AN EXPLORATORY STUDY OF THE RELATIONSHIP BETWEEN SOCIAL SERVICE PLANNING AND TRIAL VISIT ADJUSTMENT OF PATIENTS AT VETERAN ADMINISTRATION HOSPITAL, BATTLE CREEK, MICHIGAN

by

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A PROJECT REPORT

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CHAPTER I

PURPOSE AND BACKGROUND OF STUDY

This was an exploratory study of the relationship between social service planning and trial visit adjustment at Veterans Administration Hospital, Battle Creek, Michigan. It was an attempt to investigate whether preparation for trial visit by Social Service is a factor which contributes positively to a patient's trial visit adjustment. Trial visit has been defined as "the status of a patient from a neuropsychiatric hospital who is at home, or in the community for the purpose of determining his adjustability to living outside the hospital."[1]

The hospital is a 2,055 bed neuropsychiatric treatment center located at Fort Custer, approximately six miles west of Battle Creek, Michigan. Social Service is composed of a Chief, an Assistant Chief who is also Supervisor of Student Training Program, Supervisor of Continuous Treatment, Supervisor of Acute Intensive Treatment, Supervisor of Family Care Program, six professionally trained social workers, and graduate social work students from Atlanta University, Michigan State University, and the University

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[1]Veterans Administration Technical Bulletin, TB-C010-8 (May 1, 1959) [See Appendix B].

of Michigan. Social workers participate in treatment on all wards, in diagnostic staff conferences, and in the work-up of cases considered by the Family Care Screening Board, and the Trial Visit Board.

In the student training and staff development programs there are special educational lectures and collaboration with other agencies on professional matters. These are supplemented by staff case presentations as well as by visits to other agencies. The Department has a separate library operated in conjunction with the hospital library to obtain current books and literature. Recently, in order to lend support to staff members, a research program was instituted in collaboration with the Psychology Department.

The team approach of psychiatrist, psychologist, and social worker is utilized. The Social Service Department also has a working relationship with other services, such as the following: Special Services Division; Registrar Division; Physical, Medical, and Rehabilitation Service; and Nursing Service.

Trial Visit

The "trial visit" procedure is used for patients with a psychotic diagnosis.[1] Its purpose is to evaluate the patient's strengths, weaknesses, and readiness to

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[1]See Appendix C.

return to society through a test visit to his family, friends, and home community. It represents a gradual transition for the psychotic patient from the protective environment of the hospital community to the outside community, with assistance in this transition being given through supportive efforts of both the hospital and the home community.

Preparation for eventual return to the community is, theoretically, continuous from the patient's admission to the hospital until his release on trial visit. Patients can be released on trial visit either by action of the responsible physician or by action of a staff group known as the Trial Visit Board. Social Service participates in the preparation of all patients processed through the Trial Visit Board. This participation includes contacts and planning with relatives or those who are to assume responsibility for the patient at home. It includes periodic conferences with other hospital staff, and contacts and planning with resources in the home community.

A patient may be granted a ninety or thirty day trial visit or leave of absence extending from one to fifteen days.[1] The fifteen day leave of absence may be extended to a thirty day trial visit. Where trial visit evaluation indicates that the patient has improved he may be discharged "maximum hospital benefits," after completion of the trial

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[1]See Appendix C.

visit period. Patients discharged in this way may or may not have had contact with Social Service, depending on whether they were released by the Trial Visit Board or by the responsible physician directly.

A decision to select a patient for consideration by the Trial Visit Board may be made at any point by physicians, social workers, or both.

The Problem

The writer was a "Social Work Aide" during the summer of 1958, in the Social Service Department at Veterans Administration Hospital, Battle Creek, Michigan. During a Social Service Staff meeting the problem of the frequent rate of re-admissions to the hospital was raised. Concern was expressed as to whether or not these re-admitted patients had been prepared for trial visit by Social Service staff. It was also stated that in those instances where patients had been prepared for trial visit by Social Service there was no data to show what positive contribution, if any, was made toward trial visit adjustment. The staff suggested that an exploratory follow-up study be made of all patients who had been granted trial visit during the first three months of 1958 so that some data could be obtained about this problem.

