Function of the social worker in relation to involving the family in the treatment process

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FUNCTION OF THE SOCIAL WORKER IN RELATION TO INVOLVING
THE FAMILY IN THE TREATMENT PROCESS

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

BY
MELVIN NORMENT

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

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PREFACE

Should the social worker involve the family in the casework treatment process? If so, at what point in the treatment process should the family be involved, and how should the family be involved? These are the kinds of questions the writer asked himself and others, and searched the literature for answers during his first year at the school of social work. It was the desire to know more about the function of the social worker in relation to involving the family in the treatment process which stimulated the writer to undertake this subject for a thesis.

The first months of the writer's six months block field work at the Northport Veterans Administration Neuropsychiatric Hospital at Northport, New York served to enhance the desire to undertake this subject. Repeated discussions in staff meetings and supervisory conferences made the writer more aware of the influence of the family members on the patient's total treatment process at the hospital. The writer observed, during this time, that in many cases a change in behavior and/or attitude of one or more family members was prerequisite to any change in the behavior of the patient.

As the interrelatedness of the family and patient became more obvious to the writer, he became more interested in how the social worker involved the family in the treatment process, and what casework techniques were used in working with the family members. The following pages represent the writer's efforts to find some of the answers to these questions.
ACKNOWLEDGEMENTS

The writer would like to express his appreciation to the Veterans Administration Hospital, Northport, New York for the use of the records from which this material was gathered. The writer would also like to acknowledge his indebtedness to the following persons who contributed suggestions and guidance to him in the preparation of this thesis: Mrs. Amanda Watts, Mrs. Genevieve Hill, and Mr. Warren Moore.

My greatest debt is to the entire faculty of the Atlanta University School of Social Work, Atlanta, Georgia, and to Mr. Nathan Kaufman, my second year field work supervisor, from whom I absorbed many ideas, information, ways of thinking, and a deeper awareness of self.
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CHAPTER I

INTRODUCTION

Significance of the Study

The role of the social worker in modern society is to work toward these two ends: "...the creation of those conditions which help to make a more satisfying way of life possible, and second, the development within the individual of capacities to live that life more adequately." The social worker, then, has a responsibility to work toward providing every individual the opportunity to develop to his fullest possible capacity with the least possible conflict. This responsibility of the social worker is to both the mentally ill and the mentally healthy.

So as to assume their responsibility to the mentally ill, social workers have associated themselves with psychiatric hospitals and clinics. Social work undertaken in a psychiatric setting began some fifty years ago. During the early years the social worker's role in the hospital included following up patients discharged from care in order to assist them with their adjustment after they returned to their families and communities.2 In recent years, however, the nature and scope of the social worker's role in the psychiatric setting have broadened considerably to include the worker's involvement in all phases of treatment of the patient, from the intake interview through the after-care program. Today in the psychiatric


hospital we find that:

...the social worker assumes responsibilities with both the patient and his family which shift throughout treatment and after-care. At the time of admission he helps the patient understand the facilities for treatment that are available and assists him in his use of them. The family is helped to understand the meaning of the patient's illness and to alleviate stress that may be related to his hospitalization. The social worker provides the other members of the therapeutic team with social, economic, and environmental information which is important for diagnosis and treatment.¹

We find then that the social worker plays a particularly important role in the patient's treatment plan. He provides the all-important connection between the patient and his family and the community of which the patient is a part.² It is important that this link between the patient and his family and community be maintained. This is important because man does not live alone; he, of necessity, has associated himself with other individuals for the purpose of survival in this world of many complexities and difficulties. It is accepted knowledge that:

None of us live his life alone. Those who try are doomed; they disintegrate as human beings. Life is... a shared and sharing experience. The family is the basic unit of growth and experiences, fulfillment or failure. It is also the basic unit of illness and health.³

Before we proceed further, let us take a closer look at the family - this basic unit of illness and health. The genesis of the family is lost in obscurity. However, it is believed to be as old as human history.

²Ibid.
³Ibid.
As we observe human societies around the world, we can be reasonably certain that we will see in all of them some type of family group existing. Dr. Mead points out that in all known human societies we find everywhere some form of the family, some set of permanent arrangement by which males assist females in caring for children while they are young.¹

The family exists everywhere, and it is within the family that the individual learns to move out from self and begins to think of others. He, in the family, begins to see the world not as something functioning solely for the gratification of his desires and wants. As result of his experience in the family the individual learns to expand his horizon, to see beyond himself and his narrow world. The family serves as the proving ground to prepare the child for broader society and its many difficulties. Two primary processes are involved in this development:

...first, the movement from a position of infantile comfort and dependence toward adult self-direction and its attendant satisfaction; second, the movement from a place of infantile, aggrandized, omnipotent importance to a position of lesser importance, that is from dependence to independence and from the center of the family to the periphery.²

It is on the periphery of the family that the individual remains throughout his existence. The individual never severs his contact with the family completely, because it is within the family group that he develops "...a frame of reference, a consistent view of his environment and of himself in relation to it."³ Therefore, the "...individual experiences an extension of his ego. He is not only his 'self' but also


a part of a closely interlaced whole from which he draws increased strength.\(^1\)

We then are aware that the family is as much a part of the individual as the individual is a part of the family. In comparison with other institutions, the family is the primary group in which individual members are dependent on one another; and the action of any one member affects other members as much as it affects any one member. Because of this fact, the overall stability of the family and that of its members individually, hinges on a delicate pattern of emotional balance and interchange.

