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Boys on parole from a residential treatment school to a residence club

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BOYS ON PAROLE FROM A RESIDENTIAL TREATMENT SCHOOL TO A RESIDENCE CLUB

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BY
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This study of the Residential Club after care placement of some of the boys released from the Hawthorne-Cedar Knolls School was chosen because the writer was interested in knowing more about this particular phase of after care treatment with the hope that the information might possess meaning and significance to agencies and persons working with youngsters having similar problems.

The purpose of this study was to explore the factors that were taken into consideration by the Residential Treatment School in referring these fifteen boys to the Residence Club by analyzing some of the personal, familial, cultural and social factors inherent in the lives of the boys placed. From this study one might discern the policy, procedure and practice of this phase of the after care program at the Hawthorne-Cedar Knolls School. This study should also show how some of the boys have utilized former placements and their adjustment while there and at the Treatment School.

This study included fifteen boys who were on parole from the Hawthorne-Cedar Knolls School and were living in the Stuyvesant Residence Club. The study was limited to the total number of boys living in the Residence Club during the month of October, 1954, who were on parole from the Treatment School. These youngsters were formerly committed to the Treatment School by the Children's Court of New York City.
The methods used in this study were: conferences with various staff members in the agency who were familiar with the after care program and the boys studied; a schedule on which was collected the data from case histories and other allied data to obtain the early development of each boy and his institutional adjustment. Records at the Treatment School and in the After Care Department were utilized. Literature, published and unpublished, pertaining to the subject were examined.

The following conclusions were derived from the study:

1. Three-fourths of the boys fell into the middle teen-age bracket at the time of admission to the Treatment School. The fact that such a large number of boys fell into the fourteen, fifteen and sixteen year-old brackets was indicative of increased tensions that come about with the onset of adolescence, because the ego and superego are not strong enough to cope with this period.

2. Of the boys studied, all, with the exception of three, were for one reason or another products of broken homes. The vast majority of the boys, by being deprived of one or both parents, did not come from a very stable family unit.

3. All of the boys exhibited poor inter-familial relationships. A lack of cohesion was also evident in these cases.

4. There was a very definite lack of interest or affiliation with organized group or supervised recreational activities in the community, undirected leisure-time activities seemed to threaten the social well being of a youngster.
5. Prior to admission to the Treatment School, only two of the boys were rated as having made a good previous school adjustment, despite the fact that twelve of the fifteen boys were functioning above the average level of intelligence at admission.

6. The vast majority of the boys manifested difficulties in both the anti-social and intra-psychic areas of their personalities.

7. The majority of the boys came to the Residential Treatment School with some previous treatment experience. Generally this treatment had been unsuccessful.

8. The most prominent diagnosis was Schizophrenia, followed closely by the character neuroses. The fact that the Schizophrenic group was most prevalent was due to the fact that many of the symptoms for which they were referred were those of aggressive or anti-social behavior and it was only through more continued observation and clinical evaluation that the underlying psychosis was discerned.

9. Almost one-half of the boys spent between two and three years at the Treatment School. The average length of time spent was twenty-seven months.

10. At the Treatment School, twelve of the boys made good adjustments and three were rated as having made fair adjustments. None were rated as having made a poor adjustment.

11. The fifteen boys were paroled to the Residence Club following release from the Treatment School because of broken
homes and destructive influences within the homes which involved parental rejection and other inadequacies.

12. Various degrees of parental rejection were vividly exemplified in each of the cases studied.

13. For the most part, it appeared that the Residential Club After Care Program has bridged the gap, from previous community life to successful adjustment. For indefinite periods until the boys can become self-supporting and stand alone. This enables them to develop sustaining strengths with constructive encouragement and support from interested accepting adults who work with them.
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The writer wishes to express his deep appreciation to everyone who assisted him in this study. In particular does he wish to thank Mr. Jack Adler, Unit Supervisor at the Hawthorne Cedar-Knolls School and Mr. Max Doverman, Director of the Stuyvesant Residence Club for their advice, assistance and encouragement.
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Emphasis on treatment at a Residential Treatment School for delinquent adolescents is focused upon meeting the needs of each child that it received. The school functions as an educational institution which prepares young people, who have failed to conform to accepted standards of conduct, for successful living in their homes and communities, or, where this is impossible, in a carefully selected sociological home. In this study the writer was concerned mainly with the institutional treatment and placement of the juvenile being released from the school.

The Hawthorne Cedar-Knolls School offers a program for Jewish adolescents who have encountered much difficulty in adjusting to their communities. The youngsters were mostly committed by the various juvenile courts of New York State. The purpose of the Residential Treatment School is to prepare the adolescent, physically and emotionally, for the family and community to which he will return. The school was founded in 1904 for the study and treatment of Jewish delinquents between the ages of twelve and sixteen. It is a private institution, operated by the Jewish Board of Guardians. The school is located in Westchester County, two miles east of the village of Hawthorne and approximately thirty miles north of the city of New York.

The specific area of treatment which the writer chose to
study was the placement of boys in a residence club who were released from the Hawthorne Cedar-Knolls School. The most important phase of a residential school program is to prepare the youngster for his return to the community and the facilitation of his adjustment there, once he has returned. It is true that the child's immediate needs must be met while he is in residence and that he must in some measure be helped to work through the subjective problems that have led him into difficulty. The major aim of treatment plans however, is the preparation for normal and responsible life in his own home and neighborhood or, where that is impossible, in a carefully selected sociological home. However, what shall we do with the youngster who is too old for foster care, yet too immature to live alone in a rooming house, or, with the youngster whose difficulties and disturbances are attributable to the atmosphere created by "problem parents"?

The Stuyvesant Residence Club at 74 Saint Marks Place, New York City is a new service for troubled children. It was formally dedicated January 10, 1952 and marked the successful culmination of years of planning on the part of the Jewish Board of Guardians.

