A CONSIDERATION OF ATTITUDES CONCERNING SOCIAL WORK SERVICE AS A MEMBER OF THE CLINICAL TEAM IN A NEUROPSYCHIATRIC HOSPITAL

by

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SOCIAL WORK

"The genius of social work lies not so much in what it knows, as in what it does with what it knows, not so much in what it does as how it does it, not alone in how it does it but in the confluence of knowledge, method, purpose, and philosophy it reflects in its unique relation to other professions, and principally in its understanding view of the whole person."

Leonard Mayo

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CHAPTER I

INTRODUCTION

As students we are concerned with the task of learning the role of the social worker. This involves what social workers expect of themselves and what others expect of them. Our observations indicate there are varying degrees of acceptance and understanding of the social worker, not only by other disciplines, but by social workers themselves.

The mere presence of several disciplines in one setting indicates differences in points of view. In close cooperation differences become a threat. Cultural differences have the potential of becoming culture conflict and the solution is compromise. When we compromise we must know what we claim and what we can afford to give up. It, further, involves a need to understand the role or the claim of other disciplines.

When negative attitudes exist among team members, the free exchange of data within the team becomes difficult and stifles the working-through of symbolic and actual relationships. Thus, there is a lack of understanding of the treatment role of respective team members and their personal reactions. Without this understanding there is always the likelihood that negative feelings of rivalry and self-depreciation may stand in the way of providing the patient and his problem with the team's undivided attention.

The intrateam relationships involve the quality of professional preparation and competency of each of the disciplines, the mutuality of respect for each other's professions, the quality and degree of integration in handling cases within the philosophy of the team and the intangibles of personality of various team members implicitly understood and accepted. Problems of status, rivalry, and structured hierarchy among the clinical team members undermine healthy interaction, block the steady flow of communication, and impede the rate of patient recovery.

This study involves an inquiry into the level of understanding of the role of the Social Work Service in a particular setting and attitudes of clinical team members toward that service. For purposes of the study we concern ourselves with the attitudes and opinions of the members of the clinical team in a neuropsychiatric hospital, the Veterans Administration Hospital, Battle Creek, Michigan.

Setting of the Study

The Veterans Administration Hospital, Battle Creek, Michigan, is located on a 731 acre tract approximately six miles west of the city. The hospital, opened in 1924 and operated by the Federal Government, is one among several such hospitals throughout the country which have to do with caring for the physical and mental illnesses of veterans of our armed services.

A 2,055 bed neuropsychiatric hospital, it is devoted primarily to the care of those veterans with mental and emotional disturbances. The 1,281 full-time and 43 part-time employees,

plus a compliment of volunteers, provide the patients with facilities for many types of treatment: psychotherapy, activity therapy, and casework therapy. The treatment program is divided into two sections: the Acute-Intensive Treatment Service and the Continuous Treatment Service. On the acute-intensive section are found those patients whose period of hospitalization is expected to be of short duration. The continuous treatment section houses patients whose degree of impairment is more chronic and who benefit from a longer period of hospitalization.

The hospital organization is headed by a director who is a psychiatrist. Directly under the Director are the Assistant Director who is concerned with non-clinical administrative matters and the Director of Professional Services who is in charge of clinical or treatment administrative matters. There are a number of non-treatment operational functions which are performed by units known as divisions. Examples of these are the Registrar Division which takes care of administration, discharge and absence administrative procedures in accordance with Veterans Administration regulations. And the Engineering Division takes care of the maintenance of the hospital's physical plant. There are six of these divisions. Professional Services includes all units which are directly involved in the care and treatment of the patient.

Social Work Service is one of the several professional services coordinated by the Director of Professional Services. The Chief of Social Work Service heads a complement of eleven clinical social workers, each of whom holds the Master of Social Work degree.

The Team in This Setting

The clinical team, for purposes of this study, includes Social Work Service, Psychology, Psychiatry, Nursing, Educational Therapy, Occupational Therapy, and Physical Therapy. Team efforts begin to function as soon as the patient is admitted to the hospital. The team in a united approach is involved in a multi-faceted study which is brought together in the diagnostic staff meeting for purposes of diagnosis and treatment planning. These studies are concerned with the physical, psychological, and social functioning of the patient and treatment planning includes a projection of the findings in terms of the anticipation of involvement by the patient in the various treatment aspects of the program.

At the time of admission the patient is examined by a psychiatrist and if family members accompany the patient they are seen by a social worker. If a need for psychological evaluation is indicated, arrangements for testing are made at this time. Following the diagnostic staff, the patient goes to an assignment board meeting for scheduling of activities which include the services offered by educational, occupational, and physical therapy. Educational therapy maintains an assortment of classes such as music, photography, and a wide range of academic courses. Occupational therapy presents a complete program of handicrafts including leatherwork, weaving, painting, metal work, and many others. Physical therapy offers a variety of treatments such as radiation therapy, hydrotherapy, and muscle strengthening devices.

