XX.

UTILIZATION OF CASE WORK PRINCIPLES BY THE PUBLIC HEALTH NURSE

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PREFACE

My convictions regarding the public health nurse's opportunity to widen her usefulness and enrich her personal experience through an adaptation and application of case work principles seem to be inherent ones.

I love people. Whoever they are and wherever we happen to meet are matters of little consequence; the innate fondness is ever constant. If reciprocation of attitude is possible, I am glad. I appreciate an inadvertent turning in my direction if, perchance, there is felt a need of someone with whom to share a worry, a wondering, or even an actual occurrence of so startling a type -- whether of joy or of sadness -- as to cause that sharing to seem imperative.

And so, it is quite the natural result that even a brief acquaintance with case work principles would be especially satisfying to me. It seems good to find at last some actual terminology being applied to those friendly little habits which have been a part of my nature always.

"But what am I?
An infant crying in the night;
An infant crying for the light;
And with no language but a cry." [1]

[1] Alfred Lord Tennyson - In Memoriam - Canto 54

With so limited a background in both the case work and public health nursing worlds, hardly does it seem becoming of me to advance my personal ideas upon this chosen topic "The Utilization of Case Work Principles by the Public Health Nurse". But, fortunately for me, others of wide experience, and the equipment of years of study, and comparison are thinking and writing along this line. From those writers I have added to my own meagre amount of knowledge; and through them my already plentiful supply of enthusiasm has been increased many fold.

To Virginia Robinson, Assistant Director of the Pennsylvania School of Social and Health Work, Philadelphia, to Margaret Byington of the New York School of Social Work, New York City, as well as to the many leaders in the N.O.P.H.N. am I most indebted. Through their eyes one glimpses the future as an ever widening vista of good health, good habits, and good will for all mankind, brought about through a blending of the sound principles and practice of public health nursing and social case work.

As to the future of these two important fields -- whether they shall remain entirely separate, whether they shall become integrated or merely actively cooperative, remains to be worked out through years of experimentation.

Until the day of solution, may not each group, for the good of the humanity whom it serves, share with the other those principles which by their use will make for a happier and more efficient service in either field; all the while remembering the basic and most valuable principle of helping the individual to help himself?

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Long ago some children were playing upon the veldt which surrounded their South African home. They were gathering pebbles for their playhouse. One pebble they found was so large and sparkled so brilliantly that they called it their "candle stone", and kept it for a long time as their chief treasure. But, by and by, it slipped from their fingers and was lost; and for years, it was even forgotten. Later, when the famous diamond mines were discovered in that vicinity, those used-to-be children, now grown-ups realized that the bright pebble of their playhouse must have been a diamond, and that their "candle stone" would, like Aladdin's lamp, have brought them great wealth had they only known its value.

Much the same as children playing with bright pebbles, are we public health folk inclined to deal with case work principles, little dreaming of the actual wealth available for our use in that which we handle, and admire - yes - but oftentimes, so casually, and even carelessly.

"UNCONSCIOUS CASE WORK" [1]

As Mary Richmond, that revered authority in the case work

[1] Mary Richmond - What Is Social Case Work? p.11

field, has pointed out to us, "There was real teaching in the world long before there was a science or an art of teaching; and there was social case work long before social workers began not so many years ago, to formulate a few of its principles and methods. Almost as soon as human beings discovered that their relations to one another had ceased to be primitive and simple, they must have found among their fellows a few who had a special gift for smoothing out the tangles in such relations; they must have sought however informally, the aid of these "straighteners" as Samuel Butler calls them. Some teachers have had this skill occasionally ministers of religion have had it, and secular judges, and physicians; though at no time has it been the exclusive possession of these four professions or any one of them." [1]

If, by good fortune, or through a generous bestowal of nature, any public health nurse approaches her field thus endowed, the service she will be capable of giving will prove to be illimitable. In addition to her natural gift, she will have the education and other professional reinforcements acquired through special academic preparation, and previous experience in the health field. The newest profession to contribute to the effectiveness of her work is that of Social Case Work, whose contribution today makes up a valuable part of her equipment.

