than when he had been here. The social worker recommended that Mrs. B. contact Child Welfare in Puerto Rico about the possibility of help for B.

Case No. 3

C., a 12 year old Negro male, was referred by NYC Youth Board because he was often shy, mute and withdrawn, had uncontrollable periods when he refused to do his homework and wandered around, in and out of his classroom. C.'s diagnosis was neurotic behavior dis-
order. C. was seen in therapy 57 times, and his mother in casework 42 times, during a 17-month period.

C. seemed to have been reacting to a home situation in which spontaneity was systematically discouraged, and his only recourse
to expression of his feelings was through sabotage and indifference or withdrawal.

The first year of therapy was focused on reduction of O.'s need to relate to his environment in a passive, negativistic manner, so that he might form better object relationships and use his capacities more fully. There was progress with some symptomatic improvement.

During the second year of therapy, O. continued to show steady symptomatic improvement. The constricted, difficult, somewhat friendless boy of a year ago had become much happier in all of his relationships, including the resentfully dependent one with his mother. By the end of the year he was able to be more direct with his mother in his responses to her demands. Discussion, of his feelings of resentment and jealousy in regard to his mother, with the therapist proved very helpful to O. He showed himself to be far more responsive, active, interested in varied activities and better able to assert himself than at the outset. He had not been promoted in school that spring but got along so well in the fall that he was advanced. This, however, proved to have been premature in that he was unable to keep up his work. He was able to accept the consequences of his predicament in a constructive manner, and was able to work out, in a relatively, positive fashion, a plan for himself.

Mrs. O. seemed to have little understanding of O.'s behavior, his needs and feelings. Demanding and critical, she conceived of O. as a helpless, dependent child and tended to reject his independent strivings. Mrs. O. also indicated a need to be self-sacrificing.

During the first year of casework, Mrs. O. was helped to relieve her anxieties in relation to O. and to develop understanding, acceptance and a more permissive attitude toward him. She was also helped to develop interest in herself and find some personal satisfactions.

During the second year of treatment, casework with Mrs. O. involved helping her to modify the parent-child relationship. She became less anxious, pressuring, critical and demanding of O. and was able to accept his strivings for independence and to cater to his infantile needs. She was further able to become less self-sacrificing. Continued recognition of her needs for personal satisfaction was encouraged.

Changes in adaptive ability or efficiency.— By the end of the first year much improvement was noted in O.'s relationships with his mother and his peers. During that time improvement was noted in the way Mrs. O. related to O.; she began encouraging him to react more spontaneously. She also began taking more interest in herself. Although O. did not improve in school sufficiently to be allowed to go on to the next grade, he did show that he had begun to make fuller use of his capacities.
By the end of the second year the parent-child relationship showed marked improvement. In spite of the initial difficulty Mrs. C. evidenced in accepting C.'s strivings for independence, she moved to the point where she could react to them with pride. C. seemed much happier in all of his interpersonal relationships.

Changes in disabling habits or conditions.—— C. and his mother showed gradual, but continuous improvement during the two years of treatment. C.'s behavior problems seemed to have been worked through. He was more outgoing in his personality, and his erratic behavior in school had ceased. Mrs. C.'s high-pressure, critical, demanding tactics gave way as she became more understanding of C. Her need to be self-sacrificing diminished, and she began to take more interest in herself.

Changes in attitudes and understandings.—— During the second year, as C. talked out his feelings with the therapist, he gained emotional release through which he learned new attitudes toward his mother and himself. He became much happier in his relationship with his mother as he learned to respond more directly to her demands. Mrs. C. became more understanding of the relation between C.'s needs and feelings and his behavior. She became able to cater to some of C.'s infantile needs and at the same time to accept his independent strivings. Mrs. C. was further able to become less self-sacrificing and more interested in her personal needs.

Changes in the environmental situation.—— During the second year, after having failed to be promoted in school the previous spring, C. was advanced to a higher class. This proved to be a negative move as evidenced by the difficulties C. encountered in his unsuccessful attempt to
catch up. The fact that C. was able to accept the consequences of his situation and to work it out for himself was seen as quite positive.

Picture at termination.— When treatment was terminated, C.'s adjustment at home and at school was very good. He showed marked improvement in regard to the symptoms which had precipitated his treatment. Mrs. C. had gained understanding of C. which evidenced itself in the positive way she related to him. She was also giving attention to her personal needs, showing less need to be self-sacrificing. In this case, movement of the child seemed directly related to movement of the mother. It appeared that, as Mrs. C.'s attitudes and reactions toward C. became more positive, reflecting more understanding of him and his problems, C.'s responses became more positive and his adjustment at home and at school more satisfactory.

Case No. 4

D. was a 12 year old Negro male who was referred by Domestic Relations Court when he stole a teacher's pocketbook. His diagnosis was neurotic behavior disorder. D. was seen in therapy irregularly for 14 sessions during a nine-month period. Miss D. was seen irregularly 38 times during a thirteen-month period.

D. was an out-of-wedlock child who for 8 years shared a room with his mother in the home of his maternal grandmother and 9 aunts and uncles. Four years ago Miss D. took D. and moved into an apartment. He behaved toward his mother as if she were his sister, and resented and insulted her male friends. He wanted to be grown up and his stealing was related to obtaining adult style clothes. D. was enuretic and his school adjustment poor.

Therapy discussions centered around his problems with his mother and his need for exclusive possession of her. D.'s incestous wishes and fantasies which were beneath the surface began to emerge as he discussed his resentment toward his mother's boyfriend. A beginning was made in the achievement of separation and reconversion of the relationship to mother-son rather than boyfriend-girlfriend.

Miss D. was a seductive mother who seemed to view her son as an object upon which to displace her negative feelings toward her mother whom she described as stern, unaffectionate, inconsiderate, and overly religious. Miss D. stated that she measured her handling of her son's behavior by using her recollection of her unpleasant experiences with
her mother as a yardstick, being overly careful to give him recognition for his accomplishments, adequate love and affection and freedom of expression. In spite of her verbalizations, the situation seemed to indicate that she was following a pattern with her son similar to the negative pattern she attributed to her mother, only more so. Struggling with feelings of guilt, Miss D. alternately talked of placing D. and of keeping him with the hope that his behavior would change. As treatment progressed, she seemed to exert sincere effort to relate to D.'s feelings and to some extent she improved in her handling of him. By the time treatment was terminated, Miss D. had decided to keep D. She seemed resigned to his behavior and evidenced a more understanding, encouraging attitude than was seen when treatment began.

Changes in adaptive ability or efficiency.-- The mother-son relationship didn't indicate any basic changes during the period of treatment. It did seem, however, that Miss D. improved slightly in handling her son and responding to his feelings. D. continued to have difficulties in school.

Changes in disabling habits and conditions.-- D.'s enuresis continued, but his stealing gradually decreased. He showed a beginning reconversion from the incestuous feelings for his mother, but stopped treatment before any real gains were made in that matter. There was also serious question as to whether Miss D. could stand the change in relationship.

