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EXPANDED DAY TREATMENT PROGRAM

Scheduled For November 1 Start

The Convalescent Hospital for Children will initiate its Day Treatment Program for twenty-four children on November 1. It will bring to fruition a plan envisioned when a pilot program for three children was started in 1963. A residential treatment program has been in existence since 1958 for children who needed twenty-four hour, seven day a week care and treatment. This provides a program for emotionally disturbed children between the ages of six and twelve, the nature of whose problems, community antipathy to their behavior, or need for social protection makes separation from home essential. For these children a

special living situation, a rehabilitative school situation, case-work and psychotherapy are provided. There is another group of children for whom complete separation from family and friends does not seem essential, but who cannot benefit sufficiently from traditional child guidance clinic proceedings primarily a one hour a week psychotherapy session.

It is for this group that the Day Treatment Program is designed. These children are between the ages of six and fourteen. They have trouble adjusting comfortably to the world in which they live. Their relationships with other children and their parents is fraught with difficulty.

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EXPANDED DAY TREATMENT PROGRAM

(Continued from page 1)

They may be constantly attacking, lying, stealing, or engaging in other activities which seem to vent their spleen on a society which they perceive as hostile and rejecting. And of course their behavior invites anger and resentment. Or they may have withdrawn into their own little shells, isolated from other human beings, difficult to reach, inappropriate in their reactions — indeed, even bizarre. They lack friends and seemingly the desire for friends. They are shunned and picked on by classmates. Frequently they are under-achievers or non-achievers in school. They may be precariously maintaining their place in class or already expelled. They are intelligent but seem unable to avail themselves of this resource. They live desperately hopeless, unrewarding lives; a chronic frustration to their parents and themselves. These are the applicants for Day Treatment.

For them a special program, in an architecturally unique building has been planned. The total setting will provide a treatment environment, centered around school, for these boys and girls six and one half hours a day. Acceptable for treatment will be children between the ages of six and fourteen; it is unlikely that any child who has passed his

twelfth birthday could be admitted. These, however, are individual decisions based on age, types of disturbance and anticipated length of treatment. Children are expected to be of average intelligence or better. There must be an optimistic outlook on the results of treatment in a two year time span. The Convalescent Hospital for Children is a non-profit, Community Chest organization, and fees are based upon the ability to pay. Children may be referred by schools, clinics, private physicians, social service agencies, or their parents. A simple call to the Director of Social Service, Miss Horton, will get the referral process under way. A rather thorough screening, including psychiatric, psychological, social studies and evaluations, is then done to determine whether the child can benefit best from Residential Treatment, Day Treatment or the Child Guidance Clinic. Once this determination has been made, treatment is instituted.

The parents enter into a relationship with one of the psychiatric social workers. During the weeks and months preceding, during and after admission, the parent is helped to unfold and understand the basic nature of the child's problems. In the turbulence of dealing with unruly, disruptive, embarrassing or heart-breaking behavior while at the same time managing a household, this can be lost. During this span of time it is planned that new mu-

tual understandings will evolve into a new and improved family relationship. The child himself will be engaged in psychotherapy. In the intimacy of this private relationship with a skilled member of the staff, he can examine his misconceptions and distorted views of people and the world. With a reassessment of himself, he can begin to contemplate changes in attitudes and behavior.

While all of this is going on, the child is admitted to Day Treatment. He arrives at the Center by school bus at 8:30 A.M. and is greeted by one of four sociotherapists. The period from 8:30 to 9:00 is for transition and separation for class. It should be remembered that these children have had severe school problems; truanting, underachieving, rebelling or keeping the whole school in turmoil until they had been expelled.