The hypothesis upon which this study was based is as follows: Patients who are active with Social Service and

who receive trial visit planning prior to discharge make a better adjustment than those patients who are not active with Social Service and who receive no planning prior to their trial visit from the hospital.

CHAPTER II

REVIEW OF LITERATURE

An extensive search of the literature revealed that there were no studies directly related to this investigation. The few studies which were found were concerned with such problems as the following: evaluation of the role of dependency as it related to re-hospitalization, determination of the factors related to community re-adjustment and re-hospitalixation, and social factors associated with re-admission to the hospital. These studies were related to the present study in that they were concerned with the exploration of factors which may or may not contribute to the psychotic patient's failure to adjust while on trial visit status.

Janie Francis Gray[1] studied a group of twenty patients who were admitted at least three times to neuro-psychiatric hospitals in order to evaluate the role of dependency as it relates to re-hospitalization. The following areas were investigated: (1) ages of patients, (2) marital status, (3) voluntary or involuntary admissions,

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[1]Janie Francis Gray, "Veterans Admitted to a Neuro-psychiatric Hospital for at Least the Third Time" (unpublished Master's thesis, Smith College, School of Social Work,1953).

(4) nature of the illness for which hospitalized, and (5) reason for re-hospitalization as verbalized by the patient.

The findings revealed that patients returned because of inadequate economic adjustment and somatic complaints, because they acted out in the community and were threats to self or others, or because of gross psychotic behavior.

Dorothy Hawkins[1] made a study in which she attempted to determine the factors related to the satisfactory community readjustment of twenty patients while twenty other comparable patients were unable to adjust.

Miss Hawkins found that: (1) prognosis for readjustment was best in those patients who had adequate treatment relatively soon after the onset of the disease; (2) the frequency of visitors to the patient, indicative of the warmth of feeling of the family and friends for him was a factor in the success of the trial visit period; (3) if the patient secured employment while on trial visit he was in the best position to remain out of the hospital; (4) the amount of pressure induced by stress and strain within the family circle contributed to the return rate; and (5) contact with a social agency contributed to the patient's ability to meet stress and strain and he thus had a better chance of getting along at home. Miss Hawkins

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[1]Dorothy Hawkins, "Some Factors in the Rehospitalization of Schizophrenic Patients" (unpublished Master's thesis, University of Michigan, School of Social Work, 1954).

recommended the following: (1) intensive planning with the patient, family, and community prior to placement on trial visit; (2) increased emphasis on involvement of relatives in the treatment program; (3) additional consideration of the matter of employment; and (4) firm adherence to the best known psychiatric treatment practices.

Lea Lavenberg[1] conducted a study of the social factors in readmission to a mental hospital. This study was a follow-up of that previously done by Miss Hawkins. Lavenberg chose a group of patients who had been readmitted to the hospital within the period from July 1, 1953, to June 3, 1954. There were twenty patients with a diagnosis of "schizophrenic, undifferentiated type" and twenty of the "anxiety reaction." Such factors as religion, race, and marital status were considered. The study revealed that patients return to the hospital for the following reasons: (1) difficulty in forming positive relationships with their families, (2) inability to cope with the pressures of everyday living, (3) anti-social acting out in the community, and (4) reactivation of symptoms in the form of somatic complaints. She recommends early and more intensive work with patients, community, and future employers, and providing many additional social services beyond the period

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[1]Lea Lavenberg, "Social Factors in Readmission to a Mental Hospital" (unpublished Master's thesis, Smith College, School of Social Work, 1955).

of hospitalization in order to help these patients function adequately outside the hospital.