Furthermore, the family has the crucial task of socializing the child and of shaping the development of his personality. The family, in great part, determines the child's mental fate. This fact leads one to the realization that the relation of an individual personality and the group dynamic process of family living constitutes an essential link in the chain of causation of states of mental illness and health.\(^2\)

If this be so, then it becomes obvious that the social worker must balance his concern for the individual with concern for the family group. This factor is evidenced in the realization that no man is an "island unto himself", but it instead the "...reposity of a group experience. His identity is at once both individual and social. He is a mirror image, a microcosm of his family group."\(^3\)

Extensive research into the etiology of mental illness has revealed that mental illness is not solely the result of disequilibrium of internal psychic processes within the individual. It has made us cognizant that

\(^1\)Ackerman, op. cit., p. 22.
\(^2\)Ibid., p. 24.
\(^3\)Ibid., p. 7.
Mental illness is an expression of the individual's relationship with his social group, as well as the balance of internal psychic processes. Mental illness is "...a disorder of the individual as a social unit. It is not a purely individual affair like an infection, for instance, but is a disorder of the individual at the level of social adjustment."¹

Therefore we might view mental illness logically as being determined at three levels: (1) what goes on psychically within one person; (2) what happens between the person and his human environment; and (3) what is distorted in the social process of the environment itself.²

The above lends support to the prior mentioned statement that concern for the individual must of necessity be balanced with concern for the family group - the two are coexistent and inter-related. One cannot adequately perceive either as a separate entity. In the treatment process the social worker's consideration of the patient's interpersonal relationship, his role, and his attitude and values in relation to his family is a requisite if success is to be realized. The patient should not be isolated from his social environment; he should not be perceived as a separate entity apart from his family, for in truth, the patient is not an isolated entity. He is "...intricately related to his social environment, particularly his family. He is a total person with many needs and many strengths and is not to be regarded as an isolated specimen of pathology."³

¹Albert Deutsch, Mentally Ill in America, (New York, 1949), p. 51h.
²Nathan W. Ackerman, op. cit., p. 6.
Therefore, in order to better understand the dynamics of the "whole" patient, in order to make a more meaningful diagnosis which will serve to pave the road to a more meaningful treatment plan, treatment should be "...directed toward the disturbed interaction patterns, the disequilibrium of reciprocal role relationships, and the defects in the cohesiveness... in the family unit."\(^1\)

This is not by any stretch of the imagination new knowledge to the field of social work. Social workers have traditionally focused attention on the family unit and have long sought to view the individual as an extension of a larger group, the family. However, because of the introduction of new psychiatric and psychological theories into the field the social worker tended to over-balance his concern for the individual. As a result, in subsequent years knowledge of, and concern for the individual advanced somewhat out of context with a reciprocal need for a parallel knowledge of the process of family interaction.\(^2\)

Even though this focus on the individual reaped a rich harvest for the storehouse of knowledge in relation to the manifestation of the intrapsychic processes, it also "...imposed a blindness as to the urgency of evaluating illness as a family process as well."\(^3\) The social worker tended to be unaware that the "criteria for emotional illness and health cannot be restricted to the individual; they must encompass the individual within

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\(^3\)Nathan W. Ackerman, op. cit., p. 7.
the group and the group as well."

Because of this failure to assess the patient's total environment and to use it as a therapeutic and diagnostic tool, the results of the treatment process has often been limited. We have more or less tended to overlook the elementary cognizance that in order to help the individual patient we must consider "...feelings and limitation of the patient himself, of his relatives, and his community."^1

It must be pointed out that the social worker's detour from the path of perceiving the individual as an extension of his family to perceiving him as an entity in and of himself has served two positive functions. First, it has given the social worker new knowledge which enables him to gain new insight into the psycho-dynamics of human behavior. This has served to refine the social worker's diagnostic and treatment techniques. Second, this detour has served as a warning system, warning of the limitations of individual therapy. Such a warning has caused the social worker to take a second look at individual therapy and has led him back on the path of realization that he cannot isolate the individual from his family, treat him, and then place him back into the family and expect him and his family to function without difficulty.^^2

The trend today is again toward balancing the emphasis on the individual with parallel emphasis on the family unit. Social work literature in recent years has devoted large amounts of space to this school of thought.

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1Itbid.


3Mac Siporin, op. cit., p 171.
The philosophy which serves as an incentive to advance this trend further may be summed in the following quotes, one taken from an article by a renowned psychiatrist and the second taken from an article by a renowned social worker.

Health and illness are functions of the inter-relation of organism and environment. The family is the basic unit of human experience; it is the primary group into which functions of personality are integrated. The development of a social psychology of everyday family life is the first priority, if we are to meet the mental health challenge of our time. Requisite of this goal is an expansion of the dimensions of diagnostic thinking so as to make the unit of evaluation the individual with the family group, rather than the individual assessed in isolation.¹

Knowledge of the family dynamics makes it clear that we not only must understand the individual in his own right, but must also understand family inter-relationship, the role each individual plays in the family, how his behavior affects other members, and in turn, how it is influenced by them. We must also know the current social and psychological situation of the family unit and of the individual family members.²

Because the present trend is toward involving the family in the treatment process of the patient, it becomes more and more important for the social worker to gain cognizance of his function in this respect. Such understanding would enable the social worker to be more effective in the contacts with the family. A better understanding of his function in relation to involving the family in the treatment process will increase the social worker's ability to evaluate the family's attitude toward the involvement, and thereby enhance his effective use of the family as a diagnostic and treatment tool.


²Frances H. Scherz, op. cit., p. 344.
Purpose of the Study

It was the purpose of this study to describe the function of the social worker in nine cases in which the family was involved in the treatment process.

The secondary purpose of this study was to describe the social casework treatment techniques used by the worker in relation to involving the family in the treatment process.

Method of Procedure

So as to gain a theoretical base upon which to build a framework for determining the function of the social worker, and the casework treatment technique used in relation to involving the family in the treatment process, library material such as books, pamphlets, and periodicals were consulted.

An attempt has been made to show how the social worker used the family as a diagnostic and treatment tool in an effort to help the patient return to the road of adequate social functioning. This was a descriptive study. The material was presented qualitatively, using excerpts from the progress notes in the social work service folder to illustrate the elements of the schedule.

The cases selected for this study were those in which the family was considered as having been involved in the treatment process. The family was considered as having been involved in the treatment process if family members were seen more than once and for other than the sole purpose of securing a social survey.

Treatment in this study was "that which the social worker did in an effort to deal with the presenting situation or to subject it to some
Family in this study was considered to be any relative (parent, step-parent, sibling, step-sibling, aunt, uncle, cousin, grandparent, step-grandparent, or in-law) with whom the patient had lived or with whom the patient expected to live in the future.

In selecting the cases used for this study, the writer read excerpts from the progress notes in the social work service folder of the patients who had been discharged between the years of 1954 and 1959. The span between these years was chosen because of the fullness of the records during this period of time.

A total of fifty cases were selected in which the family was involved in the treatment process. These fifty cases were carefully scrutinized in terms of the degree of family involvement. From these fifty cases nine cases were selected for the study. The basis of selecting the nine cases was to obtain material which would illustrate the function of the social worker in relation to involving the family in the treatment process.

