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A study of psychiatrists' perception of the psychiatric social workers' role at the Child Study Center of Philadelphia, 1966-67

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A STUDY OF PSYCHIATRISTS' PERCEPTION OF THE PSYCHIATRIC SOCIAL WORKERS' ROLE AT THE CHILD STUDY CENTER OF PHILADELPHIA, 1966-67

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LIST OF TABLES

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Significance of the Study

Around the human ills that are the concern of social work, many specialized areas of activity have developed. Psychiatric social work stands today as one of such specialized areas. It represents social work in a working relationship with psychiatry with the primary purpose of study, treatment, and prevention of mental and nervous disorders.

The first psychiatric social workers were employed in 1905 in neurological clinics in Massachusetts General Hospital, Boston, and Bellevue Hospital, and Cornell Clinic, both in New York City.[1] It was at the Boston Psychopathic Hospital in 1913, under the leadership of Miss Mary C. Jarrett, that psychiatric social work was given a distinctive name to designate

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[1]Russell H. Kurtz (ed.), Social Work Yearbook (New York: National Association of Social Workers, 1960), p. 431

a special function.

Facilities for professional training were provided. Psychiatric social work in state hospitals was initiated by the New York State Charities Aid Association in 1906 in Manhattan State Hospital, New York City, where social workers visited patients' families to obtain information needed by psychiatrists about their patients, family backgrounds and life experiences.

Another force in the development of psychiatric social work was the child guidance movement which had its beginning in the early work done with juvenile delinquents by William Healy.[2] Child Guidance clinics have been described as "transitional agencies," their purpose being "to correlate certain resources for the care of children, handicapped by personality or behavior difficulties."[3] While a few child guidance clinics were established previously, the real emphasis to this movement came in 1922 with the establishment of demonstration child guidance

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[2] Ibid.

[3] George S. Stevenson and Giddes Smith, Child Guidance Clinics: A Quarter Century of Development (New York: The Commonwealth Fund, 1934), p. 117.

clinics in Norfolk, Virginia, and St. Louis, Missouri, under the Commonwealth Fund. The purpose of these clinics was to study, to train, and to extend this knowledge and the use of child guidance methods. During the next twenty years the extension of social work in mental hygiene activities took place rapidly. In 1923, Dallas established another demonstration clinic that was envisaged as a center for clinical guidance, not as providing service for the delinquent alone. Prevention of problems other than delinquent behavior was brought into the clinic's perspective, and the identification of behavioral difficulties was the provinces of the school and the home rather than with the court.[4] Other clinics were established in St. Paul, Minnesota, Cleveland, Ohio, and Los Angeles, California. Thus, by 1927, professional attention, shifting its preoccupation of the earlier years onto the subtleties of non-adjustment in the home and in school, had dome forever hereafter to link the clinic with the community of its choice.[5]

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[4]Goetz Mayer, ACSW, "Social Work and Child Guidance," Paper read for the Academic Lecture Series of the Child Study Center, Philadelphia, Pennsylvania, October, 1966.

[5]Ibid.

In the past decade, there have been many advances in the field of mental health and in the treatment of emotional and mental disabilities. Psychiatric social workers have played significant roles in furthering local, state and nation-wide interest and activities in the provision of adequate care and rehabilitation services for psychiatric patients.[6] As the number of psychiatric social workers has grown, has been integrated into hospitals and clinics, and has become more closely associated with psychiatry and other disciplines, so has the need to define the roles and interpersonal relations among these disciplines.

It is apparent that whenever two disciplines are joined together, the members bring their own points of view, social positions and skills to the collaborative relationships. Differences among them may hinder the development of confidence and mutual agreement. Certain conditions among the disciplines make it important to know who has the right to determine what is done and who does it. Most important are the frequent unclarity in the definition of roles, the rapid

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[6]Kurtz, loc. cit.

changes in functions and skills in these disciplines, the overlapping of functions, the high value placed upon mutual interdependence, and the reported ease and comfort in some places as contrasted with the strain and discomfort in others.[7]

Social workers are becoming more and more professionally self-conscious, while psychiatrists tend to perceive a wider use of their services in varied agencies in the community and are placing more value on the help of the ancillary profession. Yet, the relations among these disciplines are typified by unclarity.[8] Social work, as an ancillary profession to psychiatry, is dependent on the psychiatrist for definition of their task functions.[9] Lois French states that "In a teamwork situation, the extent to which a social worker shares responsibility for treatment inevitably depends upon the attitude of the psychiatrist and his individual conviction as to her

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[7]Dorwin, Cartwright (ed.), Studies in Social Power (Ann Arbor: University of Michigan, 1959), p. 16.

