A Study of the Opinions of the Psychiatrists in the Psychiatric Section of Hines Veterans Administration Hospital Concerning the Training Preparation and Function of Psychiatric Social Workers in This Setting

E.J. Albaugh
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A STUDY OF THE OPINIONS OF THE PSYCHIATRIST IN THE PSYCHIATRIC
SECTION OF HINES VETERANS ADMINISTRATION HOSPITAL
CONCERNING THE TRAINING PREPARATION AND FUNCTION
OF PSYCHIATRIC SOCIAL WORKERS IN THIS SETTING

by

E. J. Albaugh

A Thesis Submitted to the Faculty of the School of Social
Work of Loyola University in Partial Fulfillment
of the Requirements for the Degree of
Master of Social Work

June
1952
The writer was born in Youngstown, Ohio in 1926. Eighteen years later he graduated from South Hi School there and then went directly into the United States Marine Corps. He served nineteen months in the corps and was discharged in August, 1946. In September of the same year he entered Kent State University, Kent, Ohio and four years later received his Bachelor of Arts Degree from this school. In September of 1950 he began his graduate training in the School of Social Work of Loyola University.
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Presented with the permission of the Chief Medical Director, Department of Medicine and Surgery, Veterans Administration, who assumes no responsibility for the opinions or the conclusions deduced by the writer.*

* In compliance with Section 3, Veterans Administration Circular 214, 1946.
CHAPTER I

INTRODUCTION

The collaboration of psychiatric social workers and psychiatrists as members of a team is a comparatively recent development. Social workers have been employed in psychiatric hospitals for only a little more than thirty-five years; training, leading to a diploma in psychiatric social work, has been going on for somewhat less than thirty-five years.¹

The care of casualties of World War I gave a great impetus to psychiatry and to psychiatric social work; following the war the idea of the clinical team, psychiatrist, psychologist, and psychiatric social worker, was gradually accepted as a standard procedure.

Despite the fact that the psychiatric social workers and the psychiatrists have now worked together in joint therapeutic effort for thirty odd years, the social worker is faced with certain special problems to which he must adapt his skills and training. He must not only develop a helpful teamwork relationship

with the members of his own unit, the psychiatrist and the psychologist, but with the total hospital staff as well. The worker finds himself in close touch with occupational therapists, physical therapists, educational therapists, psychiatric nurses and dietitians, with special disciplines and skills who are all working with him to serve the patient. It is important that they understand and accept his special contributions and that he understand theirs. His professional training must serve him first in casework service with the patient and, in addition, he must have some understanding of the contribution of other related medical skills so that these may be effectively coordinated to serve the patients.

The social worker has the responsibility to clarify his role in the total treatment process so that his skills can be used to a maximum without duplicating or interfering with other services offered to the patient. Unless the function of the social worker is clearly defined, he and his contributions to the welfare of the patient could easily lose its effectiveness in the maze of activities focused around the patient. 2

During the patient's hospital stay it is the joint responsibility of the psychiatrist and psychiatric social worker, utilizing all the information and assistance which can be provided

by the patient, by relatives, and by the members of the hospital personnel, to elicit and evaluate the resources and potential assets of the patient and of the community, to determine how these can be best mobilized toward helping the patient to get well. The degree of skill and collaborative planning required is of a high order.

In order to return the maximum number of patients to the community some of the most important factors are those involved in the skillful integration and coordination of the doctor and social worker. Since the psychiatrists are the directors of the team in all treatment planning they are familiar with the function of the psychiatric social worker and utilize their services with maximum efficiency.

In this study the writer has attempted to explore with a group of psychiatrists, who are affiliated with a mental hospital, what their opinions are in regard to the training, preparation, and functions of the psychiatric social workers on their teams.

The purpose of this study is to secure answers to two broad questions:

3 Jay Hoffman, M.D., "Treatment Goals of an Neuropsychiatric Hospital", Department of Medicine and Surgery, Psychiatry and Neurology, Division Issue, Veterans Administration, January, 1951, 8.
I. What are the opinions of the doctors in regard to the function of the psychiatric social workers on their teams?

II. What are the doctors' opinions as to the training preparation for the psychiatric social workers on their teams?

These two questions cover a wide area. To give the study more focus the writer has included several secondary questions. They are as follows:

Under "Function", No. I:

A. How efficiently are the psychiatric social workers performing their function?

B. Do the psychiatric social workers overstep their role by assuming some functions of other personnel in the hospital?

Under "Training Preparation", No. II:

A. What are the opinions of the doctors in regard to the amount of academic training of the psychiatric social workers?

B. What are the opinions of the doctors in regard to the amount of field training of the psychiatric social workers?

C. What are the doctors' opinions as to the type of field placement for adequate training in psychiatric social work?

D. What are the doctors' opinions of the training preparation of the psychiatric social workers in regard to the field training and seven basic subjects: medical information, psychiatric information, knowledge of law, knowledge of sociology, knowledge of philosophy of life, knowledge of community facilities available for patient and knowledge of Veterans Administration
policy?

In order to aid the writer in formulating the conclusions of this study, the doctors were asked a final question:

III. Is there a need for more interpretation of the psychiatric social workers' role to the different members of the team?