Changes in attitudes and understandings.-- D.'s feelings of rejection seemed alleviated to some extent as Miss D. began to understand him and respond to his feelings. Although this was not a consistent pattern, the situation seemed improved during the last weeks of therapy.

Changes in environmental situation.-- Miss D.'s decision to keep D. greatly reduced the guilt feelings which had accompanied her ambivalence about keeping him. This would bring about concomitant improvement in the emotional climate surrounding mother and son. D. completed the 600
elementary school he was attending, and was sent to a regular high school; however, he continued to manifest adjustment problems.

**Picture at termination.**—Treatment was terminated because of D.'s resistant and lack of motivation. The stipulation was made that treatment could be resumed in the future if D.'s motivation warranted it. The improvement noted in D. seemed slight. He remained enuretic at home and continued to present problems in school. His habit of stealing seemed to have diminished, but his oedipal problems remained unresolved.

Miss D. did not seem to gain much insight into the problem; however, she evidenced greater acceptance of her son. Miss D.'s handling of D. improved as was noted in her reactions when he stole things. This could have been related to D.'s gradual cessation of that habit.

Movement in this case seemed slight. In instances where movement was noted, however, it appeared that movement of the son was directly related to movement of the mother. No movement seemed indicated with respect to the basic problem of the seductive mother and the unresolved oedipal conflict of the child.

**Case No. 5**

E. was a 12 year old Negro male who was referred to Northside Center by a physician because of poor appetite, general listlessness and poor performance in school. His diagnosis was neurotic character disorder. E. was seen in therapy 39 times during 17 months; his mother was seen in casework 20 times in 16 months.

E.'s background appeared to have been unfavorable, particularly in the mother's lack of interest in him. He gave a striking impression of a boy who presented an agreeable, passive, apathetic facade to cover up tremendous hostility.

During the first year, Mrs. E. talked about E.'s eating, his household chores and the possibility of school change. When her attention was caught, she was able to discuss other possible ways of handling E.; she decided not to pressure him about eating, and she gave him the job of doing the bathroom floor rather than doing the dishes which he considered girl's work. There was some improvement noted in E. after
this. When the social worker helped Mrs. E. to focus on her speed in everything she did, her need to hurry everyone else and her extra fast talking, she was willing to work on modifying those aspects of her behavior.

During the second year, focus with Mrs. E. continued to be on her attitude toward E. and her attitude toward herself in the areas of personal appearance and the speed with which she functioned.

During the first year of therapy, E. remained generally apathetic and rigid. His inhibited nature interfered with his school work. During the second year, E. became far more talkative than he had been previously, and became interested in playing games which brought him out a great deal. He complained about the chores his mother expected him to do and about his younger brother. E. seemed more alert and his whole tone had improved.

Changes in adaptive ability or efficiency. — By the end of the first year of treatment, the relationship between Mrs. E. and E. seemed slightly improved. Mrs. E. was learning to relax the controls and pressures she exerted upon E. where his eating and household chores were concerned. E. seemed to respond to his mother's changes; he gradually needed less reminding about his chores. In general, however, his rigid, inhibited behavior remained the same.

By the end of the second year, positive changes in the mother-child relationship seemed marked. Mrs. E. seemed to have habituated the positive changes she made in her attitude toward and relationship with E. She was accepting him more as an individual with thoughts, ideas and ways of doing things. E. became more responsive, and his school work showed improvement.

Changes in disabling habits and conditions. — By the end of the first year, Mrs. E. was learning new ways of handling E. She exerted less pressure on him about his eating and the performance of his chores. In addition, she had begun working on modifying the rate of speed with which she did everything and her expectations for others. There seemed, however,
to be no changes in E.'s disabling personality traits, i.e., his apathetic, rigid, inhibited nature.

The second year saw continuing changes in Mrs. E.'s handling of E. and of herself. E. began exhibiting marked positive changes. He was more alert and friendly than he had been the year before. He also began improving in school.

**Changes in attitudes and understandings.**—During the two years of casework, Mrs. E. evidenced increasing awareness of her role in the child's problem. She was able to see how the pressures she was exerting on E., in regard to his lessons, his eating and his chores, were causing hostility to build within him which he expressed in his rigid, apathetic way of responding. Mrs. E. also gained some understanding of the effects of her fast pace.

**Changes in the environmental situation.**—During the first year and early in the second, E. was continuously late and sporadic in attendance. This seemed related to the treatment situation in light of the fact that he became regular and prompt in his attendance when referred to a male therapist.

**Picture at termination.**—When treatment was terminated, E. was more alert and less inhibited than at the outset. He had found more adequate ways of giving vent to his hostility. As his mother's way of responding to him had become more positive, their relationship had become more positive. E. had also become more relaxed and less inhibited as a person, and was showing improvement in school. In this case, it seemed that movement of the child was directly related to movement of the mother.

It seems significant to note that almost four years after the case
was closed, Mrs. E. telephoned Northside Center because E. was having
difficulty in school and was on the verge of being transferred. The
social worker interceded in E.'s behalf, and E. was allowed to continue
in the school for the remaining 4 months of the term.

One and one-half years later, Mrs. E. again sought help from Northside
Center because E. was using narcotics. On that occasion Mrs. E. was
referred to a psychiatric health service.

Case No. 6

F. was a 10 year old Negro girl who was referred by N.Y.C. College
Community Service because she talked to herself, ate soap suds, evi-
denced difficulty in relationships, manifested depression and tended
to be withdrawn. Her diagnosis was neurotic character disorder. F.
was seen in therapy for 30 sessions in ten months. Mrs. F. was seen
on a semi-monthly basis, 12 times in nine months.

F.'s parents were separated. She lived with her mother, sister
and grandmother. Lonely and jealous of her sister who she felt was
her mother's favorite, F. assumed a facade of protective guardedness.
Mrs. F. did not realize the seriousness of F.'s disturbance nor did
she understand the purpose of therapy. Mrs. F.'s disappointment and
hurt over her separation from her husband seemed to be a factor in her
faulty relationship with F. She failed to give F. the emotional sup-
port and security she needed. F. engaged in a rich fantasy life, the
bizarreness of which was up for question.

Changes in adaptive ability or efficiency.-- F. did not show evidence
of movement in therapy. She continued to be defensive, aloof, autistic
and anxious. Mrs. F. failed to accept the need for treatment, and there
was no evidence of change in the mother-daughter relationship.

Changes in disabling habits and conditions.-- There were no changes
noted in this area in casework or therapy. However, the reconcilia-
tion of Mrs. F. and her husband during this time must be considered a positive
change in what had been a disabling condition. The separation had ad-
versely affected Mrs. F.'s happiness and her ability to give F. the
emotional support she needed.
Changes in environmental situation.— After Mrs. F.'s reconciliation with her husband she moved to Long Island. F., however, remained with her grandmother in order to avoid a middle-of-the-term school change. Although F. seemed to have made no change in therapy, and the impression she conveyed remained the same, there was improvement noted in her school work. This improvement in school could have been related to the environmental changes in light of the fact that her sister moved to Long Island with their parents and she received sole attention from their grandmother.