From 9:00 A.M. to 3:00 P.M. these children are in some version of a classroom situation. These classes never exceed six in size, and are frequently smaller. Operated by specially trained teachers, they have as a prime objective the repairing of the child-adult-teacher relationship as a prerequisite to educating. Into account is taken special handicaps in perception or performance. Certain children learn best through their hands rather than verbally and for them there is a specially designed arts and crafts program. Physical education caters to those children who can respond best through bodily

movement. Tutoring exists for those who find class relationship too severe a strain on their frail psychological structures. A Read and Feed program is dealt to the child who must start his learning on very basic levels of associating learning with something he already has learned to like. Despite all the planning and delicately timed and proffered handling, for every one of these children at some time comes a period of collapse in the strain of coping with expectations which are beyond his emotional strength. A special mental health first-aid worker is stationed close by to help, offer sympathy and support, analyze the problem with the child, reconstitute and return the child to class.

This total effort of teachers, social workers, psychologists, psychiatrists and sociotherapists exists in an environment permeated with therapeutic effort. This air becomes part of the child's life. He too joins in the cultural interchange, hope is born, and he TRIES. When the child becomes part of the treatment team, day treatment is well on the way to success.

Unlike the usual school situation, many variations are possible on a day to day basis to meet the child's needs. More or less academic work, an increase in physical education time, large doses of non-academic sociotherapy, constant psychological intervention, all can be changed and regulated from day to day. And all of this is in eleven

months rather than a ten month school year.

The new program is directed by Mr. Avel Goldsmith, who brings with him a wealth of experience in Day Treatment. Mr. Goldsmith has training in social work with an M.S.W. Degree from Columbia University and in psychology at Yeshiva University. He completed the training program and was awarded the Certificate from the William Alanson White Institute of Psychiatry, Psychoanalysis, and Psychology.

Social Work Supervisor is Miss Patricia Rutishauser who received her M.S.W. from the University of Buffalo in 1960. She served as a social worker with the Child Welfare Department from 1953 to 1954 and was Chief Social Worker at Hillside Children's Center from 1957 to 1966. A second social worker, Miss Martha Lang received her M.S.W. from the University of Pittsburgh in 1963.

Dr. Martin Johnson is supervising psychologist. Dr. Johnson received his Ph.D. from the University of Chicago in 1963. He worked at the Chicago Orthogenic School with Dr. Bruno Bettelheim from 1958 to 1959, and was a psychologist at the Norfolk State Hospital from 1962 to 1963. Since 1963, he has been on the staff of the Convalescent Hospital for Children. Psychiat-

ric services are provided by Dr. Lewis B. Ward. Dr. Ward received his M.D. at the State University of New York at Brooklyn in 1956. He received his training in Child Psychiatry at the University of Rochester Medical School, served in the U.S. Army from 1960 to 1962, and joined the staff of the Convalescent Hospital for Children in 1963.

Teachers are Charles Stewart, A.B. in 1965 from the State University at Brockport, who joined the staff in 1965. Miss Victoria Fumia received her M.S. in 1960 from Nazareth College and has been with the Rochester School System since 1961 as a teacher of retarded children. Joan Daniels received her M.A. in 1967 from the University of Michigan where she trained in the teaching of emotionally disturbed children. Sue Commins received her M.A. from Boston University in 1967 where she majored in work with emotionally disturbed children. From 1965 through 1967 she taught at the Spurwink School, a Residential Treatment Center in Portland, Maine.

Sociotherapists are Roger Lowe who joined the staff in 1959, Mrs. Olive Williams who has served in this capacity in the Residential Treatment Center since 1962, and Miss Jean Brann who received her B.A. from Nazareth College in 1967 and joined the staff this September.

I, A Son; I, A Father.

Henri came to the Convalescent Hospital for Children when he was seven years old. He had been fatherless since age two, but maybe more important, he had grown up in a home where his mother had been without a husband for five years. In place of his father, Henri's maternal grandmother had moved in. She was a very domineering, demanding, needy woman who forced her daughter (Henri's mother) to be a mother to her. The grandmother, in turn, showered all of her affection on Henri's younger sister and he was left with no one who could or would be a mother to him. It seemed as if no one could hear his crying. Maybe there was something wrong with him, maybe he was the reason why he had no father like the other neighborhood boys.

