Group work with physically handicapped children at Bird S. Coler Memorial Hospital

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GROUP WORK WITH PHYSICALLY HANDICAPPED CHILDREN

AT BIRD S. COLE MEMORIAL HOSPITAL

A THESIS

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

BY

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CHAPTER I

INTRODUCTION

Significance of the Study

From the beginning of life, man is involved in groups. Because of man's gregarious nature, the family is his first and most important group. The family as a group is not only necessary to social adjustment, but to life. Nevertheless, there are some people who are less dependent upon groups than others; however, no man is a complete entity unto himself.

The number and types of groups to which man belongs usually increase as he grows and develops. From the family the child generally moves into neighborhood play groups, then nursery school groupings, friendship and church groups. These are examples of the different kinds of groupings to which people can and usually do become a part. Group is defined in its elementary sense; two or more persons who interact with each other.

The individual learns through these group experiences. The family is the basic group through which ideas and attitudes which are determiners of behavior are formed. Patterns of behavior are established through interaction with others, and these other groups in which individuals find themselves contribute to such learning. They provide one with new learnings and modify or reinforce ideas already learned. Actually, people grow through being exposed to group experiences. The whole area of social relationships is one to which group experiences
contribute much learning. This learning can be of either a positive or a negative nature, depending upon the situation, and the use the individual makes of the experience. Group life is essential to man.

Social group work utilizes this fact. "Its distinct characteristics lie in the fact that group work is used in social relationships within group experience as a means to individual growth and development." The group worker tries to help individuals mature by helping people learn appropriate responses through positive group experiences. In stating the functions of the social group worker, Coyle and Fisher state the importance of social group work.

...to help individuals, by means of guided group experiences, to develop and use their capacities for personally satisfying social relationships; to help them deal with the problems presented by their environment, and to use the resources of this environment in a constructive way. As a result of these positive, progressive experiences the persons who take part in them are enabled to carry more effectively their responsibilities in a democratic society.

In recent years, more attention has been given to values that can be obtained through the use of social group work. The result has been the expansion of social group work into agencies in which the process was not previously employed. Social group work is being utilized especially in agencies in which group living types of situations are involved. One category of such agencies is that of the medical setting. The social group worker deals with the whole person, his

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illness, his personality and his environment. Social group work can supplement various therapies and other psychological programs. The group worker can help other therapies improve physical fitness of the patient through program activities, and can also encourage the person to use skills learned in other therapies.¹ In many instances, the psychosocial program is implemented through social group work for the program promotes interpersonal relationships and social adaptability.

Adjustment of the patient to the hospital is another area in which social group work has a contribution to make. This is especially recognized where children are involved. The focus of this study was upon children.

Being placed in a hospital is usually traumatizing. This is particularly true for the child who has not been prepared for the experience, and who does not understand fully the reasons for hospitalization and separation from his family. The group worker can help in easing the separation of the child from his family to the hospital and can help the child make an optimum adjustment to the hospital. This necessitates a worker who recognizes the child's needs and can help him with these needs.²

Albee stated the following as other values of social group work in a medical setting:

The chief values group work can offer hospitalized children are reassurance and the opportunity to discharge

tension in an atmosphere that is permissive and non-threatening. Reassurances that these children can give each other are far beyond those that can be given by an adult, whose help, no matter how well meaning, often appears as a new threat. As good as a relationship can be between children and adults, significant and understanding communication from one child to another carries greater weight.\(^1\)

Interest was aroused in the area of practice while the writer was a second year social work student at Bird S. Coler Memorial Hospital in New York. Her interest was enhanced further because the use of social group work as a process of social work in a medical setting is a comparatively recent innovation, and only a small amount of material had been recorded in this area. In addition, this use of social group work is of recent origin and there are relatively few medical settings in which group workers are employed. The writer thought that a study of social group work in a hospital setting could contribute information to this field of social work practice. She thought also that it might contribute some useful information to the agency about its social group work program.

**Purpose of the Study**

The purpose of the study was to describe the social group work program of the Children's Unit at Bird S. Coler Memorial Hospital.

**Method of Procedure**

The following method of procedure was used in collecting and organizing the data for this study:

Interviews were held with the professional group worker of the unit, as well as with all of the group leaders in the group work program. Further, a staff member from each of the disciplines in operation in the hospital (Speech, Casework, Education, Psychology, Nursing, Physical and Occupational Therapies) was interviewed.

Hospital reports in agency files were surveyed for information pertinent to the study with respect to the philosophy of rehabilitation in the Children's Unit, organization and administration of the unit.