Her assignment itself as an emissary of health, in whatever realm of service she happens to be placed, assures entrance with a welcome into many situations where workers in other professions would either be excluded, or at least, made to feel as if they were

[1] Mary Richmond - What Is Social Case Work? pp. 5 - 6

intruders. In the majority of situations, she will be the first outsider to enter. To the persons whose lives she is permitted to touch so intimately case work itself is, most likely, a phase of service which considered as such has not the slightest bit of significance. Yet the fact that once this blue-uniformed person did enter a certain home in that neighborhood in time of stress; that while helping a tired mother plan for the coming of another baby, she wisely, cheerfully, and understandingly performed services of actual, immediate value, not only to three generations of that particular family, but indirectly to the entire community, is decidedly within their powers of understanding. Anyone could readily appreciate her recognition of a "bump" on three-year-old Bobby's knee, and his father's persistent chest colds as being directly traceable to the dear old grandmother whose intimate companionship they have enjoyed, and whose "chronic bronchitis" they have lamented throughout their entire lifetime.

The deft handling of one such situation, with the securing of necessary hospitalization for the ones most seriously afflicted; educational and follow-up work with the entire family and community, form a basis for appreciation and whole-hearted acceptance of the service she is able to render. In addition, there is the likeli-

hood of permeation of the entire community group with keen realization of the need for enlargement of budgets to make such valuable health service available to the entire citizenship.

Of course, one public health nurse working alone can do no more than demonstrate possibilities of the accomplishments of a staff adequate to any county area. Each demonstration, however, may in itself represent a lifetime of health of mind and body for an entire family group.

A SKETCH OF PUBLIC HEALTH NURSING HISTORY

To the person whose interest in a fascinating story increases with each retelling, the approach to public health nursing through a sketch of nursing history itself, from the first records, long before the Christian era, proves most refreshing. One's heart thrills with pride and appreciation when contemplating the nobility of purpose, vision, and determination of those pioneers in health work.

From the organization of the Sisters of Charity by Saint Vincent de Paul, in 1633, to the formation of the Federal Emergency Relief Administration in our own country, in 1933, seems a long step, when the record of achievement and development in the nursing world is considered. And yet, in the making of a country's

history, three-hundred-year periods are but miniature episodes.

The history of nursing, the world over, is but the history of humanity, following instinctively that noble urge of caring for its own, in sickness and distress, according to whatever pattern seems best fitted to particular peoples and localities. As in all other lines of development, there have been periods of progress and periods of discouragement, with this pageantry of service moving steadily onward toward an ever-advancing goal.

Through these years of development, there have stepped forth from the parade of servers, at opportune moments, the ones especially endowed with the type of vision and enthusiasm to give leadership and impetus to the marchers. Among those leaders may be listed the Fliedners, Florence Nightingale, William Rathbone, Clara Barton, Jane Delaro, Annie Goodrich, Violet Hodgson, Lillian Wald, and Oregon's own Elnora Thomson.

While all countries in the world have developed services according to their specific needs, it is with the leadership of the English that progress in our own country has been most closely associated.

England has been appreciative and progressive in her attitude toward public health nursing since the founding by Mr. William Rathbone, in Liverpool, in 1859, of the first modern public health

nursing association.

In America, the year 1813 witnessed the recording of the first notable effort to promote health work, in the formation of the Ladies' Benevolent Society, of Charleston, South Carolina. March 1877 was the date when the Women's Branch of the New York City Mission, one of the earliest of our philanthropic organizations, first sent trained nurses into the homes of the sick poor, on a visiting nurse basis. Their service was patterned after that of Phebe,[1] the first visiting nurse known to history, whose services are recorded briefly in the writings of Saint Paul to the Roman citizens and of Pastor Fliedner and his Modern Order of Lutheran Deaconesses, at Kaiserswerth, Germany, in 1836. Three years after the successful establishment of his order in Germany, Pastor Fleidner brought to America some of his deaconesses, placing them in a Philadelphia hospital. The venture, however, was not one that seemed to appeal to the American people, and so did not become permanently established. Therefore to the New York City Mission, with Miss Frances Root, a graduate of Bellevue, as its first representative, belongs the distinction of the origin of our first permanent type of visiting nursing.