The analysis of the cases was facilitated by the use of a schedule constructed by the writer. The theoretical frame upon which the schedule was based was taken from Tessie D. Berkman's book, Practice of Social Workers in Psychiatric Hospitals and Clinics (New York, 1953) and from Ruth I. Knee's book, Better Social Services for Mentally Ill Patients (New York, 1955).

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1 Helen Harris Perlman, Social Casework (Chicago, 1957), p. 181.
In describing the treatment techniques used by the worker the following terms were used in the study:

(1) Environmental modification— the steps taken by the social worker to change the patient's environment in the patient's favor by direct action.

(2) Psychological support— the steps taken by the social worker to reinforce the patient's ego strengths through guidance and release of tension and through reassurance.

(3) Clarification— the steps taken by the social worker to increase the patient's ability to see external realities more clearly and to understand his emotions, attitudes, and behavior.¹

Scope and Limitations

The data collection period of this study consisted of approximately four months. This reduced considerably the number of cases which could be studied effectively. Having taken this factor further into consideration, it was considered most feasible to present the data qualitatively, thereby allowing for a somewhat more intensive study of the data. It is realized that the small sample has not revealed representative relationships between treatment and movement nor between the attitude of the family toward involvement and purpose of referral. The study was an exploratory one which, hopefully, offers clues to possible areas that need more extensive and/or

¹ Florence Hollis, Women in Marital Conflict (New York, 1949), pp. 147-152.
intensive study.

The study was further limited in that it was conducted by a student social worker who was in the process of developing skills and objectivity in the field. However, steps were taken to reduce the effect of this limitation on the study by utilization of a schedule for determining the social worker's functions. In determining the treatment techniques used by the social worker the terms as defined by Florence Hollis\(^1\) were used.

\(^1\) Ibid.
CHAPTER II

DESCRIPTION OF SETTING

Structure of the Setting

The Veterans Administration Hospital at Northport, Long Island, New York, is the largest veterans hospital in the United States which offers services to neuropsychiatric patients. It is situated on 551.23 acres of land and is located approximately forty miles from New York City, three miles from the village of Northport.

Comprising the institution are 120 buildings of which seventeen are living quarters for the patients. The first series of buildings were contracted for in August, 1926, and were completed during 1928. An additional contract was awarded in 1936 for construction of the buildings known as the "60 Group," and was made available for use in 1938.

The hospital is primarily designed to treat and care for neuropsychiatric patients. It is equipped with the most modern facilities and services including an excellent research laboratory and medical library. It has a bed capacity of 2,188 and is currently operating at maximum under a staff of 1,395 employees. Among these employees are thirty full-time physicians, over one-half of whom are in psychiatric service; the others occupy administrative and medical posts; and a panel of twenty-seven consultants and attendants representing all specialities of medicine and dentistry.

The various departments whose purpose is to work as a complex
whole toward treating and caring for the patients are psychiatric, medical and surgical, and dental, along with X-ray and clinical laboratories, the nursing services, Chaplaincy, social work service, clinical psychology, counselling psychology, Dietetics, Registrar, Patients' Services, and Volunteers.

The treatment of the patient may be divided into: (1) Acute Intensive Treatment, for patients who are expected to be in fairly good remission and are expected to be fairly progressive in their recovery; and (2) the Continuous Treatment Service, for those patients who are considered long-term chronic cases.¹

The social work service department consists of one chief, an assistant chief, two supervisors, eighteen caseworkers, and seven social work students.

The social casework process as used at this hospital consists of the following:

(1) Exploring the veteran's past and current situation to identify those social facts and features in his interpersonal relationships and cultural setting and those attitudes and feelings on the part of the veteran himself or others that appear related to his health and that may have diagnostic or treatment significance in the V. A.'s care of the patient.

(2) Formulating the social diagnosis showing the veteran's social and emotional problems and strengths and, insofar as possible, identifying the causes or mechanisms behind them, determining in conference with the physician which of these components have the most direct bearing on the patient's condition—causal, precipitating, perpetuating, concomitant or resultant.

(3) Establishing goals in social treatment and designing

and carrying out social treatment measures through appropriate methods and techniques.¹

Role of the Social Worker at Northport Veteran's Administration Hospital

The social worker at Northport Veteran's Administration Hospital has as his major function the overall purpose of the hospital; namely, to advance each disabled veteran's health and help him prevent or keep at a minimum further illness and handicap.²

The social worker's role during the patient's period of hospitalization may logically be divided into two broad classifications; the first involves assisting the family to resolve as nearly as possible their negative feelings, attitudes, or conflicts in relation to the patient's hospitalization; the second involves assisting the family with tangible problems such as foster home planning, the patient's hospital adjustment, trial visit planning and the like.

The social workers are assigned to specific wards in which they are delegated primary responsibilities in cooperation with the ward physician for rendering social work services to the patients and/or their families. On the ward the social worker functions as a psychiatric team member under the direction of the medical staff. To the team the social worker contributes his unique professional knowledge and skill in an effort to fulfill his role of helping the patient and/or his family in taking a more realistic and healthy attitude towards

² Ibid., p. 3.
illness, hospitalization and recovery.

All newly admitted patients are seen by the social worker shortly after the patient's admission to the hospital. Depending upon the degree of the patient's orientation to reality, information of the hospital facilities and its program are given to the patient. Also, the social worker, at this time, seeks to get some understanding of the patient's attitudes toward his illness; how he plans to utilize hospitalization; the reason for his admission; and his present environmental situation.

It is at this time that the social worker sets up appointments to interview the patient's family. The social worker attempts to elicit the family's assistance for social history data which is used in formulating diagnostic evaluations and treatment plans for the patient and the family. The degree to which the social worker involves the family in the treatment process from this point on is dependent upon the problems presented in the admission contact; recommendations of the medical staff; and a realistic appraisal of the patient and his family's accessibility to casework services.¹

Several criteria were used in determining the family members to be involved in the treatment process. The diagnosis and disposition staff is one medium for appraising the family members' accessibility to casework services. An evaluation by the social worker who performs intake services is another method of selecting family members to be involved.

involved in the treatment process. Other personnel, such as the nurse and the nursing assistant who may be aware of distress of the patient who is reacting negatively to the visit from his family, may refer the family members for help. The social worker, in offering casework treatment to the patient, may become aware of outstanding familial conflict which need to be dealt with before he can effectively work with the patient.