[8]Ibid.

[9]Alvin Zander, Arthur R. Cohen, and Ezra Stotland, Role Relations in the Mental Health Professions (Ann Arbor: University of Michigan, 1957), p. 39.

function."[10]

The psychiatrist, because of his own problems or inexperience may be anxious and hesitant about the social workers' efforts.[11] This feeling quickly is conveyed to the social worker and whether or not he becomes irritated, the fullest use of his skills can be jeopardized. Thus, the way the psychiatrist perceives the role of the psychiatric social worker in any enterprise affects the functions, acceptance and performance of the psychiatric social worker. It is most important that the social work staff be made aware of the attitudes of psychiatrists concerning their role in the agency in order that the disciplines might function as a team more effectively.

On the assumption that the profession as well as the agency defines the role of the psychiatric social worker, the literature may be consulted for a definition of the task functions, responsibility relations, and normative relationships which constitute

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[10]Lois M. French, Psychiatric Social Work (New York: The Commonwealth Fund, 1940), p. 10.

[11]Marcel Heiman and Ralph M. Kaufman, Psychoanalysis and Social Work (New York: International Universities Press, Inc., 1953), p. 82.

the professional role of the psychiatric social worker.

Zander, Cohen and Stotland in their study of role relations in the mental health professions define the functions as follows: "Currently the typical functions provided by the psychiatric social worker are conducting intake interviews with patients, writing case histories, helping patients adjust to the resources available to patients, and performing therapeutic casework either with the patient or with relatives of the patient."[12]

A study of psychiatric social work was undertaken when the American Association of Psychiatric Social Workers realized the need to make available information concerning the field and function of psychiatric social work. The results of this study are presented in Psychiatric Social Work by Lois French in a fourfold approach:[13] First is the analysis of the patient's social situation in relation to his present situation. Such analysis is based upon a study of conditions in the patient's home, family, and

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[12]Zander, Cohen and Stotland, loc. cit., p. 5.

[13]Lois French, loc. cit., p. 17.

neighborhood, and his attitudes toward them, and is utilized with the psychiatric, physical, and psychological findings in diagnosis and treatment. Second comes interpretation to the family the patient's problem and the recommendations made by the psychiatrist, and always keeping in close touch with changing conditions in the home and family life which may cause an adaptation in plans. The third step is in aiding the patient and family to work out a program for a more adequate social adjustment and in working closely with the psychiatrist as treatment progresses. Last is interpretation of the diagnosis and plans for treatment to his co-workers or the members of other social agencies who may also be interested in the client and family.

Gordon Hamilton sees the role of the psychiatric social worker as one of taking social histories, carrying a larger share of the intake or admitting process, evaluating the immediate social pressures upon the patient, and interpreting the hospital or clinical role.[14] Possibly he will steer the

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[14]Gordon Hamilton, Theory and Practice of Social Casework (New York: Columbia University Press, 1952), p. 298.

applicant to other appropriate medical or social facilities.

Roy R. Grinker as well as others studied the functions of the psychiatric social worker in an outpatient clinic. Even though they commented that "current social work functions are syntonic with psychiatric needs," the social workers' functions were outlined in the following areas: (1) screening, (2) information-giving, (3) recommendations and (4) supportive therapy.[15]

In general, the task functions, normative relationships and responsibility relations, which characterizes the psychiatric social workers' professional role may be defined as: (1) task functions-responsibility for receiving applications for service (intake); referrals to other community resources; gathering relevant data on patient and/or parent-parent-substitutes; putting information into diagnostic formulation; casework with parents-parent-substitutes, and participation in in-service training program. (2) Responsibility relations-collaboration with

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[15]Roy R. Grinker, Sr. Et al., Psychiatric Social Work: A Transactional Case Book (New York: Basic Books, Inc., 1961), p. 9.

psychiatrists and other disciplines as well as with his or her supervisor. (3) Normative relationships- psychiatric social workers possess interviewing skills; knowledge of community resources, socio-cultural factors of family living; and diagnostic and casework treatment skills and techniques.

Purpose of the Study

This study is designed to investigate the psychiatrists' perception of the psychiatric social workers' role at the Child Study Center of Philadelphia, 1966-67. Some of the questions to be answered are:

1. What do psychiatrists see as the primary function(s), the less appropirate function(s) of the social worker in this clinic?