In spite of all careful and detailed planning by Social Service with the patient, family, friends, and community, not all patients are able to make the transition from the hospital. This has become the concern of all those who plan with the patient and particularly so with Social Service which carries a sizeable responsibility in this area. This problem was of sufficient magnitude to motivate the Social Service Staff of Veterans Administration Center, Shreveport, Louisiana, to re-examine the responsibility of social service in this area.[1]

The Shreveport study resulted in the following conclusions: (1) In making referrals to the regional Social Service Office, it is essential that the hospital worker be aware of the entire service available and that he include in his referral all information pertinent to the regional office case worker's part of the total job. Referrals should contain the following information: (a) dates of admission and discharge, (b) the patient's course in the hospital, (c) his response to the hospital Social Services, (d) recommendations regarding work activity, (e) his attitude toward going home, and (f) the final diagnosis; (2) It is helpful for the regional office worker to know what

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[1]Social Service Staff, Veterans Administration Center, Shereveport, Louisiana, "Trial Visit Service: Principles and Practice," VA Department of Medicine and Surgery Information Bulletin, IB10-29 (October, 1952), pp. 14-17.

the hospital has learned about family relationships, attitudes, living conditions, patient's plans, ambitions, and the degree of recovery which may be expected; (3) Both the patient and his family should be prepared for the regional office worker's visit. The hospital workers should explain the regional office worker's role and prepare the patient for the service he may expect. The patient should be encouraged to ask questions about this. He may need help to recognize the regional office worker's role as one of service and support to himself; (4) The patient should be advised that reports of his progress and welfare will be sent back to the hospital, which maintains its interest in him; (5) In all cases of service-connected disability the availability of Social Service after hospital discharge should be pointed out; (6) There should be a definite understanding with the patient, his family, the hospital finance officer, and guardian about financial arrangements to be made during the time the patient is at home, and clarification of responsibility for arrangements and cost of transportation.

The Social Service Department in Battle Creek Veteran Administration Hospital tries to follow these suggested procedures. This is reflected in the form which is used for trial visit referral.[1]

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[1]See Appendix A.

CHAPTER III

METHOD OF STUDY

The study included all patients granted trial visit during the first quarter period from January 1, 1958 to March 1, 1958. There were sixty-five patients in this group divided as follows: (1) Group I, thirty-seven patients granted ninety day trial visit and prepared by Social Service; (2) Group II, fourteen patients granted ninety day trial visit and not prepared by Social Service; and (3) Group III, thirteen patients granted thirty day trial visit and not prepared by Social Service.

One patient died while on trial visit and, therefore, was not included in the follow-up study.

Information concerning these patients was obtained from the Social Service "Trial Visit" Information form and from the clinical records. Information concerning their experience on trial visit was obtained from reports which are sent from the agency in the home community to the hospital. The cut off date for the follow-up study was chosen as March, 1959. This allowed a period of between one year and fifteen months to evaluate the patients adjustment on trial visit. Each of the three groups listed above was divided into those who "stayed out" and those who had

"returned" to the hospital by March, 1959.

The study involved a comparison between those patients who had been prepared and who had not been prepared by Social Service in order to determine the effect which such preparation might have had on their ability to adjust during trial visit. In order to evaluate what other factors may or may not have contributed to trial visit adjustment, the two groups were compared in relation to a variety of other identifying characteristics. Groups II and III were combined in these comparisons, since both groups had received no preparation from Social Service.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The Findings

The major finding of the study was that more of those patients who were prepared by Social Service "stayed out" after twelve to fifteen months than of those patients who had not been prepared by Social Service.

Table 1 shows that of the thirty-seven patients prepared by Social Service, twenty-seven or seventy-three per cent "stayed out" as compared to a combined total of seven out of twenty-seven, or thirty-seven per cent in Groups I and III.

TABLE 1

COMPARISON OF NUMBER OF PATIENTS ON TRIAL VISIT STATUS

Trial Visit Status	Group I	Group II	Group III	Total
Total	37	14	13	65
Stayed out	27	4	3	34
Returned	10	10	10	30

After arriving at this finding, the next step was to evaluate certain common characteristics of the sixty-four

patients included in the study in an effort to determine what other factors may have influenced the adjustment of patients on trial visit. Such factors as age, diagnosis, marital status, et cetera, were analyzed.

Diagnosis

Since only those patients with a psychotic diagnosis may be considered for trial visit, it seemed relevant to inquire whether different types of psychoses were factors relating to success of trial visit adjustment.

