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A FOLLOW-UP STUDY OF FIFTY-TWO RICHMOND PUBLIC SCHOOL PUPILS GIVEN PSYCHIATRIC STAFFING DURING THE 1966-1967 SCHOOL YEAR

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SCHOOL PUPILS GIVEN PSYCHIATRIC STAFFING

DURING THE 1966-1967 SCHOOL YEAR

by

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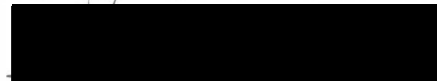Master of Science in Social Work

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ABSTRACT

This research study is a descriptive study of the effectiveness of
the psychiatric staffing as determined by a follow-up study of fifty-two
Richmond Public School Pupils given such staffing during the 1966-67
school year. The review of pertinent literature reveals what others have
contributed to the knowledge of the nature and function of the school
helping team. The teamwork approach, which involves the efforts of sev-
eral professions and disciplines working closely together, is seen as the
best present method to meet the complex, overlapping needs which have
been found to affect students' learning.

As a means of establishing guidelines and limits for this study,
five areas of concern were defined. The questions to be answered by this
study were:

1. What are the socio-economic backgrounds represented by the
    sample?

2. Were the recommendations made by the school psychiatrist imple-
    mented?

3. Is the overall psychiatric staffing effective according to the
    improvement in pupils presenting problems and the extent to
    which the recommendations were carried out?

4. To what extent do the available records contain sufficient in-
    formation for a follow-up study?

5. What are the attitudes of the key persons responsible for the
    psychiatric staffing toward the effective operation of these

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staffings?

The Pupil Personnel Services gave its approval to conduct this study. The sample numbered fifty-two.

The agency requested and it was agreed that no pupil, school, or agency be contacted and that information be obtained only from the files and employees of Pupil Personnel Services. An interview schedule was constructed to elicit information to determine the extent to which the recommendations made during the psychiatric staffing were initiated and carried out. This schedule was applied to the pupil records. Open-ended questions were used in interview schedules to gather pertinent information from three key persons responsible for the effective operation of the psychiatric staffing.

The fifty-two pupil cases revealed the pupils to be largely from low income families, mostly males with acting-out behavior problems, and with no significant concentration from any one school. A larger percentage of the recommendations that were initiated involved the use of school resources rather than community resources. In nearly half of the pupil cases the recommendations were completely carried out, with a remaining few being carried out to a lesser extent. The findings suggested that, if the recommendations were carried out, the pupil would show behavior improvement. To a large extent the statements made by the key persons generally reflected that methods of record keeping be improved within the Department of Visiting Teachers; that there be an increase in the number and quality of the visiting teachers, especially for elementary and junior high school placements; that parents of the pupils given psychiatric staffings become involved in the staffings and be included in the treatment process themselves; and that the visiting teacher exercise more responsi-

bility for follow-up on the pupils given psychiatric staffing.

CHAPTER I

INTRODUCTION

As it has become increasingly recognized and accepted that our public school systems gear their curriculum to meet the differential needs of the pupils beyond that of teaching purely academic subject matter, it has become more imperative to devise newer and better means to do this. The authors of this research report share more than a mutual concern for the plight of pupils in our public schools from a common and casual standpoint. It is our fervently-held conviction that there are some conditions experienced by children in the home, school and community that detrimentally affect their learning ability and that some of these are very difficult to resolve. Hopefully, we believe that a more thorough, rational and skillful application of existing and additional resources would be of extensive benefit to pupils, teachers, and parents in resolving those conditions.

One aspect of the Richmond Public Schools' Pupil Personnel Services' total effort to help children needing special attention is the psychiatric staffing. These meetings are attended by the various members of the school's staff who know or have had some particularly purposeful contact with the child whose problem(s) warrent psychiatric consultation. A follow-up study of those recommendations made for pupils who received psychiatric staffings during the 1966-67 school year is the primary concern of this research study.

Background

Concern for the pupil who was recognized by his teacher, parents and peers as being unable to grasp the subject matter presented in the class-room has been expressed in many ways. Whether the problem-laden pupil was a passive or an aggressive child, the attention he received has not always been effective enough to identify or modify the problems that caused or precipitated his unfortunate adjustment to the school setting. It has been widely acknowledged that the variety of attitudes and behavior expressed by the child in the school is bewildering and frustrating to teachers as well as parents and that no simple answers to the problems are enough per se.[1] However difficult this task has proven to be, some very positive moves have been and are continuously being made to help pupils acquire the maximum benefits from their educational experience.

The Commonwealth Fund, established in 1921, marked the beginning of a major effort to actually provide the administrative, scientific and pro-fessional skill necessary to help the individual child to realize his indi-vidual potential in the public school. Funds for installing the visiting teachers departments in local school systems, along with special funds to train social workers to staff the departments, were made available. In brief, the Commonwealth Fund of 1921 through 1927 was a single major effort to apply the advance knowledge and skills of psychology, psychiatry and social casework at that time. The present visiting teachers programs con-tinues this joint approach with other services added to meet the child's multiple needs on a broader basis. One school social worker described the

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[1]John J. Alderson, "The Impact of Home & School Relationships on the School Child," Journal, International Association of Pupil Personnel Workers, IX, No. 4 (1965), p. 16.

effort as being "to socialize the school and to individualize the child."[2]

Problem to be Studied

The value of the Commonwealth Fund's contributions to the many local school systems is in its having made it possible for the instructional pro- grams to be supplemented by the non-instructional services offered by the Pupil Personnel Service. Those pupils who experience difficulties in adjusting to the learning process have become recipients of these services specifically devised to help them. One aspect of these services provides the focal point of this research study.

During the 1966-67 school year, fifty-two pupils' cases were presented for psychiatric consultation in an effort to prescribe means of alleviating or ameliorating their problems. The chief endeavor of this research task is to do a follow-up study on the implementation of the numerous recom- mendations made for each pupil so as to determine the effectiveness of the psychiatric staffing.

History of the Agency

The history of the Visiting Teacher Department in the Richmond Public Schools system is similar to that of other departments in other localities. Its organization resulted from a growing concern for the treatment of delinquency during the 1920's. As delinquency became "regarded as a (social) disease to be treated instead of an offense to be punished,"[3]

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[2]Roy Lubove, The Professional Altruist (Cambridge, Mass.: The Har- vard University Press (1965), p. 37.

[3]Virginia P. Robinson, A changing Psychology in Social Case Work (Chapel Hill: The University of North Carolina Press,)p. 21.

the Commonwealth Fund sponsored the Committee for the Prevention and
Treatment of Delinquency in 1921. From the work of the committee,
casework became associated with the Child Guidance Clinic and the Visiting
Teachers Organization.

It was also out of a need to establish a meaningful contact between
the home, school and community that visiting teachers were added. The sup-
porting belief that there is a direct relation between a child's academic
growth and his social milieu.[4]

Richmond was among the first thirty cities selected by the National
Committee to fund a visiting teacher program in its school system. The
first Visiting Teacher Department had two trained social workers on its
small staff of three. When the Commonwealth Fund concluded its funding,
the local school board continued to maintain the office until the Depres-
sion forced it to close in 1933. When it was reopened in 1938, it was
placed under administrative jurisdiction of the Attendance Department.
Despite this change in the administrative setting, the department's policy
remained affixed to the concept of helping the child overcome the social
and emotional problems that hamper his cognitive perception.

It was in the fall of 1966 that the name of the Attendance Depart-
ment was changed to the Visiting Teacher Department again. Now it is one
of the several special services of the Pupil Personnel Services Department.

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[4]Lubove, op. cit., p. 31.

CHAPTER II

DESCRIPTION OF AGENCY SETTING

The Visiting Teacher Service is one of several service units in the Richmond Public Schools' Department of Pupil Personnel Services. This service is headed by a professionally trained social worker having the title of Supervisor. He is administratively responsible to the director of the Department of Pupil Personnel Services who, in turn, is responsible to the Assistant Superintendent for Instruction. Each service which comprises this department is headed by an individual who carries the title of either coordinator or Supervisor.

Since the Department of Pupil Personnel Services is a relatively new department in the Richmond Public School System, its structure and policies remain unsettled as it is striving to effectuate services essential to the needs of its pupil population and the academic staff members. As a result of this, there is a constant evaluation and revision of services with experimentation and new programs being developed.[1] However, the following services were in effect at the writing of this report:

1. Guidance Services

2. Medical Services

3. Psychological Services

4. Pupil Adjustment Services

5. School-Community Coordination Services

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[1]Interview with Mr. Toy F. Watson, Supervisor of Visiting Teachers, December 27, 1967.

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6.   Visiting Teacher Services

7.   Vocational Rehabilitation Services

8.   Group Testing Services

9.   Youth Employment Services[2]

As a member of this interdisciplinary team approach, the Visiting Teacher Service is designed essentially as an educational service which uses the social work method "to analyze those situations in the school, home and community which interfere with a child's social, educational or emotional progress and interprets these factors to teachers, superintendents and the children's parents."[3]

By serving as liaison between the school, the home and the community resources, the visiting teacher occupies a vantage point for providing the type of help needed by those pupils whose problems make their school experience an unsuccessful one. In this capacity the Visiting Teacher Service receives referrals from principals or other faculty members, mainly concerning pupils who are emotionally disturbed, exhibit antisocial behavior, poor school achievers for various reasons, and those who are non-enrolled, dropped,or irregular in attendance.

In coordinating and carrying out their duties, visiting teachers utilize a variety of practices and techniques that facilitate their work with the school pupil. For instance, visiting teachers visit homes to interview parents; establish and maintain working relationships with various agencies in the community; work directly with pupils; make case studies;

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[2]Department of Pupil Personnel Services, A Handbook for Visiting Teachers (Richmond: Richmond Public Schools, 1964), p. 13.

[3]J. F. Rogers, "Social & Health Work in the Schools," Social Work Year Book, 1939 (New York: Russell Sage Foundation, 1939), p. 467.

arrange psychiatric consultations and staffings and utilize many other re-
sources to alleviate or resolve a pupil's problems.