[1] The Bible - Romans 16:1

In the United States, the years of 1885 and 1886 stand out as important ones because of the establishment of the first Visiting Nurse Associations -- in Buffalo, Boston, and Philadelphia. It was not until the 80's that any marked advancement had been noted in other than privately owned organizations.

From the first, American organizations had a tendency toward originality in their method of procedure, and but little was adopted from the ones being successfully practiced in England.

In 1893, Lillian Wald, that nurse with a noble vision and a sincere interest in her less-fortunate fellow human beings, as individuals with personalities worthy of development, founded Henry Street Settlement, in New York City. Closely following that year, came the first definite steps toward permanent organization in any of the nursing fields, beginning with the Superintendents of Training Schools, later to become the League for Nursing Education.

Then, in 1896, the Nurses' Associated Alumnae, now the American Nurses' Association was formed.

Two years later, Los Angeles, California, foremost of all American localities in the adaptation to her needs of any innovation which might contribute toward the happiness and well being of her inhabitants, paid the first municipal salary to a health nurse.

This nurse worked under a committee appointed by a college settlement. Six years later, in 1904, the city employed its own school nurse directly. Since then, in all parts of the country, the custom of official administration of public health nursing service has been steadily on the increase.

The year 1905 witnessed the recording of five important advances in the annals of public health:

1. Isolation of the spirochaeta pallida.
2. First industrial nurse employed by the Vermont Marble works.
3. Medical Social Service Department established at Massachusettes General Hospital.
4. American Red Cross reorganized and reincorporated.
5. National Association for the Study and Prevention of Tuberculosis founded.

It was not until 1912 that a separate and permanent organization of public health nursing was founded, with Miss Lillian Wald chosen to serve as its first president. Her Henry Street work, now almost twenty years old, had grown more and more outstanding with the passage of the years.

To Miss Wald, also, with the cooperation of the American Red

Cross, is due credit for the first attempt at rural nursing service. Due to her vision, and through her influence, a gift of funds adequate for the inauguration of such a service was thus used. Much appreciation is due the Red Cross organization for its untiring efforts in pioneer work — organization, cooperation, and supervision in the establishment of many types of health service. Its attitude has never been that of a permanency of its own power and control, but rather of encouraging each local group to assume the responsibility of management just as soon as the local organization could be perfected. The National Tuberculosis Association is also outstanding in following a similar course in initiating and temporarily financing needed health services.

By the year of 1912, it was apparent that, although public health nursing had come a long, long way, the intention of its leaders was that it should go a long way further.

Miss Mary Sewall Gardner's book, "Public Health Nursing", which is considered the outstanding authority upon the subject today, was first published in 1916. Since then, it has been twice rewritten and republished. Development in the work has been unprecedented, with the trend toward shifting from private to public agencies most gratifying. In this year, 1937, the total number of public health

nurses is more than twenty thousand in the United States alone, with more than half the number working under Public auspices. At the beginning of the century, slightly more than one hundred public health nurses could be enumerated in all fields.

Present-day legislation centers about the Social Security Act, with its generous provisions for such services as Maternal and Child Welfare, Aid to Dependent Children, and Old Age Benefits. Such legislation is pointing the way toward closer cooperation with the United States Public Health Service in broadening the field of usefulness of the educated and thoroughly qualified public health nurse.

WHAT IS SOCIAL CASE WORK?

Mary Richmond approached the answering of this query in her volume of priceless worth to students by presenting the chapter, "Social Case Work In Being".[1] Before attempting any sort of description or voluminous explanation, she chose to present the simple stories of six types of family, or individual, difficulties and the handling of each:

1 Mary Richmond - What Is Social Case Work? p. 26

"A difficult maladjusted girl who is not a defective.

A husband and wife who cannot agree.

A fatherless family with children who are not receiving proper care.

A widow with children who is not an efficient homemaker.