The answers to the questions above formulated the data for this study. This group of questions was administered by personal interviews with each of the eighteen psychiatrists or resident psychiatrists associated with the Psychiatric Section of Hines Veterans Administration Hospital, Hines, Illinois. All the names of the doctors are anonymous and are not used as part of the study.
CHAPTER II

VETERANS ADMINISTRATION AND HISTORY OF SOCIAL SERVICE IN THE VETERANS ADMINISTRATION

Veterans Administration

The Veterans Administration is an independent establishment of the executive branch of Government. It was authorized by an Act of Congress, created by Executive Order, and has specific duties, responsibilities, and limitations defined by law. In general, "The Veterans Administration administers laws relating to the relief of, and other benefits provided by law for, former members of the military and naval forces."¹

Only the briefest of reference can be made here to the more important privileges, rights, and benefits guaranteed to veterans by these laws.

It extends financial benefits, in the form of compensation and pensions to veterans and to dependents of deceased veterans of all wars, and to those with service other than in time of war.

Vocational rehabilitation and education, authorized by Public Laws 16 and 346 in the 78th Congress, readjustment allowances or unemployment compensation, guaranty of loans, and life insurance policies are important rights and benefits administered by the Veterans Administration.

The Department of Medicine and Surgery of the Veterans Administration provides veterans with domiciliary or hospital care and treatment, and with outpatient medical, psychiatric or dental treatment. The Veterans Administration has not been authorized by law to furnish medical care or treatment to all veterans. Those who are ineligible, or for whom there are no available facilities, must turn to other civilian services for assistance.

Veterans, who have been discharged or released from active service under conditions other than dishonorable, may receive hospital care, "when suffering from injuries or diseases incurred or aggravated in line of duty and for which they are medically determined to be in need of hospital treatment."\(^2\) However, other veterans, irrespective of whether the disability or illness is due to service, may be admitted if unable to finance private treatment, and if there are beds available in the hospital.

In general, outpatient treatment is furnished only to those veterans with "service-connected diseases or injuries, or for nonservice-connected conditions associated with and held to

\(^2\) Ibid., 95.
be aggravating a service-connected disability."³

Social Service operates within the Department of Medicine and Surgery in hospitals, outpatient departments of regional offices and in domiciliaries. The growth in quality and quantity of social workers is one encouraging indication that the Administration has a real concern for veterans' individual and personal problems. In May, 1945, there were two hundred and nine-five social workers and today there are over thirteen hundred.

Upon the social workers rest major responsibility for helping the patient deal with those obstacles within himself and his environment that stand in the way of the fullest achievement of his purposes. The medical team - the physician, the social worker, rehabilitation personnel, and others, all are working toward helping the veteran:

(1) use hospitalization or outpatient facilities to the best advantage in getting the medical care needed.

(2) leave the hospital or complete his outpatient treatment with plans well underway for future activities.

(3) make a smooth transition to home and community life with the minimum sense of handicap.

(4) retain the health gains made; and

(5) avoid unnecessary relapses.⁴

The Veterans Administration, and particularly its Social Service Division, must face the same problems which other agencies

³ Ibid., 98.

face: the understanding, the support, and the good will of the public; and the availability of adequate funds and competent personnel.

History of Social Service in Veterans Administration

Medical Social Service originated about 1906 in Massachusetts General Hospital. When the Boston Psychopathic Hospital was established in 1912 as a department of the Boston State Hospital, its organization included a Social Service Department. During the first World War the problem of the prevention and care of mental disorders among the enlisted men became an important issue, and there was a need for psychiatric social workers to serve in all the Army hospitals. To meet this need, a special training course for psychiatric social workers was organized at Smith College and at Boston Psychopathic Hospital with the cooperation of the National Committee for Mental Hygiene. Graduates of this course went into various Army hospitals and war-time organizations. In 1919, at the request of the Surgeon General, general psychiatric social work was organized by the American Red Cross in the United States Veteran's Bureau Hospitals. The American Red Cross did the experimental work and as they proved the value of the psychiatric social worker in Veterans Hospitals, the Bureau took over many of the Red Cross workers.

In 1926, twenty years after Medical Social Work was first introduced, the officiating administrator of the Veterans
Bureau promulgated an Administrative order, creating a social service unit within the Bureau, and the work previously carried on in the bureau by the American Red Cross was taken over as a prime responsibility of the social workers within the Veterans Administration. These workers were first placed in Veterans Administration Neuropsychiatric Hospitals, then in general medical and tuberculosis hospitals and later in Domiciliary Homes.

Since 1926, Social Service has been an integral part of the hospitals operated by Veterans Administration. 5

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5 Excerpts from papers given by Miss J. Eertmoed, Chief Social Worker, Veterans Administration Hospital, Hines, Illinois.
CHAPTER III

VETERANS ADMINISTRATION HOSPITAL HINES, ILLINOIS
AND FUNCTION OF SOCIAL SERVICE IN
NEUROPSYCHIATRIC HOSPITAL

Veterans Administration Hospital Hines, Illinois

The Veterans Administration Hospital at Hines, Illinois consists of two units, physically separate, but operated under one administration. One unit is devoted to general medical and surgical care, while the other unit serves the paraplegic, tuberculous, neurosurgical, and neuro-psychiatric patient. The older of these, the Hines unit, was completed in 1921 on the site of the Speedway race track. The newer unit, built in 1944 as Vaughan Army General Hospital, was transferred to the Veterans Administration in April 1946.

