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The Function of the Psychiatric Team in the Service Meetings of the Psychiatric Section of the Veterans Administration Hospital, Hines, Illinois

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THE FUNCTION OF THE PSYCHIATRIC TEAM IN THE SERVICE MEETINGS OF THE PSYCHIATRIC SECTION OF THE VETERANS ADMINISTRATION HOSPITAL HINES, ILLINOIS

by

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LIFE

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*In compliance with Section 3, VA Circular 214, 1946

CHAPTER 1

Introduction

Background. In the past decade, two distinct approaches to the profession of social work have been developing. On the one hand, practitioners, supervisors, administrators and educators are concerned with the description and definition of casework practice which distinguishes its professional activity. On the other hand, there is the recognition, particularly in psychiatric social work, that the team ar collaborative approach to the client or patient may offer great service.[1]

The team approach is inherent in such agencies as the child guidance clinics. Child and family welfare agencies have recently incorporated this concept by the practice of regular consultations with psychiatrists, psychologists, and other related professions.[2]

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1 Maurice F. Connery, "Problems in Teaching the Team Concept", The Journal of Psychiatric Social Work, Volume XXl, December, 1951, p. 81.

2 Ibid.

The Veteran's Administration has promoted the team approach to the patient for many years. During July of 1951, the Psychiatric Section of the Veteran's Administration Hospital at Hines, Ill., began to allocate time for weekly meetings of the psychiatric team. This policy is viewed by the Chief Social Worker of the hospital as an intensification of the team approach.[3] While meetings and consultations between the disciplines of psychiatry, psychology, and social work occurred before, the scheduling of these frequent meetings could promote greater unity on the part of the three disciplines primarily concerned with the psychiatric patient. The Veteran's Administration hospital is a training center for psychiatric residents, trainees in psychology, student nurses, and student social workers. These meetings could also serve to further professional education.

Purpose. The purpose of this study, begun November, 1951, was to analyze the content of the meetings and the participation of the team members on the basis of factual data. The analysis, a study of the component parts of the meetings, was based on the use the team made of their meeting time.

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3 Statement of the Chief Social Worker, Personal Interview.

Setting. The Veteran's Administration Hospital at Hines, Illinois is "a general medical and surgical hospital with all its specialties serving men and women. Veterans may apply who have an honorable discharge, or whose discharge was under honorable conditions, from active military service during the wartime period. Only peacetime veterans who are service connected or receiving disability compensation may apply. Veterans with service connected disabilities always receive priority while veterans with non-service connected disabilities are entitled but bed availability determines admission. Official copy of discharge must accompany application. Bed Compliment 3,109."[4]

The psychiatric section receives veterans who have suffered a psychotic breakdown or who are in need of hospital supervision for the treatment of their psychiatric breakdown. This section occupies five hospital wards. Of these, four are locked wards and one is an open ward. In all, there are 138 beds available for eligible veterans.

The Psychiatric section has three large day rooms, a gymnasium and space for recreational activities such as

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4 Letter from the Chief Social Worker to the Social Service Directory, Welfare Council of Metropolitan Chicago, November 2, 1950, approved by the Hospital Manager.

music, arts, and crafts. There are facilities for insulin and electroshock therapy, hydrotherapy, occupational and physical therapy. Personnel is available for social service, psychological testing, group and individual psychotherapy.

Administration of the Meetings. The seven resident psychiatrists, all in training at the hospital for a three year period, were each named chairman of a weekly service meeting. Each resident is responsible for approximately twenty to twenty five patients. Two consulting psychiatrists ate attached to each team. A social worker and a psychologist were also assigned to each meeting and they assumed professional responsibility for the same patients. In addition to these members, psychology trainees and social worker students frequently attended the meetings.

Scope and Limitations of the Study. In order to analyze the meetings, it was necessary to define terms. The criteria selected for analysis was the use which the team members made of the time at their disposal and the interaction of the team members during a sample of twenty meetings. Tape recordings of the entire prodeedings of the sample composed the primary source material.

A study of the service meetings at this hospital was necessarily limited by several factors. Vacations, holidays and illness interfered with full membership at each

meeting. Furthermore, the meetings were informal, on the whole, creating the problem of when to consider a meeting officially begun or ended since discussion often began before the entire group was assembled.

The limitations were handled by recording meetings continuously with the exception of the two week period during the end of December (the Christmas holidays). A meeting was arbitrarily considered begun when three members were present and began discussing case material. A meeting was considered ended when less than three members remained discussing case material.