A re-evaluation of the patient may be requested by any of the team members during the treatment process which would involve a repetition of the diagnostic procedure. Joint consideration is called for again at the time the patient leaves the hospital for a trial visit or family care placement. Collaboration exists throughout the treatment process. The physician assumes responsibility for the decision concerning the final discharge of the patient from the hospital.

CHAPTER II

REVIEW OF THE LITERATURE

Social workers and psychologists were used as resources in the approach to psychiatric disorders during World War II. The social workers were usually employed by the Red Cross and supplied as volunteer workers to army hospitals but did not belong to the military services. The psychologists were members of the armed forces and were arbitrarily assigned to army hospitals without much of a preconceived plan. The huge load of psychiatric casualties created an extreme shortage of psychiatrists in military uniform. This shortage led to a "makeshift" use of social workers and psychologists in a "team" approach. The primary function of social workers was to contact families of the patients, supervise patient recreational and occupational programs, and to help those returning to civilian life to adjust to what sometimes seemed to be a "new world." The psychologists were used for testing patients as an aid to the psychiatrists in evaluating the patients for disposition. When World War II ended, the Veterans Administration strengthened the idea of the "team approach" by using psychologists and social workers together on a broader scale, and later elaborated on the idea by including occupational, educational, and recreational therapists, and other professionals to the "team approach." This specialization created a division of labor in the

treatment of the mental patient with each profession assuming responsibility for a different aspect of the patient's life. With the Veterans Administration setting the precedent of the "multi-disciplinary approach," according to Goshen, state hospitals, general hospitals, and outpatient clinics have seen the value of combining the skills of many disciplines in the treatment of the psychiatric patient.[1]

However, where the multi-discipline approach is used, rivalry, dissension, lack of communication, and misunderstanding are all potential problems. As stated earlier, whenever two or more professions are brought together in a clinical team, they each bring a different orientation and training which constitutes the potential for these problems.

Our highly complex society of industrial automation and nuclear power requires a great degree of specialization in all aspects of life. This specialization has carried over to the social sciences and has extended to the operation and staffing of our hospitals. Specialization has brought about the existence of the clinical team in many hospitals headed by the physician and usually including the psychologist, social worker, and more recently ancillary disciplines such as educational therapy, occupational therapy, nursing, and other disciplines which may be active in the hospital.

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[1]C. E. Goshen, "Current Status of Mental Health Manpower," Archives of General Psychiatry, (September, 1961), pp. 266-275.

Webster defines a team as a number of persons associated together in any work; as a group of persons pulling together. This coincides with the mental health definition of the clinical team in a mental hospital - "a group of professionally and scientifically trained people brought together for a common goal, namely, understanding and treatment of a patient with each individual of the team contributing uniquely from his own background of training and experience toward that common goal."[2]

The use of social workers in the hospital setting and on the clinical team is a relatively recent development. Their roles are based partly on the expanding idea of therapy related to the philosophy that problems of physical illness are often inextricably tangled with social and psychological difficulties beyond the scope of technological medicine. It is also related to the function of counselor and general family advisor. The social worker's central task "is to assist in relating the patient's environment and personality to his medical treatment in such a way that the treatment may have maximum effect. In some important respects, the worker tries to supplement the communication between doctor and patient, interpreting the details of the patient's situation to the specialist and helping the patient understand fully what his illness and its treatment mean."[3] The social worker, as a

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[2]Jules D. Holzberg, "Problems in the Team Treatment of Adults in State Mental Hospitals," American Journal of Orthopsychiatry, VXXX; No. 1; (1960).

[3]Burling Temple, Edith Lentz, and Robert Wilson, The Give and Take in Hospitals, (New York: G. P. Putnam's Sons, 1956).

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part of the clinical team, uses the same techniques and skills that characterize social work in general in his effort to solve the problems created by the stress and strain of illness and hospitalization. "In essence, the social worker's contribution is based upon an understanding of the dynamics of human behavior, upon an ability to translate this understanding as it applies to the individual patient, and toward maximal adjustment to his illness in the light of the limitations it imposes."[4]

The first step in the helping process of the social worker is individualizing the patient in terms of understanding his inner and outer environment. Also important is the manner in which help is given. ". . . the social worker's approach is governed by an attempt to see the problem as the patient sees it, to allow the patient to move at his own pace, and to make his own decisions toward a goal that he is helped to set for himself."[5] It is important for the social worker to view the patient as a total human being to better understand his problems and to effectively assess his strengths and those among members of his immediate social circles that can be brought to bear on the solution of the problem. It is also the responsibility of the social worker to help members of the patient's family to accept and cope with the uncertainties, deprivations, and anxieties connected with prolonged

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[4]Minna Field, "Role of the Social Worker in a Modern Hospital," Social Casework, (November, 1953), p. 399.

illness, as well as helping the patient to adjust upon his return to the community following discharge.

