

THE INTAKE PERIOD IN THE CHILD PLACEMENT PROCESS

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BOTH worker and client approach the initial consideration of placement with strong feelings. There are extremely few parents who can consider the breakup of the home without guilt and anxiety. In the case of the less adequate parent, there is also frequently a reversal of roles, so that in contemplating separation the parent experiences in anticipation the loss of a father or mother figure. For the worker, the feelings involved are most complex and threatening, since in lending ourselves to a placement plan we often relive some of our own deepest feelings in relation to our childhood experiences. The worker who takes part in the application process of a placement agency must therefore undertake to bring emotional order out of the chaos of feelings which will beset her—both her own and the client's. I should like to consider here some of the concrete and philosophical factors involved when parents begin to think of placing their children away from home. Since I must of necessity relate this primarily to my own experience with the Jewish Child Care Association, let me first describe to you briefly the agency, its way of operating and its clients.

The J.C.C.A. places children in foster

homes or institutions, according to their needs. Within the foster home program it operates several specialized homes for schizophrenic children, a foster home residence for a small group of young children whose family situations would make it difficult for them to live in regular foster homes, and of course a large group of homes geared to serve that almost mythical creature—the normal child.

Our institutional program includes an institution for boys and girls of normal intellectual capacity, and an institution for retarded boys. In both the age limit is from eight to sixteen years. We have, in addition, group residences for adolescent boys and girls. All of these facilities are served by one Intake Department, where the parent comes to consider whether placement has something to offer him and his child. It is here that parent and child begin with the agency, and it is the nature of this beginning which I should like to examine.

In recent years placement has been modified and changed by many changes in our social structure. Wasting diseases like tuberculosis have diminished and it is far less common for a mother to spend many years in a sanatorium, with her children requiring placement for those

years. Public assistance and day care have made it possible for a widow to maintain her home and keep her children with her. Illness, poverty, death of the breadwinner — these traditional causes of family breakup are far less prevalent. Today we find children coming into placement for complicated psychological reasons, some of which relate primarily to the disturbance of the parents, while others find their roots in the pathological behavior of the child who is involved. The intake worker must learn to relate herself to diagnosis and basic motivation, and to conduct within a limited period of time a sharply focused helping process.

This process has its inception with the first contact with the agency, and the nature of that contact serves to set the stage for what is to come. There are clients who, impelled by their life situation, seek out the agency. Others are referred by a school, a family agency, a guidance clinic. There is a third group which does not come voluntarily. These are the parents whom the Children's Court had declared neglectful and who have been ordered to place their children.

It is interesting that within all three of these groups an increasing number of family groupings consist of a husband and wife who are maintaining a home together, and who in many cases have other children whom they do not intend to place. We tend to speak of these as "intact families," yet this is actually a misuse of the term. While it is true that there is a physical intactness, certainly there must be a deep emotional dislocation in order to lead parents to a consideration of separation from their child as a solution to their difficulties. The intake worker must simultaneously move toward a diagnostic understanding of the parents and the child, along with helping the parents to experience in

microcosm the emotional content and practical realities of placement.

This is a complicated goal, and it is not simplified by the stresses inevitably created for the worker as she becomes involved with the client. I would risk a categorical statement that placement workers, particularly at the point of application, struggle continuously with the need to deny their service. The roots of this need are obvious, since the reluctance to separate families is strong in our culture and within us as individuals. However, this is a most dangerous tendency, since we must learn to have faith that help lies in offering freely and realistically rather than in withholding.

In this connection two cases come to my mind, both involving families with many areas of adequacy and better than average intellectual endowment. The first family had one son. Both parents were working, and initially their concern focused on the undesirability of the boy's being unsupervised when he returned from school. He was presenting certain behavior problems which were not too acute, but which they feared might develop into delinquency. The mother did not consider remaining at home, at first putting this on economic pressure and later being able to admit her strong need for the satisfactions she found in work. As we explored the situation a most unhappy marriage emerged, in which two people remained together without daring to face what was beneath their conventionally contented relationship. As we moved toward some exploration of their difficulties with each other, they came to what was again a conventional decision that they would attempt to work out some arrangement by which the child could remain at home. Actually, we later learned accidentally that they had sent the boy to a boarding school.

The second family had several chil-

dren, of whom they wished to place the two youngest. Again both parents were working, and again a way of life had been set up which required the two incomes. Both of the children involved were exceptionally disturbed, as were the parents. Here we helped the family to embark on a very complicated and extensive program of private psychiatric care, rather than proceeding with placement.