It was found that many boys have left Hawthorne after successful treatment only to return to the same disturbed family situations that so often had been the cause of their difficulties. Others had outgrown the kind of protection that Hawthorne offered but had to continue living there because they had no adequate homes. These boys were still too
young to live on their own. What was needed was a transitional setting where they could live within the community under skilled guidance and complete their preparation for mature, independent living.

Boys between 15 and 18 years made up the age group at the Stuyvesant Residence Club. Whatever may be their individual circumstances, they have in common an inability to live with their families and an unreadiness to live independently. To come into the residence club, a boy must have the ability to work out and choose a practicable plan whether it be school or a job. The program was designed to help the boys achieve a number of basic values; security, responsibility, relaxed enjoyment, group experience, counselling, and psychological stability. Security comes from getting proper food and housing, having privacy, knowing he is liked and accepted. Responsibility develops from doing household chores cooperatively; being asked to fix a chair or to put in a light bulb. Enjoyment comes from being able to play ping pong, read a book, invite friends in to look at television, or to work at a hobby. Counselling is offered regarding job-finding, handling money, clothes buying, and other day-to-day problems. Psychological stability is an outcome of all these plus the psychotherapy provided, where needed, either by the case worker assigned to the residence or by referral to other sources. The objective of placement therefore is not just to provide a boy with a roof over his head, but to
place him in a congenial atmosphere where he feels accepted, and where he receives all the attention, affection and guidance which ultimately should lead to a lasting satisfactory adjustment.

Although the Residential Treatment School is fortunate in having a Residence Club, the need continues to be great and new resources are constantly being sought.

Significance of the Study

Practically all of the youngsters committed to the Hawthorne Cedar-Knolls School experienced a good deal of parental rejection. They may have retaliating feelings towards their parents which may not allow them to accept any parental relationships which have failed them, and thus, unable to take on others in their place. They may have experienced rejection to the extent that they have no capacity for relating to others and no concept of social standards, so they are continually in conflict with authority. However, after a period of treatment in a neutral setting, such as the treatment school, many of these boys can be placed in after-care residence.

This study of Residential Club placement of some of the boys released from the Hawthorne Cedar-Knolls School was chosen because the writer, during his field work placement at the school, became interested in knowing more about this particular phase of after-care treatment with the hope that the information may possess meaningfulness and signifi-
cance to agencies and persons working with youngsters having similar problems.

Purpose of the Study

The purpose of this study was to explore the factors that the school considered in referring these fifteen boys to the Residence Club by analyzing some of the personal, familial, cultural, and social factors inherent in the lives of the boys placed. From this study one might discern the policy, procedure and practice of the after-care program at the Hawthorne Cedar-Knolls School. This study should also show how some of these boys have utilized former placements, and their adjustments while there and at the treatment school.

Method of Procedure

The methods employed in this study were as follows: Conferences with various staff members in the agency who were familiar with the after-care program and the boys involved; a schedule on which was collected the data to obtain the early development of each boy and his institutional adjustment. Records at the treatment school and in the after-care department were fully utilized. Literature, published and unpublished, pertaining to the subject was examined.

Scope and Limitations

This study included fifteen boys who were on parole from the Hawthorne Cedar-Knolls Residential Treatment School and were living in the Stuyvesant Residence Club. It was limited to the total number of boys who were living
in the Residence Club, during the month of October 1954, who were on parole from the school. These youngsters were formerly committed to the treatment school by the Children's Courts of New York City.
CHAPTER II

CHARACTERISTICS OF THE BOYS STUDIED

Aftercare Services for the emotionally disturbed boy who has undergone a period of treatment in a Residential Treatment School does not begin with placement, but with the youngster and all his experiences as far back as one can ascertain.

Perhaps the most basic consideration in the utilization of aftercare homes for boys who are emotionally disturbed is the extent to which their personalities and needs are known. These can be determined only by a careful study of the life history of each boy up to the point where he is.

Primary behavior disorders in children are classified in three groups; namely, habit disturbance, conduct disturbance, and neurotic traits. The boys in this study exhibited conduct disturbances, which indicated symptomatic manifestations such as truancy, quarrelsomeness, stealing, destructiveness, setting fires, disobedience, temper tantrums, and sex offenses. Youngsters with conduct disturbances are aggressively in conflict with their environment, and their behavior may be accentuated with varying degrees of parental frustration and rejection. If the child does not obtain affection and support from parental figures to enable him to incorporate

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2 Ibid.
an adequate superego, defective controls result, and conflict remains between him and his restraining environment.\textsuperscript{1}

It is evident that these youngsters were unable to harmonize their instinctual drives with the demands of their environment due to faulty ego development.

Personal Characteristics

\textbf{TABLE I}

\textbf{STUDY SAMPLE: AGE AT ADMISSION}

<table>
<thead>
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<th>AGE</th>
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<td>16</td>
<td>2</td>
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Table 1 shows that of the fifteen boys studied, three-fourths of the group fell into the middle teen-age bracket at the time of admission as was indicated by the fact that three of the boys were fourteen years old, seven were fifteen years old and two were sixteen years old. Of the

\textsuperscript{1}Ibid.
remaining three; one was seven years old, one was eleven and one was twelve. The fact that such a large number of boys fell into the fourteen, fifteen and sixteen-years-old brackets may be indicative of increased tensions that come about with the onset of adolescence because the ego and the superego are not strong enough to cope with this period. The child who has had a secure development and has good ego defenses is able to survive the storm successfully. On the other hand, the child who has not had a secure development may be able to function adequately only as long as his defenses hold. With the breakdown of these, he finds himself in conflict with his environment and unable to accept authority. The adolescent has reached a stage in his development where socially he is expected to behave like an adult, but is not accorded the recognition and prerogatives of adult status.¹

He is expected to conform to adult restrictions and mores, and yet he is allowed very few of the advantages and privileges which should accrue at maturity. His sphere of activity is circumscribed, his efforts to assert himself are suppressed, his possessions are definitely limited, his economic independence is not tolerated, his status as an adult is unrecognized, and many of the restrictions of his childhood remain in force.²