Scope and Limitations

The scope of this study was the Children's Unit of the Bird S. Coler Memorial Hospital. It was limited to a description of the social group work program of this unit. The study was further limited by the lack of recorded material concerning the social group work program and process on a professional level, as all of the available recorded materials were by student workers.

Only one discipline, social group work, was intensely studied on the ward of 36 children, and the period of study was limited to October, 1957, through February, 1958. A final limitation was the fact that the writer had little experience in the area of research.
CHAPTER II

THE SETTING

Bird S. Coler Memorial Hospital

Bird S. Coler Memorial Hospital is a large modern unit located on Welfare Island in New York City. It is a city hospital, but is affiliated with the New York Medical College-Metropolitan Center.

Though it was planned as a custodial institution for persons suffering from long term illness, at the time of this study it was divided into two sections and had a dual function. Its main division was a section for those in need of active medical care and nursing. The remaining section was for patients who required only minimal care and treatment. The latter section was known as the Public Home and Infirmary for Ambulant Patients.

The hospital offered a rehabilitation service which was a vital part of the total program. In a sense, this service was the connecting link between the two sections of the hospital and the community. Through the services rendered by this department many patients were enabled to become active members of the community again.¹

The goals of the rehabilitation department's program are to help the physically disabled patient gain as much independence as possible toward the return to a normal community life and to be socially useful in a home and work situation. For those patients who are unable to achieve this, the goal

¹Bird S. Coler Memorial Hospital, "Report to the Community" (Welfare Island, New York, n.d.), p. 2. (Mimeographed).
is to help them gain independence within an institutional setting.¹

The rehabilitation service occupied one floor of the hospital, and many activities of the department were carried out there. Gymnasiuems and a workshop for the various therapies were a few of the facilities provided there.

The Children's Unit

Description.—The children's section was a division of the Department of Physical Medicine and Rehabilitation. It was an in-patient facility designed to meet medical, social and emotional needs of the severely handicapped child with cerebral palsy, however, children who had been diagnosed as having other diseases were accepted. The division was relatively new in that it was only three years old.

The purpose was to offer each child a total rehabilitation program. As stated in a brochure designed to inform the public as to the purpose and function of this service, the purposes for each child admitted included:²

1. Medical and nursing care, ranging from nutritional dietary considerations to prevention and correction of deformities.

2. Improved muscle function, such as walking, self-feeding and toilet care.

3. Improved learning capacities, such as recreation and group and community living.

¹Ibid., p. 7.

²Bird S. Coler Memorial Hospital, Children's Division, "In Skilled Hands" (New York, n.d.)
The patients were children, both male and female, who ranged in age from six to 17 years. They were severely disabled and presented multiple problems, medical as well as emotional. The children were referred to Bird S. Coler Hospital by other hospitals, medical agencies and private physicians.

The ward was known as the Cerebral Palsy Unit. It was located on the ground floor of the hospital, and adjacent to it was a large equipped outdoor play area. The unit consisted of two wards with an 81 bed capacity. At the time of this study one ward housed the children, the other was used for various therapeutic activities. The unit was also equipped with a large dining room, a play room known as the "day room", and a separate class room. The children could use the other facilities of the rehabilitation department. They included the pre-vocational shop and the sheltered work shop.

The team approach.—"The team is the functional unit for the coordination of treatment required for the rehabilitation patient." The team approach was used in formulating a treatment plan for each child in view of his capacities. All of the members of the team were always involved in evaluating the child, formulating and carrying out the treatment plan. Each team member was important in his own way, the degree of importance depended upon the social, emotional or medical problem the child presented.

Coordination of the team was accomplished through team meetings and staff conferences. The medical director of the unit had a philosophy

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on the team approach. He felt that the essence of this approach was
the interrelatedness of the disciplines. The team concept was involved
from the time the child was evaluated for entrance into the hospital,
and continued until his discharge.¹ This was essential for the effective-
ness of the treatment plan.

The child was seen as a whole. The causes of his problems were
interrelated, but for purposes of working with the problems they were
broken up into their component parts and each member of the team be-
came responsible for a particular area.

The staff consisted of one full-time attending physician, one
full-time Fellow in Rehabilitation who was a pediatrician, six part-time
attending physicians, and three consultants in the areas of Speech and
Hearing, Psychology, and Social Work. There were approximately 18
other non-professional staff members and 13 technical staff members.
The disciplines which composed the total program were Physical Medicine,
Nursing and Activities of Daily Living Nursing, Physical Therapy,
Occupational Therapy, Speech Therapy, Social Casework and Social Group
Work, Education and Psychology.² A brief description of each of the
disciplines follows, with the exception of Physical Medicine. This was
necessary to give the reader a clearer picture of the areas for which
each team member was responsible.³

¹Interview with Dr. A. Posinak, Medical Director of the Children's
Unit (Bird S. Coler Hospital, Welfare Island, New York, February 21, 1958).