An older woman with difficulties which her relatives fail to understand." [1]

Having thus prepared the reader's mind, she proceeded to state her tentative definition in the following formal phraseology: "Social case work consists of those processes which develop personality through adjustments consciously effected individual by individual between men and their social environment." [2]

In answer to the current inquiry as to the content, value, and need of case work, is it not the wise interpreter who will proceed to do the case work job in any community, slowly, methodically, and with all the artistry of his being, depending largely upon the sharing of results evidenced in adjusted personalities, to be his interpretation? Pedagogy and dogmatic statements may eventually be called into use, but not until demonstration after demonstration of sound effectiveness have been patiently worked out. When explanations of services are sought, he will proceed to cite cases rather than to present formal definitions.

[1] Mary Richmond - What Is Social Case Work? p.27
[2] Ibid pp. 98-99

FUNDAMENTAL PRINCIPLES OF PUBLIC HEALTH NURSING

The following principles were classified and accepted by the National Organization of Public Health Nursing in 1931. They are worthy of memorization and frequent meditation by the persons responsible for every public health nursing service, as well as by the nurses whom they employ to perform those services.

FUNDAMENTAL PRINCIPLES OF PUBLIC HEALTH NURSING
TABULATED UNDER TWELVE HEADINGS [1]

1. Preliminary to the establishment of any nursing service, a study should be made of community needs, to be followed by periodic studies to determine the adequacy of the service in relation to the development of the community.
2. The work should be sponsored by a representative community group, not by an individual.
3. The agency should be non-sectarian and non-political in spirit and in service, without distinction of race, creed, or color.
4. The service should be available to everyone in the community and may be paid for from public or private funds or through direct

[1] Classification used by the N.O.P.H.N. in its Public Health Nursing Manual 1931 Copied from - Mary S. Gardner Public Health Nursing p. 88 1936

payment for services rendered. Those receiving service not paid for from public or private funds or through some contractual relationship should be required to pay according to their means.

5. The constituted official health authorities should be recognized as health leaders in community work.
6. Adequate records should be kept.
7. Every appropriate opportunity for cooperation with other agencies and individuals should be utilized.
8. Only graduate and registered nurses should be employed.
9. Health teaching to patient, family and community should be considered an essential part of the work of every nurse.
10. Professional ethics should be observed.
11. Provision should be made for systematic educative supervision of the nursing staff.
12. The working hours of the nurses should be specified, and vacations provided for.

During 1936 a revision was made of "The Objectives in Public Health Nursing" originally prepared by the Committee on Administrative Practice and Public Relations in 1931. In presenting this re

vision it was the desire of the N.O.P.H.N. to keep pace with present-day thinking. The revision was published in the November 1936 issue of Public Health Nursing. It was suggested that it be used as a tentative guide, and a hope was expressed that comments and suggestions for further revision would be forthcoming from nurses in the field.

The outline is herewith presented in part:

"PUBLIC HEALTH NURSING DEFINED:

Public health nursing includes all nursing services organized by a community or an agency to assist in carrying out any or all phases of the public health program. Services may be rendered on an individual, family or community basis in home, school, clinic, business establishment, or office of the agency." [1]

GENERAL RESPONSIBILITY

It is the responsibility of the public health nurse to assist in analyzing health problems and related social problems of families and individuals; to help them, with the aid of community resources, to formulate an acceptable plan for the protection and promotion of their own health, and to encourage them to carry out the plan. The public health nurse:

1. Helps to secure early medical diagnosis and treatment for

[1] Minimum Qualifications for Those Appointed to Positions in Public Health Nursing 1935-40, Public Health Nursing March 1936

the sick.

2. Renders or secures nursing care of the sick, teaches through demonstration and supervises care given by relatives and attendants.
3. Assists the family to carry out medical, sanitary, and social procedures for the prevention of disease and the promotion of health.
4. Helps to secure adjustment of social conditions which affect health.
5. Influences the community to develop public health facilities through participating in appropriate channels of community education for the promotion of a sound, adequate community health program. Shares in community action leading to betterment of health conditions.