Of the one hundred and fifty Veterans Administration hospitals in the United States, Hines is the largest, with the exception of Los Angeles which has a domiciliary unit in addition to the hospital. As a paraplegic, diagnostic and surgical center it is outstanding. It is one of three veterans hospitals with tumor research units, and the only one with a radium bank. It
has a radioisotope unit, a blood bank, and is the only blind center for the rehabilitation of blinded veterans. The first of the plastic eye clinics to be established in the Veterans Administration was at Hines. The hospital is approved for specialists training in nineteen specialty branches of medicine. The authorized bed capacity is 3,113 with admission varying from one hundred to two hundred per day. The hospital serves in a training capacity for medical and psychiatric residents, nurses, dietitians, rehabilitation personnel, social workers and psychologists.  

Since this study was made in the psychiatric section of the hospital it seems appropriate to give a brief description of the program in operation there.

There are five wards with one hundred and thirty-eight beds on the psychiatric service. A clinical service team under the leadership of resident psychiatrist assumes responsibility for the treatment program of each patient. In the past year the number of residents has fluctuated from six to eight. To coordinate the social service program as closely as possible with treatment, three social service workers are assigned to the psychiatric section. This method enables the resident to work with a single social worker as new patients are admitted and assigned. However, since the training program for residents requires rota-

1 Personal interview with Catherine Eller, Chief Librarian, Veterans Administration Hospital, Hines, Illinois.
tion of residents from one service to another, the social worker who serves a patient throughout the entire period of hospitalization insures consistency and continuity of interest and approach.

Social Service Functions in Neuropsychiatric Hospitals,
Publication of Department of Medicine and Surgery, Social Service Division, Branch No. 12, October 7, 1947

A. Admission Services

The major interest of the social worker, from the first to the final contact with the patient, is to contribute in a positive way to the treatment of the patient. The worker may assume that good rapport will be established as the patient senses the worker's positive interest and desire to be of help to him. To this end the following services are extended:

1. Interviews newly admitted patient to introduce social service and extend him an invitation to make use of it in connection with personal, family or other matters that trouble him. This is the time to explain social service functions briefly: help orient the veteran to the hospital regimen, and begin to recognize and help the patient with the social and environmental factors if any, involved in his illness; its treatment and his future re-establishment outside the hospital. Some patients may wish to discuss the meaning of commitment, the purpose of hospital rules regarding funds, and urgent personal problems. This preliminary interview will bring some indication of whether continuing social service is needed. If the patient is too inaccessible or disturbed for an interview, it will be necessary to see him later. If a social history for diagnostic or treatment purposes is to be secured, data which will help the social worker doing the field work are secured from the patient. The visit of the Veterans Administration representative to

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2 Excerpts from papers given by Miss J. Eertmoed, Chief Social Worker, Veterans Administration Hospital, Hines, Illinois.
the home is discussed in instances where the patient's mental condition permits it, and his suggestions for other visits are gained. The patient's prior knowledge of social worker's contact with relatives gives him confidence in his integrity.

2. Interviews relatives who come to the hospital in order to give the family an opportunity to express their varied feelings about the patient; his illness and his hospitalization. Securing history information when referral is made by doctor to provide the doctor and other medical staff concerned with patient treatment and rehabilitation with significant data relative to onset, and nature of patient's condition; the social and environmental factors having bearing on his illness; his response to treatment, and his return home; the strengths or weaknesses in the home and community resources; also the effect which his condition has had or is having upon their welfare, and the problems it creates for him. Fosters the family's cooperation in facilitating his treatment, and giving them assistance in handling or presenting problems which will affect his welfare.

3. Begins preparation for discharge. Determination of attitudes of family toward patient and situations which might deter patient's adjustment at home. Planning or continuing service with family if this is indicated to help them understand and accept patient when he is released. If family can come to the hospital for interview, the hospital social worker continues with family during patient's hospitalization; otherwise case is referred to regional office social worker or another community agency (as agreed upon between regional office and community agency).

4. Explaining to family hospital policy, passes, trial visits, commitment, guardianship, social worker's responsibility, regional office program of Veterans Administration. Questions regarding claims status should be referred to Contact Officers.

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3 Veterans Administration representative who is responsible for making application for veterans for Veterans Administration pension and compensation benefits.
5. Arranging referral to community agencies if financial aid or another problem is shown which Veterans Administration social service cannot handle.

6. Making significant data relative to feelings, attitudes, interests, hobbies, education and occupation, available to other departments to facilitate their work with the patient.

7. If the patient's family is not accessible to the hospital and Veterans Administration contact with them is necessary, writing request to regional office, giving the medical and social data essential to the social worker who is to do the field work. States specifically the potential medical and social uses of the history and the points it is expected to clarify; describes the patient and the situation of the family and other needs as seen by the hospital.

B. Continuing Service

1. Confers with physicians regarding inter-relationships of patient's medical and social problems and the social planning in his behalf in relation to the over-all medical plan; participates in the medical diagnostic and treatment staff conference.

2. Makes certain that the social service activities with the family and patient are in harmony with the over-all medical objective and will advance it.

3. Confers at intervals, as indicated, with the doctor, nurse, attendant, and the medical and vocational rehabilitation personnel to promote joint planning with them and to facilitate patient and family participation in working toward a common objective.

4. Works closely with patient's physician in preparation of patient to handle problems involved in community and family living; vocational and social readjustment; helps patient find a way to react to them that will bring him greater permanent satisfaction; collaborates with physician in preventing or alleviating any detrimental personal effects that may accompany long hospitalization.
5. Works to make the home and community setting, physically and psychologically, as favorable as possible to the patient.