Changes in attitudes and understandings.— Neither F. nor Mrs. F. seemed to evidence any changes in their attitudes related to the problem. Mrs. F.'s attitude toward therapy was exemplified by her failure to inform the social worker about important events until much later. These included her reconciliation with her husband and subsequent changes in the living arrangements.

Picture at termination.— As far as therapy and casework goals were concerned, neither Mrs. F. nor F. indicated any movement. However, the facts that Mrs. F. and her husband were reconciled and F. evidenced improvement in school, are viewed as movement according to Hunt's criteria.

It seems important to note that during the summer following treatment at Northside Center, F. joined a Catholic Church and seemed considerably helped by it. Confession gave her some relief; it was Mrs. F.'s feeling that F. felt freer to talk with the priest than with the doctor, and that the church had solved her problems. F. participated in activities in the school and community. She was more outgoing in her personality, and was doing well in relationships with other children. Mrs. F. informed the social worker of these developments when she telephoned to indicate that
she was no longer interested in receiving services from Northside Center. This was at the beginning of the following year.

Case No. 7

G. was an 11 year-old Negro male who was referred by his teacher because he was not utilizing his intellectual abilities, was morbid, had temper tantrums at home and at school, and in play was withdrawn. His diagnosis was neurotic character disorder. G. was seen in therapy 27 times during a period of 8 months. His mother was seen in casework 32 times during a period of 11 months.

G. was in a marked state of depression, did not talk with the therapist or show any feelings. His depressed state seemed based on suppression of personality, isolation from peers and dependency upon his mother. This seemed to have been accentuated by the sudden death of his father who died from a heart attack while G. was in the hospital having an appendectomy. Upon returning from the hospital the mother did not talk about the father's death and G. knew only that his father was dead. Mrs. G. was a depressed, withdrawn, inhibited person lacking self-confidence, with feelings of low self-esteem, centered around fears that the things she was saying were "crazy and stupid."

Changes in adaptive ability or efficiency. — G. showed marked improvement from his eight-month period of therapy; he was completely over his state of depression, and had been helped to the point of verbalizing about his fears connected with his father's death. He was also able to relate with his peers. Mrs. G. made progress in casework in terms of increased assertiveness, heightened self-esteem and greater socialization.

Changes in disabling habits and conditions. — With reassurance Mrs. G. was helped to feel more comfortable in talking in interviews, and was able to get a great deal of satisfaction out of her increased abilities to talk well. She showed some insight into her own feelings and was able to utilize services for further clarification. G. was able to relate with his peers more comfortably and to utilize his intellectual abilities. His temper tantrums diminished.

Changes in attitudes and understandings. — Over the period of 11
months Mrs. G. was gradually helped to see that she could set reasonable limitations for G. without incurring uncontrollable anger on his part, as she expected. Some understanding of G.'s needs and meaning of his present behavior was gained, particularly the positive value in his aggressive activities, his present learning difficulties and his recent ability to talk about his father. As her self-esteem increased, her close identification with G. became a more positive and accepting one.

Changes in the environmental situation.— Mrs. G. moved from the state of total withdrawal to the point of joining a parent's group. Even though she did not talk to any of the parents in the group, she was very enthusiastic about her membership. There was real proof of increased self-confidence.

Picture at termination.— When treatment was terminated, G.'s anxieties about the death of his father had been relieved and his view of life was much less depressed. G.'s behavior had become more acceptable and his temper tantrums less frequent. G. was continued in remedial therapy for one year after termination of psychotherapy. Mrs. G., when casework was terminated, had developed feelings of self-confidence and heightened self-esteem. She had become more active in the community and seemed to have been deriving more satisfaction from life. Both mother and child evidenced considerable movement. It seemed that movement of the mother fostered movement of the child however, it appeared that the child could have evidenced movement independently had Mrs. G. not evidenced movement.
Case in Which There Was Evidence of Movement on the Part of the Child but Not the Mother

Case No. 8

H., a 10 year-old Negro male, was referred by his mother because of effeminate mannerisms and a few episodes of attempted sex-play with men. Three years after his case was terminated, he was referred following a suicidal gesture because of increasing taunting by classmates regarding his effeminacy; he drank a small amount of Clorox before his mother found him. H.'s diagnosis was neurotic behavior disorder. During the first period of treatment, H. was seen 76 times in 23 months and his mother, 20 times in 23 months; during the second period he was seen 20 times in 8 months and his mother, 10 times in 6 months.

H.'s mother was divorced from his merchant marine father, and he and his younger sister lived with her. H. seemed to be quite fearful, tense and effeminate in manner and attitude. His functioning was under par socially and athletically. During the three years of H.'s first period of treatment, his behavior showed marked improvement. He was less fearful, more relaxed and less dependent on approval. His attitude toward girls became more normal; however, there was question about his masculine identification.

During the second period of therapy, H.'s day-to-day functioning improved to the extent that he was not likely to have a recurrence of severe depression and suicidal thinking. He did not reach the point of recognizing his homosexual involvement.

Mrs. H. seemed threatened by H.'s mannerisms and interests, which she considered effeminate; she expressed concern about the possibility of his being homosexual. Her concern was more about her own embarrassment rather than H.'s feelings.

Mrs. H., during both periods of treatment, remained unaware of her involvement in H.'s problems and refused to involve herself in casework treatment. She failed to keep any of her appointments during the last year of the first period H. was seen. During the second period of therapy she embarked on a campaign to change H.'s walk, his activities and his friends. Her major plan of action was to send him to a military school where "They would make a man of him." Although Mrs. H. showed definite indication that she understood the potentially destructive nature of such a plan, she was stopped only by the school's rejection of H. Mrs. H.'s actions seemed to stem from her feeling that she must make H. appear masculine at any cost; at the same time sheemasculated him by her excessive need to control his activities.

The presence of H.'s father who, although divorced from his mother resided in the home when on leave, was an additional strain on H. Mr. H., who had once been a boxer, expected H. to prove his manhood by imitating him, and expressed disappointment in H. as a son when H. resisted his efforts to change him. The school wanted to oust H., and finally convinced Mrs. H. to withdraw him. This was probably therapeutic because of the school's attitudes and feelings about his problems.
Changes in adaptive ability or efficiency.—There seemed to be no changes on the part of the mother. H. became less dependent on the approval of adults; during the second period of treatment he became more adjusted in his day-to-day functioning.

Changes in disabling habits and conditions.—Mrs. H. continued to be rejecting and controlling of her son throughout the treatment process. When treatment was terminated, she expressed her intention to be more controlling of H. than ever. H., in spite of his mother, became less fearful and more relaxed. During the second period of treatment his depression was alleviated.

Changes in attitudes and understandings.—There were no changes in Mrs. H.'s attitude and understanding where H. was concerned. She continued to focus on preventing her daughter and herself from being embarrassed, rather than on H.'s feelings and concerns.