Casework with the family may begin at the point of intake and continue throughout the period of hospitalization and after care. Or it may begin at any point during the period of hospitalization, depending upon the uniqueness of the situation. There is no blueprint to determine when to involve the family members in the treatment process. The chief factor controlling the social worker's decision to involve the family members in the treatment process is an assessment as to the extent the involvement will increase the possibility of the patient's recovery.
CHAPTER III

FUNCTION OF THE SOCIAL WORKER IN RELATION TO INVOLVING THE FAMILY IN THE TREATMENT PROCESS

Function of the Social Worker during Admission

The primary function of the social worker is to help the patient return to a level of functioning whereby he can perform in society with a minimum of difficulties to himself and his environment. However, it is realized that this cannot be accomplished sufficiently well without consideration of the patient's family.

Experience has made the social worker vividly aware that:

...relatives may bring to the hospital their fears of mental illness, guilt about their own part in the patient's problem, denial of the patient's need for hospitalization, or relief at being free at long last of a troublesome problem.¹

Therefore, the social worker's primary function at admission involves more than obtaining information for a social history. This is one aspect of his function, but only one of a number. During admission the social worker also seeks to help the family express varied feelings, attitudes and misconceptions in relation to the patient's illness and hospitalization. The social worker may seek to allow the family an opportunity to ventilate hostile feelings, and help the family allay the stress precipitated by the patient's breakdown. The social worker seeks to orient the family members to the hospital facilities and acquaint them with how they can utilize these facilities constructively.

The following are enumerations of some of the specific functions

¹Ibid., p. 144.
of the social worker during admission as revealed in the nine cases studied: (1) collected information for a social history; (2) helped the family with its disturbed feelings around admission of the patient to the hospital; (3) helped the family understand the hospital and its treatment program for the patient; (4) evaluated the affect of the family's behavior upon the patient; (5) evaluated the social problems so as to appropriately select the family for intensive casework services; and (6) made the family aware of the social services available to them.

The following excerpts from casework material were illustrative of the social worker's function in relation to involving the family during the admission process:

Illustration I. - The patient's sister and her husband came to the office stating they were interested in having the patient home due to the family separation at that time because the wife was in a mental hospital and the children were in a foster home. They stated that (they) would provide a place for the patient to live so that he could get on his feet again (if we discharged the patient.)

They were planning to get a job for the patient with the brother-in-law at a trucking firm. The brother-in-law remarked that he was aware of the patient's problem around women. However, he minimized the patient's preoccupation about sex and said he would take the patient home each day himself, see him in the house and go constantly in the evening and look in on the family if the patient were discharged.

The sister remarked that she would not work but would help out with the household duties of the wife, offering supervision and assistance with the children.

The worker pointed out that it seemed that the patient was quite ill and was unable to talk the day before because of his mental state at the time. The worker explained that it was possible that he could improve on going home, but that he would be facing tremendous problems at a time when he seemed
too ill to evaluate his situation. The worker pointed out that the wife and the patient may not be in a position to assume responsibility of the children due to their own emotional needs even with their help. The worker assured them that she understood their concerns around the placement of the children and how they must have wanted to see the family together. The worker pointed out that being together would not mean a happy family as the patient and the wife would not meet the emotional needs of the children or of themselves. The worker pointed out that since they described the wife's breakdown as being due to having to assume the total responsibility in maintaining her family economically and socially, perhaps it would be asking a great deal of her to assume these responsibilities now, and to assume that she would be able to assume them so soon after her return home. The worker added that they would be assuming a great deal of responsibility themselves, because they would have their own family to look after. The worker suggested that it may be too much for them to attempt to provide supervision for the patient and his family while the patient is presently hallucinating and responding to voices.

In this case the sister and brother-in-law were feeling guilty over the fact that the patient and his wife had been hospitalized. They seemed to feel that because of the wife's concern and worry over the children, they were compelled to assist them. Underneath their concern for the children and their unrealistic plan to reunite the family group, there was a desire to wipe out the feelings that had they helped sooner, maybe the patient and his wife would not have been hospitalized.

The social worker recognized the feelings of guilt and related to them. The worker offered them support in their concern for the children and allowed them an opportunity to ventilate their guilt feelings. After offering them support the worker interpreted for them the inappropriateness of their plans. Through the use of clarification the worker was able to help them accept the fact that the patient would need more supervision than they would be able to give.
Illustration II. - During the process of history taking the mother was noted to be controlling, directive and tense. Because of her emotional involvement with the patient we decided to work with the mother during the patient's hospitalization, hopefully to pave the way for a successful trial visit. Intensive casework treatment with the mother will be attempted in the hope that when the patient is recommended for trial visit the mother will be emotionally secure enough to provide an adequate environment. Before she can gain this emotional security it is felt that she will need to become more aware of her motivation for her controlling and domineering behavior. The mother's chief asset seems to be her intelligence and her determination that the patient should get well. However, this latter attitude was often a liability in that the mother placed pressure on the patient.

In this case the social worker recognized the strengths and limitations of the mother and evaluated her ability to benefit from more intensive casework treatment. The social worker recognized that the mother's controlling and domineering behavior would have an adverse affect upon the patient's recovery and that this behavior would have to be dealt with directly. In view of this assessment the social worker set up tentative goals to involve the mother more intensively in the treatment process.

Illustration III. - The wife seemed very ambivalent in her feelings for the patient. At first she blamed herself for not understanding earlier that something was wrong with the patient and helping him more, rather than frequently "nagging" him and insisting that he take her out. Later, she stated quite bitterly that she had been married less than a year, she has a baby and she "has no future." In exploring this further with her, she brought out many anxieties around the fact that she knows nothing about mental illness but has heard that it is incurable, and this means that the patient might have another breakdown at any time. The worker recognized her feeling but attempted to clarify for her some of the points mentioned. The wife verbalized a desire to help the patient in any way that she could and recognized that many of her own feelings would have to be handled. It was decided that the wife would see the worker each Wednesday.