²Interview with Mrs. Sylvia Thaler, Coordinator of the Children's
Unit (Bird S. Coler Hospital, Welfare Island, New York, February 22, 1958).

³For a more detailed description, see Laurice White, "Comparative
Professional Roles in a Multi-Discipline Setting" (Unpublished Master's
Social casework is concerned with helping the patient adjust to his handicap. Emphasis is placed on parental counseling and use of community resources. The social worker helps the child to identify and handle his attitudes toward himself and his handicap and to prepare a place for himself upon his return to the community.¹

Continuation of the patient's school education was provided for also. Two class rooms were made available for this purpose. The teacher guided the children into productive areas of new learning in an attempt to effect a fuller development of each child. In this setting individualization was a must. The teacher had many specific aims for the children. The broader categories in which she was interested were emotional attitudes leading to mental health and emotional adjustment, vocational preparation, preparedness for an active role in a democratic society and the traditional subject matter of the school curriculum.²

The function of the nursing staff was to implement the medical prescription of each child. The nursing staff was responsible for meeting the child's physical as well as emotional needs. The emotional needs were dealt with on an informal level, in that the nurses fostered a warm and maternal atmosphere in carrying out their duties. The nurses were responsible also for meeting all of the physical needs of the children, seeing to it that the child carried out his daily activity

¹Interview with Mrs. Madeline Rice, Social Worker (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 18, 1958).

²Laurice White, op. cit., p. 15.
and personal schedule. In a sense, the nursing staff assumed responsibility for chores that normally would be regarded as of a parental nature. This required the continual attention of that staff.\footnote{Interview with Miss Ann Lebowitz, Nursing Staff (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 25, 1958).}

The nurses worked together with the Occupational and the Physical Therapists to teach the children Activities of Daily Living.\footnote{Activities of Daily Living refers to the teaching of normal everyday activities, i.e., bathing and general domestic responsibilities.}

It was the nurses' responsibility to see to it that there was a carry over of what was taught in these therapies to everyday living.\footnote{Interview with Mrs. Charles Zimne, Nursing Staff (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 25, 1958).}

The objective in Occupational Therapy was that of evaluating and increasing the mental and physical functioning of the child through the performance of activities. This was accomplished under medical supervision. The therapist was concerned with the psychological as well as physical improvement of the patient. The initial goal was that of evaluation to determine the child's potential. The occupational therapist was concerned also, with increasing muscle strength, work endurance, coordination and control through activities, providing the child with assistive devices and in training and teaching the child proper methods of performing activities.\footnote{Interview with Mrs. M.A. Culp, Occupational Therapist (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 19, 1958).}

In Physical Therapy, emphasis was placed on improving the
physical functioning of the child. One very important function was that of evaluation which was concerned with determining the child's physical capabilities. The therapist was concerned with the health and normal growth of the child. She tried to help the child become as physically independent as possible. If this was unrealistic, she tried to help the child become as physically easy to manage as possible.¹

Psychology functioned in three main areas: therapy, evaluation, and research. The therapy program was designed to relieve emotional pressure through catharsis, to deal with strong dependency reactions, to encourage independent action and to break up, if possible, neurotic patterns already established.

Evaluation was a necessary area for the psychologist for in order to present the child with situations in which he could learn, it was necessary to find the capabilities of the child. The evaluation consisted of comparing the child to standard population to get an idea of his relative development. This was implemented through testing of various kinds. The goal was to determine the various abilities and capabilities as well as deficits the child might have.

The research being conducted was concerned with the intensive evaluation of selected cases in order to determine a basic hypothesis as to how a child who had suffered basic neurological damage adapts to the world around him.²

¹Interview with Miss Susan Kaufman, Physical Therapist (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 19, 1958).

²Interview with Mr. Kal Rabinowitz, Psychologist (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 20, 1958).
The speech therapist worked in the areas of speech and hearing. Her major concern was in five areas:

1. Language: The therapist worked with the child's vocabulary and also tried to help the child to understand complex thoughts.

2. Hearing Problems: The child was helped in learning to discriminate sound and if a hearing aid was indicated, he was taught to use it properly.

3. Speech: Articulation and voice problems were the focus here.

4. Feeding: Teaching a child control for eating prepared him for training in speech, since eating is a basic function. This was why the therapist undertook this task. One must have enough control of his muscles to eat before he can talk, since many of the same muscles are used in both processes.