As can be seen from Table 2 the diagnoses fell into two major categories: "schizophrenic reaction, unclassified" and "schizophrenic reaction, paranoid." A larger proportion of "paranoids" stayed out than "unclassified." The proportion is sixty-eight per cent compared with fifty per cent.

TABLE 2

DIAGNOSIS OF PATIENTS WHO STAYED OUT AND PATIENTS WHO RETURNED

Diagnosis	Number of Patients		
	Stayed Out	Returned	Total
Total	34	30	64
Schizophrenic reaction, unclassified	20	20	40
Schizophrenic reaction, paranoid	12	7	19
Other	2	3	5

Since "paranoids" seemed to do better, the next question was whether the prepared group had a larger proportion of paranoids than the unprepared group.

Table 3 shows that twelve, or thirty-two per cent were "paranoids" as compared to seven, or twenty-six per cent of those patients not prepared by Social Service. This was a small difference compared with the much greater percentage difference in success of trial visit found in the total group, as those who received preparation and those who did not. It may, therefore, be concluded that, although the prepared group had a slightly higher proportion of "paranoids," this alone cannot explain theirbetter experience on trial visit.

TABLE 3

DIAGNOSIS OF PATIENTS WHO RECEIVED OR DID NOT RECEIVE SOCIAL SERVICE PREPARATION

Diagnosis	Number of Patients		
	Prepared by Social Service	Not Prepared by Social Service	Total
Total	37	27	64
Schizophrenic reaction, unclassified	22	18	40
Schizophrenic reaction, paranoid	12	7	19
Other	3	2	5

Length of Hospitalization

The next question that was explored was whether or not the length of hospitalization prior to release on trial visit was a differentiating factor between a successful and unsuccessful trial visit experience. This question seemed important since many people believe that patients with long periods of hospitalization may be expected to find it difficult to adjust in the community.

Table 4 shows that there was little difference between those who had been hospitalized under six months and those who had been hospitalized over one year in regard to their relative success on trial visit. About half of each group stayed out. The group hospitalized between six and twelve months showed a higher proportion of success, but the numbers involved were very small.

TABLE 4

LENGTH OF HOSPITALIZATION OF PATIENTS WHO RETURNED AND PATIENTS WHO STAYED OUT

Length of Hospitalization in Months	Number of Patients		
	Stayed Out	Returned	Total
Total	34	30	64
Six months or less	15	15	30
Six to twelve months	9	4	13
One year or more	10	11	21

Status of Admission

Status of admission was evaluated to see if it was a factor in trial visit adjustment. Admission status of patients is either "committed" or "non-committed," depending upon whether he entered the hospital voluntarily or by legalization. The "committed" patient is usually more seriously ill and rated "incompetent." In some instances it was necessary to institute committment procedures for the patient's protection. Usually the "non-committed" patient is rated "competent" and may not be as ill as the "committed" patient.

Table 5 shows that the largest proportion or sixty-nine per cent of those who returned were "committed" and sixty-five per cent of those who stayed out were "non-committed."

TABLE 5

STATUS OF ADMISSION OF PATIENTS WHO STAYED OUT AND PATIENTS WHO RETURNED

Status of Admission	Number of Patients		
	Stayed Out	Returned	Total
Total	34	26	60
Committed	12	18	30
Non-committed	22	8	30

Table 6 shows that Social Service prepared an approximately equal number of "committed" and "non-committed" patients. This difference was, therefore, not important.

TABLE 6

STATUS OF ADMISSION OF THOSE PATIENTS WHO RECEIVED OR DID NOT RECEIVE SOCIAL SERVICE PREPARATION

Status of Admission	Number of Patients		
	Prepared by Social Service	Not Prepared by Social Service	Total
Total	37	27	64
Committed	19	11	30
Non-committed	18	16	34

The same picture is shown even more strikingly by Table 7, which analyses the "committed" patients in relation to success on trial visit and whether they had Social Service preparation. Although the majority of the total "committed" group returned, those who received Social Service preparation did much better.