The prescribed procedures or guidelines for carrying out the major
functions of the visiting teachers' duties are explained in a Department
of Pupil Personnel Services' booklet.[4] A recent intra-departmental self-
study report of Pupil Personnel Services further points out these procedures
and guidelines.[5]

As it is explained in the above reading sources, the Visiting Teacher
Service does not restrict its work chiefly to attendance problems as was
its former duty, but it does an extensive amount of work with the factors
that contribute to poor school achievement in general, regardless of the
pupil's attendance record. Thus, the alleviation of these causative fac-
tors dictates the manner in which the visiting teachers utilize their pro-
fessional competence. In their work with families and children, the visit-
ing teachers use basic social work techniques, methodology, and knowledge.
This requires a wide knowledge and understanding of the school and communi-
ty resources. In accordance with these responsibilities, the Visiting
Teacher Service receives referrals from several sources including the
schools and, very often, outside agencies. The routine manner of referrals
is through the principal of a school where a visiting teacher is assigned.
When a pupil's case warrants more thorough attention such as a psychiatric
staffing, the procedures and policies pertaining to these matters are ex-
plicitly stated in the Department Handbook. The Director of Pupil Person-

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[4]Department of Pupil Personnel Services, A Handbook for Visiting
Teachers, op. cit., p. 22.

[5]Department of Pupil Personnel Services, Self-Study Reports (Richmond:
Richmond Public Schools, 1967), pp. 1-3.

nel Services is directly responsible for the scheduling of the psychiatric consultations and staffings. The reasons for such staffings range from the need to obtain a differential diagnosis or consideration of an institutional placement to an evaluation of an apparent emotional problem as evidenced by such behavior as attempted suicide, threat of suicide, deliberate bodily harm or threats of such, or a state of panic or persistent strange behavior.

Full psychiatric staffings entail the active participation of all service units of the Department of Pupil Personnel Services and representatives of the school from which the pupil comes, i.e., all persons and service units having contacts with pupil. Outside agency representatives are also present, especially if they have some direct affiliation with the pupil and/or his family. The visiting teacher's prescribed role during a staffing is to present a report on the social history of the pupil which includes, among other things, the home situation of the pupil. Other Pupil Personnel Services specialists do likewise in reporting data relative to the pupil from their respective disciplines.

As the school psychologist serves as the liaison person of the school administration and the mental health resources, psychiatric staffings entail the very active participation of the psychologist. However influential the psychologist might be in planning a staffing, any specialists of the department can request a staffing by following the specific procedures for scheduling a staffing session. The conclusions and decisions made in a staffing session usually specify the service unit and/or community agencies that are given responsibility for implementing the recommendations or treatment plans.

To be consistent with its purposes and functions, the Visiting

Teacher Service's effectiveness in implementing its program is contingent upon the caliber of its personnel. The State Department of Education sets the qualifications for visiting teachers as follows:

1. Should hold the Collegiate Professional Certificate.

2. Should have earned on the graduate level a minimum of 18 semester hours of credit from a least four of the following designated areas:

(a) Psychology

(b) Mental Health

(c) Child Welfare

(d) Case Work

(e) Problems of the Visiting Teacher

(f) Guidance

3. Should have had a minimum of three years of successful classroom teaching experience, or a combination of three years successful classroom teaching and successful experience in social work.

4. The candidate should be in good health and possess personal qualities needed in order to command respect and give leadership.[6]

In spite of the fact that the Department of Pupil Personnel Services is in a state of flux relative to the services it currently offers, its structure and policy are meeting many of the basic needs that have long been ignored for lack of adequate personnel and organization needed to do so.

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[6]Department of Pupil Personnel Services, A Handbook for Visiting Teachers, op. cit., p. 45.

CHAPTER III

RESEARCH METHODOLOGY

The purpose of this descriptive study is to present data compiled from both the individual case records of those pupils given psychiatric staffing and questionaires answered prior to this study by visiting teachers, as obtained from records located within the files of the Pupil Personnel Services. This information, along with interviews with three key persons, will hopefully give Pupil Personnel Services a perspective as to how effectively the needs of those pupils requiring psychiatric staffing during the 1966-67 school year have been met.

Definition of Terms

For the purposes of this study, the following definitions will apply:

1. Follow-up study--a review and critical examination of what has been done in some area or on a particular subject.

2. Psychiatric staffing--a meeting in which persons representing the various departments or disciplines of the school system with which the pupil referred has had contact, pool together information on this pupil, and along with the psychiatrist, who sees the pupil briefly during the staffing, make recommendations for meeting the needs of the pupil.

3. The Department of Pupil Personnel Services--several departments which, working in close cooperation and coordination with each other and the schools, offer special services to pupils in the

Richmond Public School System. These services may range from career planning to the handling of severe adjustment problems.

4. The Visiting Teacher Department--a part of Pupil Personnel Services whose staff is professionally trained to investigate and evaluate the environment and social factors contributing to the difficulties a student might be having in school. This department is often responsible for coordinating the efforts and activities of Pupil Personnel Services since the visiting teacher is usually the person having the closest contact with the pupil's home.

5. The Psychological Department--a part of Pupil Personnel Services whose staff consists of psychologists and a part-time psychiatrist. This department administers psychological testing and offers psychiatric consultation for pupils referred by the Visiting Teacher Department.

Questions for Research

1. What are the socio-economic backgrounds represented by the sample?

2. Were the recommendations made by the school psychiatrist implemented?

3. Is the overall psychiatric program effective according to:

    (a) Improvement in pupil's presenting problems?

    (b) The extent to which the recommendations were carried out?

4. To what extent do the available records contain sufficient information for a follow-up study?

5. What are the attitudes of the key persons responsible for psychiatric staffings and toward effective operation of these staffings?

Population and Sample

The Richmond Public Schools Pupil Personnel Services makes available its services to all Richmond Public School children. A "last resort" resource within Pupil Personnel Services is the psychiatric staffing program which handles those pupils with the more complex presenting problems which necessitates the professional evaluation from a consulting psychiatrist. It was the intention of limiting the study to this important service area. Therefore, the sample was limited to those pupils staffed by the psychiatric staffing program. In order to limit this study to available information, it was decided to study only those pupils who were staffed during the 1966-67 school year.

Methodology

This project was initiated with the full cooperation of the Pupil Personnel Services through Mr. Toy Watson, Supervisor of the Visiting Teachers, who was contacted for permission to proceed. Permission was granted by the agency, with the backing and cooperation of the various service department supervisors, who requested that the workers in their departments, (Visiting Teacher, Psychology, and Vocational Rehabilitation), give their permission for access to the confidential pupil files. The feasibility and usefulness of this study was verbally stated by the visiting teacher supervisor.

An initial rough plan was presented to the agency which included contacting the various agencies and persons involved in the recommendations made during the psychiatric staffing. This was to determine the progress the child had made since the time of the staffing and the extent the recommendations had been carried out. At this time the initial plan had to be altered since the visiting teacher supervisor did not think the plan

would be approved due to the confidential nature of the material and the complications involved in obtaining information from various outside agencies.

This, of course, presented a real problem not anticipated in the original formulation of the study. Doubts and speculations were evoked in the concern over whether this request might frustrate the entire effort of this study. A question was raised whether there would be enough available information within Pupil Personnel Services to formulate a valid follow-up study.

To be assured of available information, including a completed set of questionnaires on all cases staffed during the 1966-67 school year, the research plan was completed. These questionnaires had been given to persons assigned to initiate the recommendations made during the psychiatric staffing and were returned to the director of Pupil Personnel Services by June 1967. These completed questionnaires had not been previously analyzed but were very helpful to this study. There were fifty-two questionnaires, each one representing a pupil staffed during the 1966-67 school year, and the entire fifty-two represented all the pupils staffed that year.

These completed questionnaires contained such information as the presenting problem, the diagnosis, the recommendations, and various open-ended questions relating to the effectiveness of the recommendations, current situation of the pupil, and the contribution and staffing made toward understanding the pupil (see Appendix A).

In addition to using the above questionnaire the final research plan contained plans for gathering background information from social histories within the pupil files of the Visiting Teacher Department so that the study

population could be identified and described. Information from the social histories, the completed questionnaires, and follow-up information contained within the files of the Visiting Teacher Department, the Psychology Department, and the Vocational Rehabilitation Department, was used in the completion of a prepared questionnaire schedule (see Appendix B).

A pilot study was conducted to test the applicability and accuracy of the prepared questionnaire schedule. A random selection was made by taking ten pupil cases and applying these cases to the questionnaire schedule. The findings from this pilot study proved helpful and gave assurance that the questionnaire was sound and needed only minor changes. The findings were as follows:

1. That in general the prepared schedule covered the scope necessary for the study.

2. That some specific questions or items on the schedule need to be altered:

    (a) Change "Address at the time of staffing" to "Last known address" because neither the questionnaires nor case records give this information.

    (b) Use more specific criteria for determining type of family background.

    (c) Presenting problem needs to be open-ended due to the variety of presenting problems.

    (d) That more alternatives be added to some questions, (i.e., don't know or other-specify), as well as more descriptive criteria, (i.e., adding a category for effectiveness of recommendations as is found in the questionnaire.)

3.   That some other important items could be added to the schedule.

    (a) A place on schedule for comments relative to information found on questionnaires.

    (b) A place on schedule for comments relative to social history or other related material found in individual case records.

4.   That one pupil did not have a folder on file. In such instances folders in the central files and/or psychological files will be looked up to see if the needed information is therein available. Also the visiting teacher who worked with the pupil may be contacted to see if a social history had been prepared on the student

5.   That a few of the completed questionnaires were answered rather vaguely for the purposes of this study. It was also found that in some instances not enough time had elapsed between staffing and compilation of questionnaire to allow for full execution of recommendations.

In addition to the questionnaire schedule, three interview schedules were prepared, (see Appendix C), to gather pertinent information from three key persons responsible for the effective operation of the psychiatric staffing - the Supervisor of the Visiting Teachers, the Consulting School Psychiatrist, and the Director of Pupil Personnel Services. These schedules were prepared with open-ended questions for each of the three key persons to be interviewed. Some questions on each of the three schedules were similar in order to use them as measuring instruments. The remaining questions related more specifically to the function of that particular person in his relationship to the psychiatric staffing program.