5. Communication Systems: The child was taught to communicate on the non-verbal level when it was felt that because of physical involvement the child would never learn to speak. In that instance, the child was taught to read or spell, or was helped with reading readiness so that he might learn to use letter, word, or picture boards. It was possible to use higher levels of communication such as morse code if the child was capable of such learning.¹

Group work is the remaining discipline, and the following chapter will be devoted to a description of the social group work program.

¹Interview with Mrs. Elaine Cantor, Speech Therapist (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 24, 1958).
CHAPTER III

THE GROUP WORK PROGRAM

Purposes and Goals

From the inception of the program for the handicapped child at Bird S. Coler Hospital, social group workers have been a part of the treatment team. The realization of the contribution social group work could make in the process of rehabilitation was due in part to the fact that the unit presented a group living situation. The patients were both male and female and ranged from six to 17 years of age. The majority of the patients had cerebral palsy. All of them were severely handicapped and presented multiple medical, psychological and social problems.

The generalized areas in which it was felt that social group work could make contributions were threefold.¹

1. These children were socially retarded. They did not function on an appropriate level for their age. Almost without exception, they had little opportunity for social intercourse before entering the hospital. They were exposed to a minimal amount of group experiences and as a result knew very little of how to relate to others socially.

2. These children had difficulty facing the realities of their life situations. They had difficulty knowing their capacities and/or their limitations. The more capable the child is of being able to discern the realities of the situation, the better his adjustment would be.

3. The general atmosphere of the ward should be permissive and non-threatening in order to effect the ultimate aim of the rehabilitation services offered. Since social group work is one of the services, it has a responsibility toward effecting this kind of atmosphere.

¹Interview with Mr. Hyman Weiner, Social Work Supervisor (Bird S. Coler Hospital, Welfare Island, New York, January 22, 1958).
With the aforementioned three areas as a basis, the philosophy of social group work in this setting was formulated.

Group work is a part of the treatment team and its philosophy within this setting stems from the total rehabilitation plan which demonstrates a philosophy of comprehensive care or treatment of the whole patient. This includes the diagnosis and treatment of the patient's physical, emotional and social needs with a view toward returning him to the community as a "social being" functioning to his maximum capacity in all areas. Within this framework, group work as well as other disciplines recognize the integrity of the patient as a person and is concerned with his need for democratic participation in group life. Group work's main contribution to this comprehensive plan is to help the patient develop and increase his social and emotional functioning.¹

The purposes of the social group work program were as follows:

Our primary purposes are (1) to help our youngsters to learn social skills, (2) to provide them with experiences which stimulate and encourage the carry-over of their physical, social and emotional gains into everyday living situations.²

Following were the specific goals of the program:³

1. To assist in maintaining a warm, family atmosphere within the total unit.
2. To develop and broaden the interests of each child.
3. To encourage peer relationships as well as those with adults.
4. To explore and adapt program materials to meet specific physical and social needs.
5. To provide pleasurable play and recreational experiences.

Description of the Program

The social group work program provided play and social experiences

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¹Interview with Miss Madeline Robinson, Group Worker (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 26, 1958).
²Ibid.
³Ibid.
on an individual and group basis. The social group work staff implemented
the program. The staff consisted of one professionally trained group
worker who carried group responsibilities and was the administrator
of the program, a nursery school teacher, and three social group work
students. Two were from the New York School of Social Work, and one
from Atlanta University School of Social Work. The students were club
group leaders and were responsible for providing professional leader-
ship for three of the interest groups. The program was structured to
include organized groups, lounge activity, unit parties, volunteer
projects, the trip program and the nursery program.

The nursery program.—The nursery school group was composed of
five members, male and female, whose ages ranged from six to ten years.
The prerequisites for membership in this group was that the child must
be able to function on the level of the average kindergarten child or
have the capacity to do so and must be able to participate in activities
of the nursery program and follow simple instructions.

Program media that were used in effecting the goals were games,
stories, arts and crafts. Through pasting and coloring the children
were taught such things as how to distinguish colors and identify numbers.
The goals of this program were to provide the children with an oppor-
tunity to learn how to play together and to give practice in functioning
independently.¹

Play activities group.—This group met twice weekly and there
were five members of the group. The group members were children ten

¹Interview with Mrs. Lucille Williams, Nursery School Teacher
(Children's Division, Bird S. Coler Hospital, Welfare Island, New York,
February 12, 1958).
and eleven years old; there were four girls and one boy. Prerequisites for belonging to the group were creative and communicative abilities. This was inclusive of the ability to relate to each other and to the worker. It was also important that the child be able to suggest and aid in plans or ideas to be carried out by the group. The agency's objective for this group was to help broaden social awareness and experience, particularly in those aspects of life pertaining to the home. The worker tried to help the group members develop a sense of responsibility, learn to function in a group setting, learn about housekeeping and the many aspects involved in housekeeping by providing them with situations in which they could work out problems, particularly those related to family and hospital life. Various media were used to effect these goals. The group had a play house of its own. Some of the media utilized were play with dolls, role play and the carrying out of projects. A recent project was that of constructing a farm.1