6. Keeps physicians advised of progress made by patient as indicated by changes in relationships to his family, attitudes toward problems in his home, work and leisure time activities; and also of changes noted in the character of the home setting.

7. Collaborates with the physician in preventing AMA's and AWOL's and in accomplishing the return of patients needing further treatment. There will be patients for whom no service is indicated; others who will be inaccessible at times, and others with whom social workers will carry out continuous social services as part of psychiatric care.

C. Pre-Trial Visits, Trial Visits and Discharge Services

The service of planning with the patient and his family for the eventual hospital discharge actually begins with patient's admission. Specifically the social worker:

1. Keeps in close touch with the physician and maintains awareness of the patients that are first likely to be ready for trial visit and discharge.

2. Works out with the physician whether and when pre-trial visit study and service will be undertaken.

3. Arranges for these activities through regional office, unless circumstances in the individual case indicate that the visit should be made by the hospital social worker. Provides the regional office social worker with all the facts -- medical and social, physical and psychological -- that will be required for the social worker to

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4 Against Medical Advice
5 Absent Without Leave
evaluate the home setting in relation to the individual patient's needs and to assist him to develop an environment, tangible and intangible, that will foster the patient's ability to live satisfactorily outside the hospital.

In addition to necessary factual data such as: dates of hospitalization, diagnosis, names and addresses of relatives, and guardian and directions for reaching them, the referral should emphasize the following:

a. Understanding of the patient's condition on admission

b. His progress and current reactions

c. The kind of person he appeared to be during hospitalization; i.e., friendly, outgoing, happy, withdrawn, timid, surly, etc.

d. His feelings toward his family and theirs toward him

e. Any problem he is known to be facing in the proposed environment

f. His fears and potentialities for making social, occupational, and recreational adjustments

g. The source and channel of his funds

h. Suggestion regarding suitable occupation or daily schedule as indicated by his pre-hospital work or his various activities in the hospital

i. Any suggestions or medical recommendations that will enable the social worker doing the field work to provide case work services to the family (and later directly to the patient) and facilitate the cooperation of family and local organizations during the trial visit and afterwards
4. Makes certain the patient and family understand how and what monetary benefits he will receive. Sees that their and the guardian's questions regarding their responsibilities toward the patient are fully understood; and that they have a clear knowledge regarding the meaning of competency, sanity, commitment, and the various rights of the patient.

5. Prepares patient for transfer to social supervision by the regional office, giving address, directions, and anything else if needed; and including whenever possible, the name of the social worker who will provide continuity of social service interest in his welfare; establishes and maintains confidence and sense of security in the new relationship and in the regional office's readiness to strengthen his efforts to make a new start at home. If another agency has been working with family or referral is indicated, the plan is discussed with the patient.

6. Advises the regional social service office of the hospital action taken upon the regional office report; date of trial visit; the hospital's request, and recommendations as to patient's further supervision; and dates that definite reports are desired.

7. If a patient on trial visit living in the regional office travel area and under the supervision of the regional office social worker, returns to the hospital social service department for assistance, every effort is made to strengthen his rapport with the regional office social service and avoid this turning to two Veterans Administration social workers for help at the same time.

8. The hospital social worker acts as liaison between the regional office social worker and the hospital, regarding medical social matters whenever the veteran is still carried under medical supervision by the hospital physician; this includes help with questions related to funds, establishment of competency, and need for guardian, if the hospital is involved.
CHAPTER IV

RESULTS OF THE INTERVIEW - QUESTIONNAIRE

Method of the Interview

There are twenty-one doctors assigned with the psychiatric service with the status of either consultant psychiatrist, staff psychiatrist or resident psychiatrist. Three of the doctors were not included in this study: two, because they had very limited experience with the psychiatric social workers in this setting; and the administrator, because he had read the list of questions in the process of giving approval to the project. Therefore, this study includes the responses of eighteen of the twenty-one psychiatrists in the psychiatric section of Hines Veterans Administration Hospital.

A standard method was employed in the interview in order to insure consistency and objectivity in the process of collecting data. The questions were asked of each doctor in such a way that he had no opportunity to prepare for it. Following each interview, the doctor was requested not to discuss the questions with his colleagues prior to a certain fixed date. In asking the questions an attempt was made to maintain uniform conditions.
Sufficient time was allowed for each interview so that all of the questions would be given adequate consideration. The approximate time allowed for each interview was twenty-five minutes. Each doctor was asked at the beginning of the interview to base his answers on his experience in working with the psychiatric social workers at Hines and to consider the workers in general and not any one particular worker.

Presentation of Data Collected by Interviews

In presenting this chapter the questions which the doctors were asked will precede the results and discussions.

In the first question the doctors were asked to state, without any help from the interviewer, what in their opinion are the functions of the psychiatric social worker on their teams. The functions stated are listed in Table I, page 21.

Eighteen doctors indicated sixteen functions, which tallied to one hundred and eighteen responses. This is an average of 6.5 stated functions per doctor. The functions which were given by ninety per cent of the doctors are: recording of patient's social history and worker acting as a middle person between the patient and his relatives. Three functions were given in ten interviews by fifty-five per cent of the doctors: six functions were stated in eight interviews by thirty-three per cent of the doctors; the remaining functions recorded on the table were given by eleven per cent or less of the doctors. It is interesting that only two doctors said anything about the work
with the psychiatric team as a function of the psychiatric social worker because there is considerable emphasis on the team aspect of psychiatric treatment at Hines. The explanation of this may be that the doctors considered "work with the team" a means of planning treatment for the patient rather than a function of the psychiatric social worker.

