Community Project "The Living Room" (Part I)

By

Dr. Sheldon Waxenberg

Report on Community Mental Health Project: The structuring of the Social Therapy Club of the Postgraduate Center. Structuring of the Referral Functions of the Club.

Postgraduate Center for Psychotherapy, New York

March, 1963

Report on Community Mental Health Project

THE STRUCTURING OF THE SOCIAL THERAPY CLUB OF THE POSTGRADUATE CENTER

Structuring of the Referral Functions of the Club

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THE AGENCY AND ITS NEEDS

In 1959, on the initiative of Dr. Maria Fleischl, social therapy was introduced as a mental health resource at the Postgraduate Center for Psychotherapy. A social therapy club was established and given the name of THE LIVING ROOM. Patients were welcomed from psychotherapists on the Center staff and, also, from certain other therapists and agencies in the metropolitan area. The club offerings expanded and Dr. Fleischl was designated the Director of the Department of Social Rehabilitation at the Center. The novelty of the concepts involved and the rate of growth brought with them a large measure of improvization in administration of the affairs of the club. The organization of administrative machinery, the planning of club activities, record keeping, and the handling of communication channels with referring therapists were necessarily also improvised to meet needs as they arose.

Dr. Fleischl, in mid-1961, prevailed on three Fellows-in-Training at the Center to assist her in making a study of the club to help her formalize its procedures and thus give the club stability and continuity and maximize its usefulness, and, in the longer run, to make possible research studies of its therapeutic effectiveness. The problems of the club were many-faceted. They embraced relations with the community at large, in the persons of psychiatrists and psychologists and social workers who make referrals and patients who make use of the facilities of the club and their families. Moreover, problems arose from the creation of a new department within an estab-

lished clinic. Budgetary matters, space allocations, schedules of fees, and the titles and assignments and prerogatives of the people who would help to run the club--all these required attention. The latter problem, that of staff, was particularly knotty because they were a group that varied from those professionally trained in the mental health field on through those who brought the skills of teachers of art and music and dance and drama to the club down to those who, as members of the club, volunteered to help with refreshments, with taking attendance and collecting fees, and with getting out the club paper.

Furthermore, the activities of the club involve a variety of mental health endeavor little practiced outside of England until recent years, but one which has wide application in the United States in the light of the recommendations made in the Final Report of the Joint Commission on Mental Illness and Health which are currently being pushed toward implementation by President Kennedy. The Joint Commission expressed concern over the persistent problems in the field of out-patient care and the new concepts and programs of treatment to which they have led, especially those that extend treatment services into natural community settings. It reviewed the ex-mental patient organizations in the country, such as Recovery, Inc., and found them unstable and short-lived, most particularly when no professional direction or consultation is involved. The best hope, the Commission implied, lay in social rehabilitation centers, and it cited Fountain House as an example. The report also emphasized the tremendous amount of work lying ahead in this area.

It would appear that THE LIVING ROOM is also in the forefront of this movement and that within this one social rehabilitation facility much remains to be done.

Dr. Juan Campos, Dr. Leyla Zileli and I, in conference with Dr. Fleischl and Mrs. Isa Brandon of the Department of Community Mental Health of the Center, arranged for a three part plan of consultation whereby I would concern myself with the referral processing functions of the club and the problems arising therefrom, Dr. Zileli would work toward providing structure for the intake procedures and activity planning for the members, and Dr. Campos would direct his attention to the organization of staff and the selection of activities to be offered and the assignments of the members for optimum therapeutic involvement, etc. We were to work as a consultative team, but each of us was to have a specific sector of primary interest. Several important considerations militated in favor of a team approach. The problems of the club, as outlined above, were diverse and multi-leveled. A large number of people would have to be communicated with during the course of the consultative work. These included the director of the club, her professional and adjunctive and volunteer staff, the administrative heads of the sponsoring organization, the referring psychotherapists and agencies--both those of the past and of the future, and, lastly but certainly not least, the members of the club who attended for social rehabilitation. Each of the three consultants felt there was a task for him to do, and each felt his individual assignment fitted his particular competencies and would prove mutually rewarding to himself and

the agency in which consultation was being undertaken.