Description of the Schedule. After a meeting was recorded, the method of handling the data was to play the meeting back and make appropriate tallies on a schedule. A copy of this schedule is included in the appendix.

The schedule was devised to answer three principal questions about the meetings:

1. How many patients were receiving service in the meetings?
2. What was the content of the meetings?
3. To what extent did the team members participate and interact in the discussion?

To answer these three questions, the following information was secured. Space was provided in the upper

portion of the schedule for entering the identifying information, the name of the resident conducting the meeting, and the date. A column on the left side of the sheet, titled "Veteran and Status" was provided for the name of the patient under discussion. The status refers to whether the patient was new to the hospital (less than two weeks), a continued case, or a discharged patient.

A second vertical column, titled "Participants" was provided for the professional categories, the "Social Worker", "Resident", "Consultant", "Psychologist", and "Trainee".

The remainder of the **vertical** columns were assigned to categories defining the content of the discussions.

The first functional category, Reporting, refers to the exchange of information by team members of material which occurred in the past. Reporting would include such material as might be in the formal report of a team member on a patient's progress. It could refer to repeating information received from a patient or other persons in the environment of hospital setting.

Examples:

A. "The patient received ten electro-shock treatments."

B. "He (the patient) said he felt better this week."

C. "The mother of the patient is 65 years old."

The second category, Teaching, refers to remarks which are not intended to apply specifically to a particular patient but which are offered for the general information of the group. Interviews with patients during the meetings were included here since the purpose of the the interviews was instruction.

Examples:

A. "Paranoid schizophrenics often behave in this way."

B. "In an article by Anna Freud, object anxiety is described."

The third category, Interpretation, refers to explanations of behavior, attitudes, or motivations. It is broken down into the following sub-categories:

1. "Interpretation of Overt Behavior"

Examples:

A. "He strikes the attendants because of his hostility to his mother."

B. "His failure to speak is due to his regressed state."

2. "Interpretation of a Verbalized Problem"

Examples:

A. "His troubles with his wife are probably due to the uncertainty he has of his masculine role."

B. "He says that everyone is against him because he can't face his basic problems as yet."

3. "Interpretation of Induced Problems"

Examples:

A. "The patient has a rigid personality and a restricted ego span."

B. "His personality is essentially dependent."

4."Interpretation of the Motives of Others"

Examples:

A. "Probably his wife is afraid to refuse him anything."

B. "The patient's friends won't accept his changed behavior."

The fourth functional category, Prediction, applies to a team members evaluation of what a patient is likely to do or say.

1. "Predicting Future Behavior"

Examples:

A. "He will return to mental hospitals many times in his lifetime."

B. "With his increased confidence, he will probably not return to his old job."

2. "Predicting Material Forthcoming"

Examples:

A. "With a few more therapy treatments, the patient will be able to handle his involvement with his brother."

B. "He is more and more able to voice his hostility, and should gain more insight quickly."

Planning, the last of the functional content cate-

gories, refers to actions which a team member or some member of the hospital staff is to take in regard to a patient.

1. "Planning Therapy"

Examples:

A. "Insulin coma therapy will begin Monday."

B. "Focus the interviews on reality factors such as his housing when he is discharged."

2. "Planning in Regard to Outside Resources"

Examples:

A. "Make arrangements with the wife to sign the patient out on a pass."

B. "Perhaps he can receive outpatient care at the Mental Hygeine clinic."

The time that each team member contributed in each category was recorded. In order to arrive at the interaction of the team members, frequency distributions or charts were set up for each meeting to demonstrate the number of times the members spoke in a meeting. A check or tally was entered each time a team member spoke to indicate the speaker he followed. A copy is included in the appendix B.

Summary. A study of how time was utilized in the weekly service meetings of the psychiatric team was conducted to determine the function which the meetings were serving. Tape recordings of the sample of twenty complete meetings composed the primary source material. The method of handling the data was to play back the recordings and note the time

each participant spoke under the categories which described the content of the discussions. The recordings were replayed to determine the interaction of the speakers and this data was recorded on a frequency distribution chart.

Once the material was gathered, a statistical analysis of the material followed. .