2. What is the nature of the collaboration between psychiatrists and social workers in this clinic? Are psychiatrists satisfied with social workers' relationship with them?

3. What knowledge and skills do psychiatrists think social workers in this clinic contribute to them? Are they taking advantage of this knowledge. If not, why not?

While the role of the psychiatric social worker is generally discussed, to give perspective to this

study, it is not the researcher's intention to evaluate the role of the psychiatric social work staff of the Child Study Center.

Method of Procedure

A questionnaire of opened and closed ended questions was distributed to seventeen psychiatrists at the Child Study Center in 1966-67. The density of the population made it necessary to use the total population making allowances for those who would not respond.

On the assumption that the profession as well as the agency defines the role of the psychiatric social worker, criteria for the professional role was drawn from the literature and the job descriptions and expectations of the psychiatric social work staff of the Child Study Center.

Definition of Terms

Role - In a general sense a role is a set of behaviors which an individual is expected to perform.

Professional role - Includes a limited set of behaviors concerning task functions, responsibility relations, and normative relationships which are expected of an individual by relevant others.

Task functions
- These are work contributions one is expected to make while a member of that role.

Responsibility relations
- These specify what degree of authority one has over others or what accountability he may expect from them; as well as how much authority others have over him and the accountability he has to them.

Normative relationships
- Concerned with evaluations a role occupant is expected to make about himself in comparison to those in other roles on, for example, his comparative knowledge, skills or performance in comparison with the quality of others' efforts on these same functions.

Psychiatric resident
- One in the Adult Program at the Institute of Pennsylvania Hospital who simultaneously experiences training in Child Psychiatry at the Child Study Center.

Psychiatric fellow
- One who has completed a two-year residency in general psychiatry and is in training in Child Psychiatry at the Child Study Center for two years.

Scope and Limitations

This study was designed and completed within a six-month period, (Sept.-Feb., 1966-67). The diverse and limited population consisted only of those psychiatrists connected with the Child Study Center.

The psychiatric social work staff's perception of their role was not investigated and, therefore, cannot be used as a comparative study.

CHAPTER II

DESCRIPTION AND HISTORY OF THE CHILD STUDY CENTER OF PHILADELPHIA

In 1944 the Council of Social Agencies made proposals to study the needs in the children's field in the Philadelphia area. The Board of the Seybert Foundation agreed to sponsor jointly with the Council of Social Agencies a survey of psychiatric resources and needs of children in metropolitan Philadelphia, this to be made under the direction of Dr. Helen L. Witmer. A planning committee was organized by the Council of Social Agencies to study the recommendations. In January, 1947, the Council submitted to the Seybert Foundation, two specific proposals for financial support:

1. To expand the Philadelphia Child Guidance Clinic.

2. To establish a new clinical unit at the Institute of the Pennsylvania Hospital for study and short-term treatment of children under 15 years of age.

It was then decided to establish a clinic at the Institute. The Institute Clinic was not to duplicate the work done at the Philadelphia Child Guidance Clinic,

usually more long-term, but was intended to create a new type of consultation service, short-term treatment, that could be used by children's families so as to broaden the work for children in the Philadelphia area.

In February 1947, Dr. Lauren H. Smith, Physician, Chief Administrator of the Institute of the Pennsylvania Hospital, submitted a budget estimate ranging from $15,500 to $21,300 for each of the first two years, to establish a clinic with the primary mission of being a consultation and an advisory service rather than an extended treatment program.

On May 13, 1947 the Seybert Foundation directors voted to accept the proposal of the Institute of the Pennsylvania Hospital for the establishment of a children's consultation service providing that due emphasis be placed and maintained upon making the service available to poor boys and girls without discrimination. The cost was not to exceed $25,000 per year and support was guaranteed for five years.

The newly named Children's Unit was finally opened at the Institute on July 5, 1948 with a staff consisting of a Director, a full-time Psychiatric Social Worker, a secretary and two full-time Fellows qualified

and experienced in Child Psychology. The work of the new clinic grew very rapidly and in less than six months, a waiting list had accumulated and a second caseworker was needed. Finally, the search to find a new director was successful and on September 1, 1949, the program was reorganized under the direction of Dr. Norman Nixon. Soon the budget was doubled and measures were taken to seek federal funds for the training of psychiatrists. A nursery school (then self-supporting and serving forty children) on the grounds of the Institute was made available for the clients of the Children's Unit in order to round out the service. By the summer of 1950, children and parents in larger numbers than ever were using the Children's Unit and demands were increasing for service throughout the community. Attempting a more complete service to the community and a more fruitful ground for training Fellows in Child Psychiatry, Dr. Nixon formulated a plan, with the approval of Dr. Smith, to operate the Children's Unit as one of the three services, the whole to be known as The Child Study Center of the Institute of the Pennsylvania Hospital.