Changes in environmental situation.—During the time when the father was in the home, H.'s feelings of rejection were heightened because of his father's disappointment in him as a son. Obstacles to H.'s adjustment were also found at school where the other children teased him because of his effeminacy. H. was finally taken out of the school. This was considered as positive in view of the treatment H. received there.

Picture at termination.—No changes were evidenced in Mrs. H. relative to H. However, H. became more adjusted in his day-to-day functioning. His feelings of depression were alleviated, and it was felt by the therapist that there was little likelihood of recurrence of suicidal thinking. Treatment was terminated upon the request of Mrs. H.
Case No. 9

I., a 9 year old Negro male was referred by the Brooklyn Home for Children because of disciplinary problems and poor school adjustment. I.'s diagnosis was neurotic behavior disorder. I. was seen 85 times in 26 months; his mother was seen 22 times during that same period.

The Brooklyn Home for Children became interested in I. because of his having been placed there for 3 years while his mother was out of the home with tuberculosis. Throughout his placement, I. manifested adjustment problems in the foster home and in school. After returning to his home, he became a serious disciplinary problem in school, would sing out in class, talk to himself, prance around the room and was provocative in his relationships with the other students.

I. had apparently assumed that whatever he did would be considered wrong, and made little attempt to conform to expectations, particularly at school. He had little faith that anything he might do would determine what happened to him. That was illustrated even in the matter of physical injury where he showed a remarkable detachment concerning an eye injury and its consequences. In general, his behavior was undifferentiated, guaranteed to bring him further rejection.

I. showed marked symptomatic improvement in therapy; he progressed from being an extremely immature boy with limited capacity to utilize his good native intelligence, to a less immature boy in every respect. His improved peer relationship was expressed in his joining the Boy Scouts and the accomplishments he made while affiliated with that group. His improvements, however, were considered tenuous because of his destructive home situation.

During treatment, several school visits were made. It seemed that the principal and teacher viewed I. as a leader who instigated younger children in unapproved behavior. The clinical team, however, felt that their impression may have been formed because of I.'s size. He was larger than the average boy his age.

I. was making improvements in school, and the advisability of his remaining in a class for the retarded was discussed. Although it was decided that he would remain in the retarded class for the completion of that term, he was to be sent to a regular class when he went to junior high school the following term.

I. seemingly reached a plateau in therapy as evidenced by his sporadic attendance during the latter part of the third year. Therapy was discontinued with the stipulation that it could be resumed when the situation warranted it.

Mrs. I. was a rejecting mother whose self-involvement left little energy for understanding her son. She constantly complained of her many family problems, her husband's lack of interest in the home, and her feeling that her children were always being picked on, but evidenced little motivation toward changing her situation.

Mrs. I. followed through on a medical recommendation to take I. to the clinic for his eye injury, but failed to follow through on her visits to the doctor, although she explained her frequent absence in terms of poor health.
Mrs. I. did not seem motivated for casework help. As a result of her sporadic attendance, regular appointments were discontinued, and she was seen only when she requested appointments. Mrs. I. expressed surprise over I.'s accomplishments which indicated that her expectations for him were low.

Changes in adaptive ability or efficiency.-- During treatment, considerable improvements were noted in I.'s interpersonal relationships and his school adjustment. In the home, however, the relationship with his parents continued to be indicative of rejection. Mrs. I. evidenced a great deal of difficulty in adjusting to his return home.

Changes in disabling habits and conditions.-- I.'s school behavior showed gradual improvement to the extent that he was recommended for placement in a regular class in junior high school. He received medical attention for his eye injury which eventually healed.

Mrs. I. continued to be extremely dependent and seemed unable to mobilize herself to do more than complain about her situation.

Changes in attitudes and understandings.-- I.'s teacher and principal were helped to be more understanding and tolerant of I. I.'s attitudes toward himself became more mature. He began learning to differentiate situations in which he was rejected from those in which appropriate social behavior brought satisfaction and acceptance. His attitude toward school became positive and his work showed improvement.

Changes in the environmental situation.-- There was no evidence of improvement in the home situation. Nevertheless, I. showed some improvement in that he made a very good adjustment in the Boy Scouts which he joined during treatment.

Picture at termination.-- When treatment was terminated, I. was making a very adequate adjustment at school and in his relationship with
his peers. There had been a cessation of his delinquent tendencies, and he was actively involved in a character-building group, the Boy Scouts.

**Case No. 10**

J., a 9 year-old white male was referred by the NYC Youth Board because of his disorganized school behavior and failure to function to his capacity. His diagnosis was neurotic behavior disorder. J. was seen 95 times in 24 months, and his mother was seen 50 times during that same period.

J.'s early life was one of many shifts of living arrangements in which his position was at times unclear and distasteful. His father was an alcoholic. He had attended Alcholics Anonymous and earlier in J.'s life was in and out of the home. At the time of treatment, the home was reunited, but J.'s father was going through a stage of perfectionism in which he was highly critical of J.'s accomplishments. J.'s speech was vague and jumbled, apparently in response to the strain imposed by his father, since these symptoms were absent at the time of J.'s clinical evaluation when his father was out of the home.

J. seemed to feel that efforts on his part were doomed to failure, and sought defense in disorganization, dawdling and forgetting. His fearfulness and uncertainty about his worth were understandable in view of the family situation and the pressures exerted by his parents.

During the first year of therapy, J.'s inhibitions were lessened and his self-esteem heightened to some degree, but progress was very slow. During the second year of therapy, J. became able to discuss and analyze his problem at home, and his peer relationships indicated improvement. He was still quite infantile, however, and suffered a setback in school, being placed in a slow class. During the third year of therapy, J. continued to show improvement. He became able to face his fears rather than cover them up, and was more realistic about his parents.

J.'s parents had emotional problems of such severity that there was little room for experiencing positive feelings in their relationship with him. Mrs. J. was an anxious, controlling mother with compulsive tendencies. Mr. J. was egocentric, hostile and rejecting. Both, anxious about having a normal child, translated their anxiety into demands for achievement. There was no evidence of change on the part of the parents during treatment.

**Changes in adaptive ability or efficiency.** — By the time treatment was terminated, J. was relating better with his peers as well as adjusting better in school. No change seemed indicated in his parents.

**Changes in disabling habits and conditions.** — J. became less withdrawn and inhibited. His speech improved and his behavior became more
organized. His parents continued to be demanding and critical of J.

Changes in attitudes and understandings.——J.’s parents failed to gain understanding of his problems or of their role in them. J. was able, to some extent, to detach himself and see his parents realistically. His self-esteem was heightened and he became able to face his fears.

Changes in environmental situation.——No changes were indicated in the home. In school, at one period, J. suffered a setback and was put in a slow class.

Picture at termination.——When treatment was terminated, J. was showing marked improvement in terms of his relationship with peers, his self-confidence and self-esteem, his improved functioning in school and his understanding of his parents. Mr. and Mrs. J. seemed unchanged in their way of relating to J. and in their expectations and demands.