CHAPTER 11

The Content of the Meetings

The Patients Under Discussion. A total of 128 patients were discussed in the twenty recorded meetings. Of these, twelve were patients who entered the hospital not more than two weeks before the particular meeting. Seven discharged patients were discussed and the remaining 109 patients were currently receiving care in the hospital. The number of patients discussed in an individual meeting ranged from one to fifteen. The arithmetic average of veterans under discussion at a meeting was six and the median number was four. There was a slight tendency for the scores to cluster in the lower half of the frequency distribution.

TABLE 1

THE NUMBER OF PATIENTS UNDER DISCUSSION

Number of Patients	Number of Meetings
1 - 3	6
4 - 7	6
8 - 11	5
12 - 15	3
Total	20

The meetings lasted from forty minutes twenty seconds to 112 minutes fifty three seconds. The mean time was sixty minutes fourteen seconds and the median time was sixty minutes. When a meeting began late, it tended to last less than an hour. Other conferences were often scheduled close to the team meetings. The extremely poor weather in December was another factor which tended to shorten the meeting time for all the teams.

TABLE 11

TIME OF INDIVIDUAL MEETINGS

Time (minutes)	Number of Meetings
40-49	6
50-59	3
60-69	9
70-over	2
Total	20

An analysis of the Content of the Meetings. Reporting, or those comments of the team members which dealt with past material about a patient, tended to consume the greatest amount of time. In twelve of the twenty meetings, it ranked first among the five categories of Reporting, Teaching, Interpreting, Predicting and Planning. In six meetings, Reporting ranked second, and in one meeting each it ranked

third and fourth.

TABLE 111

RANK FOR REPORTING

Rank	Number of Meetings
1st	12
2nd	6
3rd	1
4th	1
Total	20

TABLE 1V

MEETING TIME DEVOTED TO REPORTING

Percentage of Meeting Time	Number of Meetings
10-19	1
20-29	5
30-39	7
40-49	6
50-59	1
Total	20

The range for the percentage of time spent in each meeting on reporting was from nineteen to fifty percent. The mean percentage was thirty nine and the median percentage 37.5%. The percentages tend to approach a normal curve, a

distribution which could be expected by chance.

Teaching, the content of the meetings which was offered for the general information of the group and was not intended to be applied to a specific patient, varied widely in its rank. Teaching most often ranked fourth.

TABLE V

RANK FOR TEACHING

Rank	Number of Meetings
1st	3
2nd	3
3rd	3
4th	9
5th	2
Total	20

TABLE VI

THE PERCENTAGE OF MEETING TIME IN TEACHING

Percentage	Number of Meetings
0 - 10	7
11 - 20	7
21 - 30	3
31 - 40	1
41 - 50	2
Total	20

The time devoted to Teaching in a single meeting

ranged from zero to fifty percent. The mean time was 17.4% and the median time was thirteen percent. Teaching tended to occupy under twenty percent of the total meeting time.

Interpretation, that part of the content which dealt with explaining material about the past of a patient, tended to rank between second and third in the content categories.

TABLE V11

RANK FOR INTERPRETATION

Rank	Frequency
1st	4
2nd	7
3rd	6
4th	3
Total	20

From eleven to forty two percent of the total meeting time was spent on Interpretation. The mean percentage was 24.4% and the median percentage twenty three. The distribution of scores again seems to approach a normal curve.

TABLE V111

THE INTERPRETATION IN THE MEETINGS

Percentage	Number of Meetings
10-19	6
20-29	7
30-39	6
40-49	1
Total	20

When making interpretations, the teams were about equally as likely to interpret the "Overt Behavior" of a patient as they were to interpret a problem which was "Induced" to him. They were less likely to interpret a "Verbalized problem" as they were to interpret the "Motives of Others." The range of time given to interpreting the "Overt Behavior" was from zero to twenty one percent, with a mean time of 1.8% and a median percentage of seven.

TABLE 1X

INTERPRETING "OVERT BEHAVIOR"

Percentage	Frequency
0 - 9	12
10 -19	7
20 -29	1
Total	20

The teams in the sample interpreted an "Induced problem" from two to nineteen percent of their total time. The mean percentage was 8.5 and the median percentage was nine.

TABLE X

INTERPRETING "INDUCED PROBLEMS"

Percentage	Frequency
0- 4	3
5- 9	15
10- 14	5
15- 19	1
Total	20

TABLE XI

INTERPRETING " PROBLEM VERBALIZED"

Percentage	Frequency
12-15	2
8-11	1
4- 7	6
0- 3	11
Total	20

The interpretation of problems which a patient verbalized had a shorter range, from zero to thirteen percent of the meeting time. The mean percentage was 4.2 and the

median percentage was three. The scores tended to cluster at the lower end of the distribution.

