

FINAL PAPER

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I work for the Bureau of Child Welfare, Special Services for Children. My agency came into existence as a result of certain amendments added to the Social Security Act making funds for child protective services available to localities. My agency is mandated by the Social Services Act of New York State to investigate every report of child neglect and child abuse within 24 hours of receipt of the report, regardless of the reporting source and the amount of information contained in the report. The Social Services Act grants immunity from liability to anyone making a report of suspected child abuse or neglect. Once a report is received by my agency we then act. ✓

The Bureau of Child Welfare cannot choose which reports to investigate and has no control over where the reports come from. Most of the reports that we receive involve children from poor black and Hispanic families, though we do receive a substantial number of reports of neglect involving children from poor and middle class white families and from middle class black and Hispanic families. The preponderance of cases involving children from poor black and Hispanic families is due to the fact that most child neglect and child abuse reports are filed by public institutions such as municipal hospitals, police precincts, courts, welfare offices - places where poor people are seen. ✓ *gd note*  
But whether the families we deal with are poor or rich, black or white or Hispanic, it must be kept in mind that they are reported to us and that we decide whether there is any need for intervention after conducting an investigation, no matter what the parent or guardian says. This is how my agency works.

Once a report is received it is assigned to a caseworker. The caseworker's responsibility is to visit the home and determine whether there are areas in which the children are being neglected or abused. If there is neglect occurring in the home, the caseworker has to attempt to correct the situation to eliminate the neglect and protect the child. ✓  
The caseworker



The caseworker has to attempt to work with the parent to alleviate the neglect, but if this is not feasible the worker has the option to refer the case to court and let a judge decide what to do. In extreme circumstances emergency placement of children will be affected, especially if the children have been abandoned or are being severely abused. ✓  
The Bureau of Child Welfare's primary function is to protect children with rehabilitation of the parent being a secondary goal. Our direct involvement with a family may end once children are placement, depending on how receptive the parent is to help. The long-term goal is to build up the parent to the point that he or she is able to provide adequate care for his or her children, but rarely does this happen. ✓ 90

The parents my agency is mandated to deal with are those kinds of clients that social workers do not like to see. Many of our parents <sup>present</sup> have severe character disturbances which render them almost totally unreceptive to help, and some are already actively psychotic or their illness is in a state of remission. In short, the clients my agency sees are not the type that are receptive to the traditional <sup>behavior modification</sup> methods of social work. Moreover we see them in crises situations that call for immediate action <sup>TECHNIQUES</sup> and which is not conducive to establishing a viable casework relationship or thinking through what the long range treatment goals should be. ✓  
Usually we achieve some results by using the threat of placement to coerce the parent to seek help, even though they almost NEVER see themselves as needing help or even being responsible, either directly or indirectly, for what is happening to their child. ✓ <sup>use of authority factor!</sup>

Once the children are in placement however, the needs of the parents are often forgotten and social workers will give them a hard time and show little sensitivity to their special needs. This is the reality of the situation. This is also why children remain in placement for months and sometimes for years. If the Bureau of Child Welfare does nothing else, at least we visit the clients home and see the environment in which the family lives, which is initially ✓



more effective than having a family come to an office to talk to a social worker who might never see the family in their natural surroundings. The office setting tends to inhibit the client's ability and willingness to communicate whereas they tend to speak more freely in their homes where they are more at ease and in control. ✓

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The case that I was assigned to service came to my attention when I was given a report filed by the police alleging that Edward K., 16, was being neglected by his mother, Lillian K., 48. According to the neglect report Edward was found wandering in the store soliciting funds from people. A police officer approached Edward who said that he needed a place to sleep and that his mother does not take care of him. ✓ Edward stated that he sleeps on a ripped couch and that his mother does not feed him regularly or wash his clothing. Edward was confused regarding dates and places. A detective went to the home and spoke with the mother and the mother acted like she did not care. Moreover the mother accused Edward of being a liar. The report further stated that on 3/28/76 Edward had run away from home to an uncle who returned him home the following morning. The report also said that Edward sniffs glue, but the source of this information was not indicated. Cleanances were done on the family: no previous case with BCW or SPCC. The family was known to welfare but the case was closed 8/20/75. ✓

My preliminary assessment of the case based on the report that I was given was that I was going to be dealing with a troubled adolescent, possibly with a police record, who is acting out by running away and perhaps by other anti-social behavior that was not indicated in the report. From the nature of the report, the relationship between mother and son is not good and their financial situation may be precarious as the family is not on welfare, though once was. Edward's age may be factor as he is sixteen years old and may be an only child as no other children were indicated as living in the home. At this point I felt that the nature of the relationship between mother and son had



to be explored and assessed, keeping in mind the fact that Edward was sixteen years old and most likely an only child, and that without Edward his mother may well be all alone. These were thoughts I would keep in mind. gd!