THE TASK AT HAND

Most of the members of the social therapy club have been referred by psychotherapists on the staff of the Postgraduate Center for Psychotherapy from among their clinic and private patients. Some have come from outside therapists and from other clinics and social agencies familiar with Dr. Fleischl's valuable work. A small number have been self-referred or introduced by friends who were members of the club. An original requirement that the person currently be in psychotherapy upon joining the club has on occasion brought complications when a member has terminated his therapy or had to drop it because of lack of money or when a member has hoped that the club would provide a substitute for individual or group psychotherapy. Membership was relatively unstable, with people flowing in and others leaving, some apparently after getting what they had come to the club for in the first place. Others just seemed to drift out or to get lost.

Dr. Fleischl saw as an essential need of her organization a study of where the members come from and how, of who was currently attending the club from among the many patients who had attended at least one meeting, and of how induction into the club, that is, referral and intake, might be made more orderly and effective--even therapeutic.

THE PROCESS OF CONSULTATION AND CHANGES IN THE REFERRAL SYSTEM

In July, 1961, I had my first scheduled conference with Dr. Fleischl about becoming a consultant to the club, and a complex series of consultations followed. One of the first steps taken in my consultative capacity in the fall of 1961 was a review of the history of the membership of the club, with special attention to channels of referral. This review was reconstructed from diverse records; specifically, from blue papers used in 1959, blue file cards used in 1960, and white file cards used in 1961 to record members' names and addresses and referral sources and, sometimes, brief clinical information as well. Another source of information was the mailing list of the club which was compiled every few months by a committee of members as a means of keeping the membership informed of events, but these lists were probably never very accurate, and only a few of them were available.

This review resulted in a composite list of members and, in most instances, their referring therapists. From the fall of 1959 through the fall of 1961, 100 known members had taken some part in the activities of the club. Seventy-one of them had been referred by some 28 Center therapists, including Dr. Fleischl, and by 18 outside therapists or agencies. Some Center therapists had referred as many as seven patients each. The outside sources each accounted for a single referral. The source of referral of 29 of the 100 members was not recorded.

As of the fall of 1961, about 50 patients of the total of 100 sometime members mentioned above were attending on a regular

or occasional basis. Of these, 31 had been referred by 20 of the above 46 sources and the other 19 arrived in the club through unrecorded channels. In most of these latter instances Dr. Fleischl either had been acquainted with the prospective member or was in close touch with his therapist. Twenty to 30 members from among these 50 current members took part in each week's club activities.

Having this groundwork completed and knowing something of the history of the club's referral procedures, I then proceeded to carry through the planned steps of consultation with Dr. Fleischl and others. The first step was concerned with informing psychotherapists who might initiate referrals of the purposes and procedures of the club. The second involved exploring the reactions of the referring therapists, and the third dealt with the follow-up of referrals. These two phases were in some degree combined in their actual execution. The last step was to consider the part social therapy can play in the overall mental health objectives of the Postgraduate Center in relation to its community and national responsibilities.

A. Informing Therapists of the Purposes and Procedures of the Club.

1. A conference was held with an officer of administration of the Center and Dr. Fleischl and one of her consultants for discussion of the question of who may be a member of the club. It was decided that patients of Center therapists could be screened in by Dr. Fleischl or by her psychiatrist assistant when she had one, but that only she, as Director of the Depart-

ment, could make decisions regarding patients from outside therapists and agencies.

2. After a number of lengthy discussions between Dr. Fleischl and her consultants, and in a few instances members of the staff of the Department of Community Mental Health, a form letter was composed for mailing out to therapists entitled to send their patients to the club. The contents of this letter were carefully worked out to set forth the criteria for selection of patients for social therapy and to describe the procedures for referral. The letter provided a clear expression of the philosophy of social therapy to be implemented by the activities of the club, and it included a schedule of these activities by day and hour and also information on fees charged to club members. Approval was then obtained from the Director of the Department of Community Mental Health, who improved the format of the letter in terms of the identity of the parent organization, and from the Assistant Medical Director of the Center. At the end of December of 1961, the letter was mailed out to 135 members of the therapeutic staff of the Center, in order to acquaint them with the current activities and procedures of the club as well as to give an impetus toward a greater number of referrals. A copy of the letter appears as Appendix A of this report.