Ambivalence is also a characteristic of the adolescent. Here the youngster's feelings of insecurity and the longing

¹Maud A. Merrill, Problems of Child Delinquency (Cambridge, 1947), p. 111
²Ibid.
for, as well as the rejection of, dependency is recurrent. He seeks independence, yet is rebellious and resentful of authority. This is the recapitulation of the oedipal phase wherein the child has feelings of love and hate toward the parental figures. The adolescent feels that he is not understood by the parents, whereas formerly he felt that he was not loved. Therefore, extreme reactions are more likely to occur in youngsters who were disturbed prior to adolescence. Parents who are prepared for this unpredictable period are able to help the struggling youth to achieve a new social balance. However, adolescence is a period of life that is poorly understood and greatly neglected by adults, though the reasons are not readily apparent. Everyone is aware of the fact that a great many misunderstandings arise between parents and their adolescent children. It is perhaps easy to understand why parents do not perceive the forces at work during the first year of life or even early childhood, but adult life follows adolescence so closely that one would expect parents to remember better how they felt in their teens and so be more understanding of the adolescent's problems.¹

All of the boys in the study were of the Hebrew Faith but the records indicated that most of them did not attend their synagogues with any regularity prior to entering the Residential Treatment School. Perhaps this might indicate

that a boy's exposure to religious teachings may influence his future to a great extent.

Familial Characteristics

Of the fifteen boys studied, all except three were for one reason or another products of broken homes. Prior to admission three boys lived with both their parents, four lived with one parent and a step-parent and five were living with one parent. Two boys were in institutions and one was living with foster parents.

TABLE 2

STUDY SAMPLE: MARITAL STATUS OF PARENTS

<table>
<thead>
<tr>
<th>Marital Status</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
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</tr>
<tr>
<td>Married and Living Together</td>
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</tr>
<tr>
<td>Not Married</td>
<td>1</td>
</tr>
<tr>
<td>Father Deceased</td>
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</tr>
<tr>
<td>Mother Remarried</td>
<td>1</td>
</tr>
<tr>
<td>Mother's Status Unknown</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
</tr>
<tr>
<td>Father Remarried</td>
<td>2</td>
</tr>
<tr>
<td>Mother Remarried</td>
<td>1</td>
</tr>
<tr>
<td>Not Remarried</td>
<td>1</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 2 shows the marital status of the boys' parents at admission. In only three cases were both the parents married and living together. The parents were divorced in four cases and separated in four more. The father was de-
ceased in three cases and in only one case were the parents not married.

The number of parents married and living together is strikingly less than the number of parents separated, divorced, and deceased. Hence, the majority of boys, by being deprived of one or both parents, could not come from a very stable family unit. The disorganization of a family in most cases is a threat to the physical and emotional security of a child.

The lack of a father with whom to identify may produce greater psychological injury on the boy other than just the difficulty in thinking and feeling in a definitely masculine way. The boy identifies with the father because he loves him. He would like to be his father. In order to accomplish this he will have to get rid of the father. But his love protests against this solution and impels him to a better one. He must not be his father and have and do exactly as his father does but he can become like his father and do things the way his father does, but in other situations and with other people. By identification with his father he learns to renounce, through love for another person, the uncultured methods of gratification for his needs and desires, realizing that such renunciation still permits him this gratification and does not expose him to the anxiety that would be his lot if they could not be gratified.¹ This is important because

the whole structure of civilized society is built on this renunciation, because of love for other persons, of a method of obtaining gratification, not of the gratification itself.¹

When a boy is brought up in a fatherless home there is no possibility of this renunciation through identification taking place nor is there any need for it, because there is no father to love. The boy feels he possesses his mother. He feels no need to look for his gratification elsewhere.² Even if she will not gratify him completely now he believes that if he waits long enough she will.³ Gratification, therefore, is his by right and he does not need to procure it through his own efforts. There is no day-by-day struggle between his jealousy, love and fear of his father through which he learns gradually and somewhat painfully how to compete successfully. When he reaches the age where the social situation and reality demand that he compete, if he wishes to continue to live successfully, he is baffled and helpless, because he has never learned how to do so. Therefore, there is no possibility of real gratification for him and so he is overwhelmed with anxiety. If he attempts to abolish the anxiety he acts in a fumbling, ineffectual, un-

¹Ibid.
²Ibid.
³Ibid.
social manner which gets him into trouble, and this further pain is added to his suffering of anxiety.

From a practical point of view the absence of the mother is not so serious an injury to the small boy as the absence of the father. A boy is very seldom, if ever brought up in a completely motherless home, although there are many cases where the home has no father. Some mother figure, a housekeeper, an aunt, or an older sister is present in most cases, so the boy is exposed to intimate personal relationships with some woman. If the boy were reared in a home completely isolated from women there is a strong probability that he would develop into an adult homosexual. Any long continued separation from the mother has a definite effect on the small boy. Therefore separation from her will affect his erotic relationships more than his aggressive ambitious ones.¹

This will show itself in many directions. The very small child slowly gives up his infantile methods of obtaining gratification and proceeds forward in his development because he feels certain of his mother's love. If she leaves him he regards her leaving as a form of rejection and therefore she does not love him. When this realization strikes home his development immediately ceases. Instead of being willing to do for others he begins to demand that everything be done for him. Instead of wanting to dress, feed and bathe

¹Ibid., p. 94.
himself, he may act as if he were unable to perform these routines and must thereby have them done for him. His speech may become more babyish. If he had ceased to suck his fingers, the habit starts again. If he had been toilet trained he may begin to wet or soil himself either during the day or night. He may have temper tantrums more frequently. In all of this behavior he is saying in affect, "Dear Mother, I am only a very little boy. Please love me and stay with me".¹ This regressive demand for the mother's love will last until the child develops a love relationship with another woman, until a mother substitute is found. When this occurs his development starts again.