There seems to be considerable ambiguity and disagreement by professional persons practicing in the field of mental health regarding the concept of the clinical team. Kolzberg, in the article referred to above, indicated that the problem of the team in the state mental hospital results from "authoritarianism," ie., an arbitrary method of decision-making. He believes it plays a significant role in inhibiting the complete integration of team practice by fostering the attitude that the leader does the thinking on which others act and allows no opportunity for training in the assumption of the role of democratic leader. "The professions themselves have status positions derived from the larger world in which they participate. In a hospital setting the physician has the highest status, and the other professions are ordinated below that. It is not clear just how they are ordered, but one might suggest the following order: physician, psychologist, social worker, nurse, occupational therapist, business manager, dietician, patient."[6] "Leadership and ultimate responsibility in the treatment of mental illness rest with the psychiatrist."[7] It is sometimes said that the psychiatric social worker is really the poor man's psychiatrist. It is because of this rather tenuous

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[6]Greenblatt, Levinson and Williams, The Patient and the Mental Hospital, (Glencoe, Illinois: The Free Press, 1957).

[7]Ruth I. Knee, Better Social Services for Mentally Ill Patients, (New York: American Association of Psychiatric Social Workers, 1955).

and insecure position on the clinical team that Ruth Knee said, "More often, perhaps, the parental role is thrust upon the psychiatrist by the social worker . . ."[8] As a member of the clinical team the social worker serves as a facilitating agent whose job it is to assist in medical care. Social work is not the primary discipline within the hospital structure so it must gear itself to the leadership of the medical profession.

The greater professionalization and wider use of psychotherapy by members of the non-medical professions, primarily social work and psychology, have posed problems in the relationships between psychiatry and its ancillary professions. In most mental health settings the psychologist and social worker practice under the direction of the psychiatrist and their use of psychotherapy is the center of much conflict among them. "Attempts to resolve this issue have usually involved effective subordination of the psychologist and social worker even where he is permitted to practice psychotherapy. This wound to the prestige of a profession which ardently desires to change its status and to maximize its professional contribution often rankles in departments of psychiatry."[9]

Professions included on the clinical team often view each other too narrowly from the standpoint of focus of function.

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[8] Ibid.

[9] Milton Greenblatt, Daniel Levinson, and Richard Williams, The Patient and the Mental Hospital, (Glencoe, Illinois: The Free Press, 1957).

This is the basis for a great deal of tension and strife between them. It is very difficult if not impossible to define exclusively the function of the doctor, the social worker, or any other member of the helping professions. Beyond the boundaries of the focus of their respective functions lie an area of overlapping services where every helping profession has a stake. "Those professions established to serve the common good through the provision and administration of services to promote individual human welfare have certain decisively important elements in common. They all serve people, individual by individual, in the interest of their welfare - physical, mental, intellectual, spiritual, or social."[10] Seward Hiltner has referred to this area of overlapping responsibilities as "The 'village green' that aspect of the function and responsibility of each profession that transcends what is unique and distinctive about it."[11] He states that function is viewed a bit differently by each profession and is often plastered over with "no trespassing" signs.

It is in this area of overlapping responsibility, "the village green," where close cooperation is essential. Members of a professional team possess a high degree of technical ability and are capable of functioning independently. However, total patient care demands and depends on their ability to cooperate as

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[10]Charlotte Towle, The Learner in Education for the Professions, (Chicago: University of Chicago Press, 1954), p. 3.

[11]Seward Hiltner, "Tension and Mutual Support Among the Helping Professions," Social Service Review, Vol. 31 (March to December, 1957), p. 365.

in an organized team. "For any team to function well, its individual members must relinquish some of their autonomy and modify their personal and professional needs to meet the needs of the group. In the case of the medical social work team the aim of the group is to achieve better and more complete benefits for their patient. This can only be achieved if the members of the team possess what Means has called 'clinical maturity,' that is, insight, a sense of proportion and practical wisdom. Without these characteristics the team members will be unable to adapt themselves to the organized group."[12] Individual members of the clinical team must be willing to make their specific role subservient to the goal of the team. This means keeping each other informed of any progress or setbacks encountered in carrying out their tasks.

The social worker must have a close identity with his own profession in order to work effectively with the other disciplines. This means feeling secure in his own position, being aware of his own acceptance of the other disciplines, as well as knowing the degree of their acceptance of him. "Successful results in the teamwork approach depend in large measure on the attitudes of one member of the team toward another."[13] Positive attitudes encourage a greater exchange of information and data and an atmosphere in which problems and differences in relationships can be worked

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[12]Arthur L. Drew Jr., "Teamwork and Total Patient Care," Journal of Psychiatric Social Work, Vol. 23 (October-June, 1953-1954), p. 28.

[13]Dorothy Robinson, "Some Aspects of the Integrative Process in a Psychiatric Setting," Journal of Psychiatric Social Work, Vol. 23 (October-June, 1953-1954), p. 32.

through. This creates a greater understanding of the treatment role of the respective team members. The absence of this mutual understanding increases the tendency of rivalry and self-depreciation which stand in the way of offering the patient the full benefit of the services offered by the team.