I am not prepared here to discuss the right or wrong of what was evolved, but I want to stress that in retrospect I realized what had motivated us within the agency was our need to withhold. In neither situation did we give real weight to the pressures which had driven these people to come to us. Emotionally we could not completely accept that people who could present a facade of social adequacy, who could function well in demanding occupations, could be genuinely incapable—at least for the time being—of assuming the burden of parenthood.

What I am saying, in essence, is that the intake worker must learn to be neither parent-focused nor child-focused, but family-focused. It can be equally false when the tendency I have just discussed is reversed and the worker becomes so deeply moved by a picture of inadequacy or helplessness on the part of a parent that she reaches out to remove the child almost by force. Here too the worker must school herself to offer, and to help in exploration. Certainly we cannot and should not avoid looking at a situation dispassionately and communicating our objective conclusions. However, we must learn to do this without attempting to control the situation.

In this connection, I could cite to you countless situations in which the worker, feeling that placement was the only solution for a family, had taken over and

tried in most protective fashion to remove all the obstacles which might stand in the way of achieving the separation. One worker, for example, could not bear the client's ambivalence and breaking of appointments. Rather than communicating with the client by letter in such a situation, she needed to telephone and thus employ the additional pressure of a verbal exchange. As the client continued to evade her, she began to realize how her feeling of pressure was building up an almost unbearable tension in the client and actually making the placement less and less possible.

Along with discipline and control in relation to our own anxieties, we must learn to be wary of emergencies. There is no doubt that the children's agency is expected to assume a protective role in the community, and that once a serious situation comes to our attention it is our duty to facilitate a placement which is in the best interests of the child. However, we must learn to distinguish between external and internal pressures. Very often a parent needs to present a situation to us as most urgent because he feels that a quick placement will help him to avoid a thoughtful consideration of the drastic step he is contemplating. With such a person, we should learn to use time helpfully. If the client is afraid to face what he is doing, it is more than likely that neither he nor his child will be able to live with separation, and that in the end no helpful purpose will have been served by our response to this type of pressure.

I have been discussing at some length the feelings with which both parents and worker approach the application process. Let us say that the stage is now set, the client has some beginning sense of what will be involved for him in continuing to explore placement. The worker in turn has at least a tentative understanding of the family picture, the way in

which these people use themselves in relation to each other, and in relation to taking help. With this in mind, I should like to return to the specifics of some of our intake studies at the J.C.C.A.

In recent years there has been a striking change in the diagnostic picture of the parents and children who come to us. We have found it necessary to have far more psychiatric time available at intake, and there are few children of school age for whom we do not require psychiatric evaluation as part of our study. In addition to our concern with the family picture, we must think of whether the child is emotionally healthy enough to benefit from any one of the types of placement we have to offer, and what would be the placement of choice for a child presenting a certain type of behavior. The worker's task is two-fold, she must carry on her diagnostic study, and use each step of it meaningfully with both parent and child. Preparation for seeing a psychiatrist, for example, can be either helpful or threatening. The taking of background information from a parent, for the purpose of writing a psychiatric summary, is either meaningful or mechanical, just as a worker's concept of psychiatric diagnosis can be static or dynamic. The worker must constantly remind herself of her direction, and make sure that each interview takes her and the client a step along the way.

The question of allocation—whether a particular child would be best served by institution or family living—is so complex that I can touch on it only superficially. However, I should like to venture a few generalizations.

As we consider child care historically, we recall that there was a time in which all children were served in institutions, and no other type of placement was conceivable. Following that, we came to a period when in theory it was believed

that all children deserved and needed a family living situation. At the present we are aware that both foster homes and institutions are needed to meet the needs of different children. In many situations it is manifestly impossible that the parent, the child, or both could adjust to a foster home. Certainly it is doubtful that a child whose own home will continue to exist, and who knows that both parents and perhaps even a sibling will continue to live in that home, could accept a substitute family. In addition there are very disturbed children who obviously need to live in a situation in which they are not expected to take on close relationships. Diagnostically they may be genuinely incapable of such relationships, and pressure on our part would only lead to frustration for child and foster parents. Very often I have realized that what I have mistaken for a child's capacity to relate is my reaching out to him, rather than his turning to me. Even when a child is capable of deep involvement with a caseworker, we must remind ourselves that this is an atypical relationship. While it is an encouraging sign, it does not necessarily mean that he can relate to someone less accepting and all-giving. Last but not least—we must never forget that it is far easier to relate to a disturbed child as a helping person who sees him only at intervals than to live with him twenty-four hours a day.