Although from this point on the development may seem to proceed satisfactorily and even the memory of the pain has only been repressed and being repressed from consciousness tends to become a governing factor in the child's future life. As he grows up he may tend to avoid having any close relationship with a woman. He has been hurt by the prototype of all women, therefore all women have a tendency to hurt men. The psychological mechanism underlying this behavior is called inhibition. He may however fall in love with a woman and as soon as he is sure she loves him, desert her or act in such a way as to break her heart. Since he had been hurt by a woman he will now take revenge on this one. Sometimes after marrying a woman and treating her badly, he may remarry again quite satisfactorily. After having taken revenge on one woman, he may now have a decent relationship with the sex.²

It is through the family that individuals secure most of

¹Ibid. p. 95.

²Ibid. p. 96.
their basic satisfactions. It is the primary moulder of human personality. The child is not born as a fully developed social being. What gradually becomes his distinctive personality is created by his interactions within the culture which surrounds him. Heredity sets limits to the development of the individual, but it is through the intimate association he has within the family that he assimilates the culture of his society and formulates his own personality, including his attitudes toward other people. In a home where parents fail to provide their children with enough affection and security, a child may seek ego satisfaction through undesirable channels.

Case 1

Tony was a fifteen year old boy, of superior intelligence (I.Q. 129) who appeared in children's court on charge of stealing. At the time of commitment he was in the fourth term in high school but was functioning considerably below his potential because of the severe difficulties which had developed between him and his parents. He was the younger of two children, his married sister being ten years older than he. The father was a diabetic, had a cardiac condition, and was employed as a doorman which was considered to be the maximum level of his work tolerance. Both parents are severely disturbed, the interaction between the boy and his parents leading to difficulties of steadily increasing severity during the months preceding placement.

Since the family is probably the most important institution in personality formation and development, it is very important to know the ordinal position a youngster holds in his family. Some youngsters may be unable to compete with

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other siblings in the home and can only make a favorable adjustment in a home where he is the only child to receive the attention and affection of the parents.

TABLE 3

STUDY SAMPLE: ORDINAL POSITION OF BOYS

<table>
<thead>
<tr>
<th>Ordinal Position</th>
<th>Number</th>
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</thead>
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</tr>
<tr>
<td>Only Child</td>
<td>6</td>
</tr>
<tr>
<td>Oldest</td>
<td>4</td>
</tr>
<tr>
<td>Middle</td>
<td>4</td>
</tr>
<tr>
<td>Youngest</td>
<td>1</td>
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</table>

Table 3 reveals that two-fifths or almost one-half of the boys fell into the only child bracket. Of the remaining nine, four were the oldest child, four were in the middle classification and only one was the youngest child. The fact that the largest number of boys fell into the only child bracket is quite significant because children in the middle-class bracket are believed to be more susceptible to the development of anti-social behavior patterns than those in the oldest, only, and youngest positions because those in the latter group usually receive preferential attention and recognition from the parental figures.¹ However, the limited size of the

¹Maud A. Merrill, op. cit., p. 76.
universe studied may be partly responsible for the results obtained in conjunction with the fact that in three of the six "only" child cases, both parents were very seriously disturbed, and hence could not possibly provide the necessary emotional atmosphere for a child to grow up in, in terms of healthy identifications, and dependency needs. The child who does not receive the desired affection and recognition, may react in a very hostile and aggressive manner towards his environment.

All of the boys in the study exhibited poor interfamilial relationships, which were apparent either in forms such as strong sibling rivalry or the inability to get along with the parental figures. A lack of cohesion was also evident in these cases.

Social Characteristics

One of the very significant factors brought out by this study was the boys lack of interest or affiliation with organized group or supervised recreational activities. Of the boys studied, none belonged to any organized group and most of them seldom attended supervised recreational activities. This indicates a very serious weakness in the psycho-social development of these youngsters. Group activities are used to promote the physical, mental and moral well-being of boys; and to develop dependable and approved social conduct. Normal boys always seem to seek fun and the companionship of their peers. The kind of fun and companions
and most important, the kind of leaders they follow helps determine to a large extent their future attitudes and behavior patterns, especially in families where there is not a healthy emotional climate existing within the family setting. Well directed leisure-time of children should produce fine character results. Undirected leisure-time activities threaten the social well-being of the child. Crowded areas, slum districts and districts inadequately provided with recreational facilities and good leadership constitute a challenge to society. Gang approval and the copying of antisocial adult behavior patterns usually leads the youngster to delinquency and perhaps crime. The fact that none of the boys belonged to any organized group may indicate the lack of proper recreational facilities within the community.

The adjustment of the boys in school prior to admission was rated by the writer as good, fair and poor. Those rated as having made a good adjustment, did not present any behavior difficulties in school and achieved satisfactory grades in their work. Boys rated as fair were those who presented minor difficulties in school, such as attention-getting episodes but were able to achieve satisfactory grades. Those boys who made poor adjustments were those who presented behavior difficulties in addition to making consistently low grades or were chronic truants.

Of the total number, two made good adjustments in school, three made fair adjustments and ten were rated as having made poor adjustments. The child who has been unsuccessful in re-
solving his conflicts in the home due to the lack of aid from the parents, will more than likely encounter conflicts in his activities outside of the home. The following is an example of a boy who made a poor school adjustment.

Case 2

Harry, age thirteen, was referred to the Residential Treatment School because of difficulties which include temper tantrums, demanding behavior at home, enuresis, retardation in school despite excellent capacity, hostility toward younger sister, and difficult behavior at school. He had a tendency to withdraw and isolate himself. Harry's mother is a tremendously anxious, hypochondriacal woman who since her husband's death has been extremely lonely and unhappy. She worked to support the family and there was much financial pressure and she found the total burden of caring for the family intolerable. She was very seductive with Harry and often became involved in quarrels with him that were not of a parental nature. The younger child, a girl, is also beginning to present problems. Harry is exceedingly bright (I.Q. 129) but has done poorly in school. He is retarded in reading and arithmetic. Harry told the psychiatrist that teachers did not like him and children would not play with him. Harry was a sick boy emotionally. He was sure his mother did not love him. To compensate and cover his loneliness, he fought with children and teachers.