A system of communication is the lifeline of any organization. Without it cooperation and mutual understanding within the clinical team cannot operate to their fullest extent. Greenblatt found in the Veterans Administration Hospital in Bedford, Massachusetts that increasing two-way communication and interaction among groups of personnel tended to decrease the formerly extreme social distance between them, and the more flexible extension of roles raised the prestige and morale of each group.[14]

"Regardless of the structure or mechanics of team operation, the degree of conscious application of team members to the problems of interrelationships is the outstanding element in team functioning. The extent to which treatment may benefit a patient, once assignment of role is made, depends to a large extent on the facility of use of the components of the team by its members, and their awareness of the subjective dynamic forces operating within the team."[15]

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[14] Milton Greenblatt, Richard York, and Esther Brown, From Custodial to Therapeutic Patient Care in Mental Hospitals, (New York: Russell Sage Foundation, 1955), p. 286.

[15] Walter Lesser, "The Team Concept--A Dynamic Factor in Treatment," Journal of Psychiatric Social Work, (January, 1955), p. 126.

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[15] Walter Lauver, "The Team Concept--A Dynamic Factor in Treatment," Journal of Psychiatric Social Work, (January, 1952), p. 126.

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The team approach has been seen as the bringing together of professional specializations, each of which compliments the total functioning of the group in an effort directed toward a common goal which is the understanding and treatment of the patient. The bringing together of these specialized disciplines often creates an overlapping of services and with it a confusion of their individual roles. This leads to the need for some clarification of the position of the social work profession as a member of this team. We have seen that with the team concept still in the process of refinement, problems still exist concerning such questions as status and rivalry of team members and difficulties in communication. With this in mind our study of social work functioning on the clinical team in a neuropsychiatric hospital becomes concerned with attitudes of other team members, and of social workers themselves, concerning the functioning of social workers on the team. Also, it seems reasonable to question whether lack of familiarity with the role of team members is conducive to efficient team functioning. This need for clarification leads us to the design for this particular study.

CHAPTER III

THE RESEARCH DESIGN

Some research has been directed, in this study, toward determination of the team members' concept of the Social Work Service in terms of its professional functioning within the hospital setting. An attempt has been made to look at the mutual understanding of roles, dissension, cooperation, and communication between team members as these factors related to social service. The disciplines studied, in addition to social work, were nursing, educational therapy, occupational therapy, psychology, physical therapy, and medicine (including psychiatry).

Methods of Securing Data

The writers spent some time in observation of the professional activities of the various team members.

We interviewed several staff members of disciplines other than social work to get information to use as a basis for direction in questionnaire construction. These interviews each lasted for approximately thirty minutes and three beginning questions were asked of each participant. (1) What is the purpose of social service? (2) What strengths or good points do you see in social service in this hospital? (3) What weaknesses or problems do you see in social service in this hospital?

The preliminary investigation seemed to indicate that there is need for greater communication and cooperation between social workers and other professions. One of the team members pointed out that sometimes his department and social service may both be working with the same patient but with two different individually conceived treatment plans. He acknowledged the responsibility of his own department as well as that of social service in facilitating two-way communication.

Two nurses stated that some social workers do not know the extent to which their discipline relies upon social work or how they can make greatest use of the knowledge of the patient which their profession possesses. One said that often questions will come up and situations will arise regarding the patient that her group is not qualified to handle. A nurse pointed out that she is with the patients eight hours a day and feels that the nurse is a storehouse of considerable knowledge about the patient which social workers often do not tap. These interviewees felt that the lack of communication and collaboration was the greatest problem that existed between clinical team members.

Two questionnaires were constructed to gather the main body of information (See Appendix). The questions were based on areas of concern which came to the attention of the writers during preliminary investigation and review of the literature available on the subject. Two broad areas were selected for questioning.

I. Does the team member understand the role of the social worker as it is prescribed by the social work profession and by

the Veterans Administration for the worker in this setting?

II. What are the attitudes of team members concerning social work functioning in this setting?

The first questionnaire was addressed to team members other than social workers. The second was addressed to social workers. The two questionnaires were constructed to obtain the same type of information. Identical questions were used for the most part in both questionnaires with the exception of one question which was changed in construction to address it to the social worker about himself. In the second questionnaire two questions were not used because they were inappropriate for social workers and three questions were added that would not have been appropriate for disciplines other than social work.

Questionnaires were sent to all members of the disciplines being studied and were accompanied by an explanatory letter (See Appendix). Prior to distribution, personal contacts were made with the chiefs of the various disciplines to encourage cooperation. Follow-up contacts were made in the same way to encourage completion and return of the questionnaires. A complete description of the response to the questionnaire may be seen in Figure 1.