Along with all these cautions, I must add that in many situations institutional placement may produce a child who appears more stable only because he has turned away from his problems. In this less challenging environment he has internalized his difficulties, has built strong defenses, and perhaps never again will be impelled to face his difficulties and try to resolve them. For this reason, I am inclined to feel that in the pre-adolescent years we should make every

effort to risk family living—offering in addition as much casework and psychiatric help as may be needed by both parent and child.

All of this is presented theoretically, although I realize only too well that real life is seldom very much like the books we read—or the papers we write. While I may suggest certain criteria for allocation, we are in addition guided and influenced by all the individual needs of the particular parent and child with whom we are working. Certainly one very important factor is the parent's goal in placement, and, along with this, the probable duration of placement. As a part of every beginning, it is important to consider what the possible ending may be. The intake worker must give a great deal of thought to the ultimate direction which the placement will take. However, she may or may not involve the client in this consideration. There was a time when automatically I confronted my clients with a question as to the probable duration of placement, but I no longer believe that this question—basic as it is—can be propounded indiscriminately.

For the client who has areas of strength it is a most important question. Some clients would like placement to last forever, and others see themselves terminating it tomorrow. In either case something very meaningful can grow up between client and worker as they discuss together how and when parent and child will be reunited. In some situations reality problems such as illness must be considered, in others the client must evaluate whether or not he is prepared for a helping process that might lead to inner changes and a greater capacity for parenthood. It is here that the intake worker can introduce the thought of an ongoing casework relationship, and an involvement which will not

be solely related to the details of the child's adjustment in placement.

I must stress that all this is related to the client's emotional state and ability to take help, since there are clients who come to the placement agency who can take no help from us other than our willingness to care for their children. Unquestionably we owe these parents, and their children, the protection of placement, but there is no value in mobilizing them at intake to think of discharge.

Around the question of parental visits to the child in placement we must also begin our diagnostic thinking at intake. While nothing in placement, or in other human relationships, can be solved forever at the point of beginning, it is sometimes well to reserve judgment. We cannot say as a generalization that frequent visiting is always desirable, any more than we can say that all parents should be encouraged to plan toward re-establishing their homes. It is, however, always true that through the parent's discussion of visiting we move toward greater understanding of the parent-child relationship and also help the parent to face in anticipation one of the realities of separation.

It is almost platitudinous to speak of the meaning of money and payment in our culture. Here again, as in the discussion of visiting, a bit of reality may become the focus for the parent's revelation of self, and for our helping process. In the J.C.C.A. placement can be paid for in whole or in part by the public agency, or by private arrangement with the parent who is able to pay any amount between our minimum rate and the full cost of care. There is both the parent who wishes to pay excessively and deprive himself to meet the cost of placement and the parent who is unwilling to assume financial responsibility. In both situations some of their feelings

about separation may be revealed and sometimes can be handled through the discussion of payment.

I have touched on so many thoughts that it may well be asked how long an intake process can go on. When does the beginning become the middle? We at J.C.C.A. have for practical reasons set the end of intake when the parent and child are ready for the placement experience, and when the agency believes that it can offer its services. However, intake—if we equate it with beginning—actually continues for an indeterminate period. Both parent and child tend to regress when they move closer to separation, when they begin for example to discuss a specific foster home. A mother may become panicky and wish she could withdraw when she first learns about the family with whom her child will be living. She may pin her discomfort to an external factor such as the neighborhood in which the foster home will be located, or to the fact that the prospective foster parents are too old or too young. The child, too, will become more anxious, and may begin to exert almost unbearable pressure to be allowed to remain at home.

Even when this hurdle is past, we are

still only at the beginning. There is still a period of time in which each aspect of placement is new and painful, and must be explored and worked through with the help of the caseworker. The first few visits with the child after placement are in one way or another a sharp renewal of the initial pain of separation. Whether things go well or badly in this initial period of placement, both parent and child are still testing placement, each other, and the worker. However, imperceptibly—as with most life's processes—we are no longer beginning. Placement is an accomplished fact.

For the client who is facing a new experience as all-encompassing as family separation, it is not possible to over-emphasize the importance of and need for casework help. I realize that I have been presenting a number of ideas concerning the nature of this help which cannot be completely developed here. However, I hope that I have sketched some of the intake process, which can never be completely formulated, and must, of necessity, leave worker and client with questions—some of which, hopefully, will be answered in the months and years to come.