I made my first visit to the home on March 30 and found a woman and an adolescent male at home. ~~and~~ I introduced myself and the woman said she had been expecting me. She identified herself as Lillian K. and the adolescent male was her son, Edward K. I was asked to sit at a table in the kitchen area. ✓

The thing that struck me immediately was the physical appearance of both persons, especially Edward's. Edward was a pallid, emaciated boy who was at least 5 feet 9 inches tall but could not have weighed more than 90 pounds. Edward was dressed in a loose fitting "T" shirt, dungarees, and wore sneakers. It was apparent that the boy was little more than skin and bones. His complexion was pallid, his chest was sunken, and his cheek-bones were prominent. Edward appeared to be extremely mal-nourished. ✓

Lillian's physical appearance was almost identical to Edward's except that she was much older and hobbled instead of walked. Lillian looked to be much older than her chronological age, which she said was 48, so that she appeared to be haggard as well as emaciated. Both mother and son were white with fair complexions. The emaciated condition that both mother and son were in suggested that (1) there is not enough food in the home, or (2) there is a genetic predisposition to be thin in the family. - This sounds beyond "thin"!

It was dark in the kitchen where I was sitting as the light did not work. However, there was enough light coming through a window to enable me to see without straining my eyes. The air in the apartment was stale and that, coupled with the lack of bright light, made the apartment seem drab and dreary. It did not make for a happy affect. ✓

Lillian was visibly anxious throughout the entire interview. She was dressed in a man's flannel shirt and pants that were several sizes too big for her. Her hair was white



and was not set. Her clothing was little more than rags. She did not seem to be concerned about her personal appearance. Edward's clothing was also too big for him and was old and worn. However he appeared to be clean and did not emit any strong odors from his body. Edward sat down at the table where I was sitting and looked at me suspiciously. I asked Edward why he had run away from home and Edward said that he did not want to live at home. At this point Lillian said that he has run away from home many times before and that she cannot control him. "He thinks he can do whatever he wants," Lillian said. At this point Edward, who had been sitting glumly at the kitchen table, suddenly looked up at his mother, started giggling, and then abruptly stopped. This put Lillian on edge and she said that Edward always laughs at her like that and does strange things. Lillian complained that she has caught Edward sniffing glue in the apartment. When Edward heard this he smiled and came right out and said that he has been sniffing glue for over a year, and then he started laughing so hard he almost doubled over. I asked Edward what was so funny and Edward abruptly stopped laughing and stared blankly at the floor. I was perturbed by this rapid change in mood. ✓

Lillian spoke accusingly of Edward's behavior. She repeatedly bemoaned her inability to control her son, blaming the outside environment - "that gang of boys" - and Edward's unreasonable demands on her for things that she could not provide - like money and things - for his behavior. I asked Lillian what grade Edward was in and Lillian said that he dropped out of school in the ninth grade and has not been in school for three years. I asked why and Lillian said that Edward had done poorly in a couple of classes, got frustrated and never went back. I asked Lillian if she ever tried to get Edward to go back to school and Lillian said she would send him but he would "play hooky." At first truant officers made visits to the home but then they stopped and never came back. gdl

Lillian was especially upset over how demanding Edward was on her, saying that he just doesn't understand that



she cannot buy him all the things he wants on 235 dollars per month she receives from Social Security. "Why can't he understand?", Lillian asked. Edward just smiled, looked at his mother, and shook his head slowly. I asked Lillian why she was cut off from welfare and Lillian said it was because she receives the Social Security checks once a month. Lillian said that she receives the money as a result of an injury her husband incurred many years ago. Her husband left the home when Edward was two and she has not seen or heard from him since 1969. ✓

After complaining about how Edward does not understand that she cannot buy him everything he wants, she then told me about Edward's trouble with the law, that he was on three-year probation for burglary. Lillian said that Edward was arrested late last year, and after failing to appear in court, was picked up and detained at Rikers Island for four days until his case was heard. I was genuinely appalled by this - a sixteen year old boy who may be emotionally disturbed being placed in a setting with hardened, dangerous criminals. Lillian then complained that he has not seen his probation officer since February 4 and that he just doesn't care. Edward actually appeared like he could not care less and had a look of glee on his face as he saw how upset his mother was.