For the purpose of impartial and equal assignment, the fifty-two

cases were randomly divided into groups of seventeen, seventeen and eighteen with one group being assigned to each researcher. Each researcher was responsible for gathering all the necessary information in completing the questionnaire schedule for each case in his group. In addition, each researcher had the responsibility of interviewing one of the three key persons as designated by the research plan.

The fifty-two questionnaires were completed without major problems or unforeseen difficulties. One real anticipated problem was in the interpretation of the completed questionnaires of June, 1967. A few of the questions were answered vaguely or not at all which hampered the completion of questions 13, 15 and 16 on the prepared schedule (see Appendix A.) Therefore, the answers to those questions were limited in scope and account for responses as having "no available information". Another minor difficulty experienced was in the tracing down of needed information which in several cases had been misplaced or borrowed from the Visiting Teacher Department. Eventually this information was obtained through the records of the Psychology or Vocational Rehabilitation Department.

The three scheduled interviews were carried out after phone calls were made to explain the researchers' purpose and to set appointment times. Each of the three interviews was tape recorded as a data collecting device to assure no loss of information and as a time saving device for the interviewees.

Limitations

This study was limited to information made available by Pupil Personnel Services and by the recorded interviews with the three key persons. A

direct follow-up by making a current contact with the agencies and/or persons involved with the population of this study was not possible; therefore, this follow-up study is only as accurate as the recorded available information.

CHAPTER IV

SURVEY OF LITERATURE

A review of literature as it pertains to psychiatric staffings, case
conferences, and other similar teamwork approaches, reveals that social
work literature, and literature from other professions such as psychology
and psychiatry, contains an appreciable amount of material on the subject.
The school social worker or visiting teacher was found to serve as "coor-
dinator" or "synthesizer" of the school helping team in the majority of
the literature reviewed. Since our primary concern is with the school
social worker and her role and interaction with the helping team, first
presented is what the literature has to say relative to the school social
worker.

School Social Work

School social work has been in existence for fifty years.[1] Social
work in schools began in 1906 and 1907 in Boston, Hartford, and New York
City when the first programs were financed by agencies in response to the
need for the home, school and community to work together for the benefit
of the child.[2] In many schools the social work programs have developed
from the attendance service and, in others the two services have merged.

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[1] Virginia Quattlebaum, (ed.), School Social Work Practice (New York:
National Association of Social Workers, 1958), p. 3.

[2] Ibid.

". . . the trend seems to be away from maintaining a separate attendance service."[3] This trend is exemplified in schools where there is one service for children with social and emotional problems that interfere with their effective use of the school, including problems of attendance.

School social work is a part of an interprofessional approach to understanding and providing help, within the program of the school, for children who are having difficulties effectively using the resources of the schools.[4] School social work service is "an integral part of the total school program. . . it is not an auxiliary service attached to the school."[5] It is noted that in some areas school officials have been slow to establish school social services because they believe that school social work services duplicate those provided by guidance services.[6] Although some schools support both services, ". . . professional tendencies to protect 'perogatives' and 'operating areas' may result in ineffective use."[7] However, we feel that a clear understanding of the two services would eliminate misconceptions and conflicts. To be sure, the school counselor and the school social worker have different jobs to do. The counselor assists students with vocational and educational plans, whereas the social worker helps students with special social and emotion-

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[3]Ibid., p. 3.

[4]John C. Nebo, "Some Aspects of Social Work Practice in the Schools," Social Work in the Schools (New York: National Association of Social Workers), p. 8.

[5]Quattlebaum, op. cit., p. 18.

[6]J. William Rioux, "School Social Work in the United States," School Life, XLVI (August, 1964), p. 9.

[7]Ibid.

al problems, usually students whose need for help has been apparent over a period of time to teachers, counselors and school administrations who all agree that training skills other than theirs are required.[8]

School social work has been found to be distinct from all other services in the school. "The caseworker offers a service that is supplementary to the teachers' skills. The teacher has a responsibility for all children in her classroom. The social worker has a concern for the troubled child."[9] In other words, the social worker uses an individual approach and casework services; the teacher uses her ability to aid the child in the group situation and helps him to have an experience of success.

Dr. J. William Rioux, Specialist, School Social Work Service, Office of Education has written:

> I have deep respect for all my colleagues in all the fields of social work, yet I am convinced that of all the persons who work with children, the school social worker is in the most advantageous position to give service to children whose future adjustment will have a distinct bearing on the welfare of the nation.[10]

The school social worker is often seen as the best qualified person of the staff to give leadership for mobilizing, coordinating, and integrating the resources of other social institutions and individuals in the community with those of the school to facilitate the job that education has to do. [11]

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[8]Ibid.

[9]Helen W. Harland, "First Steps in Establishing A School Social Work Program," Understanding the Child, XVIX, No. 1 (January, 1950) p.11.

[10]Rioux, op.cit., p. 10.

[11]A Work Conference of School Social Workers, Teachers & Administrators, "Social Work Practice in the Schools," New Jersey, 1964. (Mimeographed.)

There are from 2,500 to 3,000 school social workers in the public schools in the United States today and new positions are being created in school social work faster than qualified workers can be found.[12] In spite of the growing recognition and acceptance of social work practice in to-day's public schools, the fact remains that:

> Most school systems in the United States do not employ social workers and in some communities that do employ school social workers each wor-ker serves several schools, spending from one-half to one day each in each. The gap between theory and practice is in part attributable to the fact that many schools systems are not yet ready to accept the po-tential contributions of the school social worker, and in part to man-power shortages of social workers.[13]

Psychiatry in the School

The review of the literature revealed little information on the role and interaction of the school psychiatrist in the team approach. In fact, it has been said that "literature on psychiatry in the schools, written by school psychiatrists, is meager. Too few child psychiatrists have much experience in the schools. . ."[14] The overall function of the school psy-chiatrist seems to be to bring psychiatric insights into the educational system and to broaden the understanding of the psychological dynamics of learning. He must also participate in the application of such insights to the educational problems of specific children.

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[12]Rioux, op. cit., p. 10.

[13]Robert H. Beck, (ed.), Society & The Schools: Communication Chal-lenge To Education & Social Work (New York: National Association of Social Workers, 1965), p. 152.

[14]L. Clovis Hirning, "Some Experiences in School Psychiatry." Educa-tional Digest, XXX (January, 1965), p. 9.

The researchers agree with the opinion that the major aims of school psychiatry are twofold:

> The study of causes, prevention, and treatment of learning disabilities, and other school problems; and preventive mental health work, including both secondary prevention, or the early detection of serious psychopathology, and primary prevention, or the constructive amelioration of those factors in the home peer group and school which induce or aggravate emotional problems in youngsters.[15]

To be sure, in making demands on students, physical or mental, the school has a responsibility to be concerned with the fitness of the individual to meet those demands. This is the reason why there seems to be a feeling that the psychiatrist should leave his consultation room and go into the school as a team member with the pupil-personnel staff. However, most schools do not have a full time psychiatric service as a part of the school system but use the existing community psychiatric clinics.[16] Some schools purchase the service of a part-time psychiatrist for assistance in the areas given above. Community psychiatric clinics have developed an increasing interest in serving the schools and some have developed inservice training and special case conferences for school personnel to discuss problems of school children.[17] "The modus operandi of the pupil-personnel staff is the case conference, which also is the school psychiatrist's major school activity."[18] This brings the researchers to a

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[15]Ibid.

[16]Florence Poole, "School Social Services," Social Work Year Book (New York: American Association of Social Workers, 1954), p. 466.

[17]Ibid.

[18]Kirning, op. cit., p. 10.

discussion of the psychiatric staffing, case conference or teamwork approach to helping the troubled school child.

Psychiatric Staffing

It seems to be commonly felt by authorities in the educational field that educators now recognize the value of supplementing teachers' and administrators' skills with skill from other professions. Apparently, school officials believe that teamwork efforts of several professions working closely together can best meet the complex, overlapping needs of students that have been found to affect learning. One authority in the field gives four factors which he feels have brought into the classroom certain student problems that educators have never before had to face and which have brought on the present need for the teamwork approach:

1. Stricter enforcement of school attendance laws.

2. Child labor laws that have raised the ages at which youth may enter employment.

3. Almost complete acceptance by all levels of modern society of the value of having an education.

4. Increased pressure to raise the level of academic performance, especially in the basic sciences.[19]

"Students who a generation ago undoubtedly would have left public schools because of low-ability levels or low aptitude for school adjustment in some other way now remain in the classrooms and must be integrated into

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[19]Subcommittee of the Practice Committee of the School Social Work Section, Social Work Program (New York: National Association of Social Workers, 1962), p. 7.

the school program along with the more typical average learners."[20]

A similar view to the above one states that a new philosophy in education has developed during the past twenty years which has resulted in certain innovations in educational concepts and practices.

1. Education for all American youth.

2. Schools must teach children, not subjects.

3. The "whole child" is important--his home and school environment; his physical, social and emotional needs as well as his intellectual abilities and achievments.[21]

To be sure, without professional teams, each teacher, principal, psychologist, psychiatrist, school social worker, clinician and other specialists in both the school and the community setting, would have to know all there is to know about children--and this we feel, is impossible. Therefore, the advantage of a team is that each person can limit his contribution to those areas in which he is particularly trained. The team approach has "freed educators from the necessity of being 'Jack-of-all-trades' so that they might become even more proficient in their skill--that of instruction."[22] There should be on the part of team members a common outlook and philosophy regarding the purpose of the team, its goals and objectives.[23] The framework within which the team operates should be flexi-

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[20]Ibid.

[21]Pearl E. Anderson and Agnes T. Somner, "Teamwork In School Social Work," Understanding the Child, XVIX, No. 1 (January, 1950), p. 23.

[22]Subcommittee of the Practice Committee of the School Social Work Section, op. cit., p. 28.