TABLE 7

EXPERIENCE OF COMMITTED PATIENTS ON TRIAL VISIT IN RELATION TO SOCIAL SERVICE PREPARATION

Status of Admission	Number of Patients		
	Prepared by Social Service	Not Prepared by Social Service	Total
Total	19	11	30
Stayed out	10	2	12
Returned	9	9	18

Marital Status

Fifty-three per cent of those patients who stayed out were married as compared to only thirty per cent of the group who returned. This seems to be an important difference, indicating that married persons do better, perhaps, because of more stable home situations.

TABLE 8

MARITAL STATUS OF PATIENTS WHO STAYED OUT AND PATIENTS WHO RETURNED

Marital Status	Number of Patients	
	Stayed Out	Returned
Total	34	30
Married	18	9
Separated	1	2
Divorced	0	3
Single	15	16

This difference suggested an examination of the "married" category to determine whether Social Service may have prepared a larger propobtion in this group.

Table 9 shows that "married" patients accounted for forty per cent of the group as compared to forty-four per cent of those not prepared by Social Service. The percentage are thus approximately the same.

TABLE 9

MARITAL STATUS OF PATIENTS WHO DID OR DID NOT RECEIVE PREPARATION BY SOCIAL SERVICE

Martial Status	Number of Patients	
	Prepared by Social Service	Not Prepared by Social Service
Total	37	27
Married	15	12
Separated	1	2
Divorced	1	2
Single	20	11

Age

In an attempt to evaluate what other factors may or may not have contributed to trial visit success, the final question was, whether or not age was a factor.

Dr. Norman Graff[1] studies a group of one-hundred-and-thirty-seven patients in order to determine whether or not age was a factor in adjustment of patients placed in Family Care Program. He found that men placed after they were forty stayed in Family Care homes longer and that a greater proportion of those placed before they were forty did not remain but had to return to the hospital. Dr. Graff also pointed out that older patients seem to be stabilized in their illness and are accepted by society while younger

[1]Dr. Norman Graff, "Family Care Program: Progress and

patients are more active and are not accepted by society. Table 10 shows that twenty-four, or seventy per cent of those patients who stayed out were over thirty as compared to fifteen, or fifty per cent of those who returned. This proportion seemed important.

TABLE 10

AGE OF PATIENTS WHO STAYED AND PATIENTS WHO RETURNED

Age in Years	Number of Patients	
	Stayed Out	Returned
Total	34	30
Less than 30	10	15
Over 30	24	15

This finding suggested the question as to whether Social Service might have prepared a larger proportion of older patients.

Table 11 shows that twenty-five, or sixty-five per cent of those patients prepared by Social Service were over thirty as compared to fourteen, or fifty-one per cent of those who were not prepared by Social Service. In this respect, there was some selectivity in favor of the group

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and Research Notes," Psychology Department, Veterant Administration Hospital, Battle Creek, Michigan (December 1, 1958).

receiving preparation. The difference in regard to age, however, was much smaller than the over-all difference in success between those prepared and those not prepared.

TABLE 11

AGE OF PATIENTS WHO DID OR DID NOT RECEIVE SOCIAL SERVICE PREPARATION

Age in Years	Number of Patients	
	Prepared by Social Service	Not Prepared by Social Service
Total	37	27
Less than 30	12	13
Over 30	25	14

CHAPTER V

SUMMARY AND CONCLUSIONS

The major finding of the study was that more of those patients who were prepared by Social Service stayed out after twelve to fifteen months than those patients who had not been prepared by Social Service. Seventy-three per cent of the thirty-seven patients prepared by Social Service remained out as compared to thirty-seven per cent of the twenty-seven who were not prepared by Social Service. This finding supported the hypothesis of the study.

A variety of factors such as age, diagnosis, length of hospitalization, marital status, et cetera, were analyzed to determine whether they were associated with success on trial visit.

It was found that greater success was experienced by patients with a "paranoid" diagnosis compared with "schizophrenic unclassified," by married compared with single, by those over thirty compared with those under thirty.