The shortest range for Interpretation was in the interpretation of the "Motives of Others". Here the range was zero to six percent of total meeting time with a mean of 2.9% and a median of three percent. There was a tendency to cluster in the lower half of the distribution.

TABLE XII

INTERPRETING "MOTIVES OF OTHERS"

Percentage	Frequency
0-2	8
3-4	9
5-6	3
Total	20

Prediction, that content category which dealt with anticipating the future behavior of a patient or material which a patient might present in the future tended to rank last in terms of time. The range for rank was the most constricted of any of the categories.

The Percentage range for all prediction was from one to seven percent with a mean of 3.8% and a median of four percent. The team members were more likely to deal with information about prediction of future behavior of a

patient rather than any other material. The small difference in percentage figures and the small size of the sample does not permit any conclusive generalizations from this, however.

TABLE XIII

RANK FOR PREDICTION

Rank	Frequency
4th	3
5th	17
Total	20

TABLE XIV

PERCENTAGES FOR PREDICTION

Percentage	Frequency
1	3
2	3
3	3
4	4
5	2
6	4
7	1
Total	20
Mean	3.8%
Median	4.0%

Planning, defined as the active steps which a member of the hospital staff was to take in the future in regard to a patient tended to rank third in the meetings, behind Reporting and Interpreting.

TABLE XV

RANK IN PLANNING

Rank	Number of Meetings
1st	1
2nd	4
3rd	10
4th	4
5th	1
Total	20

Planning, occupied a range from eight to thirty eight percent of the total meeting time. The mean time was 17.5% and the median percentage was fifteen. Most of the planning time was given to therapy or service given directly to the patient, rather than to planning for "Outside Resources".

TABLE XVI

PERCENTAGE FOR PLANNING

Percentage	Planning
0-20	12
21-40	8
Total	20

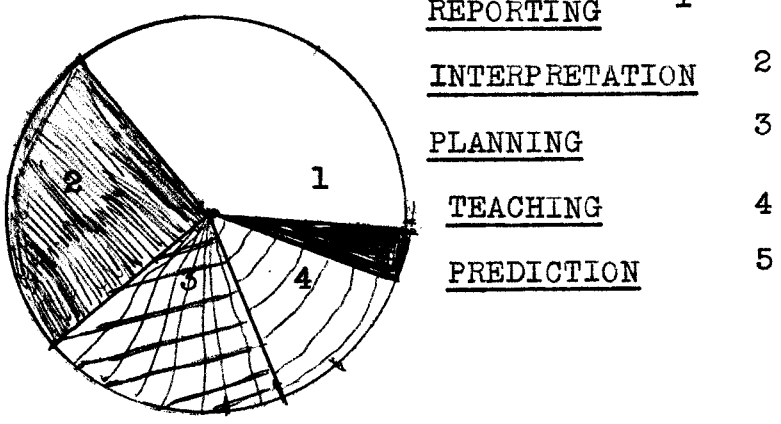
The range for therapy was from five to thirty seven percent of the total meeting time. The mean here was 16.7% and the median fifteen percent. Planning in regard to "Outside Resources" ranged from zero to six percent with a mean of 1.7% and a median of one percent.

Summary. In a typical meeting of the psychiatric team, four patients are discussed. Patients receiving continued care in the hospital tend to be discussed rather than new or discharged patients. The meetings last approximately an hour.

The content of a typical meeting, based on the sample of twenty recorded team meetings, presents the following picture: Reporting consumes 7/20 of the team's time, Interpretation 5/20, Planning 4/20, Teaching 3/20, and Prediction 1/20.

FIGURE 1

CONTENT DISTRIBUTION



CHAPTER 111

PARTICIPATION OF TEAM MEMBERS

All of the professional disciplines contributed to every meeting at which they had a representative present. The percentage range for the contribution of the social worker in a single meeting was from two to twenty five percent. The mean contribution of the social worker was 11.2% and the median was eight percent.

TABLE XV11

THE SOCIAL WORKER'S PARTICIPATION IN THE MEETINGS

Percentage	Number of meetings
20-25	4
14-19	2
8-13	4
2- 7	7
absent	2
Total	20

The resident psychiatrists, who conducted the meetings, ranged in participation from twenty two to forty seven percent. The mean of this group was 36.2 and the median was thirty seven percent. There was a tendency for the percentage

scores to cluster in the upper half of the distribution.