3. After consultation at various levels, with concern focused on traditional psychiatric screening procedures and state legal requirements, a standard referral form was devised for therapists' use in making referrals. The content of the form

reflected the established criteria for inclusion in a social therapy program, included the basic data required for systematic record keeping within the club and within the bursar's office of the Center, and provided information needed for the first stage of screening a patient for membership.

This brief but meaningful form, distinctively printed on pink paper, appears in this report as Appendix B. Two copies were inclosed with each letter of information sent to Center staff members in the mailing of December, 1961. Subsequently, only through the use of this form, adequately filled out, could a therapist refer his patient to the club. Dr. Fleischl was also urged to use the form for her personal referrals so that they would be properly recorded.

A form which requested the very same information but was extended from one to two pages in length by means of more open spacing in order to elicit more elaborate detail in answering, and which was distinctively printed on white paper, was made available to outside therapists and agencies upon request. A copy of this form is presented as Appendix C in this report.

During the month of December, 1961, before the information letters and referral forms were mailed out, there had been but one referral to the club, and that from an outside therapist. During the following month, January of 1962, there were fifteen referrals, all from recipients of the mailing, a few of whom were veteran members of the staff who had never made a referral and a few of whom were relatively new members of the staff who had not known about the club. During each of the following

months until summer vacation time arrived, from five to ten referrals were received. All told, between December, 1961, and December, 1962, this consultant received and processed 71 referrals, 55 from Center therapists and 16 from outside therapists. This immersion in the week-by-week work of the club afforded the opportunity to appraise the effectiveness of various methods of receiving, forwarding, and answering referral requests and then arranging for patients to be screened for and inducted into the club.

For the major part of this period, it was decided, Dr. Fleischl and her consultants would constitute a board of four to pass on suitable applications for membership. Though a nearly blind girl was referred, and another girl with a severe degree of facial disfigurement, and though the age range of referred patients spanned from the late teens into the 50's, no one was excluded from the opportunity for a screening interview with one of the psychiatrists. In a few instances in which the patient had been in therapy for only a very brief time, therapists were requested to delay sending their patients to the club until a solid therapeutic relationship had been formed. This decision was based on experience with the earliest of the referrals which revealed that one discernible variable affecting whether the member really integrated into the club was the minimum length of time he had been in psychotherapy. There were five patients who refused to comply with their therapist's request that they come to the club for intake interviews. One referral, from an outside source, would have been more appropriately addressed to

the Adult Clinic of the Center. After a telephone conversation with the therapist, the referral form was sent to the Intake Office of the Center.

4. A form letter for acknowledging referrals and setting up appointments with prospective members was considered but was not satisfactorily devised. In the light of accumulating practical experience with the influx of referrals, it was decided in consultation that more personal contact and more individualized handling was preferable at this stage of processing a referral. Many hundreds of communications were involved in the handling of the 71 referrals received. As the first step, the referral messages, usually but not always accompanied by filled out forms, were received in the Center's or in Dr. Fleischl's mail. Sometimes a form had to be mailed out or else returned for more complete information. The completed forms had to be circulated among the four members of the referral screening board when we could not all meet to consider them together. Once a referral was approved, an appointment time had to be worked out which was suitable both for the club's intake psychiatrist and for the prospective member. Setting up these appointments often required multiple exchanges of vis-a-vis or written or telephone messages.

Much variation was found to exist in therapists' preferences for how initial appointments for their patients were to be arranged. Some therapists insisted on being the one who informed the patient of the appointment at the club. Others wanted to have no part in their patients' relationships within the club.

In most instances, there was a degree of flexibility in the making of the arrangements, but this did not necessarily reduce the number of separate communications required to effectuate a link between a member and the club.

This consultant's experience in processing referrals resulted in the recommendation that the Director of the club should have a professional assistant on at least a part-time basis and that this assistant should have secretarial help in carrying out this important function of the club, from which both referring therapist and patient derive their initial impressions of the club. Dr. Zileli and Dr. Campos also saw the need for a professional assistant in connection with the functions of the club on which they consulted. Without such assistance, the Director of the Department of Social Rehabilitation cannot carry out all of her responsibilities with maximum effectiveness.