Each of these factors was checked further to determine whether Social Service had prepared an undue proportion of patients in these categories, where the success achieved could be due to the patients' characteristics rather than to Social Service preparation.

It was found that no such selective factor existed, except for age. In each of the other characteristics studied, differences between the group prepared by Social Service and the group not prepared were either small or non-existent.

In the case of age, a seemingly important difference was noted between the groups who stayed out successfully and those who did not. A greater number of patients over thirty years of age made a better adjustment than those under thirty years of age. When the relationship between age of population prepared by Social Service and those not prepared by Social Service was compared, no perceptible difference was found between the group over and under thirty who were not prepared by Social Service. The case of the population prepared by Social Service, a significantly greater percentage of the population studied was over thirty years and a significantly lower percentage was under thirty years. While this data represented some Social Service selectivity in relation to age, the difference was much smaller when the over-all difference in success was compared between the group who was prepared and the group who was not prepared by Social Service. It was, therefore, concluded that the greater degree of success achieved by the group prepared by Social Service was related more to the preparation itself than the age factors.

Although this study applied to Battle Creek, Michigan, Veterans Administration Hospital, the implications from these data suggested that all patients selected for trial visit should have Social Service preparation prior to trial visit.

APPENDICES

APPENDIX A

SCHEDULE: DATE:_____

ADMISSION DATE:_____

IDENTIFYING INFORMATION:

Name:_____ C. Number:_____

Trial Visit Address:_____ Phone:_____

Birthdate:_____ Birthplace:_____

Occupation:_____ Marital Status:_____

Next of Kin:_____
(Name) (Relationship) (Address)

Service Dates:_____ Branch:_____

REFERRAL:

Action Requested of R.O.:_____

_____

Trial Visit Dates:_____

May We Have Your Report By:_____(date)____

DIAGNOSIS:_____

LEGAL AND FINANCIAL STATUS:_____

Guardian:_____
(Name) (Relationship, if any) (Address)

Competent: _____ Incompetent:_____ SC:_____NSC:_____
Amt.

Amount on Deposit at Hospital:_____Apportionment:__

Amount Given Patient on Departure:_____

Financial Planning While on T.V.:_____

Voluntary Admission:_____Or committed;_____

MEDICATION:_____

FAMILY ACTIVITY WITH OR REFERRAL TO COMMUNITY AGENCY:_____

_____

PHYSICAL AND EMOTIONAL DESCRIPTION:_____

_____

HISTORY OF ILLNESS:_____

_____

_____

REASONS FOR HOSPITALIZATION:_____

_____

PATIENT'S USE OF HOSPITAL:_____

_____

_____

SOCIAL SERVICE ACTIVITY WHILE PATIENT AT HOSPITAL: (Include persons seen by social worker)_____

_____

_____

FAMILY RELATIONSHIP WITH PATIENT:_____

_____

_____

PATIENT'S ATTITUDES TOWARD T.V.:_____

_____

_____

_____

_____
Social Worker

Enclosure(s)_____

APPENDIX B

TB-C010-8

VETERANS ADMINISTRATION BRANCH OFFICE NUMBER SIX -
Columbus 8, Ohio
Technical Bulletin
May 1, 1947

SOCIAL SERVICE RESPONSIBILITY FOR TRIAL VISIT PATIENTS

1. General Purpose. The object of this bulletin is to clarify the responsibility of the Social Service Section regarding those patients within the Branch Area who are on Trial Visit status from a VA hospital.

2. Definition of Trial Visit. The term "trial visit" refers to the status of a patient from an NP hospital who is at home, or in the community for the purpose of determining his adjustability to living outside the hospital. (See R. & P. 6167 (D) and 6938).

3. Reason for Referral to Social Service. Upon the recommendation of the ward physician, the patient may be considerdd ready for trial visit. When such a recommendation is contemplated by the ward physician, referral should be made promptly to the hospital Social Service Section in order to:

a. Determine and evaluate the adequacy of the home and environment.

b. Prepare the family and community for the patient's return by: (1) helping them understand the patient's present condition; and (2) giving them the necessary information concering VA regulations governing patients on trial visit.

c. Help the patient in his adjustment at home by means of referral to the Social Service Section in the regional office area to which he will return.

d. Maintain close supervision of the patient while at home and thereby provide the ward physician with complete reports and evaluation of the patient's trial visit experience.