Cases in Which There Was No Evidence of Movement

Case No. 11

K., a 10 year-old Negro boy was referred by his school principal because he was disruptive and impulsive in school to the point of throwing knives, refusing to do his school work, was defiant and tempestuous, and had severe asthmatic attacks. K.’s diagnosis was neurotic behavior disorder. K. was seen in therapy 103 times in 36 months and his mother, 56 times in 49 months.

K., an egocentric child, was superficial in his contacts in an effort to preserve his comfort instead of being genuinely communicative. This seemed indicative of his having learned to be protective when dealing with adults, satisfying them without actually involving himself. He seemed to use his asthma to further his detachments and non-involvement in relationships.

K.’s personality seemed to be reactive to the extreme amount of pressure exerted by both parents. His rebellion was expressed in his negative behavior and his use of his asthma. He had a very depreciated concept of self which showed in his posture and walk.

During the first three years, K. showed moderate gains in therapy. He was slightly less ego-centric and mean in his relationships, and behaved better in school. During the 4th year he spent some time in a convalescent home. There was little change noted in therapy that
year. K. wasn’t seen during the 5th year. He seemed to have reached a plateau in therapy. He assumed no responsibility for himself, projecting responsibility for his behavior on his parents. Placement was considered as the only way of helping him. He was finally placed but remained there for only a few weeks because his parents upheld his objection to working there and finally removed him. He attended school only 8 days that year.

At the end of the 6th year K. requested that he be continued at Northside Center. The feasibility of doing so was questioned in light of the great agency investment in him with little changes. It was decided to re-evaluate him in the fall in terms of the use he made of the summer. It was felt that it might be worthwhile for him to continue if he could mobilize himself to productive activity. In the fall, K. could not mobilize himself to meet the conditions for continuation at Northside Center, i.e., keeping regular appointments and attending school. He quit school, but did follow through on referral for employment. He had two jobs during the following year, but no details were available regarding his performance on them.

Mrs. K. dominated the family, relegating Mr. K. to an ineffectual position. Both Mr. and Mrs. K. had rigid personalities. They had high expectations for the achievement of their children. Very inconsistent in handling K., they were at times indulgent and overprotective and at times intolerant of him. Mrs. K. was receiving psychiatric treatment at one of the city hospitals.

Changes in adaptive ability or efficiency.—— During the early part of treatment, K.’s behavior was indicative of slight improvement in his interpersonal relationships; however, as therapy progressed, the gains seemed to be lost. K. stopped school entirely. There was no evidence of change in the parent-child relationship.

Changes in disabling habits and conditions.—— K. continued to shift the responsibility for his behavior. He was ego-centric and refused to mobilize himself to productive activity. There were no changes in his parents’ handling of him.

Changes in attitudes and understandings.—— The parents seemed to have little understanding of their role in K.’s problems. Their attitudes and ways of handling K. remained detrimental to his adjustment.

Changes in environmental situation.—— It was felt that no basic
improvements could be made by K. while his parents remained unchanged. K. spent a few months in a convalescent home where he adjusted very well. Placement was recommended and finally effected. K. did not remain, however, because his parents upheld his objection to the placement and secured his release. Near the time when treatment was terminated, he quit school.

Picture at termination.—K. made temporary symptomatic improvements which, by the time of termination, had deteriorated to a minimal degree. The attitude of K.'s parents remained rigid, and no change occurred in their relationship with him.

Case No. 12

L. was an 11 year-old Puerto Rican female who was referred to Northside Center by NYC Youth Board because she was nervous and fearful in school, destructive with toys, unable to keep up with her school work and in the habit of playing hookey. During her first period of treatment, L. was seen 9 times during 2 months, and her grandmother was seen 7 times during 2 months. After the re-opening of her case two years later, L. was seen 18 times in 54 months and her grandmother was seen 21 times during 68 months.

L.'s mother had been intellectually limited and was committed to Letchworth Village when she was 14. L. was conceived during a two-week visit home. L.'s parents married prior to her birth but later separated. During the time L. lived with them she was generally neglected. Finally L.'s maternal grandparents took her to live with them.

L. learned by memory but seemed unable to conceptualize. Her behavior in the classroom indicated lack of comprehension, however, her extreme fearfulness seemed to contribute to her low level of functioning.

After the first period of treatment, the case was closed. The final diagnostic impression was that of a defective child with problems of management, and the recommendation was made that the Bureau of Child Guidance place her in a class for retarded and mentally defective children.

The case was reopened two years later upon request of the grandmother. It was found that L.'s IQ was higher than had at first been believed, because of a mistake made in her age, and the Bureau of Child Guidance had not followed through on the recommended CRMD placement.

L. seemed to be an immature girl with poor intellectual capacity, reacting to her restrictive, punitive grandparents as well as to rejection by her mother.

During the two years of her second period of treatment, L. seemed to show some sporadic symptomatic improvement. Sometimes she seemed
more mature and sociable and did better in school. She graduated from 6th grade. Drug therapy was utilized to help her with her enuresis.

During the summer preceding her third year, L.'s mother visited her from the west coast where she had married a successful man and was doing quite well. L. was quite hurt over the fact that her mother refused to take her back with her. After her mother left and L. started in junior high school, L.'s behavior began deteriorating. L.'s school adjustment was poor, and she again truanted from school, arriving at home very late refusing to tell where she had been. After one such escapade, when L. said she had been with a boy all night, medical suspension from school was recommended as a means of protecting L. until she could be placed. Emergency placement was requested but nothing came through.

L. finally ran away with an 18 year-old boy and stayed with him until he ran out of money. The boy told L.'s grandparents where she had left him. No trace was found of L. despite radio and newspaper appeals, reports to the police and missing person's bureau, until about one month later. She was located in "The Women's House of Detention," where she had been for 17 days. She and some other youngsters were picked up by the police while loafing around the bus depot. L. had given another name and stated she was 18, claiming her parents had returned to Puerto Rico, leaving her in New York living with one of the youngsters picked up in her company. She decided to declare her true identity when the possibility of her being sent to jail was mentioned. She was remanded at Youth House after she stated she was pregnant; two months later she was transferred to Hudson State School for Girls after a gynecological examination showed negative.

L.'s grandmother was very punitive, and fearful that L. would follow in her mother's footsteps. She did not understand L.'s needs and limitations, and her expectations for L. were too high. In addition, L.'s grandfather was ill and quite obsessional, draining her grandmother's energy to the extent that she had little left for patience with L.

Attempts were made in casework to help L.'s grandmother understand her and be less punitive and restrictive where she was concerned. During the first year, she gave L. a little more freedom but remained extremely punitive.

During the next year, Mrs. L.'s attitude toward L. changed to a point where she was able to talk about her shortcomings in a humorous tone, and went so far as rewarding L. when she took home a good report card. However, L.'s unresponsive attitude and repeated misbehavior in the way of stealing, lying and truanting, and putting Mrs. L. in the spotlight in front of her church members, depleted Mrs. L.'s patience. She requested placement for L. but refused to get it through the court, because she did not feel that L. was a delinquent.