TABLE XVlll

THE RESIDENT'S PARTICIPATION IN THE MEETINGS

Percentage	Number of Meetings
40-49	8
30-39	7
20-29	4
absent	1
Total	20

The consultants participated to the extent of eighteen to forty seven percent. Their mean contribution was 33.4% and median contribution thirty five percent. Scores for the group tended to cluster in the 30-39% interval.

TABLE XlX

THE CONSULTANT'S PARTICIPATION IN MEETINGS

Percentage	Number of Meetings
40-49	3
30-39	9
20-29	6
10-19	1
absent	1
Total	20

The psychologists participated in the range from one to thirty seven percent of the total meeting time. The mean of their participation was 12.1% and the median eleven percent. An analysis of the frequencies indicates a slight tendency to cluster in the lower half of the chart.

TABLE XX

THE PSYCHOLOGIST'S PARTICIPATION

Percentage	Number of Meetings
30-39	1
20-29	4
10-19	6
0- 9	8
absent	1
Total	20

The psychology trainees ranged from two to thirty eight percent in their contributions. The mean for the group was 10.2% and the median eight. In most of the meetings three trainees were present. Contributions of from 30-39% seemed to occur only when a trainee was presenting a formal report of psychological tests.

TABLE XXl

THE TRAINEE'S PARTICIPATION

Percentage	Number of Meetings
30-39	2
20-29	0
10-19	5
0- 9	12
absent	1
Total	20

The relative contribution of the disciplines can be seen on the following table. The percentages were computed on the basis of meetings at which the representative of a profession was present. They do not, therefore, total an even 100%

TABLE XXll

THE CONTRIBUTION OF MEMBERS TO ALL MEETINGS

Participant	Mean	Median
Resident	36.2%	37%
Consultant	33.4%	35%
Psychologist	12.1%	11%
Social Worker	11.2%	8%
Trainee	10.2%	8%

Content Analysis For Each Team Member. When the social worker was speaking she was most likely to be contributing to Reporting, then to Interpretation, followed by Planning, less likely to be Teaching, and the least likely to be Predicting.

TABLE XXIII

THE CONTENT OF THE SOCIAL WORKER'S DISCUSSION

Content	Percentage Participation
Reporting	61%
Teaching	4%
Interpretation	20%
Prediction	1%
Planning	14%
Total	100%

The resident was the most likely to contribute to Reporting, then to Planning, then Interpretation, followed by Teaching, and then Prediction.

The consultant concentrated his time on Interpretation then on Teaching, followed by Reporting, and Planning with the least time given to Prediction.

TABLE XXlV

THE CONTENT OF THE RESIDENT'S DISCUSSION

Content	Percentage Participation
Reporting	51%
Teaching	7%
Interpretation	16%
Prediction	4%
Planning	22%
Total	100%

TABLE XV

THE CONTENT OF THE PSYCHOLOGIST'S DISCUSSION

Content	Percentage Participation
Reporting	29%
Teaching	14%
Interpretation	23%
Prediction	5%
Planning	29%
Total	100%

TABLE XXVl

THE CONTENT OF THE CONSULTANT'S DISCUSSION

Content	Percentage Participation
Reporting	16%
Teaching	26%
Interpretation	39%
Prediction	4%
Planning	15%
Total	100%

The psychologist's contribution was principally in the area of Reporting and Planning, next in Interpretation, followed by Teaching and Prediction.

TABLE XXVll

THE CONTENT OF THE TRAINEE'S DISCUSSION

Content	Percentage Participation
Reporting	36%
Teaching	11%
Interpretation	39%
Prediction	4%
Planning	10%
Total	100%

The psychology trainee was most likely to be contributing to Interpretation, then to Reporting, followed by Teaching, and Planning, and least likely to be participating in Prediction.

The rank which each team member assigned to each of the six content categories may be seen in the following table:

TABLE XXVlll

THE COMPARATIVE RANKS GIVEN TO CONTENT FOR ALL MEETINGS

	Social Worker	Resident	Consultant	Psychologist	Trainee
Reporting	1	1	3	1-2	2
Teaching	4	4	2	4	3
Interpretation	2	3	1	3	1
Prediction	5	5	5	5	5
Planning	3	2	4	1-2	4

Interaction of Team Members. In addition to computing the length of time which each member contributed to the meetings and an analysis of his contribution, a study was conducted to determine the number of times each member spoke and the speaker whom he followed. These total scores were then ranked. When the social worker speaks, she is most likely to follow the resident, next the consultant, next

the psychologist, and least likely to speak after the trainee. The resident is most likely to follow the consultant, then the trainee, and least likely to follow the psychologist or social worker. The consultant is most likely to speak after the resident, next the trainee, next the psychologist, and least likely to follow the social worker. The psychologist is most likely to follow the consultant, next the resident, then the trainee and least likely to follow the social worker. The trainee is about equally likely to speak following the resident or consultant, next the psychologist, and least likely to follow the social worker.