4. Procedure for Securing Pre-Trial Visit Study.

When a patient has been recommended for trial visit and has been referred to the hospital Social Service Section, the following steps will be taken:

a. The patient will be interviewed, as soon as possible, by a hospital social worker.

b. On the basis of prior reading by the medical chart and discussion with the ward physician, the social work should obtain information pertinent to the patient's situation and help him with problems he may have in relation to the proposed trial visit.

c. Hospital Social Service should request a pre-trial visit study from the social service section in the particular regional office having jurisdiction, following the provisions of R. & P. 6787 (D).

1. The request to the regional office should cover in detail not only the types of information needed, but also facts and recommendations concerning the patient which will be of value to the regional office.

In those instances where the hospital Social Service Section has had extensive contact with the patient and his

relatives, sufficient information may have been acquired to afford a basis for determination of the feasibility of trial visit. The referral to the regional office in these cases should include an adequate summary of this information in order that effective follow-up supervision and assistance may be provided:

d. As soon as the pre-trial visit study has been prepared and submitted to the Social Service Section making the request, the original copy will be sent to the ward physician.

e. Before he leaves the hospital, the patient will be prepared for his relationship with Social Service during the trial visit with the information that he will be contacted by a social worker after his arrival home. The regional office will be notified promptly when the patient leaves the hospital.

f. The Social Service Section in the regional office will get in touch with the patient as soon as possible after his arrival home, preferably within two weeks. A definite appointment will be made for him to be seen in the office or at home, whiever seems appropriate. Regular interviews with the patient, his family, and if absolutely necessary, with members of the community, should be held during the trial visit period. This will enable the Social Service Section to submit reports within the time specified by the hospital. Recording should include information which may be useful to the Chief Attorne.

g. Social Service in the hospital and the regional office will consider the individual patient's need for neuropsychiatric guidance or treatment, and will be guided by the recommendation of the hospital medical staff in taking the necessary action.

5. Utilization of Non-Va Agencies. a. In some instances it will become necessary to refer individual patients or their families to other agencies in the community. It will be the responsibility of the regional office Social Service Section to maintain complete liaison and active

cooperation in these cases. If cooperation of non-VA agencies is required or desirable, this will be requested by the regional office. In this way one unit can offer consistent interpretation to the community agencies, develop understanding between VA and those agencies in the regional office territory, and evaluate the relative usefulness of the various agencies which offer assistance. The report from the cooperating agency will be incorporated in the final report to the hospital Social Service Section:

1. An exception to the above procedure may exist when a hospital has developed good working relationships with the agencies in its immediate community. Where necessary, direct contacts with such agencies may be made by the hospital.

2. When a hospital and a regional office or sub-regional office have social service facilities are located in the same community, a joint agreement subject to Branch Office approval should be reached on the procedure for utilization of NON_VA resources in that community.

b. Where a need for social service by a non-service-connected veteran can be anticipated to exist beyond the date of final discharge from the hospital, consideration should be given to arranging for referral to a non-Va agency during the trial visit period in order to avoid an abrupt transfer when eligibility for VA service terminates.

Ralph H. Stone
Deputy Administrator

APPENDIX C

VETERANS ADMINISTRATION HOSPITAL
FORT CUSTER, MICHIGAN

December 12,1952

Excerpts from Medical Memorandum No. 12

Subject: Passes, Leaves of Absence, and Trial Visits.

1. Trial Visits are encouraged but are only granted to psychotic patients, and extend for period from 30 to 90 days, and are subject to extension up to a maximum period, beyond which recommitment would be required under state law. Generally, Trial Visit will not be longer than six months.

2. Approval for trial visit will be granted following presentation of the case to Trial Visit Board, as outlined in previous memorandum from the Manager.

(ss) A. L. Olsen, M. D.
Chief, Professional Services

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