His mother's youngest sister moved in when Henri was four years old. Now there were three females and everyone wanted to teach Henri right from wrong. It seemed they either were all angry with him or all loved him. Sometimes he would please one but never two of them. And so, Henri trotted along, trying first one way to show his mother he was here and then another way. If he began messing in his pants she became furious but his aunt cuddled him just like mother used to do before everyone came. Grandmother thought it sweet when he hoarded

food at night, but to Henri, it was like having the last evening bottle. The only thing missing was mother holding him.

The loneliness, the sadness and the anger continued building in Henri and by the time he reached first grade at age five and a half he was described as babyish, easily distracted, fighting, biting peers and adults, and throwing temper tantrums. By age six and a half, Henri had found certain rituals which made him feel warm and safe inside. There were certain places on his plate where food had to go; certain ways to walk through doorways. But most exasperating of all for others was Henri's determination to re-do everything his mother did for him. If she tied his shoes, he untied and retied them. Yes, he had finally given up all hope that she could or would care for him.

Toward the end of his sixth year, Henri's grandmother died. Henri began having nightmares, breaking out in cold sweats and sleep walking. His mother became depressed but, instead of turning to Henri, she turned to his younger sister. Once again he was pushed aside. He wanted to plead with his mother to take him to the funeral parlor, to hug him like she hugged his sister, but everytime he approached her, he was sent away. Henri's mother was so filled with her own grief



"I a Son, I a Father"

that she could not see the torment and pain in his eyes. The next major symptom to appear might have been a way of making her look into his eyes. Near the time of his seventh birthday, eye twitching and blinking, together with complaints of a sore throat and stiff neck were evident. He became harder to contain in the classroom, his attention span decreased sharply and crying episodes increased. The teacher was baffled by the sudden verbal explosions and his sudden crying spells. Finally, the school counselor recommended dismissal and suggested that Henri needed special psychiatric help; in fact the full recommendation was help for mother and son, both of whom were overwhelmed by grief, loss, and loneliness.

And so, Henri, a child who felt that he did not have a mother, came with a mother to us. The hardest step for these two people, who had been emotionally separated for so long, was to physically separate. Separation, we learned, was a major family problem. Henri's father also joined us and Henri's mother in helping

Henri. He felt responsible for Henri's problems because he was, "Henri's father and the son of his father." In his words: One can vaccinate and isolate a child against all kinds of physical illnesses, but what can you do when your child needs something you don't know you don't have to give to him. Let me explain what I mean...

I was the second child in a family of seven. Instead of home cooked bread, private trips with father, contented evenings at home with everyone, I remember violent fighting, and constant screaming. My mother was eighteen years younger than my father. The "old man" tried to give her whatever she wanted, but she did not know what she wanted so she asked for everything. And anyway, money was always a problem because of the "old man's" gambling and drinking. She began working when I was only three years old and as a result, I spent a lot of time in other peoples homes. I always tried to be so careful not to do something wrong because although I knew what kind of punishment my parents would give - what strangers might do to me was too much to think about. My greatest fear was not being given dinner. So I tip-toed in these strange homes and in my home, constantly looked for what love and approval I could get, especially from father. No matter what I did no one appreciated it. How could anyone learn to appreciate themselves. Feelings of love, of closeness were just not

acceptable in our home.

My life was one uncertainty after another until finally, it was all over. All the screaming, crying and cursing; mom and dad divorced. I remember thinking it had something to do with my running away. In court I chose to live with my father because parties were more fun than church. But dad and I needed money so I quit school and began job hopping for the next seven years. By age twenty, I had worked at fifteen different places – jack of all trades, but master of none. I got to know lots of people by name but never really knew anyone. Besides, it felt better that way. It's funny how alive you can feel when surrounded by people and how empty when alone in your room. I never thought of myself as a potential husband or father but suddenly, one day, I was both. Henri was the first child. Maybe, if Henri had been a girl, I would have had more time to adjust; but a boy! He made me feel like I had to be someone, to do big things – be a man! I remember wishing I had had a father who had shown me what a father really is.