The intelligence level that a child is functioning on possesses therapeutic significance and may be used as a springboard for treatment. Although a good score is a sign of capacity, a poor score does not necessarily indicate lack of capacity. In some cases emotional rather than intrinsic intellectual factors affect the test scores.
TABLE 4
STUDY SAMPLE: INTELLIGENCE QUOTIENT AT ADMISSION

<table>
<thead>
<tr>
<th>Intelligence Quotient</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>80 - 90</td>
<td>3</td>
</tr>
<tr>
<td>91 - 110</td>
<td>8</td>
</tr>
<tr>
<td>111 - 120</td>
<td>1</td>
</tr>
<tr>
<td>121 - 140</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 4 reveals that on the Wechsler-Bellevue Intelligence Scale, which was administered to each boy, the range of functioning was from the very superior level to the dull-normal level. Of the fifteen boys tested, eight functioned within the average range of intelligence, three were rated very superior, one was on the superior level and three of the boys functioned on or above the average range of intelligence. For two of the three boys functioning on the dull-normal level, the fact that they were non-readers, made the verbal I. Q. Score questionable and depressed the total I. Q. When projective tests of personality were given, both boys gave indications of higher capacity than the psychometrics had measured and indicated emotional factors blocked the boys' use of their true abilities. A child who functions below the normal level of intelligence may encounter considerable difficulty in adjusting to the demands of his environment. In
addition, the individual may be so severely retarded that he may lose interest in school and resort to truancy. On the other hand, one who is emotionally blocked may be susceptible to anti-social behavior because his functioning leaves him unaware that his acts are unacceptable by society.

On or before admission to the Residential Treatment School, all of the fifteen boys were examined physically to determine if there was any organic pathology which might have bearing on the boys' emotional problems. None of the boys presented any major physical defects.
CHAPTER III

INSTITUTIONAL TREATMENT AND RELEASE

In a Residential Treatment School, treatment is seen as coming about chiefly through separation from the home and through individual psychotherapy. Emphasis is placed on separation of therapy from the practical realities, involvements and consequences of daily behavior which are handled realistically by the resident staff. The resident staff person is influenced in what he does and in his decisions by the therapist, unbeknown to the child. The resident staff person is not called a house parent because this would imply a substitution of the parent person in the child's life. However, the person who lives with the child assumes the role of authority in the child's life and is apparently used consciously to assist the therapist in steering the child's problems to his therapy sessions. It seems obvious that an element of relationship and interaction between the child and the adult may be present in any situation when the child lives in close intimacy with the adult.

The resident staff are the people who relate themselves to the child as he is, not only to his pathology and illness but mainly to the remnants of healthy or wholesome aspects of his personality. Constructive experiences which can provide gratification are essential in the rebuilding of the child's ego, and the residential treatment setting must permit the opportunity for constructive and gratifying experiences at the
level on which the child is capable of using them. The Residential Staff provides for the child those non-compulsory relationships which are necessary for his proper development. Such therapeutic use of the environment and resident staff can be possible only with the constant interchange of information and the thorough integration of staff, which are part of the care of residential treatment.

Nature of Difficulties

The boys in this study were either in conflict with authority, or were charged with various offenses which were socially unaccepted by society. The school admits emotionally disturbed children who present difficulties either through anti-social behavior, or intra-psychic personality problems. A three way breakdown of emotional difficulties was made because all of the boys presented a variety of personality difficulties. The following areas were used; Anti-Social, Intra-Psychic and Both.

The distinction between anti-social and intra-psychic is necessarily a crude one because both are so very closely interrelated and the symptomatology's effect on the child cannot be determined by the use of the schedule alone. However, a Both would be a personality which exhibited the following traits: riots, hostile behavior, fantasies, sexual difficulties, demanding and aggressive behavior. Anti-Social would be threats of violence to parents, temper tantrums, disobedience, truancy, firesetting, excessive fighting, stealing, and association with undesirable companions. Intra-
Psychic would be apathetic, withdrawnness, poor general functioning of long duration, recent learning difficulties, and confusion in sexual ideals.

**TABLE 5**

**STUDY SAMPLE: AREAS IN WHICH PROBLEMS WERE MANIFESTED**

<table>
<thead>
<tr>
<th>Areas</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Anti-Social</td>
<td>3</td>
</tr>
<tr>
<td>Intra-Psychic</td>
<td>1</td>
</tr>
<tr>
<td>Both</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 5 shows the various areas in which the fifteen boys manifested problems on admission to the Residential Treatment School. It was evident that the vast majority of the study group revealed disturbances in both areas. This was due to the fact that both areas are so very closely inter-related and it is almost impossible to draw a line of demarcation between them. Every activity in which an individual engages has its psychological counterpart and must be motivated either on the conscious or unconscious level. It was found that every one of the boys manifested problems in the first area. All of the boys were different in their background, personality, emotional, mental and physical factors. There seems to be no anti-social type per se. However, in every case one or more
of the following conditions were present: vicious environment, a family pattern of delinquency, divorce, emotional illness, economic insecurity or physical impairment. While these conditions do not necessarily lead an individual into socially unacceptable behavior, they seem to be the breeding ground for it.

**Previous Treatment: Institutional or Outpatient**

The majority of the boys came to the Residential Treatment School with some previous placement experience. Some of this was of a temporary nature, such as observation wards or detention but many had a history of a variety of previous placement in hospitals, institutions, private school and foster homes which would indicate attempts on the part of the community to deal with these problems.

**TABLE 6**

**STUDY SAMPLE: BOYS HAVING PREVIOUS PLACEMENT EXPERIENCE**

<table>
<thead>
<tr>
<th>Placement</th>
<th>Number of Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Some Kind</td>
<td>12</td>
</tr>
<tr>
<td>None</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 6 reveals that twelve of the boys had previous placement experience before coming to the Residential Treat-
ment School and only three had no previous placement experience.