Interest groups.—These groups were formed to help the children develop and broaden a specific area of interest and increase their interest and skill in a particular area. The prerequisites for becoming a member of any of the interest groups were that the child showed some interest in the particular activity, and that he be able to relate to other group members. There were four interest groups, each of which met once a week. These groups were the music, craft and activity and the charm club.2

1Ibid.
2Miss Madeline Robinson, op. cit.
The music group was composed of nine members, both male and female. They gathered to sing, play instruments and listen to music. The goals for this specific group were to help its members learn to appreciate music, to stimulate their interest and curiosity in music as well as impart some knowledge about music to the children. The other goals were to help individuals learn to use music as a means of expression, to help them become more creative, and to introduce them to music as a form of recreation and relaxation.1

The craft group was composed of nine boys and girls. They worked on various individual projects such as making salt and pepper shakers, jewel boxes and candle holders.

The activity group was also composed of boys and girls. Approximately five children attended each meeting. The purpose was to involve the group in as varied a program as possible and still build and maintain their interest in games. All of the members were adolescent or pre-adolescent. They participated in a wide variety of active as well as passive games. The group was a very loosely structured one in that any child who was not occupied at the time of the meeting was invited to come, if he were in the specified age bracket.

The charm club was composed of five adolescent girls. The purpose of this group were to help these girls develop a sense of pride in their femininity, and to help them feel a need for being attractive with stress being placed on attractiveness of personality. Discussion was a vital part of the program and several program media were used to

1Interview with Mrs. Francis Rubinstein, Student (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 11, 1958).
stimulate discussion. Films, parties, making table decorations, and reading printed materials were employed to do this.

The diversional crafts group.—This group met twice a week, and was composed of six boys and girls who ranged from eight to 14 years of age. The members of this group were severely retarded, and as a result their functioning was too inadequate to profit from experience. The purpose of this group was to provide these children with a greater opportunity for interaction with each other and the worker, to provide them with recreational activities and expose them to activities that would help them relax.1

The therapy group.—This group was focused upon a specific psychological treatment goal. The group worker directed the group in conjunction with another member of the treatment team, the psychologist. Three children were involved in the program at the time of this study. With this group, the worker was concerned with inhibition training. Attempts were made to help easily distractible children inhibit responses through using outside stimuli to evoke inner controls. Music and games were the outside stimuli or program media used.2

The club group program.—This program was designed to bring children together who were approximately at the same level of social and emotional maturity, and who were ready to make use of a small group experience. The primary goal was to enable these children to gain a sense of belonging to a peer group with a view toward helping them to develop peer relationships and a sense of responsibility for planning

1Mrs. Lucille Williams, op. cit.

2Miss Madeline Robinson, op. cit.
and carrying out their own activities to the degree of which they were capable. Three groups made up the club group program: The Junior Club, the Adolescent and Pre-Adolescent Groups. All were loosely structured in terms of organization. There were no elected officers.¹

The Junior Club Group was composed of seven boys and girls who ranged from seven to ten years of age, however, they functioned at approximately a six year level. They met one night a week. The following were the goals for the group:²

1. To increase the ability to interact positively with peers in a group situation.
2. To increase social maturity.
3. To increase frustration tolerance and the ability to control self.
4. To increase ability to plan for themselves.
5. To help them work out solutions for themselves.
6. To help them become more creative and to learn to contribute ideas.

The type of group activities in which this group participated were dramatic play and games in which one could become involved on a physical level.³

The pre-adolescent group was composed of five boys and girls. They met twice a week. They were known as the "Teenagers" and ranged from 13 to 17 years of age. This group was formed to help raise the level of social maturity of some of the patients on the ward. Following

¹Ibid.
²Mrs. Francis Rubinstein, op. cit.
³Ibid.
were the goals for the group:

1. To foster identification of this group with the total unit.
2. To help the group members gain confidence in themselves.
3. To help the group meet specific teen-age needs of attaining some degree of independence, to assume responsibility and to help them participate in common teen-age fads.
4. To broaden their experiences.
5. To develop cohesiveness.

The group participated in a variety of activities, and informal discussions were an integral part of the program. They participated in arts and crafts projects, listened to music, produced a monthly newspaper, and planned and carried out projects. They also collected records and joined a fan club.