FIGURE 1

QUESTIONNAIRES DISTRIBUTED AND RETURNED

Discipline	Distributed	Returned
Educational Therapy	7	7
Medical	14	8
Social Service	11	8
Nursing	32	19
Occupational Therapy	6	5
Psychology	5	3
Physical Therapy	3	3
Student	4	4
Totals	82	57

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

Social Workers' Relationship with the Patients

Several questions were designed to give us some idea of the type of relationship that team members feel social workers have with patients. Nearly two-thirds of the respondents felt that patients had confidence in the ability of social workers to help them. The majority of comments on this subject indicated that patients are helped most by social workers in serving as a contact with the "outside world" and assisting families with problems arising from hospitalization. A typical comment was that the social workers aided the patient "in helping work out patient-family-community relationships and in helping the patient maintain contact with his family." A psychiatrist qualified his affirmative answer. He wrote, "Actually there are some people who feel that they have not been benefitted, but this may result from their own problems, (e.g., extreme dependency which cannot be satisfied) or from those of an individual social worker, (e.g., need to dominate and direct). I would suppose that most people would feel more direct benefit when something tangible has been done - financial relief, etc." A psychologist wrote that most of the patients are starved for understanding contact and when they get the understanding they crave, from social work or any other

department, they benefit. A very frequent comment was that the social worker has a more personal and informal relationship with the patient than any other member of the team and takes a greater personal interest in him.

Social workers view the patient as a "whole person" and in so doing evaluate the individual patient along with the many factors in his environment that have influenced his personality and, thus, his illness. This points up an important aspect of the function of the social worker in this setting - to work with relatives and friends of as many patients as time permits. Reaching into the patient's environment often includes contacting local community agencies and Veterans Administration Regional Offices for information regarding previous illnesses which the patient may have encountered.

In order to be most helpful to the patient, the social worker relates his knowledge of environment and family background to the current dysfunction of the patient. He functions to meet the patient's unmet social and relationship needs.

Some idea of the attitude of the team members may be seen through the responses shown in Figure 2.

It may be readily seen that a comparatively large number of physicians and psychologists answered that they do not know whether patients have confidence in the ability of social workers to help them. This may reflect something of the kinds and amount of personal contacts that these disciplines have with patients. Only one of nineteen nurses gave a "don't know" answer to this question.

This would lead us to believe that the more frequent contact with the patients that the nurses experience places them in a better position to know whether patients have confidence in social workers. "Write in" comments indicate that psychologists and physicians would rather answer this question on the basis of some research rather than by their personal opinions. Many of the respondents in other disciplines feel patients have confidence in some workers and not in others.

FIGURE 2

QUESTION: DO PATIENTS HAVE CONFIDENCE IN THE ABILITY OF SOCIAL WORKERS TO HELP THEM?

Discipline	Yes	No	Don't Know	Other	Total
Nursing	18		1		19
Physical Therapy	1		2		3
Educational Therapy	3	3		1	7
Occupational Therapy	2	1	1	1	5
Psychology	1		2		3
Medical	4	1	3		8
Totals	29	5	9	2	45
Social Work	7		1		8
Social Work Students	4				4
Totals	11		1		12

Team Attitudes Toward Social Service

One of the primary concerns of this study was the attitudes toward social service that exist among members of the clinical team. It is felt that an awareness of some of these attitudes is essential to the enhancement of the communication and coordination among team members in their joint efforts to rehabilitate the patient.

There is a generally favorable attitude toward the cooperation social workers exhibit within the hospital. Seventy-five percent of the respondents feel social workers cooperate well with them. However, there seems to be a noticeable lack of contact of social workers with occupational therapy and physical therapy. One of them wrote of social workers, "As other members of the patient treatment at this hospital they seem to work independantly without communication." Another stated he had never had contact with them at this hospital. This is similar to the one who felt social workers cooperated well with members of his profession but he did not see enough of them. The cooperation that exists between social work and the other four disciplines on the team appears to meet the expectations of both most concerned.

The greatest difference of attitudes resulted concerning the adequacy of training social workers possess in this setting. Fifty-five percent of the respondents considered social workers to be adequately trained but thirty-one percent didn't know. One of the team members wrote that social workers are adequately trained provided they have a psychiatrically oriented background

or a medical social work background with adequate supervision. Another quite accurately wrote that continuous study on the part of all team members is imperative. The results seemed to indicate that lack of sufficient contact with social workers was the primary reason why nearly one-third of the team members didn't know if social workers were adequately trained for this setting.

Some indication of the feelings concerning team cooperation may be seen in Figure 3.

FIGURE 3

QUESTION: ARE SOCIAL WORKERS COOPERATIVE WITH MEMBERS OF YOUR PROFESSION?

Discipline	Yes	No	Don't Know	Other	Skip	Totals
Nursing	16		2		1	19
Physical Therapy	2	1				3
Educational Therapy	7					7
Occupational Therapy	2	1	2			5
Psychology	2			1		3
Medical	8					8
Totals	37	2	4	1	1	45

QUESTION: ARE SOCIAL WORKERS COOPERATIVE WITH MEMBERS OF OTHER PROFESSIONS?

Discipline	Yes	No	Don't Know	Other	Skip	Totals
Social Work	8					8
Social Work Students	3		1			4
Totals	11		1			12

Content of Social Work Role

As stated in Chapter III, the questions were designed to obtain information in two general areas. The first area was attitudes of team members toward the functioning of social work service in the team. The second area was the extent to which team members are familiar with the role of the social worker in this setting.