The Child Study Center, as it stands today, is an out-patient clinic offering psychiatric services to children and their parents in the Philadelphia area.

Patients seen at the CSC are referred by social agencies, the school system, juvenile court, physicians, public health nurses, psychologists, and non-professional persons. They represent a cross-section of society coming from all social, economic, religious, and racial groups.

The goals of the CSC are four: (1) to provide psychotherapy for children and their parents; (2) to train psychiatrists, social workers, clinical psychologists, and nursery school teachers; (3) to provide mental health education to professional and lay persons who are working with children in the community; (4) to carry out research on mental health principles and professional practices.[16]

Although the CSC is affiliated with the Pennsylvania Hospital, it functions autonomously. The CSC is housed independently from the Hospital and consists of three units: (1) The Children's and Adolescents' Unit which provides out-patient psychiatric service to children age six through eighteen and their parents.

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[16] The Child Study Center of Philadelphia, A pamphlet printed by the CSC of Philadelphia, Pa., 1966-67.

Both parents are seen if the family is intact; (2) The Pre-school Unit which was established in 1953 and provides facilities for diagnosis and treatment of emotionally disturbed children under six years of age, as well as their parents. Included in this unit is a Special Nursery Group which offers a group experience for selected pre-school children; (3) the Nursery School for Normal Children. Enrollment in this unit is limited to 34 children ranging in age from two and one-half years to five years. During the time that the nursery school is in session, it is possible for staff members to observe and study normal children.

Direct services offered to emotionally disturbed children and their parents in both the Children's and Adolescents' Unit and the Pre-school Unit provide a complete diagnostic study, and psychotherapy if the application meets agency criteria and the parents wish to continue. Following an initial telephone application, the parents are seen in a face-to-face application interview in which the child's developmental history is taken, fees established, and permission to obtain information from collateral sources is granted. During the diagnostic study, the parents are seen in separate interviews by a social worker. The child is seen by the

psychiatrist in two sessions during one of which the child is given a psychiatric-physical examination. A battery of psychological tests is administered to the child in order to determine his emotional status and intellectual potential. Following these contacts with the family, the team consisting of social worker, psychiatrist, and psychologist, meet to plan tentative goals based upon the evaluation and integration of material gathered during the diagnostic study. The study ends with an Integration Conference in which the psychiatrist and social worker involved in the case meet together with the parents to discuss the findings of the study and to plan for treatment if this seems necessary and the parents are sufficiently motivated.

If the case is accepted for psychotherapy, the parents are seen separately and jointly by a social worker with the child being seen weekly by the psychiatrist. In addition to individual therapy, some parents and children are referred for group psychotherapy, also on a weekly basis.

The Clinic is also interested in preventive mental health programs for individuals in the community who deal with children.

CHAPTER III

ANALYSIS OF DATA

In an effort to investigate the psychiatrists' perception of the psychiatric social workers' role at the Child Study Center, questionnaires were distributed to seventeen psychiatrists. The questionnaire was designed to study three areas of the psychiatric social worker's professional role. These three areas were: (1) task functions, (2) responsibility relations, and (3) normative relationships. The data were tabulated by hand then placed in the form of frequency tables. Percentages were used to present the findings in a concise and comprehensible form.

Thirteen of the psychiatrists responded to the questionnaire: Four of them were child psychiatrists; six were psychiatric residents, and three were psychiatric fellows. Ten of those studied were male and three were female. Their experience in working with psychiatric social workers varied from three months to twenty years with the majority (46 per cent) having less than one year of experience while 30 per cent had four to six years experience in a setting with psychiatric social workers, (See Table 1).

TABLE 1

LENGTH OF TIME PSYCHIATRISTS HAVE WORKED IN A SETTING WITH PSYCHIATRIC SOCIAL WORKERS

Length of Time	Number	Percentage
18 - 20 years	1	8
15 - 17 years	0	0
12 - 14 years	0	0
8 - 11 years	1	8
4 - 7 years	4	30
1 - 3 years	1	8
Less than one year	6	46
Total	13	100

In their experience, the psychiatrists have worked moderately with social workers (See Table 2).