Lillian went on to accuse Edward of only being interested in running away and that he is at fault for everything. Lillian sounded sincere when she said this and Edward reacted by laughing hysterically. Edward, still laughing, said that he wanted to leave home and go to Spofford where he had been for one day two years before. Lillian then told Edward that being in placement is not the picnic he thinks it would be because "I was in the convent with the nuns for five years and they beat us if we opened our mouths."

Due to the nature of my job, I had to talk with Lillian about the possibility of removing Edward from the home. Lillian ✓



was ambivalent about this prospect, because as much as she complained about Edward's behavior and blamed him for all the misery he was causing her, she absolutely refused to consider "signing her son away." But then she faced Edward and asked him what HE wanted to do. Though Edward was sixteen years old it was a decision that Lillian had to make because my agency is not permitted to remove children from the home unless we get written permission to do so from the parent. Edward laughed and said that if he was removed from the home he would probably wind up in a mental hospital because "I am crazy." Edward had been insisting that he wanted to leave, but when the question of him actually leaving came up, he said that he had changed his mind and now wanted to stay because if he left his mother's Social Security check would be cut. *even if it's rationalizing, it's still showing that he does care about his mother!*

I made an appointment to see the family again and said that I would be contacting Edward's probation officer to advise him of my agency's involvement. I also urged Edward to keep his appointments with the probation officer. Edward said he would not run away.

4/5/76 - I received a report that Edward had been picked up again by the police over the weekend and had been placed at the XYZ reception center in Brooklyn on an emergency basis. Edward had told the police that he did not want to go home and that he wanted to be placed at Spofford. I contacted the XYZ reception center and spoke with Miss R, the social worker assigned to Edward. A joint visit to the home was decided on and the date was set when the visit would be made. I asked Miss R if Edward's mother was notified of his whereabouts and Miss R said *she* it was *by telegram.*

4/7/76 - I met Miss R and saw Edward at the XYZ reception center. Miss R said that Edward would be receiving a complete physical check up and that he has been absolutely no problem since he got to the center, though his peer group are boys who are nine and ten years old. I saw Edward at Miss R's desk sketching some designs on paper



and looking happy and content.

4/7/76 - Miss R and I made a visit to Lillian's home. Lillian was home at the time of the visit. Lillian's appearance, affect, and the atmosphere in the apartment was the same as it was on my previous visit, except that Lillian looked quite upset and heartbroken. Miss R introduced herself. Miss R told Lillian that Edward was all right and was safe. Lillian asked if he had runaway from the center and when Miss R said no, Lillian appeared to be genuinely surprised, as she also appeared to be when Miss R said that Edward had stopped sniffing glue. Lillian looked like she was crying, but I observed no tears coming out of her eyes. She reacted to Edward's being out of the home by saying that she is lonely without him and she would feel better with him back, though she realized that Edward was getting into a lot of trouble and it wasn't safe for him to be around there. She told us that the gang of boys that know Edward were looking for him because they liked picking on him and that she was afraid that if Edward was home they would hurt him.

Lillian really looked forlorn. She started mentioning other reasons why perhaps it is better that Edward not be in the home, like saying that there was no electricity in the home because she could not afford the electric bill and that at night she has to light candles. Lillian got up, hobbled over to one of the kitchen cabinets, and showed us the candle that she uses at night for light. Miss R and I could not help but be touched by the <sup>way</sup> Lillian was now living.