B. Exploring Reactions of Referring Therapists.

1. Questionnaires were constructed to explore the attitudes of therapists toward social therapy and toward the club. There was consultation with Dr. Fleischl, with the other consultants, with staff members of the Department of Community Mental Health, and with the Director of the Research Department of the Center on the content and lay-out of the questionnaires. They were then pre-tested in interviews with Center therapists and were found to have no apparent shortcomings.

The first, or general, section of the questionnaire, which appears as Appendix D of this report, was sent to all members

of the therapy staff of the Center, whether or not they had made referrals, and to all outside therapists whose patients were members of the club as of the first week of July, 1962, when the mailings were made. The second section of the questionnaire, which pertains to a patient's reaction to the club, and which is presented as Appendix E of this report, was sent, stapled to the first section, to each therapist who had made a referral, one copy of the section, with the patient's name written in, for each patient referred by the therapist. Only through the availability of the information obtained from the review of the club's membership history and from systematic recording of all subsequent referrals was it possible to send relevant questionnaires to such a comprehensive list of therapists. A total of 142 therapists, 130 from the Center and 12 from outside the Center, were sent the relevant sections of the questionnaire. Of these 142 therapists, 54 had made referrals of 84 members; hence, 84 copies of the second section went out, as many as nine copies to a single therapist who referred patients through the years.

2. Over the course of the ensuing five months, 54 of the questionnaires were returned, 28 by nonreferrers and 26 by referrers. This represents an overall return of 38%. It is a 32% return from nonreferrers and a 48% return from referrers, indicating their greater interest or sense of involvement. The percentages for the Center and non-Center referrers were about the same. Replies regarding 38 different patients of 26 referring therapists represent returns on 45% of the 84 patients specifically inquired about.

The returned questionnaires were reviewed, page by page, jointly by this consultant and the director of the club so that the personal quality of the responses could be absorbed and also so that an overall impression of the information could be obtained. Dr. Fleischl was then provided with compilations of the answers on each individual question for her use as leader of a workshop on social therapy at the 1963 meeting of the American Group Psychotherapy Association. These compilations, further distilled and classified, are presented as Appendix F of this report. The information in these summaries is clear and speaks for itself, not requiring further analysis here. It can be of great value to Dr. Fleischl and her staff in their future planning for the club. For example, it showed that therapists value or praise the club, but only about one-third of them refer patients. Moreover, it presents some evidence that therapists are more aware of their patients' resistances to the club than of their own. It is also interesting to note that therapists would like to have quarterly reports on their patients from the club, but wish to reciprocate by providing the club staff with only annual progress reports. The responses also serve to point up the necessity of considering the issue of segregation of patients of different age groups and different degrees of pathology.

3. The questionnaires provide an initial step in a follow-up system for the club. They show the way, but they do not constitute a comprehensive plan. Only if there is professional staff provided for the club to help Dr. Fleischl with these

functions can they be effectively expanded and consolidated. This consultant has set up a clinical folder on each person who has attended meetings of the club fairly regularly between the early fall of 1961 and the late fall of 1962. It is noteworthy that it was from these files that the financial office of the parent organization was able to set up bookkeeping records for the club. The review of the membership that was undertaken as the first step in this consultative process is available as a foundation for a study of drop-outs from the club and also for a study of aspects of successful termination of social therapy.

The questionnaires also reveal a small but select pool of professional personnel who are willing to take part in interviews and round table discussions which would further illuminate the impact of social therapy and perhaps help point out its future directions.

4. During the course of the consultative work described in this section and the preceding one, the following[30] meetings at all levels of the organization were held:

With representatives of the Department of Community Mental Health:

With Mrs. Wolberg (for clearance of mailings)	2
With Dr. Silver	2
With Dr. Orbach	2
With Mrs. Brandon alone	2
With Mrs. Brandon and the other consultants	3
With Mrs. Brandon, other consultants, and Dr. Fleischl	2

With Drs. Campos and Zileli (long, scheduled meetings): 2
(Innumerable short or impromptu meetings.)

With Dr. Fleischl and the other consultants together: 2

With Dr. Fleischl alone (long, scheduled meetings): 4

With the staff of the club for regularly instituted monthly meetings, December, 1961, to June, 1962: 7
(Attended by consultants, Dr. Fleischl, and from three to six of her assistants in art, drama, etc.)