Changes in adaptive ability or efficiency.-- During the course of treatment some symptomatic improvement was noticed in L.'s relationship
with her grandmother and her adjustment in school. Mrs. L. seemed to gain some understanding of the child and relaxed some of her rigid demands. However, basically, the situation remained unimproved in terms of the attitudes of the grandparents toward L. and their high expectations of her.

**Changes in disabling habits and conditions.**—L.'s delinquent tendencies diminished for a time, but reappeared in reinforced fashion prior to termination of treatment. Mrs. L.'s basic rejection of L. remained, although superficial attitudinal changes were noted in her from time to time. She continued to expect too much from L., and was disappointed when she did not measure up. Her husband's ill health was an additional strain on her energies.

**Changes in attitudes and understandings.**—Mrs. L. never seemed to fully understand L.'s problems nor her role in them. L.'s feeling of being rejected and unloved were never dispelled, but rather intensified when her mother refused to take her.

**Changes in environmental situation.**—Mr. L.'s condition got progressively worse during the time L. was in treatment. Hence Mrs. L. had to spend a great deal of time caring for him, and many times found herself unable to cope with L.'s behavior. Negative attitudes toward L. existed in the home throughout treatment. Placement was recommended but was not effected. L. was finally sent to the Hudson State School for Girls.

**Picture at termination.**—L.'s behavior at home and at school had deteriorated to a marked degree, and she was sent to a state training school.
Case No. 15

M., a 10 year-old Negro male, was referred by the NYC Youth Board because of his frequent lying, stealing, use of profanity, lack of bladder and bowel control, and hostility toward his maternal grandmother who lived in the home. M.'s diagnosis was neurotic character disorder. M. was seen 26 times over a period of 9 months; his mother was seen 20 times in 10 months.

M. was born out of wedlock, and had experienced a series of boarding home placements. At the age of 4, he went to live with a paternal uncle where he remained until his mother abducted him, against the advice of a psychiatrist at Community Service Society, when he was 8 years of age. M.'s basic needs for love, affection and acceptance had been unmet.

M. made marked improvement in therapy. He became a better behaved, neater child and seemed much happier.

Miss M. was extremely nervous and tense during intake. She seemed on the verge of a nervous breakdown, for which she was hospitalized the following month. Her mother died the second month following intake.

Miss M. kept regular appointments except when work interfered. She was able to see what M. had gone through during their years of separation, and discuss that and her own feelings of guilt for not offering him a better life. Miss M. accepted counsel and tried to follow through on suggestions related to M.'s basic needs for love, affection, and acceptance. In a short time the relationship changed, and M. began behaving differently. Gradually he gained bowel control, his bedwetting decreased, he kept himself neater, took pride in his personal appearance and the appearance of his room, and became more interested in school. Whereas Miss M. had been physically repulsed by M., she began to enjoy expressing physical affection toward him.

When Miss M. returned in the fall she informed the social worker that M. was no longer with her. She felt she could no longer cope with his behavior, and had placed him with friends upstate. She felt guilty about her decision, and was encouraged to continue contacts if she felt the need to do so. (There were no details in the record concerning what precipitated the changes that occurred during the summer.) M. felt quite rejected, and expressed as much to his mother so she would send him more money.

Changes in adaptive ability or efficiency.— The relationship between Miss M. and M. showed marked improvement during the early part of the treatment process. M. became more relaxed and changes were observed in all of his problem areas. Miss M. began relating to him in a more
positive fashion. There was a breakdown in the positive relationships during the summer interlude between treatment periods.

**Changes in disabling habits and conditions.**— It seemed in casework that Miss M. became more accepting of M. and began giving him the affection he needed. M.'s disabling symptoms began to show noticeable decrease; he became a neater, more likable child. There was, however an apparent recurrence of symptoms during the summer with which his mother felt she could no longer cope.

**Changes in attitudes and understandings.**— Miss M. seemed to gain understanding of her son's needs and problems and how to be of utmost help to him. M. showed a great deal of pride in his change of attitude from one of indifference to one of concern in that he improved considerably in his habits. M. also seemed to be much happier, feeling that he was loved and wanted. When his mother again placed him, her guilt and his feelings of rejection were intensified.

**Changes in environmental situation.**— The marked improvement in the mother-child relationship can be considered as a change in the environment in that it was indicative of an improved emotional climate in the home. This was shortlived. During the summer a major change was effected in the physical environment, when Miss M. placed M. in a foster home.

**Picture at termination.**— During the time active treatment was in effect, both mother and child evidenced considerable movement. M.'s movement seemed directly related to changes in the mother's attitude toward him and the resulting treatment she gave him. In addition, the death of the grandmother seemed to have a positive effect on M.'s adjustment. It also seemed that M.'s response to his mother's new ways of handling him
stimulated her continual improvement.

During the summer, however, there was apparently regression on the part of mother and child. Miss M., feeling that she could no longer cope with M., placed him away from the home. Her natural guilt about her decision was heightened by her son's statement to the effect that he felt rejected. She attempted to compensate for her guilt and his feeling of rejection by sending him money. It seemed in this case that there was deterioration or negative movement. The situation appeared worse when treatment was terminated than it had been at the outset.
CHAPTER V

SUMMARY AND CONCLUSIONS

This study represents an analysis of casework and therapy interviews and summaries in 20 case records selected from the closed files of Northside Center for Child Development, Inc. These cases were analyzed according to Hunt’s criteria for measuring movement to determine whether or not movement occurred, and whether and how movement of the mother in casework with the social worker was related to movement of the child in therapy with the psychotherapist. Thirteen of the 20 cases were discussed in detail in Chapter Four.

Movement was seen in 18 of the 20 cases. Fourteen of those cases evidenced movement of mother and child, three, movement of child only, and one, negative movement or deterioration of mother and child.

In the cases in which there was movement of mother and child, with the exception of Case Six, it appeared that movement of the child was directly related to movement of the mother. In those cases, it seemed that as the mother’s improved attitudes and understanding of the child and the situation began expressing themselves in her improved handling and relationship with the child, the child would begin to show improvement. After movement seemed in progress, there tended to develop a reciprocal relationship between movement of mother and child. Case Six evidenced movement of mother and child which seemed related to factors outside of the treatment relationship.

In Cases Eight, Nine and Ten, there was movement of the child only; movement in those cases seemed related to the strength of the therapy
relationship. In Cases Eleven and Twelve, which evidenced no movement, it seemed that failure of the child to move in treatment was directly related to failure of the mother to move in treatment. In case Thirteen, it seemed that the negative movement was related to deterioration in the mother-child relationship.

Several factors were examined to determine if they seemed to show how movement or lack of movement of the children and mothers in this study was related. Those factors were: diagnosis, prognosis, marital status of parents, person with whom the child lived, ethnic group, number of years of treatment, whether or not appointments were kept with regularity, the problems of the children, the problems of the mothers, the mother-child relationship and the interest of the mothers in treatment.