[23]Council of Chief State School Officers, Pupil Personnel Services: A Policy Statement (Washington, D. C., 1960), p. 5.

ble and broad enough to encompass the various disciplines and permit the professional specialists to function in an integrated manner.[24]

The psychiatric staffing, pupil personnel conference, case confer-ence, or whatever the team approach might be called in a particular school was found usually to consist of the school guidance counselor, the school psychologist, the school social worker and the school psychiatrist. School nurses and school physicians often attend along with teachers, administra-tors and remedial teachers as ad hoc team members. The overall trend seems to be that, at the initial case conference, a child's problem is presented; the relative seriousness is weighed and plans are made to arrive at a di-agnostic evaluation, this includes deciding what further data might be needed. After evaluation is completed, management implications of the e-valuation are discussed and problems of referral to some child-service agency in the community may be considered. "Experience has shown that not having case conferences often results in duplication of effort, confusion as to roles and deficiency of communication."[25]

The researchers agree that "as is true of any specialized service in the school, social work cannot function unless it is part of an interdis-ciplinary team which includes all of the adults--both in the school and in the community--who are concerned with an individual and with all children."[26] This review of the literature reveals that in most instances, the school social worker is seen as the best qualified person of the staff or team to

[24]Ibid.

[25]Hirning, op. cit., p. 10.

[26]John C. Nebo, Ed., Administration of School Social Work (New York: National Association of Social Workers, 1960), p. 19.

give leadership for mobilizing, coordinating and integrating the resources of other social institutions and individuals in the community with those of the school to facilitate the job education has to do.

As a member of the school helping team the social worker first needs to "analyze where she fits into the total picture."[27] To decide this she must assess her own job in relation to that of other school personnel with whom she will be working. Knowing her own job is not enough however:

> She also needs to understand rather well what specific contribution is made by each of her co-workers, be it the nurse, counselor, dean, principal or some other staff member. This has several advantages:
>
> (1) It creates an awareness of the available resources within the school itself.
>
> (2) It saves time through more judicious and intelligent referrals.
>
> (3) It develops an appreciation of the limits within which other school personnel must work.[28]

The mechanics of sharing information concerning a student can be worked out in each individual school, but the researchers feel, as this author does, that certain considerations should be taken into mind, such as looking at the information from the standpoint of how it will assist other staff members to do a more effective job in the guidance of students; how it will promote better public relations; how it will help each of us to know what the other person is doing.[29] Information should be selected from the standpoint of a positive approach to guidance of students and not be concerned only with negative factors.[30] Since each staff person

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[27] Pearl E. Anderson and Agnes T. Somner, op. cit., p. 23.

[28] Ibid., p. 24.

[29] Ibid., p. 25.

[30] Ibid.

has a very full schedule, there must be a realistic time limit; therefore, information shared must be relevant.[31] This article makes a very interesting concluding statement to the effect that there is no way to measure the results of harmonious working together of school personnel since there are no absolute criteria for judgement when the goal is the shaping of human lives. However, "if only a small proportion of the students have been helped to become better citizens and to lead richer happier lives, our united efforts have been worthwhile."[32]

Professional teamwork is also an effective way of strengthening the relationship between school, home and community--a relationship that must be maintained if each is to function adequately.[33] A good example can be seen in clinical teamwork in New York State schools.[34] In these schools the author sees a definite advantage in having the clinical team right in the school setting because of its exposure to the teacher's problems. The team becomes aware of the day-to-day difficulties that the child presents in a school room. Since the school clinic staff lives with the child to a more intense degree than do the workers in a community clinic, "there is a challenge to face realistically the needs of the other children and the reactions of other children and of the other childrens' parents to our patient's behavior in the lunchroom and on the play ground, and to be sensi-

[31]Ibid.

[32]Ibid.

[33]Subcommittee of the Practice Committee of the School Social Work Section. op. cit., p. 5.

[34]Rose Goldman, "Integration of School Social Work into the Clinic Team," Journal of Psychiatric Social Work, XXIII (January, 1954), p. 82.

tive to the attitudes of school personnel."[35] School clinics are thus less insulated against the reality situations of parent, child and teacher, and they necessarily develop resourcefulness in ameliorating them.

In New York State schools, the social worker is usually responsible for interpretation to teachers regarding children with whom the full clinical team is involved. When a psychological study is done, the psychologist generally handles the discussion of it with teachers. The social worker is usually the medium for communication between the clinic team and the school, and is also its agent for handling feelings related to the child's difficult behavior should this become exacerbated during treatment. One of the advantages the clinic gives the worker in this phase of service carried by school social workers everywhere is that her influence is increased by the school's knowledge that she represents the psychiatrist's and the psychologist's thinking also.

A further advantage of having the team within the school setting is that "all the disciplines become aware of the value of weighing fully the school behavior of the child and the understanding of the school staff along with other factors in arriving at their clinical evaluation."[36] The child is understood as he functions in his school and neighborhood as well as at his home. Throughout the contact concurrent work with the school is used to fortify the direct treatment of the child and to provide avenues for him to use to the fullest his newly gained strengths. The writer seems to feel that the psychologist in particular has an unusual opportunity to help the

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[35]Ibid.

[36]Ibid.

teachers utilize the ego strengths of the child through the curriculum
and through extra-curricular activities and to influence the total curri-
culum and method of the school.

One interesting characteristic of the team approach within this sys-
tem is that "with the psychiatrist and psychologist available for direct
work with children, the social worker is most apt to be assigned the
treatment of the mother."[37] This may involve only as much as is neces-
sary to keep the child in treatment in the event the mother cannot in-
volve herself, or it may go to any stage beyond that. In addition to
carrying on treatment the parents of children who are receiving psychi-
atric treatment, the social workers see many parents whose children are
not seen by the rest of the team, and they carry parents preparatory to
and after the child's treatment.

Another asset in having the full clinic team within the school setting,
as pointed out in this article, is that "the cultural factors become a rou-
tine part of the clinic's consideration."[38] The school clinic team sees
children of all ages, from all cultures, and from almost every economic
level. This challenges the clinic team to distinguish between deviations
from the familial relationship patterns considered normal to American cul-
ture and patterns that seem to be deviations but may be considered normal
in some of our subcultures. In this area, as in many others, each pro-
fession contributes to the growth of the others.

Still another value of having the whole team in the school setting is
pointed out by the writer as being that "group teaching of mental hygiene

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[37] Ibid.

[38] Ibid.

as well as individual consultation of teachers has the benefit of the com-
plete clinical approach."[39] Through this, teachers and student teachers
may learn the contributions of all these disciplines to the education of
the child, and may experience how the teacher herself becomes a part of
the clinical team in working with children being given clinic services.

Maurice Connery sums up the meaning and importance of the team ap-
proach as he states that:

1. The team is not an end. It is a means to serve the ultimate re-
    alization of the potentiality of those whom we are dedicated to
    serve.
2. The method of the team is the method of disciplines scientific
    inquiry jointly pursued. The fellowship of the team is the fel-
    lowship of free men dedicated to this idea.

3. Effective teamwork rests on the premise that the whole is greater
    than the sum of the parts. Team work is predicated on the indi-
    viduality of the participating disciplines. The team is not an
    homogenized whole. Its strength derives from the presence of
    difference. Before one can become a useful member of an inter-
    disciplinary process he must first have established his own
    identity with his own profession.

4. Teamwork is not an interpersonal process. Teamwork does not just
    happen, it develops from a discovery of self and of others and
    from a conscious effort to implement this insight in the joint
    activity.

5. Teamwork implies a capacity for growth and change. Teamwork is
    a dynamic process. New problems and the discoveries of an ex-
    panding service give rise to new formulations and new patterns
    or responsibility.

6. Teamwork implies the understanding and acceptance of authority.
    Each clinical decision is an expression of greater or lesser pro-
    bability in which each must share, some to a greater and some to
    a lesser degree. But all must be bound by the validity of rea-
    son and competence.[40]

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[39]Ibid.

[40]Maurice Connery, "The Climate of Effective Teamwork," Journal of
    Psychiatric Social Work, XXII (January, 1953), p. 60.

The researchers attempted to present what others have contributed to the knowledge of the nature and function of the school helping team. The knowledge and insight which has been gained from this survey of the literature will be used in thinking of ways to make the teamwork approach or psychiatric staffing of the Richmond Public School System more effective.

CHAPTER V

PRESENTATION OF DATA

Since a follow-up study connotes checking up or tracing the outcome
of an event or set of circumstances, one of its essential features is a
description or identification of the elements, i.e., the fifty-two pupils
in this case, upon which the event or circumstance is based. In addition
to describing the pupils as to their age, sex, race, grade level and the
schools they attended, some indication of their socioeconomic level is
provided by listing their families' approximate income range. Tables are
inserted to illustrate these features.

Also peculiar to the nature of this study is the presentation of data
descriptive of the nature of the referrals and the recommendations made to
ameliorate or resolve the pupils'problems by the use of psychiatric staf-
fings. The information presented in this section endeavors to answer the
questions that comprise the gist of this study:

1. What were the reasons for the referrals or what type of problems
    were presented by pupils that warrented psychiatric staffings?

2. Were the recommendations made during the staffing carried out so
    as to effect a change in the pupil's adjustment?

However essential or valuable these findings are, the research tasks
entail a critical perusal of the Visiting Teacher and Psychological Ser-
vices' records and interviews with key persons so as to ascertain such re-
lated information as:

1. A description of the population.

2. The number and type of resources recommended during the psychiatric staffing for the study sample.

3. Whether or not the recommendations were implemented.

4. The effectiveness of the overall psychiatric program as related to the improvement in pupils presenting problems, the extent the recommendations were carried out, and the helpfulness of the staffing to the visiting teacher in her understanding and implementing the recommendations.

5. The assessment of the psychiatric staffing program by three key school officials.

The interrelationship that exists between the above mentioned factors makes it impossible to view them as separate entities. For example, the degree to which the recommendations were carried out was strongly influenced by not merely the fact that the school or community had a special resource existing, but its availability as to there being an opening for a pupil to be accepted had to be considered. In some cases, as brought out in the interviews with the officials, the parents' cooperation in the problem-solving tasks of their child was sometimes an asset and at other times a liability that was closely related to the child's improvement following staffing.

Identifying Information On Students

This section is devoted to giving a description and analysis of the pupil sample. The one common characteristic of the fifty-two pupils at the time of their staffing, and also part of the criteria by which they

were selected, was their enrollment in the Richmond Public School System.
Their enrollment was dispersed throughout thirty-one of the city's sixty-
seven schools.[1] Fifty-two per cent of the pupils were from fifteen dif-
ferent elementary schools; twenty-eight per cent were enrolled at nine
junior high schools; only four per cent of those staffed were enrolled in
the senior high schools; the remaining sixteen per cent were members of
special education classes.