With the Director of the Department of Research: 2

C. Referral and the Broader Organizational Setting.

1. It is hoped that the consultative work described above may provide a part of the foundation upon which social therapy can play a larger role in the fulfillment of the overall mental health objectives of the Postgraduate Center. One of these objectives is to provide useful research in the area of mental health. This consultant explored the possibilities of obtaining outside financial support for research on the work of the club. The matter was discussed with the Director of the Department of Research of the Center. A Bibliography of Social Therapy was compiled and appears as Appendix G of this report. A telephone conversation was held with Dr. William Malamud, Director of Research of the National Association for Mental Health. He expressed a willingness to review any research proposals which might be submitted for research on the work of the club in the area of social therapy, but he emphasized that NAMH would support only research as such, and would not underwrite support of disguised service functions of an organization. It seemed premature at the time of this initial conversation to expect that research at the requisite level could be planned before the essential service personnel needs of the club, which were discussed among the consultants and the director, are met.

2. There was, in addition, an exchange of correspondence

with the Chief of Research Grants of the National Institute of Mental Health of the U. S. Public Health Service, who supplied voluminous printed information on the methods of applying for research funds from NIMH. These initial steps were reviewed with Dr. Fleischl and with a psychologist on the Center staff who was considering becoming her consultant in matters of research but who ultimately did not do so. No research support was formally requested nor obtained as a result of these efforts, but because of them the Director of the Department of Social Rehabilitation is now better acquainted with the channels, the procedures, and the requirements for seeking funds for research in social therapy.

APPENDIX A

POSTGRADUATE CENTER FOR PSYCHOTHERAPY

Department of Therapeutic Services

December 26, 1961

Memorandum to: All Staff Members.

From: Dr. Maria F. Fleischl, Director of THE LIVING ROOM.

Social therapy has demonstrated its value in helping patients to put insight into action in overcoming social inhibitions and social isolation. THE LIVING ROOM provides a living experience with other people in the protected environment of the clinic.

The Club meets every Wednesday from 8 to 10:30 P.M. in the auditorium of the Center. The regular activities are preceded by a gathering of the members from 8 to 8:30. A town-meeting type of discussion is then held from 8:30 to 9 during which members assign certain duties among themselves and also plan special activities of the Club such as holiday parties. The rest of the evening is spent in group singing, dancing, dramatic readings, painting, and general socializing, with refreshments providing a final medium for shared experience.

In addition to the regular Wednesday meetings of THE LIVING ROOM, creative art experience is offered on Mondays from 7 to 10 and on Thursdays from 6:30 to 8, and creative music experience is offered on Wednesdays between 7:30 and 8:30 before the general meeting. A further program for Saturday afternoons is being planned. These meetings are designed to provide opportunities for relating to others through nonverbal as well as verbal communication rather than for promoting technical skills in the various arts. Members of the Club are charged a fee of one dollar for each meeting of THE LIVING ROOM and for each meeting of a creative art group attended. Occasionally groups of members organize recreational activities of their own on week ends.

Adult patients currently in individual therapy or in group therapy with psychotherapists on the therapeutic staff of the Center are eligible for membership in THE LIVING ROOM. The club is intended primarily for patients with severely limiting neuroses, those with certain character disorders which tend to socially isolate them, and patients who are considered to be borderline, all of whom have had extensive therapy but are still inhibited from reaching out to other people.

If you would like to refer one of your patients, fill out one of the enclosed referral forms and send it to THE LIVING ROOM at the Center. On the basis of the information you supply, an initial evaluation of the suitability of the patient will be made. If this evaluation is favorable, you will be notified by mail when to have your patient come for a screening interview with a member of the staff of the Club. You will subsequently be informed whether or not your patient is to be invited to become a provisional member of the Club.

Please take the requisite brief time to review your patients in the light of what social therapy has to offer them and send your referral forms in for prompt consideration.