TABLE 1

STUDY SAMPLE BY MOVEMENT AND DIAGNOSIS

<table>
<thead>
<tr>
<th>Movement</th>
<th>Neurotic Behavior Disorder</th>
<th>Neurotic Character Disorder</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>7</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Child Only</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
<td><strong>10</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

When the diagnoses were viewed in relation to movement, the following results were found. Of the children who were diagnosed as having neurotic behavior disorders, seven cases evidenced movement of mother and child, one case evidenced movement of the child only, and 2 cases showed no evidence of movement. Seven of the cases in which the diagnosis was neurotic character disorder evidenced movement of both mother and child,
two, movement of the child only, and one, negative movement or deterioration of mother and child. There seemed to be no differences in the relation of the 2 diagnostic categories to movement or lack of movement in the cases.

**TABLE 2**

STUDY SAMPLE BY MOVEMENT AND PROGNOSIS

<table>
<thead>
<tr>
<th>Movement</th>
<th>Prognosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
<td>Fair</td>
</tr>
<tr>
<td>Both</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Child Only</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

The prognoses represent the predictive thinking of the team relative to the outcome of treatment. It seemed advisable to consider this factor in regard to movement to see if there appeared to be any relation between diagnostic thinking about the outcome of treatment and movement of mother and child. Of the 14 cases which indicated movement of both mother and child, the prognosis was "good" for nine cases, "fair" for four cases and "guarded" for 1 case. The prognosis in the cases where only the child showed movement was "good" for 2 cases and "guarded" for 1 case. For the two cases which evidenced no movement, the prognosis was "fair" for 1 and "guarded" for the other case. The prognosis for the case in which negative movement was evidenced was "guarded". Nothing conclusive seemed evidenced when the prognoses were examined in relation to movement. It did seem significant that neither of the cases in which there was no evidence of movement showed a prognosis of "good," although 1 each of the
cases in which there was dual movement and movement of the child only had a prognosis of "guarded."

**TABLE 3**

**STUDY SAMPLE BY MOVEMENT AND MARITAL STATUS**

<table>
<thead>
<tr>
<th>Movement</th>
<th>Father Dead</th>
<th>Mother Dead</th>
<th>Both Dead</th>
<th>Div.</th>
<th>Sep.</th>
<th>Together</th>
<th>Unwed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Child Only</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

The marital status of parents was viewed in relation to case movement. Of the 14 cases which evidenced dual movement, the father was dead in five cases, in one of which the mother remarried and later separated from her second husband. In 2 cases, the children lived with both parents, in 2 other cases with grandmothers. Of the latter 2 cases, both parents were dead in one; the mother was dead and the father had remarried in the other. In 3 cases the parents were separated; the parents in one of the cases were reconciled during the time of treatment; in one case the mother was unmarried; in the last case the parents were divorced and the mother had remarried. Of the 3 cases which evidenced movement of the child only, the parents in 2 cases were together and in one case divorced. Of the 2 cases which evidenced no movement, the child lived with both parents in one and with the grandparents in the other; the parents in the latter case were divorced and the mother remarried during the time of treatment. The mother in the case in which there was evidence of negative movement was unmarried. The study did not indicate any relation between the
marital status of the parents and movement of the child.

**TABLE 4**

**STUDY SAMPLE BY MOVEMENT AND PERSON WITH WHOM THE CHILD LIVED**

<table>
<thead>
<tr>
<th>Movement</th>
<th>Parent Figures</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Father and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother Alone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mother and</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td>Mother</td>
<td>14</td>
</tr>
<tr>
<td>Child Only</td>
<td>Mother</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>Mother</td>
<td>2</td>
</tr>
<tr>
<td>Negative</td>
<td>Mother</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

In the above table, movement was considered in relation to the person with whom the child lived. The child lived with both parents in 2 cases, with the mother in 9 cases, with mother and step-father in 1 case, and with the grandparents in 2 cases of the 14 cases in which movement of mother and child was indicated. In the cases in which there was movement of the child only, the child lived with both parents in 2 cases and with the mother in 1 case. One child lived with both parents and the other with grandparents in the two cases in which no movement was noted. The child in the case in which negative movement was seen lived with the mother. From the study, it seemed that the person with whom the child lived had no effect on movement in the case.

The sample consisted of 13 Negroes, six Puerto Ricans, and 1 Caucasian. The cases of 9 of the Negroes and 5 of the Puerto Ricans evidenced movement of mother and child. Two cases of Negroes and the case of the Caucasian evidenced movement of the child only; one case each of a Negro and a Puerto Rican evidenced no movement; one case of a Negro evidenced negative movement. The study seemed inconclusive as to the effect of the ethnic group
of members of the sample on movement in the cases.

TABLE 5
STUDY SAMPLE BY MOVEMENT AND ETHNIC GROUP

<table>
<thead>
<tr>
<th>Movement</th>
<th>Ethnic Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Negro</td>
<td>Puerto Rican</td>
</tr>
<tr>
<td>Both</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Child Only</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>6</td>
</tr>
</tbody>
</table>

TABLE 6
STUDY SAMPLE BY MOVEMENT AND YEARS OF TREATMENT

<table>
<thead>
<tr>
<th>Movement</th>
<th>Years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1, less than 2</td>
<td>2, less than 3</td>
</tr>
<tr>
<td>Both</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Child Only</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Negative</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>8</td>
</tr>
</tbody>
</table>

In order to determine if the length of time the cases were open seemed to affect movement, this factor was examined. The duration of treatment in the cases in which dual movement was evidenced ranged from 1 year (3 cases) to a case in which the child was in treatment for 4 years and the mother for 5 years. In addition to those cases, there were 7 cases in treatment for 2 years, one for 2½ years, and one each of a child in treatment for 1 year and the mother 3 years and of a child in treatment for 4 months and the mother in treatment for 1½ years. Of the three cases in which only the child evidenced movement, one had two periods of
treatment, the first for 4 years and 3 years later the second, for 1 year; two were in treatment for three and one-half years. The cases in which no movement was evidenced included 1 which had been open for 4 years and 1 in which there had been 2 periods of therapy, one for ½ year and 2 years later for 3 years. The case in which negative movement was evidenced had been in treatment for 1 year. No relation seemed indicated between the duration of treatment and movement.

**TABLE 7**

<table>
<thead>
<tr>
<th>Movement</th>
<th>Appointments</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Both</td>
<td></td>
</tr>
<tr>
<td>Reg</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Irreg</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Child Only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Irreg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Child Irreg</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Both Irreg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Irreg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>None Irreg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Both Irreg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Negative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Irreg</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 7 pictures the findings when movement was studied in relation to the regularity with which appointments were kept. Of the cases which evidenced dual movement, regular appointments were kept by both mother and child in 6 cases; the mother was irregular and the child regular in 1 case; the mother was regular and the child irregular in 3 cases; both mother and child were irregular in 4 cases. Of the 3 cases of movement of child only, both mother and child were irregular in the first case and only the mother was irregular in the remaining cases. Of the 2 cases which showed no movement, the mother was irregular in 1 case and both mother and child were irregular in the other case. Both mother and child
were regular in keeping their appointments in the case which evidenced negative movement. These results did not seem to indicate any relation between the regularity with which appointments were kept and movement.