Mrs. M. was self-critical and expressed feelings of guilt during the initial part of the interview. Further questioning by the social
worker revealed feeling around the patient's condition and fears around her child's future. The social worker recognized the feelings and was accepting of them. In this manner the wife was allowed ventilation of these feelings. Clarification was utilized by the social worker in an attempt to help the wife gain some awareness of her feelings toward the patient. In subsequent interviews the social worker was able to clarify for the wife some of the aspects of mental illness and its affect upon the individual. The wife was helped to view mental illness and the possibility of her husband's recovery more realistically.

Illustration IV. - The worker discussed with Mrs. H. several factors focusing around the patient's illness in relation to her feelings as to what this means from her point of view; the ensuing, interaction involving the separation; her personal circumstance, managing to get along; and the effects in general on the entire family.

The above excerpt illustrates the social worker's attempt to discern the wife's attitude toward the patient's illness, and the affect of the patient's illness upon the family's financial and emotional stability. This enabled the social worker in his assessment of the wife's degree of insight into the patient's problems which in turn will offer a clue as to how best the family can be involved in the treatment process. This will also enable the social worker in his assessment of the possible affect the existing familial situation might have upon the patient's future progress in treatment. Determining this might prove an aid in establishing future treatment for the patient and might also offer valuable information leading to a better understanding as to what precipitated the patient's hospitalization.

Summary. - The hospitalization of a mental patient is usually the
climax of a long and highly charged emotional situation. It is usually the last resort to which the family finally turns, and is usually accompanied by much feeling and confusion. The family members who participate during admission are often guilty ridden and extremely anxious. They are concerned as to whether or not they have contributed to the patient's illness and have strong feelings around his subsequent hospitalization.

The social worker must support family members in their decision to have the patient hospitalized, and help them to realize that by hospitalizing the patient they have done the most appropriate thing. The social worker must make an effort to lessen these fears and misconceptions in relation to the hospital, and mental illness.

The social worker orients the family to hospitalization and treatment processes and evaluates the existing and past environmental circumstances in order to provide immediate services where needed and establish tentative treatment goals.

Function of the Social Worker During Hospitalization

The social worker's concern is not whether the family should be involved in the treatment process during the patient's hospitalization. Instead the social worker's primary concern is geared more towards how the family can be involved in the treatment. Through experience the social worker has come to realize that regardless of the many advancements made in the direct treatment of the mentally ill, the ultimate adjustment may well be, and often is, related to the amount of casework services rendered to the family of the patient.
The social worker is cognizant of the fact that "...the attitude of the family members is an important element facilitating or retarding the patient's progress." Working with the family during the patient's hospitalization is little different from working with the patient. Some of the same methods proved effective in helping the patient have proved equally effective in dealing with the family members.

... As with the patient, working with family members implies a willingness to recognize and help with the problems they face rather than a denial that such problems exist. They need sustained help, recognition of the burden they are called upon to carry, and an opportunity to voice their frustration and grievances. The best results are obtained with inclusion, not exclusion, of family members in planning for the patient's care.2

Hospitalization of a patient is a distressful situation which provokes anxiety, stress and fears in any family. Therefore, another aspect of the social worker's function is to help the family "...handle some of these problems so that they may find release and not be forced to vent their feelings upon the patient."3 This aspect of the social worker's function is performed during the entire period of the patient's hospitalization.

The following is a list of some of the specific functions of the social worker during the patient's hospitalization as revealed in the nine cases studied: (1) interpreted the role the family could play in the treatment process; (2) helped the family gain some insight into their behavior and the effect of their behavior on the patient's pro-

2 Ibid.
3 Ibid.
gress; (3) allowed the family an opportunity to ventilate some of their fears in relation to the patient's hospitalization; (4) allowed the family an opportunity to participate in the treatment planning for the patient; (5) helped the family accept the need for the patient's hospitalization; and (6) helped the family accept the patient's limitations and strengths.

The following excerpts from case material illustrate the social worker's role in relation to involving the family during the period of the patient's hospitalization.

Illustration I.—The patient's wife, at the present time, is showing indications of clinging desperately to the hope of her husband becoming well in a short time. The patient's wife revealed her intense feelings over her husband being in this setting, comparing it usually to the time when he was home, as he attempted to do little there, and it is hard for her to think that he is now engaged in activity here. Another indication of the lack of understanding on the part of the wife was her referral to the attention being given her husband by the social worker, due to the fact that the patient was a person of exceptional background and ability and above average. In attempting to increase her understanding, the worker discussed this in relation not specifically to the "personality" of her husband but rather in relation to her husband as a patient, his chance of becoming well, and the part the casework treatment had in relation to this within the hospital setting.

The goal of the social worker was to help the wife accept the patient's hospitalization. It was necessary for the social worker to allow the wife a warm, accepting, and supporting atmosphere in which she could give vent to her pent up feelings so as to lessen the intensity of her feelings. The social worker interpreted for the wife the patient's status at the hospital by relating her to the reality of the patient's situation. The social worker, by discussing the husband in relation to his being a patient at the hospital, was able to help the
wife accept the patient's illness and hospitalization more realistically.

Illustration II.—Mrs. S appeared to attempt to control and dominate the interview, calling on the prestige of her deceased husband who was dentist and upon the prestige of her other son who currently is interning in Orthopedics. Her efforts to involve the ward physician, the ward secretary and other social workers seemed to be a manipulative pattern in which she tried to play one against the next.

In order to reduce the effects of the mother's manipulations on ward personnel which seemed to result in further frustration, we have suggested to the patient's mother that she see no other ward personnel at this time. We have been firm with the patient's mother and have helped her to better understand the social worker's capability in dealing with the problems she presented.

In this case we see the social worker making a conscious use of authority in the casework process with the mother. We see the mother attempting to evade threatening material in two ways. First, she is attempting to control the interview by focusing only on surface material in an effort to prove her adequacy as a mother and wife. Second, she is attempting to avoid becoming involved with any specific ward personnel. She is attempting to play one against the other and this is an effort to maintain a "safe" distance emotionally.