TABLE 1

STUDY SAMPLE BY GRADE

Grade	Number
1	3
2	7
3	4
4	5
5	4
6	4
7	4
8	8
9	3
10	2
Special Class ...	8
Total	52

The age of the pupils ranged from six to eighteen years of age with
the fourteen year-olds being the largest group staffed.

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[1]For administrative purposes, there are sixty-seven schools in the
Richmond Public School System. The actual number may be more or
less because some schools have annexes in other sections of the
city, two schools may be housed in the same building, etc.

TABLE 2

STUDY SAMPLE BY AGE

Age	Number
6	3
7	4
8	2
9	4
10	4
11	3
12	6
13	3
14	10
15	3
16	7
17	3
18	1
Total	52

There were forty-two males, ten females, twenty-one Negroes and thirty-one whites psychiatrically staffed. There was no significant difference in race breakdown, but there was a significant difference in sex.

The girls were found to be older, with two-thirds over fourteen as compared to only one-third of the boys. The difference in the ages of the boys and girls suggests an area for speculation: Are girls' problems less evident than boys' in the latency period? Does the more aggressive male tend to act out his adjustment difficulties against his environment and the more passive female internalize her problems until the problems are brought out by the stress of later adolescence?

Considering the problems as being classified into acting-out, withdrawn, and unclassified, the majority of the problems were of the acting-out nature.

TABLE 3

STUDY SAMPLE BY NATURE OF PROBLEM

Problem	Male	Female	Total	Per Cent
Acting out	26	5	31	60
Withdrawn	8	4	12	23
Unclassified	8	1	9	17
Total	42	10	52	100

Since two-thirds of the presenting problems were of the acting-out na-
ture, it may be suggested that teachers are more aware of these types of
problems and therefore more likely to find problem boys than problem girls.
As one writer puts it:

> Teachers felt quite plainly that politeness and obedience were charac-
> teristic of good adjustment. They rated four boys maladjusted to every
> girl so rated. . . Classmates to an even greater extent than teachers
> consider boys to be more maladjusted than girls. Because maybe boys
> turn their drives outward and are concerned with doing something act-
> ively about life situations as a means of relieving tension, whereas
> girls are preoccupied with feelings and symptoms.[2]

The number of presenting problems ranged from one to ten with the
average of five per student. A typical presenting problem might be lying,
hostile, destructive, demands attention, and history of stealing. This
problem whould be labeled in Table 3 as acting-out.

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[2]Elizabeth Standley, "Attitudes Toward Problem Behavior School Child-
ren," Smith College Studies in Social Work, XXX, No.1.(October, 1959),
P. 33.

TABLE 4

STUDY SAMPLE BY NUMBER OF PRESENTING PROBLEM

Number of Presenting Problems	Number of Students	Total Presenting Problems
1	1	1
2	8	16
3	10	30
4	8	32
5	10	50
6	7	42
7	2	14
8	7	56
9	0	0
10	1	10
Total	52	225

Still another significant aspect that further identifies the pupil sample and indicates the socioeconomic influence in their lives is their family income level. Its breakdown on a racial basis illustrates a note-worthy dimension of the problem that has relevancy to the interpretation of the data. The student group is represented by various family incomes in Table 5. Twenty-one student families are within the present poverty range as defined by Keyserling[3] with an additional eighteen student families in a deprivation income group.[4] Only eight student families reflect a comfortable to affluent family income group.[5] The presence of seventy-five per cent of the student families representing low incomes of less than $500.00 per month suggests an area for speculation.

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[3]Leon Keyserling, Progress or Poverty, Conference on Economic Progress (December, 1964), p. 24.

[4]Ibid.

[5]Ibid.

TABLE 5

STUDY GROUP BY FAMILY INCOME

Monthly Income Dollars	Number of Families			Per cent
	Negro	White	Total	
0 - 200	9	4	13	25
200 - 300	4	4	8	15.5
300 - 400	5	0	5	9.5
400 - 500	0	13	13	25
Over 500	2	6	8	15.5
Do not know	1	4	5	9.5
Total	21	31	52	100

Does the stress of low family income affect the child's school behavior?
One author suggests that "the parent's solutions of pressing life problems
will indirectly affect his child's peace of mind, physical health, and his
use of school."[6]

Summary

The pupil sample represented thirty-one of the city schools, with
only four per cent enrolled in high schools. The fourteen year-old age
group and the eighth grade were the most represented age and grade re-
spectively. Boys represented three-fourths of the sample and were sev-
eral years younger than the girls. Sixty per cent of the pupils reflect-
ed problems of an acting-out nature. The acting-out male is the most
typical referral and probably the student most often causing classroom dis-
ruption and therefore, more likely to be referred to the visiting teacher
than the withdrawn pupil. Three-fourths of the pupils were members of fi-
nancially deprived or poverty stricken families. The average pupil brought
five presenting problems to be dealt with by the school psychiatric staf-

[6] Elizabeth O'Gara, "A Follow-up Study of School Referrals to a Family
Agency," Smith College Studies in Social Work, XXX, N. 1 (October,
1959), p. 43.

fing.

The Recommendations, Composition, and Extent Initiated

In order to understand the extent to which the recommendations made during the psychiatric staffing were initiated, there should first be an understanding as to the number of recommendations, for each pupil. As Table 6 displays, there were from one to five recommendations made per pupil, depending on the severity of the presenting problem, and the available resources thought by the psychiatrist to be most realistic and effective for the alleviation of the problem. In some cases, second choice recommendations were expressed in case the first choice recommendations were not available or proved to be ineffective.

TABLE 6

DISTRIBUTION OF 136 RECOMMENDATIONS IN STUDY SAMPLE

Number of Recommend-ations	Number of Pupils	Total Recom-mendations in Study Sample	Pupils with No Option Recom-mendations	Pupils with Second Choice Option Recommendations
1	6	6	6	0
2	21	42	16	5
3	16	48	9	7
4	5	20	2	3
5	4	20	3	1
Total	52	136	36	16

It should be noted here that the recommendations could have been fully initiated in each case if either the entire first, the second, or both first and second choices were initiated. If the second choice was not initiated and any one of the first choices omitted, then the recommendation was considered by this study to have been only partially initiated.

Table 7 explains the nature of the various 136 recommendations made by the school psychiatrist and the extent to which each of the recommend-

ations was initiated. To have been initiated includes having been placed on a waiting list or initial involvement, but does not mean that the recommendations were followed through to the extent to have been effective as reflected by the pupil's improvement. An example of this would be a child who began psychotherapy but soon after moved from the city before improvement was shown; the recommendation would be considered by this study to have been initiated.

TABLE 7

BREAKDOWN OF 136 RECOMMENDATIONS BY RESOURCES

Resources	Recommendations with No Option				Recommendations with Second Choice Option			
	Rec. Initiated			Total	Rec. Initiated			Total
Community	Yes	No	No Info.		Yes	No	No Info.	
Psychotherapy	8	6	2	16	1	4	2	7
Medication	10	0	2	12	0	0	0	0
Non Specified	3	2	3	8	0	0	0	0
Nurological Testing	5	1	1	7	0	0	0	0
School or Home Away	3	2	1	6	0	1	1	2
Involve Court	3	1	0	4	0	1	2	3
Residential or Day Care	0	1	0	1	0	3	1	4
Total Community	32	13	9	54	1	9	6	16
School								
Special Ed.	18	6	1	25	1	4	2	7
Same School	9	1	1	11	0	0	0	0
Voc. Rehab.	5	0	0	5	0	1	0	1
Total School	32	7	2	41	1	5	2	8
Other								
Involve Parent	16	1	0	17	0	0	0	0
Total	80	22	10	112	2	14	8	24

In eighteen of the recommendations it could not be determined from
the available records whether or not the recommendations had been initia-
ted. This is accounted for by some of the questionnaires not having been
completely filled out by the visiting teacher or by their not stating
which part of that recommendation had not been initiated. The "other"
category under resources in the table refers to recommendations, such as,
place child in state mental hospital, change school in fall, shorten school
day, re-evaluate, etc.

TABLE 8

PERCENTAGE OF RECOMMENDATIONS INITIATED

Recommendations Initiated	Percentage Initiated	
	No Option	Second Choice
Yes	71.4	8
No	19.6	58.3
No Info.	9	23.7
Total	100	100

The significance of the large percentage of the "no option recommend-
ations" being initiated (Table 8) indicates the availability of the recom-
mended resources and also reflects that the recommendations were realistic.
The low percentage of second choice resources could be affected by several
unresearched variables. The first choice recommendations may have been
completely effective or they may not have been in effect for a sufficient
length of time to determine whether they were effective or, if ineffective,
necessitated a second choice. The time lapse between the gathering of in-
formation available for this study and the time the recommendations were
initiated was, in many cases, not over two months.

When looking at the arrangement of the school and community resources

in Table 9, it was found that eighteen per cent more school resources were initiated than community resources. This may be accounted for by the fact that school resources are more easily initiated than community resources because they require less initiative from the pupil and his parent.

TABLE 9

PERCENTAGE DISTRIBUTION OF NO OPTION RESOURCES INITIATED

Resources	Initiated	Not Initiated	No Information
School	78	17	5
Community	60	26	14

As reflected in Table 7, only fifty per cent of the psychotherapy recommendations were implemented. In three cases parents could not affort services from such resources; others indicated that the resources were not available. This is an additional factor which affected the percentage of community resources initiated.

Summary

The data presented in the foregoing tables represent a significant percentage of recommendations being initiated. The recommendations averaged 2.6 per pupil, with eighty-two per cent involved in recommendations with no alternatives. Eight per cent of those involving second choice alternatives were initiated, reflecting the effectiveness and availability of the first choice recommendations and possible insufficient lapse of time to carry out first choice recommendations. When arranging community and school resources into separate categories, a significant difference is reflected in the extent to which each was initiated although both reflect positive results.