TABLE 2

DEGREE OF CLOSENESS IN WHICH PSYCHIATRISTS WORKED WITH PSYCHIATRIC SOCIAL WORKERS

Degree of Closeness	Number	Percentage
Very closely	5	38
Moderately	7	54
Very little	1	8
Not at all	0	0
Total	13	100

Task Functions

Task functions was the first area of investigation in psychiatric social workers' role. A list of functions often given to the social worker, especially those in the Child Study Center, was given. The psychiatrists were asked to rank these functions in order of importance. Sixty-two per cent ranked psychotherapy with parents as the primary function of the psychiatric social worker at the CSC. Those functions considered less appropriate were: (1) participate in training of psychiatrist, (2) interview patients for case history material and (3) make appointments for psychiatrists (See Table 3, page 23).

Of the 62 per cent that ranked psychotherapy with parents or relatives as the primary function, four were psychiatric residents; two were child psychiatrists, and two were psychiatric fellows. Diagnostic interviews with parents or relatives was ranked at the primary function by two psychiatric residents, two child psychiatrists, and one psychiatric fellow. None of the remaining functions were viewed as a possible primary function.

TABLE 3

THE IMPORTANCE OF PSYCHIATRIC SOCIAL WORKERS' FUNCTIONS AS RANKED BY PSYCHIATRISTS

Task Functions	Rank order of Task Function	Percentage
Psychotherapy with parents	1	62
Diagnostic interviews with parents or relatives	2	62
Make referrals to other social agencies	3	46
Receive intake calls	4	24
Inform psychiatrists of community resources	5	38
Participate in training of psychiatric residents	6	62
Interview patient for case history material	7	30
Make appointments for psychiatrists	8	62

Responsibility Relations

The responsibility relations of the psychiatric social worker was the second area of investigation. The

responsibility in this area is collaboration with the psychiatrist who is considered the "head of the team."

The data revealed that 54 per cent of the population's contact with the social worker was of a professional nature while 46 per cent said that their contact with social workers was both of a professional and of a leisure-time nature (See Table 4.)

TABLE 4

OCCASION IN WHICH PSYCHIATRISTS SEEK-OUT SOCIAL WORKERS

Nature of Contact	Number	Percentage
Professional contact	7	54
Leisure-time contact		
Both	6	46
Neither		
Total	13	100

Thirty-eight per cent of the psychiatrists have professional contact with the social worker more than five times a week; yet 30 per cent have professional contact one to three times a week (See Table 5). It was

found that the collaboration between psychiatrists and social workers is initiated by mutual agreement.

TABLE 5

FREQUENCY OF PROFESSIONAL CONTACT WITH SOCIAL WORKERS IN CLINIC AS DETERMINED BY PSYCHIATRISTS

Frequency of Professional Contact	Number	Percentage
1 - 3 times a week	4	30
3 - 5 times a week	2	15
More than 5 times a week	5	38
Bi-weekly	2	24
Monthly	0	0
Total	13	100

The data showed that 45 per cent of those studied are satisfied with the extent to which social workers come to them for guidance, while 31 per cent were somewhat satisfied or ambivalent with the social worker carrying out this responsibility (See Table 6).

Six psychiatrists made statements to the effect that social workers can work independently in areas of

family relations and community resources. Five of those studied remarked, in essence, that neither the social worker nor the psychiatrist should work without collaborating with one another.

In response to the question in what areas of human endeavor should the social worker collaborate with the psychiatrist, it was the general opinion of the psychiatrists that the social worker should consult the psychiatrist in any situation in which psychiatry is involved.

TABLE 6

EXTENT OF PSYCHIATRISTS' SATISFACTION WITH THE WAY IN WHICH SOCIAL WORKERS COME TO THEM FOR GUIDANCE

Responses	Number	Percentage
Yes	7	54
No	2	15
Somewhat	4	31
Total	13	100

Normative Relationships

The third area of investigation was normative relationships which is concerned with the knowledge and skills a profession contributes to other disciplines, or consider unique to them. The psychiatrists were asked their opinion as to what knowledge and skill the social workers in the Child Study Center contribute to them.

Ninety-two per cent indicated that social workers contribute knowledge of contact with the family situation. Forty-six per cent see the social worker as contributing an understanding of socio-cultural factors. There seemed to be agreement among 15 per cent of those studied that social workers contribute knowledge of psychodynamics and interviewing skills and techniques. Therapeutic and diagnostic knowledge and skills were seen as least contributed to the psychiatrists by social workers in this clinic (see Table 7, page 28).