The pre-adolescent club group was called the "Club House Teens." The group was composed of seven boys and girls who ranged from ten to 14 years of age. They functioned at the pre-adolescent level. They met once a week. The purposes of this group were to provide opportunities for these children to have enjoyable group experiences as near to those of normal children as possible and to help each child with his emotional development, thereby enabling the child to become more emotionally healthy and stable. These were the specific goals:

1. To develop group spirit; mainly a sense of belongingness to the group and also a feeling that the group is worth belonging to.

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1 Interview with Mr. Antonio Blanch, Student (Children's Division, Bird S. Coler Hospital, Welfare Island, New York, February 14, 1953).
2 Ibid.
2. To help them learn to make decisions and plan at least partially for themselves.

3. To help the children learn to seek and appreciate peer approval to a greater degree.

4. To help them develop an interest in activities in which they can be active.

The program media used with this group were arts and crafts, games, dramatics, singing and parties.

The lounge program.—The lounge program was a daily activity. An attempt was made in this program to give the children a wide variety of program materials in an atmosphere where there was freedom to make choices. The making of choices was encouraged. This activity also served as a means of bringing together children of various ages and social levels. The aim of this program was to create a family atmosphere. A variety of activities was used: active and passive games, stories, rhythm bands and building blocks were but a few.\(^1\)

Volunteer activities.—There were approximately 13 volunteers. They came in weekly to work with groups. The patients needed as much individualization as possible and the volunteers made this possible by supplying their services as group leaders. This made it possible for the group leaders to give more attention to individual children.

The volunteers under supervision were responsible for two program areas in group work, which were Canteen Time and the Cosmetic Corner. During Canteen Time, the volunteers took a few children to the canteen. They helped the children purchase whatever they wished and sat and talked in the canteen with them as they ate. It was hoped that

\(^1\)Miss Madeline Robinson, op. cit.
this would broaden the children's experiences in that it gave them
an opportunity to get out of the ward and come in contact with the
world outside of the unit. It also provided the children with an
opportunity to relate freely to the volunteers in an atmosphere different
from the unit.

The Cosmetic Corner was similar to a beauty parlor. The children
made individual appointments, and went there to experiment in ways of
improving their appearances. While the volunteer was working with the
child, she tried to impart some knowledge to the child of the importance
of good grooming.

The *trip program*—This program was developed to provide the
children with an opportunity to see the wider community in an effort to
broaden their experiences beyond the confines of their narrow world.
During the school year, many of these trips were planned in conjunction
with the school and were used to supplement the school curriculum.
Trips were also used to create incentive to carry over physical gains
made in other therapies. An example of this was encouraging the child
to walk up the bus steps if he had been taught this in physical therapy,
rather than having the child carried up the steps. Another example
was that of encouraging the child who was learning to feed himself, to
hold his own sandwich. All of the children did not go on every trip.
They went in groups, depending on the type of trip and the number of
children who could be accommodated. They had been on the following
trips: The Hayden Planetarium, the Rodeo, the Museum of Natural History,
Christmas shopping at Gimbels, the United Nations, Radio City, and the
Gary Moore Television Show.\(^1\)

**Unit parties.**—There was always at least one unit party a month. These were parties in which the total unit was involved. There were numerous occasions during the month for such parties, holidays or someone's birthday were such occasions. These parties served as a means of bringing all the children together and helped to cement the feeling of closeness and appreciation for each other. They also gave the children an opportunity to exercise their social skills.\(^2\)

The group work department in conjunction with other disciplines occasionally participated in special projects. Such a project was the Christmas program. The children gave a play for the total rehabilitation department at Christmas. The social group work department and speech therapy worked together to effect this project.

\(^1\)Ibid.

\(^2\)Ibid.
CHAPTER IV
THE ROLE OF SOCIAL GROUP WORK IN THE BASIC PROBLEM AREAS

The social group work program was instituted to meet needs in three specific areas, those of social retardation, facing reality and effecting a total ward atmosphere. The writer felt that a closer look at the program in terms of these problem areas should be taken.

Almost without exception, these children were socially retarded. They had not learned to relate to others in a manner considered psychologically healthy. They usually operated on a psychosocial developmental level much lower than they were capable of doing. This was not peculiar to the physically handicapped child, but the fact that these children were handicapped had a direct bearing upon their being socially retarded. They had limited primary group experiences through which they could grow and develop. And thus they had little opportunity to learn how to relate to peers; furthermore, many of them had learned to relate to adults in an unhealthy manner, in that many of them resorted to negative approaches in relationships.

The group experience common to all of these children was that of family life. In many cases, this was the basis for the child's insecurities. The family group is one of the basic groups in which attitudes and opinions of self are formed.