TABLE I

OPINIONS OF THE PSYCHIATRISTS CONCERNING
THE FUNCTIONS OF THE PSYCHIATRIC
SOCIAL WORKER

<table>
<thead>
<tr>
<th>Stated Functions</th>
<th>Number of Times Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record social history of patient</td>
<td>17</td>
</tr>
<tr>
<td>Worker as a middle person between patient and relatives</td>
<td>16</td>
</tr>
<tr>
<td>Help family of patient to understand the patient's illness</td>
<td>10</td>
</tr>
<tr>
<td>Help family of patient to understand and accept patient's limitations</td>
<td>10</td>
</tr>
<tr>
<td>Managing finances for patient</td>
<td>10</td>
</tr>
<tr>
<td>Arranging for passes</td>
<td>9</td>
</tr>
<tr>
<td>Comfort and support for family of patient</td>
<td>8</td>
</tr>
<tr>
<td>Refer patient to other agencies after discharge</td>
<td>8</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>8</td>
</tr>
<tr>
<td>Casework with patient's family</td>
<td>8</td>
</tr>
<tr>
<td>Contact person between patient and job</td>
<td>8</td>
</tr>
<tr>
<td>Work with team</td>
<td>2</td>
</tr>
<tr>
<td>Help patient to accept his illness</td>
<td>1</td>
</tr>
<tr>
<td>Interpretation to patient of his illness</td>
<td>1</td>
</tr>
<tr>
<td>Help patient to accept his limitations</td>
<td>1</td>
</tr>
<tr>
<td>Group psychotherapy</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 118
The doctors who were interviewed have varied backgrounds. An attempt was made to discover what effect, if any, the difference in background had upon the number of responses given to the question. Some doctors had courses dealing with the social aspects of medicine in medical school; some had previous experience with social workers, outside of Hines; some doctors had previous experience with social workers as part of the team, outside of Hines; and some doctors had friends and/or relatives who are social workers. The average number of functions of a social worker stated by the doctors is compared in Table II, page 23, with the differences in background.

The average number of distinct functions given to Question I by the residents and certified psychiatrists were 6.44 and 6.57 respectively. Two of the eighteen doctors interviewed in this study had completed courses in medical school relating to the social aspects of medicine. One of these two doctors gave four distinct functions, and the other gave five distinct functions of the psychiatric social worker. Five doctors reported that they did not have any experience with social workers before Hines and they are residents who began their training immediately after internship. These five gave an average of 5.1 distinct functions to Question I of the questionnaire. This is 1.4 less

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1 The certified psychiatrists are the doctors who have completed their residency and passed their state board test in Psychiatry.
than the 6.5 average of the eighteen doctors interviewed. Seven doctors, four certified psychiatrists and three residents, stated that they had no experience working with social workers as part of a team, before Hines. The seven gave an average of 6.7 distinct functions of the psychiatric social worker. All of the doctors interviewed, with the exception of one, had either a friend and/or relative who were social workers.

### TABLE II

**OPINIONS OF THE PSYCHIATRISTS CONCERNING THE FUNCTIONS OF THE PSYCHIATRIC SOCIAL WORKER**

<table>
<thead>
<tr>
<th>Psychiatrists</th>
<th>Yes</th>
<th>Av. No. of Functions</th>
<th>No</th>
<th>Av. No. of Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had courses dealing with social aspects of medicine in medical school</td>
<td>2</td>
<td>4.5</td>
<td>16</td>
<td>6.8</td>
</tr>
<tr>
<td>2. Had previous experience with social workers, outside of Hines</td>
<td>13</td>
<td>7</td>
<td>5</td>
<td>5.1</td>
</tr>
<tr>
<td>3. Had previous experience with social workers as part of team, outside of Hines</td>
<td>11</td>
<td>6.3</td>
<td>7</td>
<td>6.7</td>
</tr>
<tr>
<td>4. Had friends and/or relatives who are social workers</td>
<td>17</td>
<td>6.6</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>
Sub-Topic A of Question I

The second question is a sub-topic to Question I. The interviewer gave twelve basic functions of a psychiatric social worker and asked the doctors how efficiently the psychiatric social workers are performing them. The doctors were also asked to rate the efficiency of the psychiatric social workers in any function that they gave in Question I that was not included in the twelve basic functions in this question. The rating was classified as: Satisfactory; More, meaning need for a better job; or Less, meaning need for less attention. If the doctor did not give an answer, the reason for not answering was listed.

The following is a list of functions proposed to the doctors and the ratings they gave to each function:

1. Interpretation to patient of his illness

   3 Satisfactory
   15 No Answer
   18

Of the eighteen doctors interviewed, three rated the workers as satisfactory and fifteen declined to give a rating because they felt that the function was not that of the psychiatric social workers, but rather one of the functions of the psychiatrists.

2. Help patient to accept his illness

   12 Satisfactory
   6 No Answer
   18

Six doctors did not give an answer for the same reason as stated
in the preceding paragraph.

3. Helping family of patient to understand the patient's illness
   18 Satisfactory

4. Comfort and support to family of patient
   18 Satisfactory

5. Helping family of patient to understand and accept patient's limitations.
   16 Satisfactory
   1 More
   1 No Answer
   18

One doctor declined to give a rating because he felt the function was not that of the social service department and one doctor thought that the performance of some of the caseworkers needed improvement.

