

Jewish Board of Guardians

Executive Office Memorandum

From Herschel Alt
To Dr. Spotnitz

Date February 8, 1954

Following our discussion of February 5, I am sending you, Mrs. Feldman and Dr. Nagelberg copies of a letter written to Dr. Bogelow, Commissioner of the State of New York Department of Mental Hygiene.

cc: Mrs. Feldman ✓
Dr. Nagelberg

WA

C O P Y

January 14, 1954

The Honorable Newton Bigelow, M.D.
Commissioner
State of New York, Department of Mental Hygiene
212 State Street
Albany, N. Y.

Dear Dr. Bigelow:

We wish to apply for a grant from National Mental Health Act funds for the purpose of undertaking a project that is designed to establish criteria that will make it possible to distinguish between severely disturbed children for whom institutionalization is essential in contrast to those children who are similarly disturbed, but for whom a specialized community facility is the treatment setting of choice. At this moment we are not prepared to stipulate the sum required for this project nor are we ready to submit the research design itself because a number of important details have yet to be worked out. However, we thought it desirable to call this proposal to your attention in the hope that it may be included for consideration among this year's projects despite the fact that we are unable to file a fully detailed application on or before January 15th.

The interest that gave rise to the proposed project grew out of a special program conducted in the Child Guidance Institute during the past few years where we found that markedly disturbed children who, in many instances, had previously been diagnosed as suffering from childhood schizophrenia and said to have been in need of hospitalization, were successfully treated on an out-patient basis. The specially selected and trained staff assigned to this unit treated a sizeable number of children during the active phase of the project and, with this help, were sufficiently stabilized so that they could remain in the community without danger to themselves or others.

The two major objectives of the projected study are:

- 1) A survey of the criteria currently employed by a representative group of qualified child psychiatrists and by leading children's institutions treating children diagnosed as childhood schizophrenics in reaching a decision about the treatment method and setting of choice. This is to be appraised in terms of the desired rather than the actual plan embarked on since the latter is heavily influenced by realistic factors such as the availability of suitable out-patient facilities versus institutional accommodations.
- 2) To examine the Jewish Board of Guardians' experiences in working with severely disturbed children in the special project, previously referred to, as well as in its other out-patient and residential facilities. It is the present assumption that by studying matched groups of children, it will probably be found that, given specially qualified staff, a vastly larger proportion of children can be successfully treated extra-murally than was previously thought possible.

If the foregoing assumption is substantiated, it will have significant implications for public and private in- and out-patient facilities in enabling them to use their resources more productively. Similarly, promotional organizations dedicated to the maintenance or expansion of specialized services of this order would conduct their efforts with more understanding. Furthermore, these findings would be of value to public agencies concerned with the large problem of meeting demand for hospital beds and for disbursing grant-in-aid funds equitably and soundly.

We would very much appreciate having your reaction to this preliminary outline of the project and indicating whether it would be useful for us to proceed with the more detailed project design for your consideration.

Very truly yours,

Herschel Alt
Executive Director

The Borderline Project and the Bronx Office

By Mrs. Y. Feldman

A single schizophrenic child with its very disturbed parents has on and off always been among the agency caseload. However, in the past war years, their numbers increased considerably. In the meantime, publicity has been able to change public opinion about mental illness. It has given people hope, that they need not suffer and bow their head in shame, that treatment was possible. The pressure that parents exerted on us pleading for treatment, the need of these seriously disturbed children presented a challenge to our more experienced members on the staff, and though it was against organization policy to accept large numbers of seriously disturbed children, workers were permitted to experiment with a small number of these. When two years ago, the organization was willing to make treatment of the Borderline Children a project in the Bronx, I very much welcomed it, because it met a crying need.

However, I did not anticipate the influence such a project would have on the workers who will treat the Borderline cases, on the other staff members, the whole office structure and most of all on myself as the Boro Supervisor.

All workers who treated Borderline children met in a group before the project started, cases were presented before, there were discussions, but I did not notice the difference that was going on in the group, until the project was officially sanctioned. I suddenly became aware

that the meetings were not a seminar, nor an institute. It was a group of children bickering, wasting office time on nonsense. I did not know what was my role as district supervisor. Can I permit time to be wasted? I was shocked. These were the Bronx office's most responsible people. I interfered a great deal in the beginning, but only because I myself was treating a few borderline cases did I understand what it means to develop a tolerance towards primitive illogical thinking towards infantile strivings. I understood that if this group of workers are ready to be trained to understand the Borderline child, they must descend into the fog and confusion and emerge into organization and harmony. As they must learn to tolerate confusion, which I called nonsense, so must I. After a while the whole group, myself included, saw how the group meeting helped them to approach the Borderline somewhat differently and get better results. As workers would do, there was talk at luncheon and in general. Workers who were not in the project picked up some of the slogans and tried to apply them like pieces of magic, whether it fitted the case or not. However, as I read these cases, there was not much harm in this, except out of context, it was a bit silly.

As a Borderline person is extremely sensitive, and reacts to what the therapist feels rather than to what he says, the rule was made that the cases be chosen not assigned. There is great pressure on the job I have to assign cases and Youth Board cases in particular which have to be assigned at once. One can imagine my reaction then when a worker had the capacity and would say "I do not care for this case." My fear and indignation, however, soon subsided when I noticed that the workers' attraction to the Borderline children was much greater than their sense of reality as to how much time they had at their disposal. I also noticed that the crazier the kid- the more people were eager to treat him.

*that clients will suffer
at poor discipline*

Another rule in the group was that nothing is carried out unless the whole group agrees to it. This was a bit difficult in the group, but was worse when it was carried outside of the project; when I would ask a worker to do a special task, I would get the reply "We both have not agreed on this yet." My first reaction was anger, and yet somehow, in trying to find out what would make us both agree, what stood in our way, feelings and thoughts emerged about the task I asked to be performed that made the whole situation clearer to me, ^{and} which forced me to present the task at hand with much greater clarity to the worker and the end result was, that I either abandoned the task or that the worker revealed himself not ready in his development to carry out the task, or if the task was accepted, that it was carried out with much greater depth and maturity. On the surface, it delayed the carrying out of an order a great deal and from this point of view, it hindered the administration of the Bronx office. On the other hand, it enriched the task performed. It made the worker put himself 100% in it and the responsibility assumed was of a richer nature.

The Borderline Project had a profound influence on me as an administrator. As I went along in the project, hostile reactions and confusion did not produce in me extreme anxiety as it did before. Previously, it was very difficult for me to confront a worker with a critical remark or make a justifiable demand for fear it would arouse hostility. I would try to sugar the pill and found that workers would lick on the sugar, often not getting at the pill. At present, I find myself much better able to state an issue clearly and honestly and I find the result more gratifying to me and a better training technique.

In conclusion, the Borderline Project has taxed the patience of the Boro Supervisor, and was upsetting to the whole Bronx Staff, but what has been emerging in various degrees in single members of the staff is a stronger resistance to emotional onslaught and a better ability to accept frustration, both essentials for doing psychotherapy with seriously disturbed people.