APPENDIX B

Form for Referral

**** THE LIVING ROOM ****

The Social Therapy Club of the Postgraduate Center for Psychotherapy

****

Date:

Patient's Name:

Address: At work: Phone: At work:
At home: At home:

Referring Therapist's Name:
Office Address: Phone:

Diagnosis and Symptoms:

Biographical: Sex: Age: Marital status:

Occupation:
Type of work: Employment stability:

Current employment:

With whom does patient live:

Social limitations and assets:

Patterns of reaction:

Patterns of response from environment:

Therapeutic Process and Risk:

1. Type of therapy with present therapist:

2. Length of time in therapy:

3. Sessions per week currently:

4. Hospitalization: Place:
Dates of admission and discharge:

5. Medications on (include dosage):

6. Addictions:

7. Acting out or impulse disturbances:

8. Sexual deviation: Other sociopathy:

9. Suicidal or homidical risk:

Reason for referral to Social Therapy:

Expectations from Social Therapy:

APPENDIX C

Form for Referral

*** THE LIVING ROOM ***

The Social Therapy Club of the Postgraduate Center for Psychotherapy

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Date:

Patient's Name:

Address: At work: Phone: At work:

At home: At home:

Referring Therapist's Name:
Office Address: Phone:

Diagnosis and Symptoms:

Biographical: Sex: Age: Marital status:

Occupation:

Type of work:

Current employment: Employment stability:

With whom does patient live:

Social limitations and assets:

Patterns of reaction:

Patterns of response from environment:

Therapeutic Process and Risk:

1. Type of therapy with present therapist:
2. Length of time in therapy:
3. Sessions per week currently:

4.Hospitalization: Place

Dates of admission and discharge:

5. Medications on (include dosage):

6. Addictions:

7. Acting out or impulse disturbances:

8. Sexual Deviation: Other sociopathy:

9. Suicidal or homicidal risk:

Reason for referral to Social Therapy:

Expectations from Social Therapy:

Return to: THE LIVING ROOM
Postgraduate Center for Psychotherapy
218 East 70th Street
New York 21, N. Y.

MF:lk
11-24-61

APPENDIX D

POSTGRADUATE CENTER FOR PSYCHOTHERAPY, INC.
218 East 70 Street New York 21 NY

July 3, 1962

Dear

Last winter you received a letter containing information about the Living Room Club, part of the Department of Social Rehabilitation of the Postgraduate Center for Psychotherapy. You have not had occasion to refer patients in individual therapy or in group therapy with you to the Club. In order to provide information which will assist the staff of the Club in arranging for a program of maximum effectiveness, you are asked to fill in brief answers to the following few questions:

1. What are your feelings about the Club? Check one of the choices below:
   (a) I am enthusiastic about the work of the Club.
   (b) I am pleased that membership in the Club is available to my patients.
   (c) I feel that the Club might do some patients some good.
   (d) I am disappointed in the Club.
   (e) I think the Club should be discontinued.

2. What categories of your patients do you regard as possibly suitable for membership in the Club and what categories do you consider as unquestionably not suitable?

3. Do you feel the referral system of the Club is too complicated, not comprehensive enough, or relatively efficient?

4. What resistances did you encounter in yourself to the idea of extending the therapeutic relationship with your patients to include the Club?

5. What suggestions can you contribute regarding the referral or intake methods of the Club or the organization and activities of the Club itself?

6. Would you be willing to be interviewed about your impressions of the work of the Club based on the impact of the Club on your patients or on indirect information you have acquired about the Club?

7. Would you be willing to take part in a Round-Table Discussion to be held at the Postgraduate Center dealing with the purposes and methods of the Club?

8. Would you like to join the professional staff of the Club to assist with its rehabilitation programs? In what capacity?
   For how many hours per week?

Thank you for your cooperation.

Maria F. Fleischl, M.D., Director
The Living Room Social Therapy Club

APPENDIX E

Your patient has been a member of the Living Room Club. In order that understanding between the referring therapists and the staff of the Club might be optimum, you are asked to provide brief answers to the following few questions about this patient and his experiences in the Club:

1. What do you feel the Club is actually offering your patient named above?

2. What resistances did you encounter in your patient to the idea of membership?

3. Were you able to use material from patient's experiences centering around the subject of the Club for therapeutic advances? Explain.

4. Was therapy expedited or impeded for your patient by referral to or participation in the Club? Explain.

5. Have you ever anticipated that this patient might drop out of therapy with you because of referral to the Club? Explain.