6. Help patient to accept his limitations
   6 Satisfactory
   2 More
   10 No Answer
   18

Six doctors rated the workers as satisfactory; ten doctors declined to give a rating for they felt that this was not the function of the psychiatric social worker; and two questioned the quality of performance of some caseworkers.

The last six functions were all rated satisfactory by over ninety per cent of the doctors with the exception of number nine. The functions are:
7. Work with the doctor in planning for the patient.
8. Work with the team in planning for the patient.
10. Refer patient to other agencies after discharge.
11. Arrange for passes for the patient.
12. Managing or helping the patient with his finances.

In Function number nine the ratings were as follows:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory</td>
<td>14</td>
</tr>
<tr>
<td>More</td>
<td>4</td>
</tr>
</tbody>
</table>

Four doctors, twenty-two per cent of the group, indicated a "need for a better job." The main concern of these doctors was the lack of information concerning childhood in the social histories. When the interviewer inquired further into this criticism, such answers as the following were given: "not enough developmental history", "no information about the patient as an infant, when he was weaned or toilet trained."

Besides the twelve basic functions, the doctors also rated the other functions which they stated in Question I, and which were not included in the above twelve. A few of these were given consistently enough to deserve mentioning here. About fifty per cent, nine of the doctors, gave psychotherapy as a function; four of this number declined to rate the worker because they had never supervised a social worker in giving therapy; the remaining five gave a rating of satisfactory. Thirty-three per cent, nine of the doctors, gave, "contact person between patient
and job", as a function of the psychiatric social worker and all of them rated the worker as satisfactory in this role.

Sub-Topic B of Question I

The third question, a sub-topic of the first basic question, also concerns the function of the psychiatric social workers. In this question the doctors were asked if the psychiatric social workers overstepped their role by taking on some functions of other personnel at Hines. The interviewer stated five disciplines: psychiatry, psychology, medicine, nursing, and occupational therapy, and asked the doctor to give a yes or no answer concerning each. If the answer was yes, the interviewer inquired into what area of the discipline the workers overstepped their role.

The results obtained were as follows: Eighteen doctors, one hundred per cent, answered "no" concerning psychiatry, psychology, and medicine; concerning nursing seventeen doctors, ninety-four per cent, answered "no", one doctor answered "yes". When the latter was asked to specify the area of nursing he replied that he could not give a definite area but the field in general. Concerning occupational therapy, fifteen doctors, eighty-three per cent, answered "no" and three declined to answer because they felt that their observation of the relationship of social workers with the occupational therapists was too limited for a valid answer to the question.

The next question is the second basic question of the study. It concerns the opinions of the doctors regarding the
training preparation of the psychiatric social workers. The subject is divided into four sections: A, B, C, and D.

Question II, Section A

What are the opinions of the doctors in regard to the amount of academic training of the psychiatric social workers?

The interviewer reminded the doctors in this question that the focus of the question is in relationship to the psychiatric social workers at Hines. This seemed necessary at this point in the interview because of the diversity of the academic and field training of the psychiatric social workers in the profession. The doctors were asked to answer this question without any help from the interviewer and the results were as follows:

**TABLE III**

**OPINIONS OF PSYCHIATRISTS CONCERNING THE ACADEMIC TRAINING OF THE PSYCHIATRIC SOCIAL WORKERS**

<table>
<thead>
<tr>
<th>Amount of Education</th>
<th>Number of Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's degree</td>
<td>9</td>
</tr>
<tr>
<td>College and one year of Social Work</td>
<td>3</td>
</tr>
<tr>
<td>College and two years graduate work in Sociology</td>
<td>1</td>
</tr>
<tr>
<td>College and two years of Social Work</td>
<td>5</td>
</tr>
</tbody>
</table>

Fifty per cent, nine of the doctors, were of the opinion that the academic requirements for psychiatric social workers involves but four years of college. Several of the doctors in answering this question said that they had never thought about this
matter before and therefore they could only guess in giving an answer. Five doctors were able to say exactly what the requirements are for psychiatric social workers.

The following table gives a more detailed explanation of the answers given by the eighteen doctors to Question II, Section A.

TABLE IV

OPINIONS OF PSYCHIATRISTS CONCERNING THE ACADEMIC TRAINING OF THE PSYCHIATRIC SOCIAL WORKERS

<table>
<thead>
<tr>
<th>Amount of Education</th>
<th>Residents</th>
<th>Certified Psychiatrists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor's degree</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>College and one year of Social Work</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>College and two years graduate work in Sociology</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>College and two years of Social Work</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>10 - 18</td>
</tr>
</tbody>
</table>

In answering Question II, Section A, the two doctors who had courses dealing with the social aspects of medicine gave four years of college as the academic training of psychiatric social workers; in general, the five doctors who had no previous experience with social workers, outside of Hines, had a more accurate understanding of the academic training than most of the doctors.
that had previous experience with social workers; six of the seven doctors who stated that they had no previous experience with social workers as part of a team, before Hines, gave four years of college as the academic training of the psychiatric social worker; and the one doctor who had no friends and/or relatives who are social workers gave four years of college as the academic training of the psychiatric social workers at Hines.

Question II, Section B

What are the opinions of the doctors in regard to the amount of field training of the psychiatric social workers? The doctors were invited to give their opinions in the same manner as they answered Section A; that is, without any suggestions or help by the interviewer. The results are given in the table below.