The Degree of Completion of the Recommendation
and Current Situation of the Pupil

The following section describes the degree to which the recommendations were carried out in each pupil's case. This is related to the foregoing discussion on the degree to which the recommendations were initiated. The difference lies in the fact that this section deals with each pupil as a separate entity and only with those recommendations which relate to that particular pupil. Also described will be the current situation of the pupil as reported in the questionnaire completed by the visiting teacher. This section will attempt to relate the recommendations carried out with the current situation of the pupil to determine the significance, if any, of the relationship.

The degree to which the entire recommendations were carried out per pupil is reflected in the questionnaires completed by the visiting teachers.

TABLE 10

DISTRIBUTION OF RECOMMENDATIONS BY IMPLEMENTATION

Degree Recommendations Completed	No. of Pupil Cases	Percentage of Pupil Population
Fully Carried Out	23	44.5
Partially Carried Out	22	42
Not Carried Out	2	4
No information	5	9.5
Total	52	100

Information on those cases which were partially or not at all carried out reflected the following:

    (1) In three cases parents did not have funds for community resources.

    (2) Five families moved from the city before recommendations could

be carried out.

(3) Six families did not cooperate with the recommendations.

(4) One pupil became ill and dropped out of school.

(5) Three cases reflected inadequate community resources.

(6) One case reflected insufficient school resources.

(7) Ten cases could not be determined due to incompleteness of questionnaires.

The current situations of the pupils in June, 1967, as reported by the visiting teachers, showed that eighteen continued to show symptoms present at the time of the staffing; one case showed no symptoms which had been present, one case showed that the symptoms had gotten worse; in twenty-one cases the pupils had improved; and in twelve cases contact had been lost with the pupil.

Cases which showed improvement were labeled as being effective. From these terms Table 11 was formulated. A large percentage of the totally effective recommendations were those recommendations which were fully carried out.

TABLE 11

BY EFFECTIVENESS AND BY DEGREE OF IMPLEMENTATION

| Effectiveness of Recommendations | Extent Recommendation Carried Out | | | | Total |
	Fully	Partially	Not at all	No Info.	
Effective	17	5	0	0	22
Not effective	6	8	4	0	18
No Information	3	4	2	3	12
Total	26	17	6	3	52

Of those recommendations which were fully carried out, sixty-five per cent were known to be effective, twenty-three per cent were not effective, and twelve per cent could not be determined. Of those recommendations which

were effective, seventy-eight per cent were fully carried out, twenty-two per cent were partially carried out, and there were no effective recommendations in the remaining two catagories. These percentages and the figures in Table 11 suggest a cause and effect relationship, the greater the degree to which the recommendations were carried out, the more likely the recommendations would be effective. This relationship indicates the success of the staffings.

When asked if the staffing and recommendations were helpful to the visiting teacher in her understanding and initiating the recommendations, eighty-four per cent indicated that they were helpful; seven per cent thought that they were not; and nine per cent could not determine if they were helpful or not.

There was some confusion in ten per cent of the responding visiting teachers as to who should initiate the recommendations. The majority of these were uncertain as to who should initiate the recommendation for medication--the visiting teacher or the school nurse.

Summary

In nearly half of the fifty-two cases, recommendations were completely carried out; in eighty-six point five per cent of the cases recommendations were carried out to some extent. The current situation of the pupils showed no particular significance other than that some eighteen pupils showed no improvement at all. In many of these cases there may not have been sufficient time between the staffing and the evaluation of the current situation of the pupil to allow for change.

When relating the completed recommendations to the current situation of the pupil, the highest percentage of association was found to be in

the effective-fully-carried-out category. This suggests that if the re-
commendations were carried out, there is a high possibility that the pupil
would show improvement.

Interviews With Key School Persons

A major supplementary feature to the follow-up study was three inter-
views held separately with Mr. George O. McClary, Director of Pupil Per-
sonnel Services; Mr. Toy F. Watson, Supervisor of the Visiting Teacher
Service; and, Dr. William M. Lordi, School Psychiatrist.[1]

The interviews were conducted in the office of each official. In
order to facilitate as much as possible the spontaneity and continuity
that occurs in ordinary conversation, tape recorders were used. These
instruments were also helpful in later evaluation of the officials' opin-
ions since it was unnecessary to take written notes that so often impede
an interview.

In examining the information extracted from those taped interviews,
their answers and general comments seemingly reflected a candid appraisal
of Pupil Personnel Services, the community agencies and resources. A
closer evaluation of this material revealed similarities as well as dif-
ferences in their opinions of the psychiatric staffing.

Several questions asked during the interviews were concerned with
the officials' feelings about the Pupil Personnel Services' administra-
tion of the staffings. Since the staffings are the schools' last resource
for helping a child with emotional difficulties, it was asked if some of

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[1]Personal interviews with Mr. George O. McClary, January 8, 1968;
Mr. Toy F. Watson, December 27, 1967; and Dr. William M. Lordi,
December 26, 1967.

the problems could have been more effectively handled by some other services within the Pupil Personnel Services. The answer given indicated that the staffings are not used indiscriminately since the referrals reflect good screening and inter-service coordination.

It was admitted by the three officials that their staff, administrative machinery, and community resources fall short in some areas but that their psychiatric staffing program represents one of the positive attributes of the department. Because human responses to life situations, especially stressful ones, are manifested in various modes of behavior, they often dictate the use of a variety of problem-solving tools. In working with pupils manifesting unacceptable behavior patterns, individual studies to determine the nature of their difficulties are necessary. In many cases this important factor is very obvious not only to the adults, but also to the pupil's peers. While this is true, there are also problems that do not lend themselves easily to ordinary, on-the-spot diagnosis. Examinations of a technical nature become necessary. The Pupil Personnel Services, with its multiservice approach, employs its psychologists, visiting teachers, nurses, counselors, and all of the related disciplines to help correct the problem borne by the child. Dr. William M. Lordi, the schools' consulting psychiatrist, stated in his interview that "when there is a question about subtle shades and nuances of a problem, be they psychological, sociological, psychiatric and the like, then I might be of some additional help." He felt that the relationship that had developed over a period of years between him as a psychiatrist and the staff personnel was also an important item that made for appropriate use of the expensive psychiatric staffings.

In short, the cases referred for psychiatric staffing received careful attention by the departmental heads responsible for seeing that all available school resources for determining the nature and extent of a pupil's difficulty are used before psychiatric staffings are initiated.

Some of the comments made in assessing the staffing program had further reference to the Pupil Personnel Services' effectiveness in utilizing the psychiatric staffing. Some references were made to the staff's (especially the visiting teachers') performance in the psychiatric staffing program. Wherein these acknowledgments about the visiting teachers merit consideration, the three key officials did not fail to substantiate their remarks as they cited discrepancies of an equally important nature that both enhanced and hampered the value of the psychiatric staffings. Some of these aspects were phrased in suggestions for improving the services and, in their answers to questions raised about the availability and lack of availability of school and community resources.

However critical, positively and negatively, the officials were about the visiting teachers, the researchers feel that their remarks showed understanding about the conditions and requirements under which the visiting teachers work. During the 1966-67 school year, there were sixteen visiting teachers employed on a full-time basis and one on a part-time basis. They were assigned to a regular basis of thirty-six of the sixty-seven schools, but on call to all of them. With the school population being approximately 45,216 during that year, the pupil-visiting teacher ratio was three thousand to one. This gives some idea of the situational circumstances of the visiting teacher.

There can be no doubt that responsibility for the operation of the psychiatric staffing process is shared by many staff members of the Pupil Personnel Services and the instructional section of the school system. However, since our central focus is on school social work and its unique contribution to the total program via the psychiatric staffing, consider-able attention is given to the visiting teachers. Likewise, there must be recognition of the facts that the relative newness of this service in the schools and the onerous responsibility of carrying out the program's functions are reasons that some of the staff differs in viewpoint about the program.

Both of the above points are exemplified in the statements given by the school psychiatrist and the visiting teacher supervisor when they com-mented on the adequacy of the material and information presented in the staffing for making recommendations. It was the former's viewpoint when speaking from the vantage his experience affords him, that the material presented by the visiting teachers is adequate enough from which to make recommendations. He qualified his statement by pointing out that the studies done on a child in the school system are not done in the same fashion as they would be done in a psychiatric child guidance center, be-cause studies done in the school system are designed primarily "to sup-plement and complement the function of the various disciplines in the school system, using the school primarily as the major problem-solving devices." He mentioned that the presenting material had to be restrict-ed because of the time element involved in the staffing. What was most important was the availability of enough pertinent information so as to arrive at an operational diagnosis and plan.

Not too divergent from the stance taken by the psychiatrist was that of the visiting teacher supervisor, who prefaced his assessment of the psychiatric staffing with the term "fairly effective." However, his concern was for there being a more in-depth evaluation instead of "a superficial gathering of facts" by the visiting teacher in presenting the mental and social situation of the child. The reasons he gave for the existence of this problem were the sheer weight of the number of cases handled by the visiting teacher and the small number of visiting teachers employed to handle them. There was also mention made of the need for a more concise presentation of information to replace repetition and overlapping. An inference is made here to the lack of training and experience of those participating in the staffing in this particular area. This lack of training on the part of the visiting teachers was also mentioned in regard to their inability or failure to establish the necessary relationship with families in some cases in carrying out the recommendations.

Nevertheless, it was the general consensus of the officials that circumstances other than the lack of training affected the performance of the visiting teachers. One of these circumstances is the employment requirement that they have classroom teaching experience in addition to other requirements. Some of the department heads were said to feel strongly against the stipulation that teaching experience is necessary, and they are hopeful that they can eventually get this removed.

Secondly, the timing of the referrals to the visiting teachers by those school personnel who spend more time with the pupils and therefore know first hand the pupils' deviant patterns of responses was another instance cited as being a hindrance to the program. The point was that

some referrals were made so late as to allow the pathology to intensify, therefore making help and treatment even more difficult.

In summary, the points made relative to the effectiveness of the psychiatric staffing included the school psychiatrist's opinion that very adequate preparatory work was done to make sure only those cases needing his help were presented for staffing by the Pupil Personnel Services' staff members. The psychiatrist brought out the point that the informational presentation by staff members were adequate enough for him to make recommendations. The visiting teachers supervisor elaborated more extensively that better trained workers, and the abolition of the state requirement that visiting teachers have classroom teaching experience would be a tremendous asset to the program.