6. Has the patient terminated therapy since referral to the Club? Circumstances?

7. Has the patient discontinued coming to the Club? What are the reasons?

8. Have you ever considered advising the patient to discontinue attendance at the Club? Explain.

9. Would you like to have progress notes on your patient's participation in the Club?

quarterly? annually? not at all? at specifically relevant times?

10. Would you be willing to provide brief progress notes on the patient for the staff?

quarterly? annually? not at all? at specifically relevant times?

POSTGRADUATE CENTER FOR PSYCHOTHERAPY, INC.

7/3/62
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APPENDIX F

Summary of Questionnaire Responses

Section I

Responses of 28 Nonreferring and 26 Referring Therapists Who Returned the Form

(Out of 88 Nonreferrers and 54 Referrers Who Received Questionnaire)

Question: Answers:	Number of Nonreferrers giving answer	Number of Referrers giving answer
1. What are your feelings about the club?		
Enthusiastic about club	9	3
Pleased it is available	10	15
Might do some good	7	6
Disappointed in club	0	0
Should be disbanded	0	0
No answer	2	2
	28	26
2a. What categories of your patients do you feel are suitable for membership in the club?		
i) Answers given in terms of social behavior:		
Socially isolated and withdrawn	11	3
Socially inept	3	5
Difficulty in establishing relationships	6	1
In need of social contact	1	6
Have social problems		4
Dependent	2	
Immature	1	1
Lonely		2
Patients with poor social life	2	
Club is for none	2	
Club is for all	1	1
Asocial	1	
Need structured, supervised milieu		1
Don't know		1
ii) Answers given in terms of diagnostic categories:		
Schizoid	5	3
Borderline	5	3
Schizophrenic	2	1
Depressed	2	1
Character disorders		3
Characterological problems	1	
Immature personalities		1
Sociopathic		1
Some obsessionals		1
Withdrawn neurotics	1	
Severe neurotics	1	

Question: Answers:	Number of Nonreferrers giving answer	Number of Referrers giving answer
2b. What categories of your patients do you consider unquestionably <u>not</u> suitable for the club?		
i) Answers in terms of social behavior and treatment:		
Able to form relationships	3	1
Married or with adequate social ties	2	
Excessively dependent	2	
Acting out		1
Misanthropic	1	
Disruptive behavior	1	
Severely withdrawn		1
Frightened by social experience		1
New to treatment		1
Analytic patients	1	
ii) Answers in terms of diagnostic categories:		
Psychotics	4	2
Borderline	2	1
Severe disorders	2	1
Paranoids	2	1
Neurotics	2	
'Good' or 'sophisticated' neurotics		2
Character problems	1	
Schizoid		1
Homosexual		1
Psychopathic		1
Brain damaged		1
Obsessive-compulsives		1
Phobics		1
3. What are your feelings about the referral system of the club?		
Relatively efficient	13	15
Don't know (or ambiguous answers)	13	7
Too complicated	1	1
Not comprehensive enough		1
Liaison could be improved	1	
Needs more prominent presentation	1	

APPENDIX F

Questions: Answers:	Number of Nonreferrers giving answer	Number of Referrers giving answer
4. What resistances did you encounter in yourself about extending the therapeutic relationship with your patients to include the club?		
No resistance felt	15	19
Some resistance felt		1
Patients resisted		1
Wondered what patient's reaction would be		1
Would not refer those able to join my own group		1
Patients would regard members of club as too sick		1
Insufficient knowledge of club	1	
Afraid patient would not accept suggestion	1	
Afraid patient would feel like emotional cripple	1	
Patients need careful preparation	1	
Enthusiastic	1	
Rationalized in terms of unsuitability for club	1	
Afraid would be seen as attempt at control	1	
Felt threatened	1	
Had no time to refer	1	
Would complicate relationship with patients	1	
Resistant to sharing task and control	1	
Fear for patient in new environment	1	
Don't know	2	
5. What suggestions do you have regarding the club?		
None	12	7
Don't know	6	4
Less red tape in connection with referral		2
Have progress reports		2
Exert more skill and reassurance to make patients comfortable in the club		2
Therapists need more knowledge of club	1	
Survey all patients in therapy for suitability	1	
Make intake as simple as possible	1	
Introduction of life situations, such as jobs, careers, education	1	
Have better screening		1
Have better publicity		1
Organize a club for late adolescents		1
Additional emphasis on understanding the human body		1
Utilize club toward acceptance of group therapy referral		1
Contact therapist if patient is acting out		1
Separate patients who are very ill and give them closer supervision		1
More supervision of club activities		1