I remember being afraid of Henri's size at birth because he was so tiny, and horrible things could happen if I were angry at Henri. I would never hurt him on purpose but accidents could happen. Maybe we could have adjusted to each other, but ten months later, a second child was born.

I wanted my kids to have plenty of food, and clothes; and all the other things I had never had, like spending money, a bike, or electric trains. But all I seemed able to give was the back of my hand. My wife and I never fought in front of Henri but he must have heard us at night. She wanted more money, more help from me at home, more loving; she just wanted more than I had to give. For two years we struggled on – like a ship blown about in an angry storm. We could never sit and talk. Sometimes I wanted to yell for her to take care of me – for just five minutes for her to hold my hand, tell me that I was not a failure; but we both needed more than the other could give by this time. And so I looked elsewhere for someone to talk to – someone who wouldn't ask me to give. I spent many a sleepless night tossing about wondering what I had done to be punished so. I loved my wife, and children but I felt like a twig caught in a whirlpool. My appetite was gone, sleep had been stolen by constant nightmares. People weren't really staring at me – yet, it seemed to me as if they were. Everyone seemed to know what I was thinking. Common sense said this couldn't be and yet this feeling was constantly with me.

When Henri was two years old, I left to find something for myself – something to make me feel "whole" again. The next two months were dismal beyond description. I felt like half of me

was in one place, the other half somewhere else. The final blow came when my wife refused to allow me to return home two months later. My son was to be raised without a father. I had failed to be a father. Who could teach Henri to be a father? It hit me much later that what had happened to me might be in store for Henri. But now maybe it will be possible to help us; Henri, my

wife and me, to break the cycle that was not of our making but that we are all caught up in.

Henri's parents uniting with us to begin clearing away the old battle scars and confusions of earlier years, which had stopped healthy growth, would now enable him to utilize treatment as a vehicle for travel on the long road to learning to trust and believe in himself and others.

Clubs, A Therapeutic Tool

"Out of my way!!! It's my turn!!!" yells Jeff. The average observer at the swimming pool would think nothing unusual was happening. Harry, the club leader of the Silver Panther Club, however, knows this is a special occasion. For weeks he has been helping Jeff feel more comfortable in group activities. Frightened, Jeff has kept away from all activities, and in a whining way has clung to the adults. His peers teased and rejected him. Harry worked hard to help Jeff overcome his feeling of not being able to do anything, of being a failure. Taunted and ridiculed by his peers, it took all the skills and patience at Harry's command - constant giving and accepting of each small step to even get Jeff to try. Each time the group engaged in any sport Jeff would pout on the fringes. Underneath his facade of "I don't care" was a little boy just dying to be "one of the boys."

Harry took him aside and gave him special instructions in swimming. He took him into the pool and waded into the water with him. As Jeff gained confidence in him, he was willing to try things. As he began to trust that his new friend would not let any harm come to him he put aside his fears of dying, of bursting apart from absorbing all the water and timidly allowed his face to get wet. But when the group played in the water, Jeff stayed away, cringing in a corner. Then one day, at long last, it was just too tempting. He



"Come On In!"

knew he could do it! As the club played "water catch" Jeff mustered all of his courage and yelled, "Out of my way!! It's my turn!!" and jumped into the water. He looked at Harry with a grin running from ear to ear which seemed to say, "Now I am one of the boys!!! Thus Jeff joined the group, but most of all, he formed his first real bond of friendship and trust with people.

Clubs like the Silver Panthers are the core of group activities at the Convalescent Hospital for Children. Through them, many of our children who come to us as outcasts in the community, as isolates, learn to depend on others, to share themselves and their feelings. Through club activities like swimming, sports, hiking, cooking, arts and crafts, stories, and dramatics, they gain new skills and develop confidence in their ability to achieve worthwhile things. Under the

guidance of a club leader they learn to feel better about themselves, feel trust and warmth toward others, learn to make decisions, taste victories, accept defeats, and participate in the give-and-take of life. The group programs are an important therapeutic tool used by the staff of the Convalescent Hospital for Children, in helping troubled children to understand themselves and others so they will ultimately be able to live, work and play in the community as useful citizens.