The social worker through clarification helps the mother gain an awareness of the social worker's responsibility in the casework relationship. The setting of limits upon the mother and holding to them firmly enabled the mother to become more aware of her responsibility in the treatment process. As a result of this awareness, the worker was able to involve the mother in a more constructive way in the treatment process.
Illustration III.—We have continued to see the wife and she is seemingly better able to realize her relationship with her husband, as in a recent interview she showed some concern about her husband's ability to carry on in the same work which he attempted upon becoming ill. This revealed her anxiety about her husband's possibility of really going too fast and taking too much upon himself too soon. She also thought that it might be better if we could try to persuade her husband not to go into self employment but rather to consider the possibility of getting a job with a salary. This would offer him a degree of security instead of having to rely upon his own ability to make ends meet upon leaving the hospital. The worker agreed with the wife in this thought, and, therefore, the worker and the wife attempted to try to work this through with the patient. The worker pointed out to the wife that it might be possible for the patient to continue self employment on a part-time basis besides carrying a full-time salaried position.

Throughout the patient's hospitalization the family is confronted with various fears and anxieties in relation to the patient's progress. The social worker deals with these problems as they are presented in the contacts with the family members.¹

In this case the wife was helped to accept the patient's hospitalization and to view it more realistically. She was able to recognize the patient's problem in relation to self-employment prior to his illness and therefore was anxious to receive assistance in further planning for the future.

As the wife's understanding of the patient's problem increased, the worker involved her more in the treatment process. The social worker related to the wife's anxieties and fears in relation to the patient's employment and through offering her support in her plans was

¹ Ruth I. Knee, op. cit., p. 54.
able to work through these feelings.

The social worker evaluated the wife's plans and agreed with her in her thoughts. Because the wife's plans were anxiety laden the social worker through clarification enabled the wife to work toward the plans more realistically. The social worker was instrumental in offering the wife a structure whereby along with the social worker the plans could be more beneficial to the patient's recovery and rehabilitation.

Illustration IV.--While work with the patient progressed, the worker had four interviews with the patient's father. Initially the father was quite hostile towards the hospital. He pointed out that the medical staff has always made the family decide when to take the patient home and this time he wanted it to be a medical staff's decision. His feelings on this subject were accepted which enabled the father to become more involved in plans for his son. The patient's needs were discussed and the father was encouraged to help in developing independence in his son. The father obtained much satisfaction from being involved in this treatment with him. Subsequently he began to bring to the worker positive indications that his son had shown great improvement.

Obviously the father's negativistic attitudes toward the hospital had to be assessed and dealt with by the social worker before the father could become involved constructively in the treatment process.

The social worker recognized that much of the father's negative attitudes toward the hospital was projection. He was projecting his negativistic attitudes toward his son onto the hospital because he was not able to accept them realistically. The father was probably also feeling guilty because he had not been able to help the patient remain out of the hospital in the past. He was beginning to feel that the hospital was the best place for the patient. This created more guilt in him, guilt which he released through his negativistic attitudes
toward the hospital.

The social worker recognized that the father's behavior resulted mostly from his feeling of being left out of things. Not having been involved in the treatment process reinforced the father's beliefs. The social worker in dealing with these feelings provided the father a supportive, accepting and understanding environment in which to vent his feelings so as to lessen these intense feelings. Then the social worker responded to the father's feeling of being left out of things and involved him in a treatment plan for the patient. This gave the father an identification with the patient's progress which served to better prepare the patient's environment for his eventual return home.

Illustration V.--The patient's mother has expressed the opinion that the patient's adjustment in the home during his leave of absence has been satisfactory, despite the patient's occasional remarks that he does not feel he gets along with the mother. It appears that the mother's relationship to the patient is not a healthy one and may once again attribute (sic) to the patient's breakdown if the relationship is continued. There may, however, be some positive aspects in the relationship in the home which we are not aware of, and which may afford some basis for the patient's minimal adjustment in the community. Since the mother is not motivated toward treatment, it does not appear that trial visit supervision would be too effective a technique in helping this patient remain out of the hospital. Assuming that our diagnosis on the known facts is correct, we would see an alternate arrangement like foster home for this patient as being more beneficial to him.

Casework with the family is centered on the patient and is focused on the illness of the patient. The social worker in involving the mother in the treatment process kept this uppermost in his mind. Any activity carried out with the family is in relation to how this can
benefit the patient.\footnote{Knee, \textit{op. cit.}, p. 55.}

In this case the social worker evaluated the effect of the mother's relationship with the patient. After repeated attempts to involve the mother in casework treatment proved unsuccessful, the worker re-evaluated the situation. Applying his understanding of human behavior to the presenting situation he drew a professional conclusion: the mother was not able to benefit from casework treatment. Having drawn this conclusion, the social worker changed his treatment goal for the patient. Consequently the focus with the mother changed from helping her understand the effect of her behavior on the patient's progress to helping her separate from the patient.

In subsequent contacts the social worker, through supporting the mother's feeling that she would be rejecting her son by placing him in a foster home and clarifying the program for the mother, was able to help her separate from her son.

\textbf{Summary.}—The primary function of the social worker during the period of hospitalization, as during any period of treatment, is to help the patient return to a level of adequate social functioning. The social worker realizes that this can most effectively be carried out if the family is involved in the treatment process. The hospital social worker can aptly be described as the link between the patient and the family.

During the phase of hospitalization, the social worker attempts to establish a working relationship with the patient's family members. The
family members are helped to adjust to the patient's hospitalization, to accept medical recommendations regarding treatment, and to utilize the hospital facilities and programs constructively. The degrees to which the family is given assistance with these problems will have a positive or negative effect upon the patient's recovery.

Function of the Social Worker During Termination

Ideally, preparation for the patient's leaving the hospital begins at the time of admission. Planning for discharge should be a part of the social worker's thinking throughout the treatment process. That period in which the social worker involves the family in specific planning around discharge may be called the termination period.

The transition between the hospital and the community is a major step toward recovery and is a difficult and serious one to encounter. If the transition is premature and unplanned, the possibility of the patient's readmission is greatly increased. So as to decrease this possibility of readmission, the social worker not only becomes familiar with the patient but also with his family and community and their potential resources.¹

The social worker realizes that the family, as the patient, has varied feelings and attitudes around the patient's anticipated return home. Often times patients have been hospitalized so long that for years the family has made plans which did not include them. Then, too,

¹ Tessie Berkman, op. cit., p. 1140.
the family may be concerned about the patient's ability to maintain a job; his attitude toward having children; the possibility of his having to be re-hospitalized, the attitude of the community toward the patient, etc.