Though Lillian was unhappy that Edward was out of the home with no immediate prospects of returning, her affect was otherwise flat and she was despondent and looked and acted helpless. She still continued blaming Edward for all the problems they were having and had no insight into the role she might have had in creating these problems. Both Miss R and I told Lillian that Edward would be staying at the center for a while and that she could visit Edward



whenever she wanted. Miss R found it incredulous that Lillian was not on welfare. I said that I would contact the welfare department and request that someone be sent to Lillian's home with an application due to Lillian's physical debilitations. Lillian said she would appreciate it. ✓

We also discussed Lillian's physical health problems with Lillian. Lillian said that she has always been very thin, but not nearly as thin as she is now. She said that she hasn't eaten in the past two days, and doesn't want to eat because of what has happened to Edward. I asked Lillian if she has any food in the house and Lillian smiled and said none except canned spaghetti. There was no food in the refrigerator. With Lillian's permission I opened the cupboards and cabinets and found that there was in fact no food in the home except two cans of canned spaghetti and some tea. We urged Lillian to go to a doctor for a complete physical check-up, saying that a hospital is only two or three blocks away. Lillian said that she was afraid of going to the hospital because if she goes she might not come back. We tried convincing her that if she is sick she should go to a doctor but Lillian just shook her head "no." ✓

I had Lillian sign the forms giving my agency permission to place Edward. At first Lillian was reluctant to sign the paper, saying that if she does she would be signing her son away. We both tried to explain to her that the purpose of the form is to give the XYZ reception center the right to care for Edward and that without written permission my agency would have to go to family court to seek court approval. Finally Lillian agreed to sign the form, though she still felt she was signing Edward away. At the moment she decided to sign the form, Lillian seemed to have resigned herself to the fact that Edward is out of the home and won't be coming back for a while. Lillian asked if she could send Edward a letter and Miss R said of course and also urged her to come to the center to see

✓



Edward.

4/12/76 - I made another visit to Lillian's home to discuss with her the recommendations of the psychological examination done on Edward at the XYZ reception center recommending long-term placement in an appropriate setting. When I entered the home, Lillian told me that she had gone to the center to see Edward and that Edward was glad to see her, was looking well, but did not want to go home. Lillian said that she wanted Edward to be with her but also realized that Edward was receiving help and that perhaps it was better for him to remain where he was. Lillian seemed more resigned to the fact that Edward needs help and could not come home. She looked forlorn and lonely. She had already discussed the psychological examination with Miss R and agreed with the examination that Edward had behavioral problems that could be treated only in a special setting. She understood that Edward's behavior was not healthy, but she still blamed the outside environment and Edward's attitudes for causing the problems. Lillian still maintained that she had done her best in raising Edward. She then told me how she and her six brothers and sisters were placed in a home by their father after their mother died and that when she was sixteen she was discharged from placement and had to go to work in a factory. She completed the 8th grade and could not go on to high school because she had to work. None of her brothers and sisters went on to finish high school, Lillian said. When she was eighteen her father died of a heart attack. When she was nineteen she met her husband and twelve years later she gave birth to Edward, her only child. Lillian said that her husband left her shortly thereafter. She described him as being a drunk and said that she could not care less about him now, though I detected a slight tone of anger in her voice. After her husband left, she had to go on welfare because she could not work. I asked her if she is close with any of her brothers or sisters and she said no. She said that under no circumstances



does she want them to know about what has happened to Edward. I asked Lillian if she had any friends in the neighborhood she could rely on and Lillian said no. She said that she did not even know the people who live in her building and would like to move away to a better area. I asked Lillian if she had gone to the hospital yet for a check-up and Lillian said no. I urged her to get herself checked up because she is not well and Lillian said she does not have the money. I told Lillian not to worry about the money as my agency would take care of the bill. I told Lillian that I would see what I could do to get someone from the welfare department to visit her. ✓

4/19/76 - After speaking to Miss R over the phone about Edward's progress, I visited Lillian to see whether she had gone to the hospital because I was concerned with a physical health, and especially with her bad right leg which causes her to hobble. Lillian said she had not gone for a check-up. I told Lillian that I would go to the hospital with her, but Lillian laughed at that suggestion, saying that if she wanted to go to the hospital she would go herself. I asked Lillian if she had seen Edward and Lillian said she saw him last week and he looked well. At this point Lillian became very sad and said that she wishes he was home though she knows that home is not the best place for him because of his problems. I asked her if she had any idea why Edward had developed so many problems and Lillian projected the causes of his problems to the neighborhood. When I suggested that perhaps her attitude towards Edward might have had something to do with his subsequent poor behavior, Lillian just sat there and did not say anything. ✓