It is generally assumed that previous placement experiences, especially a series of such experiences, represents a damaging experience to a youngster, over and beyond the initial disturbance. No attempt was made to tabulate the outcome of these previous placements, as for the majority there was insufficient data. However, in those cases where data were available, it was generally the case that the previous placement was unsuccessful. To offer such a child the help of a wise and sympathetic adult or a group of his own age is not always enough. The nature of his difficulties often prevent him from being able to accept or use such a relationship. It has been found at the school that the best way for the boy to acquire that ability is through the experience of having a very special kind of relationship with a case worker. This special relationship constitutes treatment. It helps the boy direct towards the worker his feelings of love, hate, fear, distrust, dependence, aggression or shyness which characterizes his attitude toward other people. It is what the worker does with these feelings, how he helps the child to express them and deal with them, that determines to what extent the boy can develop happier, more satisfying relationships with other people. No two youngsters are alike any more than any two adults are. When a child is troubled and shows it by his attitudes or actions against others, he has to be understood
as a separate individual if he is to be helped. The special causes for his socially unacceptable behavior have to be found and treated to help him overcome them.

Treatment Categories of Boys at the Residential Treatment School

Diagnostic tabulations were taken from the first diagnostic summary of the boy after his admittance to the Residential Treatment School. The following classifications were used: schizophrenic (including borderline schizophrenia and childhood schizophrenia); character neuroses (including character neurosis, character disorder, primary behavior disorder, neurotic character); psychopathic; and psychoneurosis (including obsessions, phobias, etc.). All of the boys studied fell into one of the above categories.

TABLE 7

STUDY SAMPLE: DIAGNOSTIC CATEGORY OF BOYS

<table>
<thead>
<tr>
<th>Diagnostic Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>7</td>
</tr>
<tr>
<td>Character Neurosis</td>
<td>5</td>
</tr>
<tr>
<td>Psychopathic</td>
<td>2</td>
</tr>
<tr>
<td>Psychoneurosis</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 7 illustrates that the most prominent diagnosis was schizophrenia, and closely following was that of character neurosis. Psychoneurosis and psychopathic diagnosis seemed to be rather infrequent diagnoses and were relatively low. The fact that the schizophrenic group was most prevalent was due to the fact that many of the symptoms for which they were referred were those of aggressive or anti-social behavior and it was only through more continued observation and clinical evaluation that the underlying psychosis was discerned.

Schizophrenia occurs in the most pronounced quiet, shy, reserved, cold, indifferent, unsociable, or seclusive personalities. Prior to their psychosis these individuals do not meet the realities of their environment satisfactorily. They are introverts. Introversion means the turning in of the mind into its own problems. The introvert gets pleasure from within himself. He is inclined to be cold, gloomy, unsociable and his feelings are seemingly not strong and he does not express them readily. Anxiety and conflict are settled through false beliefs and false conclusions, which lead to hallucinated punishment or gratification. Schizophrenics are lacking in early life feeling experiences which would enable them to draw emotional sustenance from others.\(^1\)

This may be illustrated by the following boy who was diagnosed as schizophrenic:

Case II

Sam was referred by the Psychiatric Institute where he has been hospitalized for about a year because of his extreme, withdrawn behavior, excessive water drinking, facial tics, many fears, infantile

\(^1\)Harry R. Lipton, "Schizophrenic", Fulton County Medical Bulletin, (February, 1953), pp. 1-2.
and bizarre behavior episodes of extreme cruelty toward animals and attacking younger children without provocation.

Sam is the only child of a working family, father being a skilled worker and earning an adequate living. Mother is an extremely anxious person who over-infantilized Sam, bottle-feeding him until he was 7 years old. She helped him to dress until he was 12 years old and is still helping him in caring for many of his physical needs. Sam shows extreme dependence upon and hostility against his mother whose control he welcomes and fights. Father plays an important role and is intimidated and controlled by Sam's violent and irrational behavior.

Sam is a fragile, baby-faced youngster who looks 2 or 3 years younger than his chronological age. His physical history is substantially negative except for a metabolic disturbance in the past that was related to his excessive water drinking. Intellectually he is of good average, and possible of superior I.Q... verbal 120, performance 104. He has marked and possibly unusual musical ability and has shown sustained interest in piano. In school where he has been in 9th grade, he has barely passing grades because of his restlessness, difficulty in concentrating and preoccupation with himself. At Psychiatric Institute he was diagnosed as schizophrenic, which was confirmed at the Residential Treatment School.

Period of Residence at Treatment School

Length of treatment at the Residential Treatment School depended on the particular needs of the child. With emotionally disturbed children, delinquent behavior represents a symptom rather than a disease itself. In treatment an attempt was made to deal with the total personality presenting the symptoms rather than with the symptoms alone. Total treatment means that all the positive qualities of a child can be used and that whatever is healthy needs to be
emphasized as well as the mixed-up elements which needs psychiatric help to unravel. Consequently the time each child spends in treatment will vary with the individual needs of the particular youngster.

<table>
<thead>
<tr>
<th>Months</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 8 shows that almost one-half of the boys in the study spent between two and three years at the Residential Treatment School. Four were between one and two years, two were institutionalized for a year or less and two were at the institution between four and five years. The average length of time for the fifteen boys was twenty-seven months.

A boy's stay at the Residential Treatment School was

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determined by an evaluation of his personality and of the factors that have played a causative part in the boy's anti-social behavior, including family background and early experiences. These factors were taken into consideration by the various committees that met at intervals for the purpose of ascertaining the particular type of supervision an individual required, the kind of class or work to which he would probably adjust, and determining the type of care, treatment and training most suited to the person's individual needs.