Approximately one-third of the questions were centered in the latter area. These nine questions do not cover completely the duties of the social worker, or even touch on all the phases of his work. But all are items that should be known by every member of the team. One-half of the team[1] responses were correct, while twenty-three percent were incorrect. For twenty-seven percent of the items, the "don't know" response was used. The team members generally appear to have a good understanding of the social worker's role in the family care program but most thought that the family care home is chosen for the patient. Actually, the patient is allowed to visit one or more homes that are available to him and the final choice is his.

Most of the team members have the incorrect opinion that the social workers go out of the hospital to interview patients. All home visits other than family care visits are made by social workers from the Veterans Administration Hospital in Dearborn, Michigan for the geographic area served by this hospital. Some

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[1]In this chapter, use of the word team will include all disciplines studied except social work which will be specified in each case where it is included with the rest of the team.

comments were written in which indicate knowledge of the social worker's utilization of local resources. A breakdown of the responses to one of the questions is given in Figure 4.

FIGURE 4

QUESTION: DO SOCIAL WORKERS GO OUT FROM THE HOSPITAL TO INTERVIEW THE PATIENT IN HIS HOME ON TRIAL VISIT?
CORRECT ANSWER: NO

Discipline	Yes	No	Don't Know	Totals
Nursing	12	2	5	19
Physical Therapy	1		2	3
Educational Therapy	2	2	3	7
Occupational Therapy	2	1	2	5
Psychology	1	2		3
Medical	5	1	2	8
Totals	23	8	14	45

Questions used in the content area of the study were derived from material received in discussions with supervisors of the specialized areas and also from the VA Manual of Social Work Procedure.[2]

Social workers and social work students responding to the

[2]Program Guide, Social Work Service, Veterans Administration, Washington 25, D. C., August 16, 1959.

questions concerning social work functioning were correct in seventy-three percent of their answers. Many social workers are involved in a particular part of the broad area covered by the total group. On the basis of their responses in this study it would seem that possibly some of the workers are not thoroughly acquainted with the duties of those specializing in other parts of the program. Some of the specialized areas are family care, geriatrics, continuous treatment, and acute and intensive treatment. Also, student training does not include a thorough acquaintance with the roles of all the workers.

Differences in Functions

A great deal of interest was shown in the questions in this area. There is rather complete agreement on the fact that there are differences in the type of service that social work offers and that which psychology or psychiatry offers; however, one physician and one nurse do not believe that there is a difference in the service offered by psychology and that of social work. All were asked to state what they thought was the major difference. Most replies describe social work with an emphasis on family and community contacts. Psychology is described as being involved chiefly in testing and research. Psychiatry is seen in its use of medications or somatic aids and in the depth of therapy offered.

One psychologist felt that psychology and social work complement each other in that their contributions combine to make a fuller personality study. The psychologists indicate that they

believe that their level of involvement in the treatment relationship is deeper than that of the social worker's.

A psychiatrist made the following comments in contrasting his discipline with social work. "First, from a medical view, the social worker is certainly not competent to administer to the physical needs of a patient (diagnosis and treatment). Secondly, the psychiatrist is supposedly better equipped to understand the emotional problems of a patient. When the service offered is primarily supportive and/or manipulative, there is probably little difference."

One social worker, in comparing his discipline to psychology feels that there are differences in orientation but that the treatment goals are the same. This, of course, could be said in regard to other team members. The same worker feels that there is not a difference between the type of service social work offers and that which psychiatry offers except as a matter of degree, "depending on the working relationship, competence and area of skill, and sphere of orientation. Diagnostic assessments, treatment goals and outcome may be the same although in arriving at these the approach may represent variations."

Another social worker, in discussing differences says that psychiatrists are involved, in addition to medical activities, in administrative responsibilities such as granting leaves and discharges, while the social worker only makes recommendations in regard to these matters. He further points out that social workers are not active on all cases while there is some involvement of the psychiatrist with all cases.

A question which seems likely to give team members a real chance to indicate whether they attach importance to the social worker as a member of the team is the question which asked if the respondent feels that the functions of social workers could be done as well by others on the staff. There was a four-to-one negative response to this question which seems to indicate a definite acceptance of social workers on the team. More physicians than any other disciplins feel that the functions might be done as well by someone else, so we reviewed the questionnaires of the physicians answering "yes" on this question and found that two of the three stated elsewhere in the questionnaire that they do not know the purpose of social work.

A psychologist felt that they could be done as well by the Registrar staff, psychology, or the ward staff. A psychiatrist felt that social work functions could be done as well by the psychiatrist if he had time. These opinions, however, were in the minority. The social workers feel that there is a need for the specific training they have received which eliminates the likelihood that others could perform the social work role adequately. However, there is recognition of the fact that sub-professional tasks exist within the role that could be handled adequately by others. The suggestion was rather frequent that some of these unspecialized tasks be assigned to others in order to free the social worker to use his capabilities more profitably.