Lack of time and opportunity was given by 46 per cent of the psychiatrists as the reason for not taking more advantage of the knowledge and skills

possessed by social workers (see Table 8).

TABLE 7

KNOWLEDGE AND SKILLS CONTRIBUTED BY SOCIAL WORKERS AS DETERMINED BY PSYCHIATRISTS

Knowledge and Skills	Percentage
Knowledge of contact with family situation	92
Understanding of socio-cultural factors	46
Knowledge of psychodynamics	15
Interviewing skills and techniques	15
Therapeutic knowledge and skills	8
Diagnostic skills and techniques	8

Forty-six per cent were also of the opinion that they take as much advantage of the knowledge and skills as they are able.

The Psychiatrists studied were also asked to give their opinions on the training of psychiatric social workers at the Child Study Center. Five indicated a need for more in-service training for social workers; three gave no opinions; two stated that there is a need for more training in psychiatry, while two felt that the present training is adequate. One psychiatrist was

of the opinion that three years training plus personal analysis would be adequate training for psychiatric social workers at the Child Study Center.

TABLE 8

REASONS PSYCHIATRISTS DO NOT TAKE MORE ADVANTAGE OF SOCIAL WORKERS' KNOWLEDGE AND SKILLS*

Reasons	Percentage
Lack of time and opportunity	46
Interdisciplinary differences-problems of interpersonal communication	8
Individual personality considerations	15
Take as much advantage as possible	46
Problems of status and superiority	8

*Table 8 is an index to Table 7.

CHAPTER IV

SUMMARY AND CONCLUSIONS

Psychiatric social work is a young and growing specialization within the field of social work. It has been the contention of Zander, French and Heiman that this specialization is dependent upon psychiatrists for definition of task functions and acceptance within any given agency. Psychiatrists' expectations of social workers as well as the relationships between these two disciplines play an important part in the role performance of psychiatric social workers.

This study was undertaken to assess the psychiatrists' perception of the psychiatric social workers' role at the Child Study Center of Philadelphia. A questionnaire of opened and closed ended questions was used to gather the data and elicited responses from thirteen of seventeen psychiatrists at the Child Study Center. To give structure to the study, the questionnaire was designed to investigate three areas of the psychiatric social workers' professional role.

These three areas were task functions, responsibility relations, and normative relationships.

What do psychiatrists see as the primary function(s), the less appropriate function(s) of the social worker in this clinic? The primary functions, as viewed by psychiatrists studied, are: (1) psychotherapy with parents, (2) diagnostic interviews with parents or relatives, (3) referrals to other social agencies, and (4) the receiving of intake calls. The results are in agreement with those functions listed in the job description of the Child Study Center (See Appendix A.) The less appropriate functions as given by psychiatrists are: (1) inform psychiatrist of community resources, (2) participate in training of psychiatric residents, (3) interview patient for case history material, and (4) make appointments for psychiatrists. While the job description for the psychiatric social worker does indicate numbers one and two as functions of the social workers, numbers three and four do not apply to the role of the psychiatric social worker at the Child Study Center.

What is the nature of the collaboration between psychiatrists and social workers in this clinic? Are psychiatrists satisfied with social workers' relationships

with them? There was no significant difference between the number of psychiatrists who had professional contact only with social workers and those who had both professional and leisure time contact. Neither was there any significant difference between the number of psychiatrists who had professional contact more than five times a week and those who had professional contact one to three (1-3) times a week. The collaboration between psychiatrists and social workers seem to be initiated by mutual agreement. It is apparent that these psychiatrists accept social workers as professional colleagues. The psychiatrists, as indicated by the data, are satisfied with the extent to which social workers come to them for guidance. There was no significant difference between those who were of the opinion that social workers can work independently in areas of family relations and community resources than those who felt that neither the social workers nor the psychiatrists should work without collaborating with the other. However, it was the general opinion of those studied that the social worker should consult the psychiatrist in any situation in which psychiatry is involved.

What knowledge and skills do psychiatrists think social workers in this clinic contribute to them? Are they taking advantage of this knowledge? If not, why not? Knowledge of contact with the family situation and understanding of socio-cultural factors was seen as that which is contributed to the psychiatrists by social workers at the Child Study Center. Psychiatrists were of the opinion that social workers contributed least to the clinic in the areas of therapeutic and diagnostic knowledge and skills. Even though lack of time and opportunity was given as the reason for not taking more advantage of the knowledge and skills possessed by social workers, it was also the opinion of those studied that as much advantage as possible is taken. In the area of training for social workers in this clinic, it was the general opinion of psychiatrists that there is a need for more in-service training.