Adjustment at Residential Treatment School

The type of adjustment that each boy made while at the Residential Treatment School was rated by the writer on the basis of the report from the progress and evaluation committees which evaluated the boys' progress at intervals. In evaluating each boy's adjustment, the committee took into consideration how the boy adjusted in all phases of the school program. Those rated as having made a good adjustment were able to accept treatment and had favorable prognoses. Those who made fair adjustments accepted treatment on a more or less superficial level and their prognoses appeared favorable. Those making poor adjustments were unable to adapt themselves to the program presented a good deal of difficulty, and had poor prognoses.

Of the total number of boys in the study, 12 made good adjustments, three made fair adjustments and none was rated as having made a poor adjustment. However, in each case,
these boys were rated in terms of the original goals in therapy at admission.

Reasons for Referral to Residence Clubs

Many factors are involved in the aftercare placement, and the social worker plays a vital role in the process. Children requiring aftercare placement have a variety of needs to be met. Perhaps the most notable reason for the need for placement is due to parental relationships that are disturbed. The nature of disturbed parental relationships covers a broad area. Another reason for placement may be due to the death or permanent absence of one or both parents from the home. Aftercare placement may be necessary in situations where one or both parents may be incompetent as parents. Thus a child may be neglected by his parents to the extent that it becomes necessary to place him where he can receive proper physical and emotional care.

Mental disabilities of a parent or parents may necessitate placement for the children until normal responsibility can be assumed by parents. At times the mental disability of the parent or parents may be of such a nature that some permanent rearrangement of the life of the child or children is suggested. The parent may also be suffering from a mental condition that might endanger the mental health of the child, thus necessitating outside placement. The worker must consider the child for placement according to his needs and attempt to place him where these needs will be met properly.
During a boy's stay at the Residential Treatment School, the home situation is explored by the social worker in an attempt to initiate preparation with the boy's family for his eventual return to the community. Prior to releasing a boy, the progress and evaluation committee at the Residential Treatment School considers and evaluates the home situation in regard to the boy's ability to adjust on his return to the community. In many instances the boy may not have relatives or any other person sufficiently interested in him to offer him a home, or home conditions may be so destructive that it would not be advisable to return him home because the treatment gains would be jeopardized by returning him to the same unhealthy familial atmosphere from which he came. In such cases foster home placement may be considered. However, some boys who, for various reasons, cannot return home, also cannot be placed in foster homes either because certain personality traits make it impossible for them to accept any situation in which they have to participate in some kind of family life, to submit to the routine required in a home setting, and to form personal ties even in a superficial nature. The Hawthorne Cedar-Knolls School for emotionally disturbed adolescents offers such a program for those boys who were not suitable foster home material, but were too young and immature to lead an entirely independent life and need the security of a not too strictly controlled impersonal set-up where they may have room and board.
The Stuyvesant Residence Club offers such a program for boys paroled from the Hawthorne Residential Treatment School. It is a transitional setting where boys may live within the community under skilled guidance and complete their preparation for mature independent living. The fifteen boys in the study were referred to the Residence Club for various reasons.

**TABLE 9**

**STUDY SAMPLE: REASONS FOR REFERRAL TO RESIDENCE CLUB**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15</td>
</tr>
<tr>
<td>Parents Incompetent</td>
<td>9</td>
</tr>
<tr>
<td>Parents Deserted</td>
<td>3</td>
</tr>
<tr>
<td>Parents Would Not Accept Boy Back in Household</td>
<td>3</td>
</tr>
</tbody>
</table>

Table 9 shows that nine of the boys were referred to the Residence Club because their parents were believed to be incompetent, either due to the degree of pathology within the family setting or to the low frustration tolerance of the parents. Under no conditions could these parents provide these boys with their normal needs in terms of healthy identification and dependency needs. In three of the cases there were no family ties as the parents had deserted. In one of these cases the parents were never married. In three
cases the parent and step-parent would not accept the boy back in the household. In each of the three cases one parent had re-married and the other was either dead or had deserted.

A certain amount of parental rejection was vividly exemplified in each of the fifteen boys studied. Perhaps we do not know too much about the parental influence of the mother's mental state upon the infant in her womb, we may assume that the mother's attitude towards the child after it is born is bound to be affected by her feelings before his birth. Being wanted is thus one of the basic conditions for the normal emotional development of the child. By this the writer does not intend to imply that an unwanted child is bound to develop into a neurotic or a delinquent, for much depends on the sturdiness of the child's innate mental constitution. However, not being wanted, whether overtly expressed or merely implied by the parents, represents a handicap in the life of the child with which he will have to cope from his earliest days. The children's problems in very many cases are a repetition of their parent's problems in the sense that they originated in or were prompted by the parent's attitudes. More than that, parent's problems can often be traced back to their relationship with their own parents. Thus, inevitably, similar symptoms tend to perpetuate themselves in several generations, with a resulting sense of helplessness and fatalism in everyone concerned, unless the vicious circle is broken by the intervention of psychotherapy. It is well to keep in mind this perpetuation of faulty family pattern and not to confuse such a sequence with hereditary factors.
CHAPTER IV

SUMMARY AND CONCLUSIONS

The Hawthorne Cedar-Knolls School is a Residential Treatment School for emotionally disturbed Jewish adolescents who have encountered various degrees of difficulty in adjusting to their communities. Emphasis on treatment at a Residential Treatment School is focused upon meeting the needs of each youngster that it received. Treatment actually is seen as coming about chiefly through separation from the home and through separation from the home and through individual psychotherapy. Placing a damaged child in a controlled setting where he has opportunity for normal growth experiences is in itself treatment. Real experiences and real relationships come out of the process of daily living as it is planned and directed in accordance with the therapeutic needs of the case.

In this study the writer explored the factors that were taken into consideration by the Hawthorne Residential Treatment School in referring fifteen boys on parole to the Stuyvesant Residence Club. In addition, some of the personal, familial and social characteristics of the boys were analyzed. This study has shown the policy, procedure and practice of the Residential Club phase of the after care program at the Hawthorne Cedar-Knolls School.