The nature of my job is such that it is difficult to do an adequate social study based on repeated contacts with the client. Usually when the child is in placement my agency will cease focusing attention on the parent, unless the parent is contesting the placement, which means that we become the parent's adversary on behalf of the



parent's child. ✓

In the case of Lillian K and her son Edward, my primary concern was the welfare of the child. Once Edward was placed, my job was for all practical purposes finished, especially since Lillian agreed to that plan. Unless Lillian is receptive to the kind of help that will build her up emotionally to the point that she will be able to cope with Edward, AND succeeds in improving her health significantly - assuming that she wants to improve her health - she will eventually be forgotten. Unless she wants to be helped, she will become one of those special kinds of clients that social workers do not like and do not want to devote any time to. ✓

In doing my social study, I feel that I established some kind of casework relationship with Lillian from which I could make a diagnostic assessment of the problems in the home. If a social worker does not make several contacts with a client or a family, he may not have enough information to arrive at a diagnostic assessment.

I think the social worker's attitude may be an important determining factor in how successful he is in establishing a casework relationship with a client, even if the client is not initially receptive to help. George Levinger cited a number of studies on why clients discontinue contact with an agency. One study, by Hiler, found that the therapist's warmth was positively related to the patient's length of stay, particularly for the "unproductive" patient.<sup>1</sup> Clients, and people in general, are more receptive to those with warm personalities and a positive dispositions. I feel that I made an attempt to reach out to Lillian to engage her in a casework relationship. Walter Haas says that reaching out is not a technique:

Rather it is a frame of mind, a psychological readiness, a determination of the social worker to find a way to help the client whether the means is physical, psychological, or some combination.<sup>2</sup>

However I did not give Lillian the choice of whether

reaching out  
now an integral  
part of social  
Methodology

gd. note



A person like Lillian K needs a great deal of intensive casework counselling to nurture her and meet her special needs. Unfortunately I do not have the time or the resources to provide such a service. And besides, Lillian is not receptive to help and before she can really be helped she has to WANT to be helped.

*Motivating & Nurturing Client  
become one goals!*

No matter what the nature of the client's problem is, he must want some help or change and must reach out with some part of himself to use it.3

"Willingness" - the client's conscious mobilized intent to involve himself in using help.

Without this no armamentarium of understanding and skills is of any avail.4

In doing my social study I established a good rapport with Lillian. She was never hostile toward me and spoke freely about herself to me. However I failed to get her to want help. I could not even get her to go to the hospital for the physical check-up which she really needs. Lillian had no hope that things could become better. Her affect was one of apathy and resignation.

My diagnostic assessment of this case is based on the four contacts I had with the family and the two contacts I had with Miss R which gave me information regarding Edward's behavior at the reception center. Miss R also sent me copies of the psychological and psychiatric evaluations that were done on Edward, providing me with a clinical diagnosis of Edward's emotional problems.

The family consists of two persons, Edward and Lillian. Edward is the only child. The father left fourteen years before. This family was isolated from others; there was no indication that there were any other persons involved with this family. The family, therefore, is alone. Edward is a product of a one-parent household. It seems, however, that the cause of Edward's behavioral problems is the emotional immaturity of his mother and her need for someone to rely on for support. Edward was reacting to his mother's inability to give him the kind of love and attention and nurturing which she was unable to give



because she did not receive any when she was a child. Lillian was in placement for five years; her mother had died when she was ten; she had to go to work when she went back home; she had no adolescence to speak of. \* In short, Lillian is a person who cannot give what she never got and needs her son to satisfy her own emotional needs.

It appeared to me that Lillian had not progressed past the pre-genital stages of development. Her lack of insight, her immaturity, her use of projection and her compulsive need to justify herself regarding her attitude toward her son, indicated that she has a character disorder. Lillian was upset that Edward was no longer in the home, but only because she needed him to satisfy her own infantile needs. At no time did Lillian see herself as being responsible for what had happened to her son. Moreover, she exhibited poor judgement by not going to the hospital to get a physical check up and seemed to be wrapped up in her own feelings at the exclusion of her son's.