GENERALIZED PUBLIC HEALTH NURSING :

All the functions of the public health nurse put together form a well-rounded public health nursing program. If one service is carried on as a separate activity, it needs to be in close relationship with other phases of public health nursing. In practice it is impossible to separate one type of nursing service from others

which may be needed in a particular family. Hence in the interest of efficiency and economy, there is a trend toward having one nurse in a limited area perform all functions.

VARIOUS PHASES OF THE NURSES' PROGRAM

Maternity
Infant And Preschool Health
School Health
Industrial Nursing
Adult Health
Communicable Disease
    Acute Communicable Diseases
    Tuberculosis
    Syphilis and Gonorrhea
Non Communicable Disease
Orthopedic Service
Vital Statistics
Sanitation

FACTORS COMMON TO ALL PHASES OF THE COMMUNITY NURSING PROGRAM

Efficient work in any service depends upon the understanding and use of such principles and techniques as the following:

Mental Hygiene
Nutrition
Records and Reports
Medical Standing Orders." [1]

UNDERLYING PRINCIPLES AND COMMON PRACTICES IN SOCIAL WORK

The following is quoted from an article by Mary Antoinette

[1] Functions in Public Health Nursing - Public Health Nursing Nov. 1936

Cannon of the School of Social Work, New York City:

"To sum up, I suggest the following as some of the underlying principles of social work bases upon common elements in the practices of the several special fields:

1. It is an objective of social work to develop normal interrelationships between members of social groups.

2. Self maintenance upon the part of individuals and of groups is an interest of social work.

3. Social activities can be organized both by groups and by individuals.

4. Social work is methodical and proceeds by investigation, diagnosis, plan and treatment. (Not the procedure now - in 1937.)

5. The method of social work is primarily of educational character, the subject taught being the social life of the client(individual or group), past, present, and future.

6. Particularization of the situation under treatment is necessary in all fields of social work.

7. Participation of client,(individual or group), is essential to the securing of a social work result.

8. Inherent in the practice of social work is a philosophy of individual and social responsibility, and of the ethical obligations of the social worker to his client and to the community." [1]

ADDITIONAL PRINCIPLES AND ACCEPTED PRACTICES IN SOCIAL CASE WORK

In addition to the above formulations, I would present for

[1] Public Health Nurse - Nov. 1931 p. 520

comparison some basic principles and accepted practices in social case work, as agreed upon through cooperative study in a University of Oregon Case Work Class, during the current year. Mr. Norris E. Class, whose ability in presenting the case work approach to public health nursing students is of outstanding breadth, directed these formulations. Through so generous a sharing of his knowledge, ability, and sound judgment present-day public health nursing students in Oregon are being given so true a perspective as to undoubtedly bring forth constructive adaptation; with his guidance no public health nurse would ever be inclined to forget her original job of health work in the enthusiasm of feeling herself able to take over the case work of a community and do it thoroughly, and completely.

1. Case work is based upon a philosophy of growth.
2. Its primary concern is not to change people but to understand them.
3. Its techniques must relate to a philosophy.
4. Everything scientific has been evolved from the "hunch" of somebody.
5. There is no final picture. A sufficient number of snap shots will reveal the basic pattern.
6. All behavior is symptomatic.

7. Time has meaning and value. If time were unlimited it would have no value.

8. We must know the meaning of words - "verbalization".

9. Every attempt to super-impose brings an adverse reaction.

10. Nothing is gained by trying to compensate for the impossible.

11. The newer type of case work thinking dwells upon the functional -- sees the total situation.

12. The client must understand that the worker is not to expect gratitude.

13. The aim of treatment is to permit the individual to realize his situation and to assume personal responsibility for it.