"I Don't Care."

Community Activity

SPEAKING ENGAGEMENTS Dr. Sydney Koret, Director

- October 24 Temple B'Rith Kodesh - Nursery School Teachers and Parents.
"The Mental Health Consultant and the Nursery School Teacher"
- November 3 Pittsford Central School - "Teacher-Pupil Relationships"
- November 16-17 New York State Welfare Conference, Buffalo
"Institute on New Developments in Residential Care"
- November 28 Summerville & Ridgewood Nursery Schools
"The Role of the Nursery School in the Trip to Maturity"
- December 1 Perinton Co-op Nursery
"The Teacher-Parent-Mental Health Worker Team"

**PROFESSIONAL EDUCATION SERIES
FALL 1967**

Date	Time	Topic	Speaker
Sept. 14	4:00 P.M.	Mental Health Needs in the Inner City	Loftus Carson, Executive Director Human Relations Commission Rochester, N. Y.
Sept. 28	4:00 P.M. *	"Research on Teacher Style and Children's Behavior"	Jacob S. Kounin, Ph.D. Wayne State University Detroit, Michigan
Sept. 29	Workshop	Classroom Problems in Group Management and Group Dynamics	
Oct. 12	4:00 P.M.	"Family Therapy"	Film
Oct. 25	8:30 P.M.	"Poil de Carotte"	Film
Oct. 26	4:00 P.M. *	Psycholinguistics and Behavior Therapy with Children	Stanley M. Sapon, Ph.D. Director, Verbal Behavior Laboratory University of Rochester Rochester, N. Y.
Nov. 6	8:30 P.M. *	Residential Treatment for Adolescents	Thomas P. Gallagher Associate Director Ryther Child Center Seattle, Washington
Nov. 6-7	Workshop		
Nov. 9	4:00 P.M.	"Referred for Underachievement"	Film
Nov. 30	4:00 P.M. *	"The Child Care Worker on the Road to Professionalization	Van G. Hromadka, D.S.S.C. Assistant Director Wiltwyck School for Boys Escopus, N. Y.
Nov. 30	10:30 P.M.		
Dec. 1	9:00 A.M.		
	5:00 P.M.		
	Workshop		
Dec. 14	4:00 P.M.	"A Child is Waiting"	Film

* Persons from the community are invited.

STAFF ADDITIONS

Miss Helenmarie Murphy, a Chicagoan, joined our staff as a Social Work Supervisor in May of this year. She received her M.S.W. from the University of Denver School of Social Work.

Prior to moving to Rochester, Miss Murphy worked at the Catholic Home Bureau, Children's Unit of Camarillo State Hospital, Camarillo, California; and Connecticut Junior Republic in Litchfield, Connecticut.

Relaxation to Miss Murphy means music, sports and interior decorating.



Helenmarie Murphy

Mr. Avel Goldsmith, Director for the Day Treatment Service, has had many years of experience in psychiatric clinic, day treatment, and residential treatment settings for emotionally disturbed children. These include Children's Village, Childville,



Avel Goldsmith

The Three Schools Project Clinic and Research Center, and the Jamaica Center for Psychotherapy. Most recently he was Assistant Professor of Social Work at Fordham University, and for four years prior to this was Administrator of Professional Services at the Children's Day Treatment Center and School in New York City.

Mr. Goldsmith has been active in professional publications and organizations. He helped to found an association of day treatment centers in the New York-New Jersey area, the "Professional Council of Day Centers for Atypical Children." Mr. Goldsmith is also a Fellow of both the American Ortho-psychiatric Association and the Council of Psychoanalytic Psychotherapists.