Every parent has feelings about his child. They see the child as an extension of self. When the child is handicapped, the feeling is
likely to be one of rejection. This is particularly true if the parent already had problems and was feeling some degree of insecurity. The entrance of a handicapped child into such a family situation can serve to add to the parents' feelings of insecurity. Our culture dictates that parents should love their children and vice-versa. Because of this standard, many parents hide their true feelings about the child, or are unaware of them. In most cases the rejection is on the unconscious level. The child usually perceives what the basic feeling is, whether it is one of acceptance or rejection, and reacts to it in terms of it, regardless of whether the feeling is on the conscious or the unconscious level.

Many parents are over-anxious and/or overprotective of the child. Their guilt about their feelings of rejection contribute to this. They smother the child with affection and refuse to let him mature by limiting his opportunities for self development. They tend to keep the child under close scrutiny and find reasons for not permitting him to play with his peers. The reason sometimes given is that normal children are too rough and are not considerate of the handicapped child. Even when there are normal children in the family the parent is likely to be over-protective of the handicapped child in relation to his siblings. Often parents who profess great concern and love are masking rejection of the child. An example of this comes to mind in the situation that results when parents visit the child regularly, take care of his every physical need and whim, but have little to discuss with the child. They spend the visiting time engaged in some activity for the child, or

\[1\] Mrs. Madeline Rice, op. cit.
just sitting looking at the child. Verbal communication between the two is very limited.

The social group work program at Bird S. Coler was directed toward combating the social retardation of the child. The child was placed in situations where he had to interact with others. Through this interaction the child could grow and develop socially. The worker was there to guide his group experiences and to help him learn how to relate to other children. There was an element of this in all of the activities but emphasis was placed on this kind of problem in the club groups, the lounge program and the volunteer activities.

The worker also helped the child in relating to adults. She tried to build a relationship with each child. It was essential that the worker accept the child and his handicap and have some degree of affection for him. With this as the core of the relationship, the worker helped the child learn to trust the adult and to express his true feelings toward the adult, both positively and negatively. In terms of programming in this area, much of the worker's time was spent sitting and talking to an individual child or small groups of children. The worker helped the child make a telephone call, put up pictures in his cubicle (room), listened to the radio or watched television with the child. The worker's schedule had to be flexible enough so that he could spend a portion of his time with the children whenever the child needed or asked for special attention. The worker could not always be free when the child wanted attention, but each worker realized that this type of interaction was a vital part of the program.

The social group work staff, as was true of the total rehabilitation staff, was concerned with recognizing the integrity of the child.
as a person. Even though these children were severely handicapped, they still had the same basic needs as non-handicapped individuals. One of these basic needs was the desire for some degree of independence. This was perhaps the most difficult need to meet for this group of children, since they were so physically dependent. It is easier for the adult to do things for this type of child than to encourage him to perform those tasks for himself which are within his capacity. When this happens such children become accustomed to having things done for them. This has an effect on their growth and development. They tend to accept the fact that they are not capable of doing anything; that they have no contributions to make. This kind of attitude can foster a very poor self image. This was typical of some of the children in the unit. Granted these children were limited and in all probability would be more dependent than non-handicapped children no matter how much rehabilitation they encountered, there still was a positive side. The children had some capacity no matter how small and they usually did not function up to their optimum level. If these innate capacities could be brought out, the child would be able to function at a higher level. In many instances, the potential for performance was a great deal more than would ordinarily be expected, considering the severity of the handicaps. With the recognition on the part of the child that he was capable of a higher level of functioning and that he could give as well as receive, his self-image was raised. This is an important factor in helping handicapped children become happier and better adjusted people.

As is true with normal children, the handicapped child must
learn to face the realities of life. This means his limitations as well as his capacities. It is as detrimental to the child's adjustment for him not to be aware of his limitations as it is for him to be unaware of his capacities. These were children upon whom some demands would be made whether great or small.¹ The department was concerned with equipping the child to meet these demands if they were realistic for the child in view of his real limitations. It was concerned also with helping the child to be able to recognize the fact that some demands were too great for him to handle, and to live with the reality without feelings of inadequacy. Hence the social group worker implemented this process of helping the child face reality as well as helping him improve his self image through the group programs such as club groups and interest groups in particular. The nursery school group was another group which helped the child in this area. The worker's "tool" for the most part was his relationship with the child. He gave psychological support, and helped the child develop insight into situations. To accomplish this the worker took into consideration the level at which the child was operating. For example, many of the children were intellectually retarded, therefore the worker had to relate to them on their level of comprehension.

Ward living was an area utilized to create a permissive atmosphere in which the children could express themselves freely. The total staff was involved in this. It was essential to the effectiveness of the program that a permissive, non-threatening atmosphere exist throughout the program. It was felt that this type of atmosphere was conducive to the healthy growth and development of these children in

¹Mr. Hyman Weiner, op. cit.
that it provided a place for them to feel free to express themselves both positively and negatively.