**TABLE V**

OPINIONS OF PSYCHIATRISTS CONCERNING THE FIELD TRAINING OF THE PSYCHIATRIC SOCIAL WORKER

<table>
<thead>
<tr>
<th>Months of Field Training</th>
<th>Number of Doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Months</td>
<td>1</td>
</tr>
<tr>
<td>Six Months</td>
<td>2</td>
</tr>
<tr>
<td>Nine Months</td>
<td>3</td>
</tr>
<tr>
<td>Twelve Months</td>
<td>5</td>
</tr>
<tr>
<td>Eighteen Months</td>
<td>2</td>
</tr>
<tr>
<td>Twenty-four Months</td>
<td>2</td>
</tr>
<tr>
<td>No Opinion</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>
Three doctors are recorded as having no opinion of the amount of field training that the psychiatric social workers have. In general, there seems to be a very wide spread of opinions to this question. Twelve months of field work appears to be the most common opinion.

Table VI below presents a more detailed explanation of the answers to Question II, Section B.

**TABLE VI**

OPINIONS OF PSYCHIATRISTS CONCERNING THE FIELD TRAINING OF THE PSYCHIATRIC SOCIAL WORKER

<table>
<thead>
<tr>
<th>Amount of Field Training</th>
<th>Residents</th>
<th>Certified Psychiatrists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Four Months</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Six Months</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nine Months</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Twelve Months</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Eighteen Months</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Twenty-four Months</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No Opinion</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>8</td>
<td>10 - 18</td>
</tr>
</tbody>
</table>
In answering Question II, Section B, the two doctors who had courses dealing with the social aspects of medicine gave twelve months as the time required for field training of the psychiatric social worker; the five doctors who had no previous experience with social workers, outside of Hines, had a wide spread of opinions to the question; the seven doctors who stated that they had no previous experience with social workers as part of a team, before Hines, had a more accurate understanding of the field training of the psychiatric social worker than most of the doctors who worked on psychiatric teams before coming to Hines; and the one who had no friends and/or relatives who are social workers gave twelve months as the field training of the psychiatric social workers at Hines.

Question II, Section C

What are the names of the field placements that the doctors recommend for a student of psychiatric social work (first and second choice)? Each doctor gave the names of two settings which he recommended for field placements; only eight different placements were stated. Table VII, page 33, gives the names of the placements, with the number of times that they were stated as first and second choice.

Veterans Administration Psychiatric Hospitals were given by a total of twelve doctors, six as first choice and six as second choice. State Psychiatric Hospitals were given by a total of ten doctors, four as first choice and six as second choice.
Illinois Juvenile Research was given by six doctors and all six listed it as first choice.

**TABLE VII**

FIELD PLACEMENTS RECOMMENDED BY PSYCHIATRISTS FOR PSYCHIATRIC SOCIAL WORKERS

<table>
<thead>
<tr>
<th>Field Placement</th>
<th>First Choice</th>
<th>Second Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans Administration Hospital (Psychiatric)</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>State Hospital (Psychiatric)</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Illinois Juvenile Research</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>County Hospital (Psychiatric)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Illinois Neuropsychiatric Institute</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Michael Reese Hospital</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Veterans Administration Hygiene Clinic</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>University of Illinois Clinic</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

**Question II, Section D**

What are the doctors' opinions of the training preparation of the psychiatric social workers in regard to the field training and to the seven basic subjects that a worker uses as part of his everyday job? The seven basic subjects are found in the following table. The ratings given by the doctors to each
subject were listed under one of the following categories: Same, meaning that the worker's present knowledge of the subject is satisfactory; More, meaning that the worker should have more knowledge of the subject; Less, meaning that the worker had more knowledge than was necessary for him to carry out his role; or No Opinion, meaning that the doctors did not have sufficient experience with the workers concerning the subject to give an objective answer. The subjects and ratings are listed in the table below.

**TABLE VIII**

**OPINIONS OF PSYCHIATRISTS CONCERNING THE TRAINING PREPARATION OF THE PSYCHIATRIC SOCIAL WORKER**

<table>
<thead>
<tr>
<th>Seven Subjects and Field Training</th>
<th>Same</th>
<th>More</th>
<th>Less</th>
<th>No Opinion</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Information</td>
<td>15</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Psychiatric Information</td>
<td>12</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Knowledge of Law</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Knowledge of Sociology</td>
<td>15</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Knowledge of Philosophy of Life</td>
<td>10</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>18</td>
</tr>
<tr>
<td>Knowledge of Community Facilities</td>
<td>16</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Knowledge of Veterans Administration Policy</td>
<td>16</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Field Training</td>
<td>17</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
</tbody>
</table>
Looking at the first column in the table we see that
four of the subjects; medical information, knowledge of sociology,
knowledge of community facilities available for patient, knowledge
of Veterans Administration policy and field training were rated as
satisfactory by at least eighty-three per cent of the doctors.
Psychiatric information and knowledge of philosophy of life were
rated as satisfactory by fifty-five per cent of the doctors.
Knowledge of law, because of the many no opinion responses, was
given the lowest rating with only thirty-three per cent of the
doctors rating it as satisfactory.

Question III

As a final question in this study the doctors were
asked: Is there a need for more interpretation of the psychiatric
social worker's role to the different members of the team in view
of Veterans Administration total team approach? The interviewer
proposed the six disciplines and the doctors were asked to answer
yes or no in regard to each discipline. The results are listed
in Table IX, page 36.