The great amount of literature currently available concerning psychotherapy makes clear at least two things. There are

widely varying opinions as to definition of the term and there is much disagreement as to who is qualified to practice it. Our question asked whether the respondent feels that social workers are qualified to do psychotherapy. Something of the level of feeling on this subject may be indicated in the fact that more voluntary "write in" responses were given on this question than on any other. Most of the social workers feel that they are qualified to do psychotherapy. There was a divided opinion on the part of other team members but two to one feel that social workers are not qualified to do psychotherapy. A large number of the respondents indicated a desire to give a qualified response according to the definition of psychotherapy being used and many felt that the question was not really applicable to social workers as a group but rather to them as individuals, the idea being that psychotherapy demands certain personality characteristics in addition to specific training. Many negative responses to the question were followed by opinions that several individual social workers are qualified psychotherapists.

However, the wide range of opinions on the psychotherapy question goes in several directions. One physician feels that anyone being friendly is capable of psychotherapy. A physical therapist feels that he also uses it to a certain extent. A nurse writes that "All of us, even nursing assistants, do a form of psychotherapy." See Figure 5 for a breakdown of the responses to this question.

FIGURE 5

QUESTION: ARE SOCIAL WORKERS QUALIFIED TO DO PSYCHOTHERAPY?

Discipline	Yes	No	Don't Know	Other	Skip	Totals
Nursing	4	8	7			19
Physical Therapy	1	2				3
Educational Therapy	2	5				7
Occupational Therapy	2	2	1			5
Psychology		1		2		3
Medical	2	4	1	1		8
Totals	11	22	9	3		45
Social Work	6		1	1		8
Social Work Students	4					4
Totals	10		1	1		12

Social Workers' Opinions Concerning Their Role

As stated in Chapter I, the role of the social worker involves what others expect of them and also what they expect of themselves. Much of the material on this has already been presented as the various questions have been discussed.

All of the social workers feel that they and others in their profession are primarily interested in helping people. They were asked to tell what they feel the major purpose of social work

service to be. Two workers failed to answer the question. Three believe that it is to help the client make a more adequate adjustment. Another feels that the major purpose is "to help the patient with his planning to facilitate his release from the hospital." A rather inclusive statement was given by one: "Assessing the strengths and problems of patient and family, attempting to resolve the problems both internal and external to enable the patient to function, projecting and planning for the patient's return to family, community, and employment." Another worker feels that the major purpose is "defining, modifying, and/or eliminating those personality, social, and environmental factors causing, contributing, and perpetuating patients' illness."

The social workers seem generally satisfied with the level of cooperation within their discipline and with the cooperation extended to other disciplines but most feel that their professional capabilities are not adequately utilized by other members of the team and half of them feel that their professional recommendations are not given adequate consideration by other team members. One worker feels that some team members consider his recommendations while others do not.

The entire group of social workers feel that they are adequately trained to work in this setting and they feel that the patients have confidence in the ability of social workers to help them. All but one are of the opinion that patients feel that they are benefitted by social work service; one worker does not know. All were asked in what way patients feel that they are benefitted

by social service. Two social workers did not respond to the question. Several mentioned the benefit that patients feel in being helped to leave the hospital and the value of having someone who will listen and show concern. "They are accepted many times, for the first time in their lives, as they are. They learn to feel 'human' again."

Social workers do not feel that their functions could be done as well by others on the staff. "Ideally, the trained social worker has skills of interviewing and knowledge of human growth and behavior which render him more secure and less threatening to the person he serves" than other team members.

There is complete agreement that a larger number of social workers are needed than are presently on the staff because of the need to extend more complete services to all parts of the hospital than are presently available. The group was equally divided on the question as to whether social workers are too concerned about their status, however, the students feel that there is excessive concern about status.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The conclusions are presented concisely in order to render them more readily accessible to the reader than if they were accompanied by the explanatory information which in the case of each conclusion has been presented and illustrated in Chapter IV.

1. Social workers are confident of their ability to help patients.

2. Social workers have a positive relationship with patients.

3. Social workers are not fully acquainted with the role of their own service.

4. The role of the social worker is not well known among team members.

5. There is a great deal of cooperation of social workers with members of the team.

6. There is confusion among team members regarding the boundaries of some of the services (psychology, social work, psychiatry).

7. Social workers feel they can be utilized more effectively as members of the team.

8. There is an insufficient amount of contact between social workers and educational, occupational, and physical therapists.

The writers feel that the carrying through of the following recommendations will enhance the effectiveness of the clinical team by promoting coordination, communication and understanding of team function.

First, we feel there should be regular discussion by clinical team members with all professions regarding the nature of the overlapping area of services offered by each profession and how these services should be approached. We believe that such discussion will illuminate heretofore unrecognized areas of commonality in which mutual support and assistance will be not only sought after but freely given.

Second, members of the team should encourage each other to work in the area of overlapping services which is conducive to an atmosphere of cooperation in collaborating toward the rehabilitation of the patient.

Third, we believe there should be a formal educational program developed within social work service to teach its workers all of the functions of their own service as well as the functions of the other disciplines on the team. The function of social service should likewise be transmitted to all other members of the clinical team. For example, representatives might come from each of the services to explain their respective functions in social service staff meetings. This should be followed up by reciprocal visits of social workers to staff meetings of the other services for the same purpose.