In conclusion, psychiatrists' perception of the task functions of social workers correlates with those functions defined by the profession and the Child Study Center. Social workers and psychiatrists in this clinic, apparently, have satisfactory

relationships which indicates an acceptance of social workers by psychiatrists. Those studied seem to feel that both disciplines should always collaborate in areas of human endeavor; thus they, seemingly, advocate a cohesive relationship between psychiatrists and social workers in this clinic. The knowledge and skills of social workers in this clinic are subscribed to as much as possible by psychiatrists. However, those studied are of the opinion that social workers should have more in-service training at the Child Study Center.

On the basis of this study, the recommendations to be made are as follows:

1. A similar study be conducted covering a longer period of time. Also a questionnaire should be used that can measure the subjective opinions as well as the objective opinions of those studied.

2. A study be designed to assess the psychiatric social worker's role as viewed by the social work staff at the Child Study Center. This study then can be used to compare the two disciplines' percention of the psychiatric social worker's role at the Child Study Center.

3. The social work staff become actively involved in the in-service training programs of the staff as well as those of the psychiatric residents in order

to maintain and enhance the working relationship between the two disciplines.

4. As the field of social work broadens its scope of functions, and skills, the social work staff should endeavor to make the psychiatrists more aware of the expansion of goals and desires of psychiatric social workers.

While this study was not conducted to assess the social workers' role in the Child Study Center, those psychiatrists studied have given their opinions or assessment of the psychiatric social workers' professional role in this clinic. Their opinions should be given careful consideration and study by the social work staff--geared to the defining or redefining of their role and the educating of psychiatrists as to the social work perception of psychiatric social work.

APPENDIX

APPENDIX A

JOB DESCRIPTIONS FOR PSYCHIATRIC SOCIAL WORK STAFF OF THE CHILD STUDY CENTER

PSYCHIATRIC SOCIAL WORKER

Minimum Qualifications:

Master's degree from an accredited school of social work. Membership in NASW.

Experience:

Field work placement and/or casework experience following graduation in a child guidance clinic, in child placement in an agency accredited by the Child Welfare League of America (CWA) or in a family agency holding membership in the Family Service Association of America (FSAA), under psychoanalytically oriented supervision.

Expectations:

It is expected that the staff social worker over a period of five years progresses from simple to more complicated tasks. Initially, he accepts the responsibility for his own learning, independently of supervisory help, and establishes and maintains his own job organization.

He has capacity for self-awareness, and is, at least, attuned to the manifestations of transference and counter-transference. He develops and maintains professional relationships and, as a partner on the inter-disciplinary team, he is able to assess his patient's strengths as well as his weaknesses. With increasing skill, even though under supervision, he establishes a diagnosis, formulates a treatment plan,

and selects the appropriate treatment techniques. Periodically he evaluates the progress in treatment.

Job Description:

The staff social worker generally works with parents in diagnostic study and treatment. Selectively he may work with children and adolescents. He may function as co-therapist in therapy groups. By assignment, he shares responsibility for Intake. He establishes and maintains appropriate community contacts pertaining to his cases.

With increasing facility he meets the standards for recording and maintaining charts as formulated in the Manual of Procedures. He participates actively in the clinic's academic in-service training program. By assignment, he may take part in special projects sponsored by the clinic, be they in research, mental health education, or others.

SENIOR PSYCHIATRIC SOCIAL WORKER

Minimum Qualifications:

The same as for staff social worker, plus membership in the Academy of Certified Social Workers (ACSW).

Experience:

Five years of employment following graduation under qualified supervision, as stipulated for the psychiatric social worker. Additionally, experience in supervision is desirable.

Expectations:

The senior social worker has, over the years, attained considerable professional maturity. In attitude, and performance, he has come to set an example for other staff, thus promoting staff morale. Having become increasingly self-reliant, he has learned to use his initiative in seeking supervisory or consultative help, selectively, making maximum use of it. He sees himself as an equal partner on the clinical team, and uses his knowledge and his own judgment in formulating his diagnostic thinking and in carrying out treatment plans, subject to periodic review by the team. His responsibility toward the Chief Social Worker is primarily an administrative one.