The schools' resources in the form of special classes and facilities and funds, plus those community resources that are used, were also given consideration by the three interviewers. They discussed the need for improvements in public and private resources, as well as in their own departments. For the most part they cited the need for more community services in mental health as far as child guidance clinics are concerned. The value in this proposal is seen clearly when the present dilemma is explained.

As one of them explained the situation with the State Mental Hygiene Department, a child manifesting a behavior problem too severe for the school to cope with but yet not psychotic would not be acceptable for treatment by that agency. The child's diagnosis must point to a psychosis in order for him to be declared mentally ill.

Other resource dilemmas are the high cost of existing private services,

compounded by their waiting lists. One official pointed out what he feels

is the middle-class orientation of some agencies that precludes the use of

its services by most families who find it difficult to adjust or conform to

the agencies' standards. Many of these families occupy the low-socioeco-

nomic level and do not see the need or are not willing to participate.

In spite of these needs, the existing resources such as the Richmond

Memorial Guidance Clinic, the Education Therapy Center, Family and Child-

ren's Service, and many other local agencies are making laudable contribu-

tions in their work with the referred pupils.

A parallel need was explained as being more school funds with which to

implement improvements within the system. These funds could be used to pur-

chase more equipment, hire more trained personnel, and generally expand and

improve the present programs.

Another desired item, though not a resource in the sense of the afore-

mentioned items, is the wish of each of the interviewees that parents would

cooperate more willingly with the Pupil Personnel Services. The two offic-

ials who commented on this realized to some extent the nature of the diffi-

culty that prevents parents from participating to the desired extent when

they reflected on the stigma that still prevails in our society concerning

emotional problems and psychiatric help. That parents do not, or find it

hard to, accept their children's low intellectual endowment and/or brain

damage often causes them to be hesitant about signing statements for their

children's psychiatric evaluation. Yet the school psychiatrist thinks it

fortunate that there is an average of three out of five families that co-

operate in implementing the recommendations. His suggestion that there be

a greater effort initiated to capture the imagination of the parents so as

to facilitate the recommendations for the pupils is quite appropos. He ex-
pounded on the "need to work more with the parents not solely as the persons
from whom you get a permission and a person to whom you interpret." More
extensive preventive and treatment work in addition to the teaching of men-
tal health were his suggestions to help them become more aware of anticipa-
ting difficulties under certain circumstances. This suggestion seems well
worth the administration's while to help to solve its pupils' problems
more effectively.

The second major dimension of the psychiatric staffing on which the
interviewees commented included some needs and improvements in both the
school and community resources for helping pupils overcome emotional, social
and intellectual handicaps. These needs were for more mental health ser-
vices, classroom facilities, and additional funds with which to purchase
equipment, hire trained personnel and make slight and major alterations in
existing school programs. Acknowledgements were made concerning the com-
munity agencies that were already offering services to pupils referred to
them.

The cooperation of the parents in implementing the recommendations
was suggested as being a very desirable resource that should command more
intensive attention because of its value. This, like other suggestions
and comments by the three officials, is a valid one that certainly merits
more attention. Some of these suggestions, along with the researchers'
own, will be included in the chapter on recommendations and conclusions.

CHAPTER VI

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken to evaluate and determine the effectiveness
of the psychiatric staffing in the Richmond Public School System. The
study was concerned with findings which reflected the extent to which the
recommendations were initiated, and carried out, as compared with the pu-
pil's condition prior and after the recommendations were made and carried
out. In addition, to supplement these findings, the attitudes of three
key persons were obtained in an effort to substantiate the findings con-
cerned with the effectiveness of the psychiatric staffing. This study
was motivated out of the growing concern and awareness of the socially
and emotionally disturbed pupils as they are brought to the school's at-
tention and are dealt with through the school's "last resort" psychiatric
media.

The researchers attempted to learn the general effectiveness of the
psychiatric staffing program through information gained while reviewing
the case records of the fifty-two pupils staffed during the 1966-67 school
year. This information included data pertaining to the description of the
pupil population by race, age, sex, grade, family income, distribution,
and classification of presenting problems. Additional data concerned it-
self with information obtained from completed questionnaire schedules which

related the effectiveness of the psychiatric staffing from the viewpoint of the visiting teacher. To update and supplement the questionnaire completed by the visiting teacher, available psychological records were reviewed, and information pertinent to the updating of the questionnaire was recorded. The data taken from the pupil files pertained to the composition of the recommendations, the extent the recommendations were initiated and the current situation of the pupil.

Basic background information about the pupil and his family was gathered to describe the pupil and to bring repeated patterns to the forefront in order to analyze similarities and those relations which might have had an effect on the pupil's presenting problem. It was found that the pupil population was dispersed rather uniformly throughout thirty-one of the city's sixty-seven schools. There was no significant concentration of pupils in any one school, however, in one school there were five children, and several more had four children. A large majority of the schools were represented by only one pupil. High school representation was rare. Over half the population were from elementary school, followed by junior high school and special education respectively. The most frequent age group were the fourteen-year-olds. This significant figure reflects the turbulent teenage years and the critical junior high school years when problems long ignored are forced into focus due to the increasing stresses of that age and school requirements.

The racial breakdown was not significant, although it was found that a much higher number of Negro students were from poverty-stricken families than their white counterparts. Of notable significance was the predominance of males over females. The males, too, were found to be notably

younger than the females reflecting a general concept that males are more aggressive and tend to act out adjustment difficulties at an earlier age than do females. Sixty per cent of the pupils had problems of an acting-out nature, twenty-three per cent represented withdrawn problems; the remaining pupils were classified in other categories. Only eight student families had a comfortable to affluent family income group while twenty-one pupils came from poverty-stricken families.

There were 136 recommendations dispersed among the fifty-two pupils, with most of the pupils having two to three recommendations. Second choice recommendations were made in thirty-five per cent of pupil cases. The resources most frequently mentioned in the recommendation of pupil cases were, in descending order, Special Education (32), psychotherapy (22), special reference to involving parents (17), medication (12), and keeping the pupil in the same school (11). All other resources were recommended in less than eight cases. Fifty per cent were community resources and thirty-five per cent were school resources, with the remaining fifteen per cent being concerned with the pupil's parents.

Of the total 136 recommendations, it was found that eighty-two were initiated, thirty-six were not initiated, and eighteen could not be determined from available data." An interesting breakdown of these figures shows that seventy-one point four per cent of the first choice or only choice recommendations were initiated, as compared to only thirteen per cent of the second choice recommendations. Excluding second choice recom-

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*(Those which could not be determined were due to lack of information written by the Visiting Teacher in response to recommendations which were partially carried out. It could not be determined which recommendation had been initiated and which had not been).

mendations, seventy-eight per cent of the school resources were initiated compared to sixty per cent of the community resources.

When the recommendations for each pupil were evaluated, it was found that forty-five point five per cent were fully carried out, forty-two per cent partially carried out, and twelve point five per cent not carried out. Of these cases not fully carried out, there were fifteen pupil cases where the family was, in one way or another, responsible for not having the recommendations carried out. In addition to the family, a reason for recommendations being partially carried out is that one portion of the recommendation, mainly psychotherapy, was not available to that particular pupil at the time.

The current situation of the pupil was reported in twenty cases to have improved, with eighteen cases remaining the same. Cases where the pupil presenting problems improved showed a close association with those pupil cases where the recommendations were carried out. Conversely, those cases where the pupil presenting problems did not improve were those, in most cases, where the recommendations were partially or not at all carried out.

Further evidence that the psychiatric staffing was effective was indicated by eighty-four per cent of the visiting teachers who considered the staffing and recommendations as being helpful. Also, ninety per cent of the visiting teachers responded that there was no confusion as to who should initiate the recommendations made during the staffings.

The interviews with the three key persons revealed that they considered the psychiatric staffing on an overall basis to be effective. This is in agreement with the collected data presented in the records of the fifty-

two pupil cases. Areas of concern to the three key persons were also supported and reflected by the data on the pupil cases. A need recognized by each of the interviewees was that of having the parents cooperate more willingly with the Pupil Personnel Services. Other areas brought to focus were the need for more community resources, especially in the area of psychotherapy for the underprivileged and a slightly disturbed child.

An addition which could further improve the psychiatric staffing program was thought by two of the three interviewees to be the hiring of professionally trained social workers. It was thought that trained social workers could better establish the necessary relationship with families in some cases in carrying out the recommendations. Trained social workers were also thought to be able to make a more concise presentation of information on pupil cases during the psychiatric staffing. The visiting teacher supervisor inferred that additional visiting teachers were needed to handle what he felt to be overloaded caseloads. By having this "sheer weight of the number of cases" he felt visiting teachers were unable to do an in-depth evaluation instead of the presently existing "superficial gathering of facts".

In summary, the points made relative to the effectiveness of the psychiatric staffing included the school psychiatrist's opinion that very adequate preparatory work was done to make sure that only those cases needing his help were presented in a staffing by the Pupil Personnel Services' staff members. It was also brought out by the psychiatrist, with some slight disagreement by the visiting teacher supervisor, that the informational presentations by staff members were adequate enough for him to make recommendations. The latter's viewpoint was that better trained

workers, better timing of referrals by teachers and principals, and the abolition of the state requirement that visiting teachers have classroom teaching experience, would be a tremendous asset to the program.

This summary has included information to answer the proposed research questions. One question not yet discussed was concerned with the extent the available records contained sufficient information for a follow-up study. Obviously, there was sufficient information to arrive at a general conclusion concerning the effectiveness of the psychiatric staffing. However, it was felt that the vagueness of some of the answers contained in the completed visiting teacher questionnaires hampered and limited such findings as to why some pupil cases were only partially carried out or possibly not carried out at all. In some cases where the recommendations included several choices, it was difficult to determine which one or both of the recommendations were carried out if the visiting teacher replied that the recommendations were fully carried out. When recommendations were carried out there was no reference in most cases to the exact school or agency used which could have been helpful to tabulate for our purposes. Beyond the completed visiting teacher questionnaires there was no additional information in the visiting teacher records as to the status of the pupil after the psychiatric staffing had been completed. The psychology department proved helpful in some twenty-five per cent of the cases by having on files records that contained updated information on those pupils being actively involved with that department. In summary, the scope of this study was limited in gaining specific follow-up information, but the overall purpose was not defeated.