The creation of this atmosphere was the responsibility of the staff. It was not a specific program activity, but a feeling tone which cut across every activity in every area of ward living.

In this area of ward living, the group worker's job consisted mainly of interpretation. She interpreted the importance of such an atmosphere to other disciplines. This was done through various meetings, and informal discussions with other staff members, and by trying to set examples in carrying out the group work program. This was not the total responsibility of the group worker. The psychologist and the case worker both realized the importance of such an atmosphere, and helped in the process of interpretation.

Though the ward atmosphere was of a permissive nature, it was realized that there are extremes in everything, and that each individual must be governed by some limitations. For this reason the group worker, though permissive, did not try to promote the idea of complete freedom, but tried to encourage the idea that when limitations were made, they be made on the basis of an understanding of the needs of the child, since the goal was to help each child become a social being.
THE PURPOSE OF THIS STUDY WAS TO DESCRIBE THE SOCIAL GROUP WORK PROGRAM AT BIRD S. COLER HOSPITAL. IN ORDER TO DO SO, SOME ATTENTION WAS GIVEN TO DESCRIPTIONS OF THE HOSPITAL SETTING, THE CHILDREN'S UNIT, AND DISCIPLINES IN OPERATION IN THE CHILDREN'S UNIT. THE FOLLOWING WAS INCLUDED:

1. THE SOCIAL GROUP WORK PROGRAM AT THE HOSPITAL WAS A WELL-STRUCTURED ORGANIZATION. THE PROGRAM WAS UNIQUELY DESIGNED TO MEET THE NEEDS OF THE CHILD FOR CONSTRUCTIVE GROUP EXPERIENCES THROUGH PLAY AND SOCIAL EXPERIENCES AS INDIVIDUALS AS WELL AS ON A GROUP BASIS.

2. THE HOSPITAL STAFF WAS COMPOSED OF MANY DISCIPLINES, EACH OF WHICH HAD THEIR UNIQUE CONTRIBUTION TO MAKE IN PROVIDING SERVICE TO THE PATIENTS.

3. SOCIAL GROUP WORK HAD A SIGNIFICANT ROLE TO PERFORM IN THE REHABILITATION PROGRAM. THE MAIN PURPOSE OF SOCIAL GROUP WORK IN THIS SETTING, WAS TO CULTIVATE THE SKILLS OF EACH CHILD TO THE FULLEST CAPACITY AND TO BROADEN THE CHILD'S HORIZON. IT WAS ALSO THE PURPOSE OF THE SOCIAL GROUP WORKER TO HELP EACH CHILD WITH HIS EMOTIONAL ADJUSTMENT. ONE OF THE MAJOR WAYS OF DOING THIS WAS BY PROVIDING THE TYPES OF GROUP EXPERIENCES WHEREIN THE CHILD COULD PARTICIPATE IN ACTIVITIES APPROXIMATING AS CLOSELY AS POSSIBLE, THOSE IN WHICH NORMAL CHILDREN WOULD ENGAGE. THROUGH THE TEAM APPROACH, THE PURPOSES OF THE GROUP WORK PROGRAM WERE BEING MET AND THE GOALS WERE CONSTANTLY BEING ATTAINED AND HEIGHTENED.

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4. The role of the social group worker in the basic problem areas of social retardation, confronting realities and ward or group living, was calculated to delve into the dynamics of individual problems as they related to social group work.

5. The program was beneficial in modifying many negative attitudes, and in beginning to develop wholesome positive responses to others in each of the children.

6. More definitive recording of what was done in the group work program, in terms of group work as an on-going process, and as it related to groups and individuals, might have been helpful in making this study more meaningful, and in making the program even more effective and beneficial.
SCHEDULE FOR THE ADMINISTRATION

1. What is the structure of the unit in terms of the staff and the program areas?

2. How many people are on the staff of the children's unit, part-time and otherwise?

3. What is the function of the team?
What is the philosophy of group work in this setting?
What are the purposes and goals of the program?
What is the program, of what does it consist?
How is it implemented?
How is the program supervised?
SCHEDULE FOR GROUP WORKERS

What activities or club groups are you in charge of? List all.

Describe each.

Give the following for each one mentioned:

How many times a week do you meet?

Approximately how many children are involved?

How was the group formed?

What are the prerequisites for becoming a member?

Are there any goals, what are they? Do you feel that they are being met?

What kinds of program media are being used?
SCHEDULE FOR STAFF MEMBERS

What are the purposes and goals of your discipline?

Give a description of your program.
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