Eighteen of the children had serious behavior and/or academic problems in school along with personality, behavioral and/or situational problems evidenced in the home and in interpersonal relationships. The two children whose problems were not disturbingly manifest in school had home and relationship difficulties similar to those of the other children. When the problems of the children were viewed in relation to movement in the cases, the results were not indicative of any patterns of relationship. Because of the interrelatedness of all the problems of the children, it was not possible to isolate and definitely classify them on the basis of one outstanding characteristic. This same problem was encountered when the problems of the mothers and the mother-child relationships were examined.

The problems of the mothers were surveyed as to possible relation with movement in the cases. The results indicated no pattern of influence between the problems of the mothers and the movement in the cases.

The mother-child relationships were also examined as a possible factor affecting movement. Again the results indicated no pattern of relationship.

As the cases were studied, one factor seemed pronounced. That was the interest or lack of interest on the part of the mother in sincerely helping the child. This is a very important element in the treatment situation. As Gordon Hamilton said,

Since the parents are involved, whether causally or not, in all
problems of child behavior, they must be brought into the treatment process in some fashion. The mother of young children and of most older children must be helped. If the parent's participation is lacking, the entire treatment process is seriously handicapped.¹

Therapy is dependent to a large extent on what the parent is able and willing to do to meet the child's needs. The position of the parents must be considered not only diagnostically but also as the chief element in reconstruction of the family balance.²

If she /the mother/ really does not want the child to change, little good can come of treatment.³

In practically all successful cases there is honest questioning at some time by the parents of their own role followed by active enlistment and self involvement in the treatment process.⁴

It is thus understandable why genuine interest and a desire to use help are such vital ingredients in the treatment situation.

In all but one case in which there was movement of mother and child, Cases One through Five, and cases Seven and Fourteen through Twenty, there seemed to have been a sincere desire by the mother for help and constructive use of casework services. In Case Six, factors outside of the treatment situation seemed responsible for the movement evidenced. In Cases Eight, Nine and Ten, where there was movement of the child only, the parents seemed too involved in problems or aims of their own to get involved in the problems that affected the child for the sake of helping him. No real casework relationship seemed to have been established during treatment. In those cases, however, it seemed that the therapy relationships were strong enough to counteract the influence of the home.


²Ibid., p. 314.

³Ibid., p. 286.

⁴Ibid., p. 314.
The children seemed motivated toward utilizing the help offered them. In cases Nine and Ten, the children kept regular appointments. The child in Case Eight did not keep regular appointments; however, his irregularity seemed related to the mother's attitudes and resistance rather than to disinterest on the part of the child.

In Case Eleven, which evidenced no movement, the parents did not seem interested in casework help and could not benefit from it. The mother had serious mental health problems, and was undergoing treatment in a local outpatient psychiatric clinic. The parental attitudes were detrimental to the success of therapy; it was the feeling of the team that the child would make and sustain little improvement while in the home environment. Placement of the child was recommended and later attempted, but no lasting placement arrangements were effected.

In Case Twelve, the grandmother seemed interested in and desirous of help, but was unable to utilize it, and continued unable to meet her granddaughter's needs, especially in times of crisis. The grandmother was burdened with the care of her very physically sick, neurotic husband who drained her energy to such an extent that she had little left for her relationship with her problem grandchild. In Cases Eleven and Twelve, the therapy relationships didn't seem strong enough to make up for or counteract the influence of the home.

Case Thirteen, in which negative movement or deterioration was evidenced, showed evidence of great improvement during the time the mother and child were in direct contact with the social worker and the psychotherapist. During the summer, however, when casework and therapy were not offered, as is the policy at Northside Center during the months of
July and August, there occurred serious deterioration of the mother-child relationship. The situation which resulted seemed more emotionally damaging to mother and child than the situation which had existed at the outset of treatment.

The results of this study are for the most part, inconclusive. There was evidence to the effect that movement occurred in 18 of the 20 cases studied. There was also evidence which pointed to a relationship between movement, lack of movement or negative movement on the part of the child with movement, lack of movement or negative movement on the part of the mother in 16 of the 20 cases studied. No conclusion, however, could be drawn as to the factors affecting the movement. There was some evidence which indicated that a sincere interest and desire to help the child on the part of the mother might have been a factor affecting movement in the cases studied. Although such a connection has been suggested by such authorities as Gordon Hamilton, Oliver English, George Pearson, Nathan Ackerman and Peter Neubauer¹, this study cannot be regarded as conclusive proof.

¹ See works cited by the writer in the bibliography.
BIBLIOGRAPHY

Books


Articles


59


Unpublished Material


SCHEDULE

I. DIAGNOSIS
   A. Neurotic Behavior Disorder
   B. Neurotic Character Disorder

II. PROGNOSIS
   A. Good
   B. Fair
   C. Guarded

III. IDENTIFYING INFORMATION
   A. Age (when case accepted)
   B. Sex
   C. Ethnic Group

IV. EDUCATIONAL INFORMATION
   A. Intelligence Quotient
   B. Grade Placement
   C. Arithmetic Level
   D. Reading Level

V. FAMILY INFORMATION
   A. Marital Status of Parents
   B. Ordinal Position of Child in Relation to Siblings
   C. Problems of Mothers Related to Problems of the Children
   D. Person with Whom the Child Lived

VI. DURATION OF TREATMENT OF MOTHER AND CHILD

VII. REGULARITY WITH WHICH APPOINTMENTS WERE KEPT BY MOTHER AND CHILD

VIII. INITIAL PROBLEM SITUATION OF MOTHER AND CHILD

IX. PICTURE OF THE MOTHER AND CHILD SITUATION AT TERMINATION OF THE CASE
X. INDICATIONS OF MOTHER-CHILD RELATIONSHIPS

XI. INDICATIONS OF INTEREST ON THE PART OF THE MOTHER IN SINCERELY HELPING THE CHILD

XII. INDICATIONS OF MOVEMENT OF THE MOTHER IN CASEWORK AND THE CHILD IN PSYCHOTHERAPY

A. Changes in Adaptive Ability or Efficiency
   1. Changed ability to get along with other people
   2. Changed efficiency in running a home or in performing on a job or in school
   3. New skill of any sort

B. Changes in Disabling Habits and Conditions
   1. Changes in attitudes, personality traits and behavior inimical to good social relations
   2. Changes in delinquent tendencies
   3. Changes in anxiety level in basic conflicts of motivation and in health

C. Changes in Attitudes or Understanding as Evidenced from the Clients Verbalizations
   1. Accepting counsel
   2. Changes in attitudes toward self and others as shown by what the client says
   3. The discernment of relationships between present behavior and feelings and events in the client's personal past

D. Changes in Environmental Situation
   1. Changes in living quarters, clothes and furnishings
   2. Changes in the behavior of other people toward the individual
   3. Changes resulting from child placement or the transfer of a psychotic from the home to a hospital

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