These fears must be dealt with by the worker. The worker, during the termination period, helps the family gain a better understanding of the patient. The social worker interprets the patient's behavior and some of the possible reasons for it to the family. The social worker helps the family member become more tolerant of the patient's limitation, and more aware of the patient's strengths. The social worker provides the family an opportunity to discuss presenting problems or situations with which they need assistance and whenever possible assist them in making the situation less difficult and/or threatening.\(^1\)

The social worker makes the family aware of their importance as well as their responsibility in helping the patient readjust to the community. Without their helpful, accepting assistance this goal would be difficult to achieve. In those situations where the family does not want the patient to return to the home, or where returning him would hinder his recovery, alternate plans are formulated. Then, it may become necessary to alleviate the family's feeling of guilt so as to affect the necessary separation.\(^2\)

\(^1\) Ibid., p. 118.

The following enumerations are some of the functions of the social worker during the termination period as observed in the nine cases studied: (1) evaluated a father and mother's attitudes and feelings toward their son's eventual return to the home; (2) allowed a mother an opportunity to ventilate her feeling of rejecting a patient; (3) helped a family become more aware of the impact of a patient's anticipated return home on the patient; (4) helped a sister become aware of her brother's limitations and strengths; (5) involved a father in trial visit planning; (6) involved a mother and a father in member-employment planning; and (7) involved a mother in foster home planning.

The following excerpts from case material illustrated the social worker's role in relation to involving the family during the period of termination.

Illustration I.—A sister, Mrs. J, has been especially interested in helping the patient leave the hospital. It is possible that the sister's domineering attitude toward the patient, her own ability to provide for herself adequately, and her emphasis on alcoholism are problems for the patient and tend to push him further away from her.

We planned to involve the patient's sister in the treatment process to gain further information for evaluating the patient for trial visit. We have attempted to contribute further to her understanding of the patient's illness in order that she might support his ability to derive satisfaction from his work and possibly lessen her need to pressure him to avoid drinking.

This excerpt of case material illustrates that aspect of the social worker's function whereby he ascertains the attitude of those in the community who are to be effected by the return of the patient. In this case, because of the patient's difficulty with interpersonal relation-
ships, and because of the sister's domineering attitude, difficulties in adjusting to the community would undoubtedly ensue if left unattended.

Preparation for trial visit involved the sister in helping her to become aware of the patient's limitation. The social worker interpreted the degree of the patient's remaining psychopathology and helped the sister focus on the patient's strengths. The sister was made aware of how she could support the patient's ability to derive satisfaction from his work rather than punish him in an effort to prevent his drinking. Through clarification and interpretation the social worker was able to help the sister gain a better understanding of her brother's illness and to lessen her demands on him. Subsequently the patient was granted trial visit which later was extended, and finally was granted a discharge in the custody of the sister.

Illustration II.—Mrs. B, the patient's mother, was interviewed today. The worker attempted to structure the interview much more and it was my impression that the mother was greatly relieved when the worker suggested that she could tell her husband that it was the hospital's decision for the patient to obtain member employment. Mrs. B was able to express that she felt she was caught between her son and her husband and that she was worried because her son would feel that he was being rejected by them. As she was able to express this and the worker recognized and clarified some of these feelings, Mrs. B went on to talk in a lucid manner about the impossibility of having her son at home again since they could not be responsible for him. She said that her husband wanted the patient home again. We were able to help Mrs. B recognize her son's decision to consider member employment as an indication of his ability to care for himself and gain some feeling of satisfaction from his work.

It would appear that the patient's mother and father have been able to resolve this situation somewhat because they no longer pressure the patient to return home. However, they are still unable to give the patient any strong support as a member employee.
The role of the social worker in this case was chiefly to help the mother and father accept the patient's decision to become a member employee at the hospital. The mother and father were reluctant to give up their control of the patient. Their reluctance stemmed primarily from the feeling that their acceptance of this plan would be viewed by the patient as rejection. Because the father would not involve himself directly in casework treatment the worker attempted to modify the mother's attitudes and feelings which would, hopefully, bring about a subsequent change in the father's attitudes and feelings.

Because of the mother's feeling that acceptance of member employment would represent a rejection of the patient, the worker relieved her of the responsibility to make the decision. The social worker used the structure of the hospital as a tool to decrease the mother's intense feelings of rejection. The social worker was accepting and non-judgmental in his attempt to help the mother realize that the patient was capable of functioning adequately, independent of her and the father.

The social worker was unable to move the mother and father to the point where they could offer the patient strong support as a member employee. However, he was able to move them to the point where they were able to resist pressuring the patient to return home. Subsequently the patient was staffed for member employment and has made a good adjustment in this status.

Illustration III.—The patient's mother was a critical, rigid woman who, when told the patient was interested in the family-care program, began to ask questions around what would happen to her as a dependent. The worker explained that she could continue to be the patient's dependent.
She wanted to know if the government were going to be responsible for the patient's behavior. She explained that she wanted no responsibility and that she felt her writing a letter or signing a paper would make her responsible for what the patient might do. After much explanation the mother agreed to write a letter giving her consent, and at a later date subsequently did.

Many patients ready to leave the hospital have no acceptable home situation to which they can return. In many instances the patient's family may be unwilling to accept him because he has been out of the home for a long period of time and the family has gotten use to his not being around.

When the family's negative feelings about the patient's return home were unmodified or when the patient had no home to which to return, alternate plans such as foster home care were considered by the social worker. When this was so, the social worker had to help the family members separate from the patient.

In this case the mother, even though she rejected the patient overtly, was reluctant to separate from him because of financial reasons. Or maybe she feared the loneliness that is implied by the separation from the patient. Prior contacts with the mother revealed her to be unable to become involved in casework treatment. With this in mind the social worker did not relate to the underlying implication of the mother's reaction to the separation from the patient because it was too threatening to the mother. Instead the social worker related to the surface material, financial matters.

The social worker assured the mother of continued financial support and interpreted the foster home program to the mother. This allowed an outlet for her fears and feelings of rejecting the patient.
in an accepting non-judgmental atmosphere. As a result, the social worker was able to alleviate some of her fears and guilt feelings around separating from the responsibility, and thereby enabled the mother to write the letter granting permission for the patient to be placed in the foster home.