Nine doctors, fifty per cent, were of the opinion that
the psychiatrists should have more interpretation of the role of
the psychiatric social worker. Five doctors, twenty-two per cent,
were of the opinion that the psychologists should have more inter-
pretation of the role of the psychiatric social worker. Seven
doctors, thirty-eight per cent, were of the opinion that the nur-
ses should have more interpretation of the role of the psychiatric
social worker. There are a large number of "no opinion" concerning the occupational therapists, educational therapists, and almost all of them were given because the doctors felt that their experience with these disciplines was of the nature that they could not give an objective answer to the question.

TABLE IX
OPINIONS OF PSYCHIATRISTS CONCERNING NEED FOR INTERPRETATION OF THE ROLE OF THE PSYCHIATRIC SOCIAL WORKER TO ALLIED DISCIPLINES

<table>
<thead>
<tr>
<th>Discipline</th>
<th>No</th>
<th>Yes</th>
<th>No Opinion</th>
<th>T-Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Psychiatrists</td>
<td>9</td>
<td>9</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>To Psychologists</td>
<td>13</td>
<td>5</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>To Occupational Therapists</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>To Nurses</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>To Educational Therapists</td>
<td>4</td>
<td>3</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>To Dietitians</td>
<td>6</td>
<td>2</td>
<td>10</td>
<td>18</td>
</tr>
</tbody>
</table>

All the disciplines of the total team approach at Veterans Administration were not represented in the last question because the psychiatric social workers have comparatively little contact with such disciplines as hydrotherapy, physiotherapy, corrective therapy, educational therapy, recreational therapy, and vocational therapy.
CHAPTER V

SUMMARY

The purpose of this study has been to secure answers to the following questions:

I. What are the opinions of the doctors in regard to the function of the psychiatric social workers on their teams?
   A. How efficiently are the psychiatric social workers performing their function?
   B. Do the psychiatric social workers overstep their role by assuming some functions of other personnel in the hospital?

II. What are the doctors' opinions concerning the training preparation for the psychiatric social workers on their teams?
   A. What are the opinions of the doctors in regard to the amount of academic training of the psychiatric social workers?
   B. What are the opinions of the doctors in regard to the amount of field training of the psychiatric social workers?
   C. What are the doctors' opinions as to the type of field placement for adequate training in psychiatric social work?
D. What are the doctors' opinions of the training preparation of the psychiatric social workers in regard to the field training and seven basic subjects: medical information, psychiatric information, knowledge of law, knowledge of sociology, knowledge of philosophy of life, knowledge of community facilities available for patient and knowledge of Veterans Administration policy?

III. Is there a need for more interpretation of the psychiatric social workers' role to the different members of the team?

Summary of Study

I. The eighteen doctors interviewed in this study gave an average of 6.5 distinct functions per doctor. A total of sixteen different functions were given; "recording of patient's social history" and "worker acting as a middle person between the patient and his relatives" were stated by ninety per cent of the doctors.

I, A. The eighteen doctors rated the efficiency of the psychiatric social workers in performing their functions: In two of the functions, "interpretation to patient of his illness" and "help patient to accept his limitations", the majority of the doctors declined to answer because it was their opinion that the functions were those of the psychiatrists; four doctors of the eighteen interviewed questioned the quality of performance of some caseworkers in taking a social history; they were chiefly
concerned about the lack of information regarding the childhood and infancy stages of development. The ratings of the efficiency of the psychiatric social workers in the remaining functions were for the most part satisfactory.

I, B. All of the doctors interviewed stated that the psychiatric social workers do not overstep their role by taking on any of the functions of the psychiatrists, psychologists, or general medicine. Concerning nursing, one doctor was of the opinion that some of the workers did get involved in the functions of this discipline; although he did not give a definite area. Concerning occupational therapy, fifteen doctors, eighty-three percent, said that the workers did not engage in any of their functions and three doctors declined to answer, stating that their experience with the occupational therapists was of the nature that they could not give an objective answer.

II, A. Nine of the eighteen doctors interviewed were of the opinion that the academic requirement for the psychiatric social workers at Hines was four years of college, bachelor's degree. Three doctors said that the requirements were a bachelor's degree plus one year in a school of social work, and five doctors were able to say exactly what the requirements were, a bachelor's degree plus two years in a school of social work.

II, B. The field work of the psychiatric social workers at Hines involved nine to twelve months of training: of the eighteen doctors interviewed, five stated nine months, three
stated twelve months and the remaining had a wide spread of opinions ranging from four to twenty-four months.

II, C. Each of the eighteen doctors gave the names of two placements recommended for field training; only eight different placements were stated. Veterans Administration, psychiatric hospitals; state psychiatric hospitals; and Illinois Juvenile Research were given by the majority of the doctors.

II, D. Medical information, knowledge of sociology, knowledge of community facilities available for patient, knowledge of Veterans Administration policy, and field training were rated as satisfactory by at least eighty-three per cent of the eighteen doctors interviewed. Psychiatric information and a knowledge of a philosophy of life were rated as satisfactory by fifty-five per cent of the doctors; although six doctors, thirty-three per cent, stated that the workers should have more psychiatric training.

III. Nine of the eighteen doctors interviewed said that they should have more interpretation of the role of the psychiatric social worker. Five doctors said that the psychologists and seven doctors said that the nurses needed more interpretation of the role of the psychiatric social worker. Interpretation of the worker's function to the occupational therapists, educational therapists and dietitians was generally considered to be adequate with the exceptions of the responses in which the doctors declined to answer because they said that their experience with these disciplines was not sufficient to give an objective answer.
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