It was found over the years that many youngsters left Hawthorne after successful treatment only to return to the same disturbed family situations that so often had been the cause of
their difficulties. Others had outgrown the kind of protection that Hawthorne offered but had to continue living there because they had no adequate homes. These boys were still too young to live on their own. What was needed was a transitional setting where they could live within the community under skilled guidance and complete their preparation for mature, independently living. The Residence Club is the answer.

Boys between fifteen and eighteen years old made up the age group at the Residence Club. Whatever was their individual circumstances, they had in common an inability to live with their families and an unreadiness to live independently. To come into the residence, a boy must have the ability to work out and adjust to a practicable life plan whether it be school or a job. A boy enters voluntarily, seeing the residence as a solution to one of his problems, as a resource to be made use of and to be outgrown as soon as feasible. If he were to come by compulsion, he could only see it as a solution imposed by others, proof that he was not ready to start being more "grown up".

The program was designed to help the boy achieve a number of basic values; security, responsibility, relaxed enjoyment, group experience, counselling and psychological stability, security comes from getting proper food and housing, having privacy, knowing he is liked and accepted. Responsibility develops from doing household chores cooperatively. Enjoyment comes from being able to play ping pong, read a book or looking at television. Counselling is offered regarding job find-
ing, handling of money, buying clothes and other day-to-day problems. Psychological stability is an outcome of these plus the psychotherapy provided, either by the case worker assigned to the residence or by referral to other sources.

For the most part, it appeared that the residential club aftercare program has bridged the gap, from previous community life to successful adjustment, for indefinite periods until the boys can become self-supporting and stand alone. This enables them to develop sustaining strengths with constructive encouragement and support from interested accepting adults who work with them.

As a result of this study the following conclusions were derived:

1. Three-fourths of the boys fell into the middle teen-age bracket at the time of admission to the treatment school. The fact that such a large number of boys fell into the fourteen, fifteen and sixteen year-old brackets was indicative of increased tensions that come about with the onset of adolescence, because the ego and superego are not strong enough to cope with this period.

2. Of the boys studied, all except three were for one reason or another products of broken homes. Hence, the vast majority of the boys, by being deprived of one or both parents, did not come from a very stable family unit.

3. All of the boys exhibited poor inter familial relationships. A lack of cohesion was also evident in these cases.
4. There was a very definite lack of interest or affiliation with organized group or supervised recreational activities in the community, undirected leisure-time activities seemed to threaten the social well being of a youngster.

5. Prior to admission to the Treatment School, only two of the boys were rated as having made a good previous school adjustment, despite the fact that twelve of the fifteen boys were functioning above the average level of intelligence at admission.

6. The vast majority of the boys manifested difficulties in both anti-social and intra psychic areas of their personalities.

7. The majority of the boys came to the Residential Treatment School with some previous treatment experience and generally this treatment was unsuccessful.

8. The most prominent diagnosis was schizophrenia, followed closely by the character neurosis. The fact that the Schizophrenic group was most prevalent was due to the fact that many of the symptoms for which they were referred were those of aggressive or anti-social behavior and it was only through more continued observation and clinical evaluation that the underlying psychosis was discerned.

9. Almost one-half of the boys spent between two and three years at the Treatment School. The average length of time spent was twenty-seven months.

10. At the Treatment School, twelve of the boys made good adjustment and three were rated as having made fair ad-
justments. None were rated as having made a poor adjustment.

11. The fifteen boys were paroled to the Residence Club following release from the treatment school because of broken homes and destructive influences within the homes which involved rejection, inadequacies and illness.

12. Various degrees of parental rejection were vividly exemplified in each of the cases studied.

Being wanted seemed to be one of the basic conditions for the normal emotional development of the child. The writer does not intend to imply that an unwanted child is bound to develop into a neurotic or a delinquent, for much depends on the sturdiness of the child's innate mental constitution. However, not being wanted, whether overtly expressed or merely implied by the parents, represents a handicap in the life of the child with which he will have to cope from his earliest days. The children's problems in very many cases were a repetition of their parent's problems in the sense that they originated in or were prompted by the parent's attitudes. More than that, parent's problems can often be traced back to their relationship with their own parents. Thus, inevitably, similar symptoms tend to perpetuate themselves in several generations, with a resulting sense of helplessness and fatalism in everyone concerned, unless the vicious circle is broken by the intervention of psychotherapy. It is well to keep in mind this perpetuation of faulty family pattern and not to confuse such a sequence with hereditary factors.
I. Identifying Data

Code number____________ Community Location____
Address_____________ Birthdate____________
Age_______________ Place of Birth_______

II. Familial Characteristics

Parents or Guardians of Boy at time of Admission
Place of Residence__________________________

At time of admission Boy lived with:

(a) Both parents________
(b) One parent__________
(c) Relative______________
(d) Other________________

Marital Status of Parents

(a) Married______________
(b) Single_______________
(c) Divorce______________
(d) Separated____________

Number of siblings in Family: Brothers__Sisters__

Ordinary Position_________ Family Relationship____
Father's occupation________ Mother's occupation____

Special Interests and Hobbies____________________

III. Education:

School Boy last attended prior to admission______
Grade____ Adjustment: Good___ Fair___ Poor_____
Grade parents completed: Father____ Mother_____ 
Testing at Hawthorne: IQ_________________________
IV. Nature and Circumstances of Boy's Court Appearance or presenting problems

Reason for Commitment or Presenting Problems

Previous Treatment: Institutional or Outpatient

Personality Problems of Boy

Diagnostic category of boy at Residential Treatment School

Treatment school adjustment: Good Fair Poor

Length of stay at Residential Treatment School

Date admitted Date Paroled

V. Reason for Referral to Residence Club:

(a) Broken Home
(b) Parents Deceased
(c) Parents Deserted
(d) Parents Incompetent
(e) Others

VI. Psychiatric Evaluation (taken from psychiatric Case Conferences)

VII. Clinical Impression:
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Books


Articles