14. Social case work is a process of helping people help themselves.

15. It is futile to attempt to help a person who does not want to be helped.

THE MEANING OF INTERPRETATION

Referring all interested inquirers to such an authoritative and accessible source as Mr. Noah Webster, through even a collegiate abridgement of his dependable reference, they will find such synonymous terms for the verb "interpret", as "explain; "elucidate"; "unravel"; "translate"; "make clear"; "illustrate". While a choice

[1] Webster's Collegiate Dictionary - Merriam System 3rd Ed. 1928 p. 525

definition given for the noun "interpretation" is "an artist's way of expressing his thought or conception of a subject".[1]

COMMUNITIES DESERVE TO UNDERSTAND

With the awakening of case work students and authorities to a realization of the content and possibilities in the term "interpretation", and the various groups to whom a need of it is evident, much attention is being given in current professional writings. Perhaps the keenness of this realization has been hastened through the recent emphasis and successful use of interpretation as an important and priceless technique in their own procedure with individual clients. When a gifted case worker has been able to successfully interpret a difficult client to himself, much progress has been made toward the ultimate solution of his difficulty, regardless of complications.

The most pertinent contributions of recent date have appeared in issues of "The Public Health Nurse", "The Family", and in the "1936 Proceedings of the National Conference of Social Work". Clare Tousley, chairman of a committee on "Family Social Work

[1] Webster's Collegiate Dictionary - Merriam System 3rd Ed. 1928 p. 525

Interpretation", organized by the F.W.A.A., in December 1935, approached her task with the realization that the space between "What case work really is and what communities think it is",[1] has widened to an uncomfortable distance. That communities deserve to have this distance lessened was readily conceded by the committee, but how to approach the explanation remained to them an unsolved problem.

Since Mary Richmond, that far-seeing mother of present-day case work practices, and many others since her day, have attempted in scholastic style to give concrete meaning to case work and its techniques, to those actually practising the art, some sort of understanding seems to have permeated that particular group of professional folk; although no secure and permanent foundation has even there been established. And the general public is still at a loss to know what case work really is, and why its continued support is justified, now that the days of material relief giving appear to be growing fewer.

That case work is an art, and that the artistry of case workers has accomplished much for bewildered humanity through

[1] Editorial - The Family- May 1936

the many years since the world's beginning, long before it was ever defined as case work, is readily conceded by anyone who has had opportunity to glimpse understandingly its processes and effects. For that reason those folk who realize its worth, without always being able to comprehend its trends or basic intricacies, long for some realization and a clearer understanding of its principles to be brought to the minds of questioning communities. Many are today looking askance at the value and cost of a case work program. What needs to be interpreted is the priceless worth to individuals and family groups as such advisory services as those furnished by the family case worker, visiting teacher, child guidance clinic and health nurse with case work training and skill.

A GLIMPSE OF CASE WORK DEVELOPMENT

Without attempting to trace the history of case work as practised through the ages since the world began, let us briefly reflect upon its progress in the United States during the past century, as carried on by charity organization societies, and various private philanthropies and charities.

Up to 1842 all relief giving had been focused upon financial aid to the needy.

A regard for the individual was finally begun to be felt. This was evidenced by the numerous and varied charity organizations which sprang into existence through the years up to 1880. The motto suggested by Octavia Hill, "Not alms but a friend",[1] seemed to permeate this philanthropy of the newer type.

By 1884 the friendly visitor had become an individual institution, there being 600 in Boston, alone, at that time. In Mary Richmond's book "Friendly Visiting Among the Poor", written in 1899 and reprinted through the following years as late as 1910, we find this interesting paragraph: "Friendly visiting means intimate and continuous knowledge of and sympathy with a poor family's joys, sorrows, opinions, feelings, and entire outlook upon life. The visitor that has this is unlikely to blunder either about relief or any detail; without it he is almost certain in any charitable relations with members of the family to blunder seriously."[2]

By the year 1910, such organizations as the National Tuberculosis Association and the National Mental Hygiene Society had begun to place emphasis upon the preventive side.

And in 1911, Porter R. Lee, now Director of the New York

[1] Virginia Robinson - A Changing Psychology in Case Work p. 6

[2] Mary Richmond - Friendly Visiting Among the Poor p. 180

School of Social Work made the first attempt to isolate case work as a separate technique, defining it as, "an attempt to split up a large problem into units, and to deal with these units efficiently and comprehensively." [1] Such a glimpse leads up to the intenseness of its use in solving relief problems during the past decade and its present subsidation by governmental funds. In the first phase of its formal practice, we think in terms of poverty and illness. This conception predominated during the intensive practice of the earlier so-called depression years. The service was accepted and generally recognized as a necessary and worth while procedure. The newer generalized approach leading into the psychological and psychiatric phases seems to have been a threat toward the professional case worker's undoing in the eyes of the general, tax-paying public.