Summary.—The thought of returning to the community is many times an extremely frightening experience for the family as well as the patient. Therefore, it is imperative not only for the worker to prepare the patient for his return to the community, but also to prepare the environment to which he is to return.

With some family members it was necessary to use more structure and relieve them of much of the responsibility of deciding what course to take in relation to the patient's return to the community. Decisions made for the ambivalent, fearful family members tended to relieve them of the anxiety created by their having to consider these problems.

It was during the period of hospitalization that the social worker used the relationship established with the family members during the period of hospitalization to effectively help the family acquire as receptive a mood as possible for the patient's return to the home. The social worker helped the family members understand the patient's level of functioning and to accept his limitation as well as his strengths.

In those situations in which the family's negative attitudes toward the patient remained the same, alternate plans such as foster
home care and member employment were sought. In such situations the focus of the social worker became that of helping the family members separate from the patient which would allow him the freedom to function more independently of them.
CHAPTER IV

SUMMARY AND CONCLUSIONS

It was the purpose of this study to describe the functions of the social worker in nine cases in which the family was involved in the treatment process. A secondary purpose was to describe the social casework techniques used by the social worker in relation to involving the family in the treatment process.

The sample in this study consisted of nine cases in which the family had been involved in the treatment process. The size of the sample suggests that no attempt was made to prove any hypotheses or to uncover any major facts dealing with the relationship between family involvement in the treatment process and movement of the patient.

The study served to make the writer more consciously aware of the many functions the social worker plays in relation to involving the family in the treatment process. It made the writer more aware of the importance of balancing his concern for the patient with concern for the family. This study further served to enhance the writer's appreciation for the social worker's role in a neuropsychiatric hospital and in broader society. It is hoped that others who may have had an occasion to read this study were similarly impressed.

The social worker functions as a team member at Northport Veterans Administration Hospital. His contacts with the family are as a member of the hospital team and his primary focus is always on helping the patient attain a level of adequate social functioning. He carries to
the team unique skills and knowledge and serves an important role in
the ultimate recovery of the patient.

Working with family members created for the social worker an op-
portunity to deal with a large and varied group of individuals with
varied, unique problems. The first function of the social worker was
to understand the family members and what effect their behavior had up-
on the patient. Having assessed the family's strengths and limitations,
the social worker attempted to deal with presenting problems, and when
feasible to involve them in the treatment process.

The major tool used by the social worker was relationship. The
social worker used this relationship to involve the family in the treat-
ment process. The casework techniques used by the social worker were
similar to those used by social workers in other settings. They were
focused to meet the needs of the family of patients in a neuro-psychiatric
hospital.

Specific ways in which the social worker involved family members
were clearly identified in this study:

1. Collected information for a social history and diagnosis;
2. Helped the family members with their disturbed feelings around
   admission, hospitalization, and termination;
3. Evaluated the presenting social problems so as to appropriately
   select the family members for more intensive casework services;
4. Helped the family members gain more insight into their behavior
   and its effect upon the patient's recovery;
5. Helped the family members accept the patient's hospitalization,
and his limitations and strengths;

(6) Helped the family members assume more responsibility in the patient's recovery; and

(7) Involved the family members in trial visit planning, foster home planning and member employment planning for the patient.

It is realized that one cannot adequately discuss the entire role of the social worker in any setting because of its complexity. The list enumerated above suggests that the social worker's function with the family is varied and numerous. This list, even though varied and long, is not complete in the least. There are many others, no less important, which were not mentioned in this study.

Helping the patient return to a level of adequate social functioning was the primary function of the social worker at Northport Veterans Administration Hospital. The involvement of the family in various ways and at various stages of the treatment process was a means by which the social worker sought to achieve this goal. The family was used as a tool with which the social worker attempted to increase the possibility of the patient recovering and decrease the possibility of his readmission to the hospital.
SCHEDULE

I. SOCIAL WORKER'S FUNCTION IN RELATION TO THE FOLLOWING:

A. Admission

1. History taking
2. Discern family's financial situation
3. Discern family's attitude toward patient
4. Interpret hospital policy and procedure
5. Alleviate family's fears and misconceptions in relation to the hospital
6. Allow family's fears and misconceptions in relation to the hospital
7. Evaluate family's readiness for casework services
8. Appraise the factors that precipitated the request for hospitalization
9. Others

B. During Hospitalization

1. Interpret the various facets of hospitalization
2. Interpret the family's role in the treatment process
3. Allay the family's fears and assesses their personalities and problems
4. Help family become aware of the effect of their behavior on the patient's progress in treatment
5. Help the family accept patient's hospitalization
6. Interpret patient's limitation and strengths to the family
7. Involve the family in the treatment plans
8. Assess the feasibility of encouraging the family to maintain contact with the patient
9. Help the family separate from the patient
10. Others

C. Termination

1. Involve the family in foster home planning
2. Involve the family in trial visit planning
3. Involve the family in member employment planning
4. Prepare the family for the patient's return to the home
5. Evaluate the family's attitude and feelings toward the patient's eventual return to the home
6. Help the family become aware of the impact of the return to the patient
7. Interpret the patient's attitude and feelings in relation to his return home and to the family
8. Deal with the family's feelings of rejection and hostility toward the patient
9. Others

II. SOCIAL CASEWORK TREATMENT TECHNIQUES USED BY THE SOCIAL WORKER

A. Clarification

1. Differentiation between the family's own internal responsibility for problems of functioning and nature of environmental problems
2. Interpreting agency policy and procedure
3. Interpreting family's role in relation to treatment
4. Interpreting the inappropriateness of family's behavior to situation demands
5. Interpreting undesirable mechanisms by which the family attempts to handle their feelings
6. Others

B. Support of Ego

1. Recognition of the capacities and achievements of the family
2. Lending worker's ego to family in:
   (a) Helping the family to perceive reality
   (b) Helping the family to appraise reality
   (c) Pointing out to the family alternatives and anticipating consequences
   (d) Demonstrating to the family reality handling
3. Giving reassurance by acceptance and praise for realistic achievements in treatment
4. Setting up realistic limits for the family
5. Allowing the family an opportunity to ventilate
6. Others

C. Environmental Modification

1. Direct intervention in reality situation of the family
2. Use of tangible resources appropriately related to the treatment plan
BIBLIOGRAPHY

Books


Articles


Unpublished Material