Greater knowledge of team function will lead to an increasing number of referrals and more efficient use of team resources to the over-all benefit of the patient.

Fourth, we feel that the ancillary disciplines should be encouraged to attend more interdisciplinary staff meetings such as

diagnostic staff meetings, ward staff meetings, etc., to gain a broader knowledge of the patient and view the supporting services in action.

Finally, we feel that the implementation of these recommendations will increase that all-important aspect of any team function, communication, by opening up new channels and motivating team members toward such communication. The immediate benefactor will be the patient but the ultimate winner will be society.

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APPENDIX

QUESTIONNAIRE I

Dear Staff Member:

We are presently engaged in a research project as a part of the graduate study program for social work students. Our study is concerned with the Social Work Service as a member of the clinical team in a neuropsychiatric hospital. We would like to have some of your opinions and ask that you fill in the enclosed questionnaire.

Your name should not be placed on the questionnaire. The only identification to be used is the name of your department or service as the study is concerned with group attitudes. Strict confidentiality will be observed and no one will have access to the questionnaire except the undersigned.

Please use the space between questions or the back of the questionnaire to state any opinions that you wish to express in addition to those in the questionnaire. Seal your completed questionnaire in the attached envelope and give it to the Chief of your service within one week.

We are very appreciative of the many ways that you and others on the staff are helping to make our time at the Veterans Administration Hospital in Battle Creek a meaningful learning experience. We thank you for your cooperation.

Sincerely yours,

WENDELL ASPLIN
ALBERT C. LILLY

QUESTIONNAIRE II

Please read each question carefully and underline the answer which you choose opposite the question. For most of the questions the response involves your opinion and not a right or wrong answer. Please do not guess. Weigh your answers carefully and underline "Don't Know" only when you have no opinion regarding the question.

1.	Do you feel that social workers are primarily interested in helping people?	Yes	No	Don't Know
	(a) What do you think social workers are primarily interested in?			
2.	Is supervision of the sponsor a part of the family care social worker's duty?	Yes	No	Don't Know
3.	Do you know the purpose of Social Work Service?	Yes	No	Don't Know
	(a) State, very briefly, what you consider to be the major purpose of social work service.			
4.	Should Social Service endeavor to interview families of all incoming patients?	Yes	No	Don't Know
5.	Do other social workers cooperate well with you?	Yes	No	Don't Know
6.	Is the family care social worker directly involved in the public relations element of the family care program?	Yes	No	Don't Know
7.	Do patients have confidence in the ability of social workers to help them?	Yes	No	Don't Know
8.	Is there a difference between the type of service social work offers and that which psychology offers?	Yes	No	Don't Know
	(a) If yes, what do you think is the major difference?			

10.	Does Social Service supplement the medical and psychological findings at Diagnostic Staff with their own findings?	Yes	No	Don't Know
11.	Does the social worker locate a gratuitous family care home for a patient who cannot afford to pay for a home but is otherwise eligible for family care?	Yes	No	Don't Know
12.	Are social workers adequately trained to work in this setting?	Yes	No	Don't Know
13.	Do social workers go out from the hospital to interview the families of patients who are unable to come to the hospital?	Yes	No	Don't Know
14.	Do patients feel that they are benefitted by social work service?	Yes	No	Don't Know
	(a) In what way?			
15.	Are social workers qualified to do psychotherapy?	Yes	No	Don't Know
16.	Is the selection of the family care home done for the patient by the family care social worker?	Yes	No	Don't Know
17.	Is social work service essential to the rehabilitation of the patient?	Yes	No	Don't Know
18.	At the time of discharge is the social worker responsible for evaluating whether a return to patient's own home is feasible or whether a foster home is necessary?	Yes	No	Don't Know
19.	Could the functions of social workers be done as well by others on the staff?	Yes	No	Don't Know
	(a) If yes, by whom?			
20.	Are social workers cooperative with members of your profession?	Yes	No	Don't Know

No Don't know

No Don't know

No Don't know

No Don't know

No Don't know

No Don't know

21.	Does Social Service assist the Medical Staff in choosing ward placements?	Yes	No	Don't Know
22.	Is there a difference between the type of service social work offers and that which psychiatry offers?	Yes	No	Don't Know
	(a) If yes, what do you think is the major difference?			
23.	Do you feel that we need a larger number of social workers than we have on this staff?	Yes	No	Don't Know

20.	Is there a difference between the type of service social work offers and that which psychiatry offers?	Yes	No	Don't Know
	(a) If yes, what do you think is the major difference?			
21.	Do you feel that we need a larger number of social workers than we have on this staff?	Yes	No	Don't Know
22.	Do you feel that social workers are too concerned about their status?	Yes	No	Don't Know
23.	Do you feel that your professional capabilities are adequately utilized by other members of the clinical team?	Yes	No	Don't Know
	(a) In what ways?			
24.	Do you have confidance in social worker's ability to help patients?	Yes	No	Don't Know
	(a) Comment please.			
25.	Do you feel your professional recommendations are given adequate consideration by other team members?	Yes	No	Don't Know

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