APPENDIX F

Question: Answers:	Number of Nonreferrers giving answer	Number of Referrers giving answer
6. Are you willing to be interviewed about the club?		
Yes	12	17
No	1	6
Have no information	7	
Have no patients in the club	3	
Not at this time	1	
7. Are you willing to take part in a Round Table Discussion about the club?		
Yes	11	8
No	5	12
No time	4	
Maybe	1	
Willing to listem	1	
Yes, if no work involved		1
Don't know		1
8. Would you like to join the staff of the club?		
No	17	18
Maybe	1	3
Yes	1	0
Not now, maybe later	1	
Yes, but not possible	1	

APPENDIX F

Summary of Questionnaire Responses

Section II

Responses of 26 therapists on the 38 patients they had referred to the club.

1. What do you feel the club is actually offering your patient?

Opportunities for socialization	14
Patient feels no benefits	4
Too early to say	4
Patient attended only once	3
Patient dropped out of club	3
A meeting place	1
A way of life	1
Reality testing with others	1
A feeling of belonging	1

2. What resistances did you encounter in your patient to the idea of membership?

Other members considered too sick	8
No resistance encountered	7
Anxiety in encountering people	5
Generalized concern over what expected of him	3
Other members considered too old	2
Fear of being too young	1
Threatened by initial interview	1
Passive withdrawal; needs encouragement	1
Fears recognition of own mental illness	1
Membership labels one as 'crazy'	1
Went as favor to therapist	1
Didn't want new experience	1
Membership fee is high	1
Too sick to meet others	1
Fear and anger	1
Too much travel required	1
Fear of supervision being insufficient	1
Felt experience not necessary	1

3. Were you able to use material from patient's experiences centering around the subject of the club for therapeutic advances?

Yes	20
No	10

Material related to social interaction	8
Negativistic and anxiety reactions	2
Passive and dependent attitudes	1

4. Was therapy expedited or impeded for your patient by referral to or participation in the club?

Expedited	16
Impeded	0
both	1
No effect	10
No answer	9

Expedited by:	
Triggering material	4
Discussion	2
Changing social relationships	2
Widening range of experiences	1
Getting patient out of a rut	1
Patient assuming responsibility for herself	1
Implementation of insights	1
Providing good adjunctive therapy	1
Impeded by:	
Increasing resistance	1

5. Have you ever anticipated that this patient might drop out of therapy with you because of referral to the club?

No	34
No answer	4

6. Has the patient terminated therapy since referral to the club?

No	30
Yes	4
(Planned termination 2)	
(Finances 1)	
(No connection with club 1)	
Change from group to individual therapy	1
No answer	3

7. Has the patient discontinued coming to the club?

Yes	15
No	12
Irregular attendance	2
Don't know	4
No answer	5

Reasons for discontinuing:	
Formed own circle of friends	3
Terminated therapy	2
Other members too sick	2
Other members not his age	2
Too anxious	2
No eligible men	1
Didn't like other members	1
Not interested	1
Illness	1
Membership dominated by therapist in club	1

8. Have you ever considered advising the patient to discontinue attendance at the club?

No	31
No answer	7

9. Would you like to have progress notes on your patient's participation in the club?

Quarterly?	11
Annually?	4
Not at all?	2
At specifically relevant times?	4
Patient discontinued attending club	8
No answer given to question	5
Every six months	1
Not necessarily	1
Yes (i.e., wants note, but interval not specified)	2

10. Would you be willing to provide brief progress notes on the patient for the club staff?

Quarterly?	3
Annually?	10
Not at all?	4
At specifically relevant times?	4
Patient discontinued attending club	9
No answer given to question	4
Every six months	1
Yes (i.e., will provide note, but interval not specified)	2

APPENDIX G

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