Job Description:

The Senior Social Worker may expect that in the assignment of cases his preference will be given consideration, so far as this is practical. He works with the adults significant in the child's life (parents or parent-substitutes), in diagnostic study and treatment, individually and in groups, or act as co-therapist in such groups. Selectively, he may work with children or adolescents.

With other staff he shares fully in the responsibility for Intake. He plays an active role in developing the clinic's academic in-service training program, in special projects which he may be requested to join or lead, and he may represent the clinic, interpreting services and/or policies before

the professional or lay community. He is sufficiently conversant with all policies and procedures to substitute for the Chief Psychiatric Social Worker in his absence, for a limited period of time. He supervises students and/or staff when called upon to do so.

CHIEF PSYCHIATRIC SOCIAL WORKER

Minimum Qualifications:

Master's degree from an accredited school of social work. Membership in NASW and ACSW. Participation in professional activities other than membership in such associations.

Experience:

A minimum of 8 years of practice in casework, 4 of them in a child guidance setting using the team approach, with qualified supervision and/or consultation. Five years in staff and/or student supervision.

Job Description and Expectations:

Together with other executive staff, the Chief Social Worker is a member of the administrative group. In this capacity he attends the Department Head Meetings, and participates in the formulation of policies and procedures, and the development of the in-service training program. He is responsible for the administrative management of the caseload, and for the assignment of cases to the respective teams. He is ultimately responsible for the professional conduct as well as the performance of the social work staff, although he delegates the supervision of staff and students within the department.

Specifically, he is the administrator of social work department. In consultation with other executive staff he is responsible for the hiring of social work staff as well as for terminating a social worker's employment.

He is the liaison person in social work with other agencies. It is his privilege to delegate public relations activities as this may be called for.

To the administrative group he is accountable for the accuracy of the monthly statistics insofar as they pertain to Intake, diagnostic work and cases in treatment. By the same token, he is responsible for the movement of cases during the study period and in treatment.

In his daily performance, the Chief Social Worker demonstrates self-reliance and professional maturity in dealing with staff in general and within his department as well as in his practice, thus implementing his leadership role.

APPENDIX B

QUESTIONNAIRE

This study is being conducted by an Atlanta University School of Social student in compliance with the requirements for the M. S. W. degree. It is concerned with the way in which Psychiatrists perceive the role of Psychiatric Social Workers at The Child Study Center of Philadelphia.

Please put an "X" next to your answer:

Sex: Male_____ Female_____

What is your position at The CSC?

a. Resident_____ b. Fellow____

c. Child Psychiatrist_____

How long have you worked in a setting with Psychiatric Social Workers? _____

How closely have you worked with Psychiatric Social Workers?

a. not at all_____ c. very little ____
b. moderately ____ d. very closely____

1. In terms of your experience with social workers in this agency, rank in order of importance the functions of the social worker.

   1. make appointments for psychiatrists____
   2. receive intake calls _____
   3. make referrals to other social agencies_____
   4. Psychotherapy with parents _____
   5. interview patient for case history material____
   6. diagnostic interviews with parents or relatives_____

7. participate in training of psychiatric residents _____
8. inform psychiatrists of community resources _____

2. On what occasion do you seek out social workers in this clinic?

   a. professional contact____ c. both _____
   b. leisure-time contacts ___ d. neither____

3. How much professional contact do you have with the social workers in this clinic?

   a. 1-3 times a week___ d. monthly
   b. 3-5 times a week___ e. bi-weekly
   c. more than 5 times a week___

4. Who usually initiates the contact?

   a. Psychiatrist____ c. mutual agreement__
   b. Social Worker _____

5. Are you satisfied with the extent to which the social workers on your case come to you for guidance?

   a. yes_____ b no _____ c. somewhat_____

6. What knowledge and skills do you think the social workers in this clinic contribute to you?

   a. Knowledge of psychodynamics_____
   b. Therapeutic knowledge and skills_____
   c. Diagnostic skills and techniques_____
   d. Interviewing skills and techniques_____
   e. Knowledge of contact with family situation___
   f. Understanding of socio-cultural factors_____

7. Why do you think it is that you do not take <u>more</u> advantage of this knowledge and skill?

   a. lack of time and opportunity_____
   b. interdisciplinary differences - problems of interpersonal communication_____
   c. individual personality considerations_____

d. take as much advantage as possible _____
e. problems of status and superiority_____

8. In what area of human endeavor do you think the social worker can work independently without collaborating with psychiatrists?

9. In what area of human endeavor do you think the social worker should collaborate with one psychiatrist?

10. How much training do you think the social workers in this clinic need?

Further comments:

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