TABLE XXIX

RANK OF CONTRIBUTIONS

SPEAKER	Social Worker	Resident	Consultant	Psychologist	Trainee
Social Worker	-	1	2	3	4
Resident	3-4	-	1	3-4	2
Consultant	4	1	-	3	2
Psychologist	4	2	1	-	3
Trainee	4	1-2	1-2	3	-

Summary. In a typical meeting, one social worker, one resident, two consultants, one psychologist and three trainees are present. The largest amount of time is utilized by the resident, followed by the consultant, then by the psychologist, followed by the social worker with the smallest amount of time contributed by the trainee.

The team members vary somewhat in the emphasis which they place on Reporting, Teaching, Interpretation, Prediction and Planning. The consultant devotes the majority of his time to Interpretation and Teaching, while the other disciplines concentrate their time on Reporting.

CHAPTER 1V

INTERPRETATION OF RESULTS

This study was undertaken in an attempt to analyze the structure of the weekly service meetings of the psychiatric team at the psychiatric section of the Veteran's Administration Hospital, Hines, Ill. Three questions were posed to determine how the time devoted to the meetings was utilized. The answers to these questions formed the basis for conclusions regarding the function of the meetings.

1. How many patients were receiving service in the meetings? While anywhere from one to fifteen patients were discussed in an individual meeting, the median number of patients was four. Since a patient was scored as being discussed if his name was mentioned any time during a meeting, these figures can not be used as an absolute guide of service. Sometimes discussion about a particular patient related equally well to another patient although the other's name was not mentioned.

2. What was the content of the meetings? The greatest amount of time was devoted to Reporting (37.5% median), with less time given to Interpretation (23% median),

Planning (15% median), Teaching (13% median), and Prediction (4% median). These categories which were defined in the body of the study are arbitrary. They do, however, distinguish fairly well between material which has occurred in the past (Reporting and Interpretation) and material concerned with the future of a patient (Planning and Prediction).

3. To what extent did the team members participate and interact in the discussion? The resident conducted the meetings and spoke for the greatest length of time (median 37%). He was followed by the consultant (median 35%), the psychologist (median 11%) and the social worker and trainee (medians of 8%). The team members usually speak following the resident or consultant. They are less likely to speak after the trainee, psychologist and social worker in this order.

The time which a team member speaks during a meeting is not an absolute guide to his contribution. Often the resident presented material which had been summarized from the reports of other team members.

The small size of the sample (twenty recorded meetings) also mitigates against drawing any conclusive findings from this study. The following tentative conclusions, however, might be made:

1. The service meetings represent a unification

and intensification of the team concept in practice.

All of the team members had a contribution to make to the meetings and all participated in the discussion. As all team members had the opportunity to be acquainted with the total treatment planning for the patients, an individual team members activity could be directed more effectively.

2. Reporting, or the exchange of information, is the necessary medium for Interpretation, Planning, and Predicting.

The team meetings represent a convenient means of informing all professional personnel concerned with a patient of that patient's status and progress. Reporting, seems to be needed also for the most effective use of consultation service.

3. The professions seem to retain their identity statistically in the team meetings.

As one would predict, the consultant devotes a greater percentage of his time to Teaching, than do the other team members. The social worker devotes a greater percentage of her time to Reporting than do the other professions. The resident and psychologist are the most concerned with Planning for the patient. Both the consultant and trainee devote a large percentage of their time to Interpretation.

The future course of the psychiatric service meetings will probably reflect the future experience of the therapies.

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date _____

Service Meeting _____

Veteran & Status	Participants	Reporting	Teaching
	Social Worker		
	Resident Psychiatrist		
	Consultant Psychiatrist		
	Psychologist		
	Trainee		
Total			

APPENDIX B

Person Speaking

Person Following	Social Worker	Resident	Consultant	Psychologist	Trainee
Social Worker					
Resident					
Consultant					
Psychologist					
Trainee					