Conclusions

From an assessment of the data compiled in this study, the conclusion is made that the psychiatric staffings were on a whole effective in making recommendations that helped the pupils. The shortcomings that were noticed did not seem to outweigh the positive factors of the entire staffing procedure. This conclusion is substantiated by the statistical and verbal data obtained from the perusal of the folders and interviews with three key persons responsible for the psychiatric staffings.

The study revealed that there were a total of 136 recommendations made during the psychiatric staffing to help the fifty-two pupils make a more favorable school adjustment. Of this number, seventy-one per cent were initiated to a partial or full degree. That there were eighty-four per cent of the pupils who manifested observable improvement in their post-staffing behavior represents the most significant figure when presented in this context.

These figures, however, represent the end result. To illuminate their meaning or the basis upon which the conclusion is made, other relevant information is presented below to show how this successful effect was achieved.

The findings show that the school's services, community agencies and the parents were given the primary responsibility for carrying out forty-nine, seventy, and seventeen recommendations, respectively. For further clarity, it should be brought out that of the high number of the total recommendations initiated, eighteen per cent more school recommendations were initiated than community recommendations. There is then a proneness

to conclude that the school resources were used more frequently to help the pupil because of their greater accessibility for more immediate use in relation to the type of problem needing help.

Credibility for the conclusion is also provided by those persons who are responsible for the psychiatric staffing as derived from their answers and comments about the process. The visiting teachers for one, in responding to the Visiting Teacher Department's self-study questionnaire, responded in the following manner:

(a) Eighty-four per cent indicated that the staffing was helpful to them in understanding and initiating the recommendations.

(b) Seven per cent said they were not helpful.

(c) Nine per cent did not respond to this question.

(d) Ninety per cent responded positively that they clearly understood who was designated the responsibility for initiating the staff's recommendations.

The statements made by the consulting psychiatrist, the visiting teacher supervisor, and the director of the Pupil Personnel Services of the overall staffing program contained noteworthy qualifications, but all agreed that they felt that the staffing program was effective despite some limitations. Some of the limitations that they cited are considered in the section on recommendations for improving this vital service.

Some other conclusions relevant to the major one, that the staffings were effective, should also prove helpful to those working in both instructional and non-instructional positions. When the pupils staffed are analyzed as to grade level placement, eighty per cent of them came from the elementary and junior high school grades combined. Seventy-six per cent of the

pupils came from low income families. From these data the conclusion was reached that the greatest need for the school's services of a non-instructional nature was by the pupils in elementary and junior high schools, and mainly by those from low-income families. All eight of the pupils staffed who were enrolled in special classes were from deprived income families.

Except for ten students aged fourteen, the other age groupings were equally distributed. Seventy-nine per cent of pupils staffed were six to fourteen. Since many of these same pupils are from the low income group, they too require a greater non-instructional type of service to help them adjust to the educational setting.

Boys outnumbered the girls four to one. The smallness of the population studied hinders there being any conclusions made with really reliable implications for the Pupil Personnel Services, but the fact remains that the number of latency aged boys (21) compared with latency aged girls (3), does indicate there being more noticeable difficulties with the boys of this age group than girls.

The conclusion that the psychiatric staffing is effective should not, however, induce complacency or be taken to mean that all is well. This study contains the data received directly from persons who acknowledged the shortcomings of the program and who are wisely intending to alter them. It is hoped that this conclusion and the following recommendations will make those intended alterations and innovations easier to implement.

Recommendations

It is recommended that (1) methods of record keeping be improved within the Department of Visiting Teachers, (2) there be an increase in the number and quality of the visiting teachers in elementary and junior high

school placements, (3) the parents of these pupils be involved in the psychiatric staffing, (4) treatment services be made available to the parents of these pupils, (5) the visiting teacher exercise more responsibility for follow-up on the pupils given psychiatric staffing.

The 1967-68 school year has witnessed a new team approach for psychiatric staffing which involves staffing within the schools by a special team within each school. An area of further study in which our findings could be used as a reference point would be to use them in comparing and contrasting the 1966-67 findings with those of the 1967-68 school year new team approach.

APPENDIX A

VISITING TEACHER QUESTIONNAIRE CONCERNED
WITH FOLLOW-UP ON PUPILS STAFFED WITH DR. LORDI, 1966-67

Note: This information is requested for the pupil's file in Pupil Person-
nel and as an aid to improving our procedures in staffings. Please
complete in longhand and return to George McClary by May 31st if
possible. Thank you.

Name: _____ Date of Birth: _____

School at Time
of Staffing: _____ Grade: _____ Date of Staffing:____

Diagnosis: _____

Recommendations: _____

_____

_____

How effective or realistic were the recommendations made by Dr. Lordi? __

_____

_____

Were the recommendations made in the staffing carried out? If not, why?

_____

_____

Briefly, what has happened since the staffing, and what is the current sit--
uation?

_____

_____

_____

Does the pupil continue to show symptoms or conditions present at the
time of staffing?

_____

_____

_____

_____

To your knowledge was there uncertainty as to who (visiting teacher, nurse, psychologist, counselor, teacher, principal, social agency representative) should do what following the staffing? if yes, why?

_____

_____

_____

_____

_____

Name of Person Furnishing Information

Title

DATE

APPENDIX B

QUESTIONNAIRE SCHEDULE FOR INFORMATION OBTAINED FROM PUPILS' INDIVIDUAL RECORDS AND VISITING TEACHER QUESTIONNAIRES

1. Student's code number _____

2. Date of Birth _____ 3. Race _____ 4. Sex _____

5. Last known address _____

6. School _____ 7. Grade _____

8. Date of Staffing _____

9. Type of family financial resources: (specify) _____

_____

_____

10. Presenting problem(s) _____

_____

_____

11. Diagnosis _____

_____

12. Recommendations _____

_____

13. Recommendations were:

In terms of:	Realistic	Not Realistic	Effective	Not Effective
School Resources				
Community Resources				
Family Cooperation				
Family Income				
Urgency of Time				
Other (specify)				

14. Degree to which recommendations were carried out:

    A.   Fully _____

    B.   Partially _____

    C.   Not at all _____

    D.   Other (specify) _____

    _____

    _____

15. If recommendations were carried out only partially, why?

    A.   Insufficient school resources _____

    B.   Insufficient school funds _____

    C.   Insufficient community resources _____

    D.   Recommendation too general _____

    E.   Child placed on waiting list _____

    F.   Other (specify) _____

    _____

16. If recommendations were not carried out at all, why?

    A.   Not realistic in terms of school resources _____

    B.   Not realistic in terms of community resources _____

    C.   Lack of parental cooperation _____

    D.   Lack of parental funds _____

    E.   Other (specify) _____

    _____

17. Was there uncertainty as to who should do what following the staffing?

    A.   Yes _____   B. No _____

    C.   Other (specify) _____

    _____

18. Current situation of pupil:

    A. Continues to show the symptoms present at time of staffing? _____

    B. Does not show symptoms present at time of staffing? _____

    C. Symptoms have improved since staffing _____

    D. Symptoms have gotten worse since staffing _____

    E. Do not know _____

19. Did the staffing and recommendations contribute to the understanding and working with the pupil?

                      A. Yes _____   B. No _____

    C. Other (specify) _____

    _____

20. Comments on questionnaire: _____

    _____

    _____

    _____

21. Comments on case record: _____

    _____

    _____

    _____

APPENDIX C

QUESTIONS FOR INTERVIEW WITH DR. WILLIAM M. LORDI,
PSYCHIATRIST, SCHOOL PSYCHOLOGICAL DEPARTMENT

1. Did you feel that the information presented to you by the various
    persons representing those departments with which the pupil has had
    contact was adequate in terms of helping you make effective recom-
    mendations for the pupil?

2. When making recommendations did you limit your recommendations to
    the available community and school resources?

3. Did you feel that the available resources were adequate in most of
    the cases?

4. Did you feel that some of the cases presented to you could have been
    handled effectively by some other department of Pupil Personnel Ser-
    vices?

5. Have you received any feedback as to how extensively the recommenda-
    tions made during the psychiatric staffing were carried out?

6. Do you feel that the average amount of time you are alloted for a
    psychiatric staffing is sufficient for making diagnosis and realistic
    recommendations for the pupil?

7   Do you have any suggestions which may improve the existing psychia-
    tric staffing program, specifically in the implementing of the re-
    commendations?

QUESTIONS FOR INTERVIEW WITH MR. TOY F. WATSON,
SUPERVISOR, THE VISITING TEACHER DEPARTMENT

1. In our initial interview you mentioned that some of the recommenda-
    tions made during psychiatric staffings were not carried out. Would
    you discuss with us your ideas and knowledge of why this problem oc-
    curs?

2. Would you give us some idea as to how effective the Visiting Teach-
    er Department is in carrying out its role relative to the psychia-
    tric staffing of pupils?

3. We would like to have some general knowledge about the school funds
    available for the implementation of recommendations and treatment
    plans for these pupils.

4. It would also be helpful to know what community resources are avail-
    able to the school system for these pupils and to what extent they
    are utilized by the school system.

5. From your vantage point do you feel that the psychiatric staffings
    were effective and, were they run smoothly?

6. Do you feel generally that recommendations were carried out and
    benefitted the pupils?

QUESTIONS FOR INTERVIEW WITH MR. GEORGE O. McCLARY,
DIRECTOR OF PUPIL PERSONNEL SERVICES

1. Has the use of psychiatric staffings proved to be as effective in helping this department carry out these functions as we might desire it to be at this point?

2. Do you feel that there are enough resources or facilities outside of the school that you might use, that could currently be improved?

3. Do you think the visiting teachers could be more valuable if they were trained case workers who did not have to meet the requirement of having classroom experience?

4. Will you need full-time psychiatrist on your Pupil Personnel staff and if so, are there any plans to eventually obtain a full-time psychiatrist?

5. What are the general reactions of parents toward having their child psychiatrically evaluated?

6. Since you have had psychiatric staffings in your program what has been the general reaction of the teaching personnel; are pupils using the staffings as much as you would like or had anticipated?

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