Lillian's ego functioning was faulty. Her reality testing was good, but her judgement and motility was poor; her memory spotty, and her ability to establish object relationships inadequate. Without support Lillian will act inappropriately when coping with problems confronting her. Her morbid sense of hopelessness and resignation were symptomatic of faulty ego functioning. She understood that Edward had serious emotional problems but could not understand why nor even begin to cope with it. In fact, she was totally overwhelmed by his behavior.

There was no evidence that Lillian was an alcoholic; she was not retarded (or at least did not appear to be); and she knew exactly what was happening around her. Lillian's behavior fit Pollak's description of a character disorder as being a

constellation of massive projection, ego-syntonic behavior, insistence on self-justification, and the need for change

childhood seen  
traumatic with  
many separation  
little opportunity  
to develop  
object relations  
+ role model

probably! but  
false gift  
of a borderline  
psychotic

this is why 9



in others, in others, insensitivity to the needs  
of others, hopelessness and inefficient  
exploitation of others.5

As for Edward, he also was immature. His behavior was child-like. Once in placement his ambivalence toward his mother became apparent. On one hand he felt sorry for her and missed her; on the other hand he did not want to go home because he thought his mother was sick. In the reception center he related to boys much younger than him. The psychiatric evaluation indicated that Edward was exhibiting homosexual tendencies. *would follow from the intensity of the relationship with his mother*

Edward was clearly reacting to his mother's inadequacies. Lillian had made demands upon Edward that he found intolerable and which subsequently led to <sup>his</sup> acting out behavior. It is significant that once Edward was out of the home and placed in the structured setting of the reception center ~~that~~ he ceased sniffing glue, stopped running away, was much happier, and slept well at night. (Edward had told Miss R that at home he hardly slept at all; this was confirmed by Lillian during one of my contacts with her.) However, Edward is impulse-ridden and depends to a great extent upon non-verbal communication to show his feelings, indicating inadequate personality development. It is also possible that Edward may be psychotic. He never had a father figure to identify with that I am aware of and was raised solely by a mother with a serious character disturbance. Edward's behavior is the result of years of emotional and physical neglect from a mother who is not even aware that she has neglected her son.

Edward and Lillian are typical of the kind of clients public agencies tend to see. Kaufman writes that there are four possible ways a person can express himself: (1) through words; (2) through affect; (3) through behavior; and (4) through bodily reactions.

The clients seen in social agencies such as a protective agency may use all four of these ways of communicating to some extent. However many use behavior as the dominant mode of expressing their problems....The



children play truant from school;  
they steal....the parents neglect  
their children.6

In developing a treatment plan for Lillian and Edward I took into account Lillian's personality traits which made her essentially unreceptive to help and the fact that Edward was not thriving in the home and was in need of a structured setting where he would receive the appropriate therapeutic services. 9d

As mentioned before in this paper, the goal of my agency is to identify families where children are being neglected or abused and intervene on behalf of the children to protect them from further neglect or abuse, either by placing them in foster care or institutional care or by working with the parent to improve their ability to provide care. If the children are placed, our long-term goal is always the eventual return of the children to the home once the parent capable of providing care. The trouble with this goal is that it is rarely realized due to the kinds of personality disorders most neglectful parents suffer from rendering them unreceptive to help and the unavailability of rehabilitative services that have the time and resources to work with such persons. ✓

So in the case of Lillian K the goals I set were limited and concrete in nature, based on Lillian's inability to cope with her own immediate needs and lack of insight into what the causes of her problems actually were. The first goal I set was to get Lillian to sign the form giving her written permission for Edward to be in placement. In my job securing this permission is crucial because if permission is not secured, my agency has to file a neglect petition against the parent and show why the child should not be in the home. If Lillian had not signed that form, I would have had to take her to court. This would have been a traumatic experience for Lillian and one that she would not have been able to cope with. So I accomplished something by getting her to sign that form authorizing ✓



Edward's placement with an agency.

Two other immediate goals for Lillian were to secure medical attention for her and to get the welfare department to send someone to her home with an application for public assistance. Unfortunately, my power to intervene on Lillian's behalf to secure such services for her are limited as I am but one person and even I have to contend with the red tape that marks all public agencies. Even though the hospital is three blocks away from the home, there is no way that a doctor will go to Lillian's home whether I make a formal request or not. Moreover, the social services department of the hospital will not even consider Lillian's case unless she becomes a patient in the hospital and then subsequently is seen on an out-patient basis. This is all well and good except that I cannot get Lillian to go to the hospital. So unless Lillian is taken away in an ambulance she is not going to receive medical care. ✓

I cannot refer Lillian to any private social service agencies either because these agencies do not want to know about such persons unless their children are placed with them. The agency where Edward is now is only a temporary shelter and he will stay there until a more permanent long-term placement is secured for him. Once such placement is found, then the agency providing the placement will assume casework responsibility for the family. The trouble with this however is that family counselling, individual counselling and whatever other services are needed are offered only as long as the child remains in placement with them. Though the goal is supposed to be the eventual reuniting of the family, these private child care agencies are still in business to make money and are paid thousands of dollars per child by the city and state to provide placement services. Thus these agencies are reluctant to discharge children once they are placed with them. ✓

But the most aggravating and frustrating thing was



going to the welfare department to request a specific service for my client, in Lillian's case to have someone from the welfare department go to Lillian's house with an application for public assistance. Working with the welfare department can be easy or rough depending on who you talk to. Some welfare workers and almost all the administrators, especially those in income maintenance, can throw up all kinds of rules and regulations to thwart and frustrate any attempt to actually secure a service from them. The welfare department is inefficient, depersonalizing, and insensitive to the needs of people. But it provides something that everyone needs and depends on - money. Personal care is not the hallmark of the welfare department. The welfare department can put up a great deal of resistance to any request for help by citing all kinds of rules and procedures to show how their hands are tied. So when I made a request to have someone go to Lillian's home with an application for public assistance I ran up against a great deal of resistance. I made no headway at all until the director of the center spoke with me - and even he said that nothing can be done unless I make a formal written request for the home visit on B.C.W. stationary. This meant that nothing would be done for a long time because the welfare department gets thousands of requests for service and can choose to sit on them unless you hassle them enough<sup>so</sup> that they do what you want.

It is very frustrating to try to help someone who really does not want to be helped because if Lillian wanted to be helped she would have dragged herself to the hospital and would have at least attempted to contact the welfare department herself and at least ask that someone come out to her home. Maybe the welfare department would have refused, but at least she would have made the effort. It is hard to make a plan for someone who is disturbed and in need of constant supervision and support, as Lillian is. She has real problems and she is helpless as things stand now. But the kind of intensive therapy that she needs

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rather, it  
is set up  
to take a  
of "soci  
conscience*



cannot be secured because it would involve her going into an in-treatment setting which is unlikely that Lillian <sup>would</sup> ~~will~~ accept given that she won't even go to a hospital for a check up. So there is little that can be done for Lillian at this point. Her son is in placement and he is receiving help. His acting out behavior got him out of an intolerable situation and he may <sup>even</sup> be saved. ✓

It would benefit Lillian greatly if she was given the kind of emotional support necessary to help her cope with Edward's absence from the home. Lillian has a pathological need to have Edward with her, and his absence from the home will lead to greater emotional deterioration in Lillian if she does not get supportive help. But putting a treatment plan into action with a person like Lillian is very difficult due to the <sup>primitive level of</sup> ~~future~~ Lillian's psychological functioning and immediate problems that she faces. Lillian will not voluntarily enter in a therapeutic relationship until she learns to accept the proposition that she needs help in coping with the problems that have developed in her relationship with Edward and why these problems came to be. ✓

Fantastic improvement! Certainly in comparison to H. A. M., it shows clearer, more empathetic tone & knowledgeable comprehension of individual & one totality of systems in interacting



#### FOOTNOTES

1. Levinger, G., "Continuance in Casework and Other Helping Relationships," Social Work, July 1969, Vol.5, p.47
2. Haas, W., "Reaching Out - A Dynamic Concept In Casework," Social Casework, Vol.4, 7/59, p.44
3. Perlman, H., "The Client's Workability and the Casework Goal," Social Casework: A Problem Solving Process (University of Chicago Press, Chicago), 1957, p.185
4. Perlman, p.185
5. Pollak, O., "Treatment of Character Disorders: A Dilemma in Casework Culture," Social Service Review, Vol.35, 1961, p.128
6. Kaufman, I., "Helping People Who Cannot Manage Their Lives," Children, Vol.13, No.3, p.94