As long as material relief was the paramount reason for case work activities, support could be obtained without hesitation and with little argument or objection. Now that the adjustment is swinging into the realm of personality, more explanation has been needed; but less has been forthcoming. In fact, case workers have received criticism from leaders in their own ranks for being too

[1] Porter R. Lee - Proceeding National Conference of Charities and Corrections, 1911 p. 261

reticent about divulging even the things they do understand.

"Like a number of other professional people, social workers have been reared largely as hot-house plants, and they find it babbling, and difficult, to face a robust community situation .....social workers ought to know that in politics frankness is the best defense. Take communities into partnership; share experiences with them." [1] As a consequence of this reticence upon the part of case workers, the public, especially in smaller communities, is questioning the value of their procedures and wondering why budgets should include them; ever overlooking the age-old warning of Divine origin, "It has been written, man shall not live by bread alone." [2]

TO WHOM SHALL INTERPRETATION BE GIVEN

In enumerating the ones to whom interpretation is due, and why, our list would include the following:

1. The taxpayer or philanthropist, who supports the service. (He has likely never felt a personal need, nor realized the community benefit.)
2. The general public - to whom such service would many times be advantageous, could a transfer be made of the general idea of its being rendered on purely a social or economic

[1] Clare Tousley - The Family July 1936 p. 175
[2] The Bible - Matt 4:4, Luke 4:4, Deut. 8:3

basis -- form a charity -- to that of its being a psychological or personality service.

3. To the receiving public, as being not a stigma to be deplored when acceptance is imperative, but rather an inspirational service to be sought and appreciated.

4. Agency to agency; so that limitations may be defined and overlapping of services avoided.

5. Agency to client; so that time and emotional energy will not be needlessly expended. The client should be helped early in the first interview to know the limitations of the agency with which he is dealing, as well as the services it has to offer.

6. Client to Agency Through contact with a skillful interviewer whose ability to grasp the problem presented is unerring regardless of how obscure it may appear in the presentation. (This technique itself is nowadays being classified as "interpretation" in the vocabulary of social workers. In it may be involved culture patterns, symptomatic behavior, emotional unbalance, and other deep-seated obstacles.)

7. Client to himself This important phase of interpretation calls forth into active being the cultivated art and God-given talent of the intake interviewer. If this technique be exercised wisely and with an understanding response upon the part of the client, many a closing may be effected here, without further procedure. In problems dealing strictly with emotional conflicts, this phase of interpretation is of particular value. While a troubled person would in many instances hesitate seeking the confidence of an acquaintance, the security he feels in approaching an impersonal professional person whom he can trust and yet whose own emotional reaction he need not consider, is of inestimable value.

THE LAYMANS OPPORTUNITY TO AID IN INTERPRETATION

To each one of the many socially-minded lay persons who have given such careful and thoughtful consideration of the case work art as to recognize its intrinsic value, and to long to see its services accessible to the country's entire citizenship, there is great opportunity for an individual adventure in the field of

interpretation. May they not, one by one, put into practice their feelings of appreciation by a closer observation and recognition of its day-by-day accomplishments? In addition to their close observation may they not also encourage acceptance of its services by many needy persons of their acquaintance who now question its value, or who consider case work applicable only to those persons whose economic rating is low, or who represent actual community problems?

HOW SHALL WE PROCEED TO INTERPRET?

There is no moral and ethical influence in the world today greater than that of Jesus, the carpenter of Nazareth; the miracle of His perfection was not a theory preached, but a life lived slowly, patiently, kindly, philosophically. "We do not believe in Him because of miracles; but in miracles because of Him." [1] What a splendid analogy for case work interpretation -- not to point to a set of rules or the undeviated practice of certain formulas, but to the mended home life of John and Mary Jones and the future health and happiness of their six children! And to whom other than the public health nurse are such opportunities likely to be

[1] Grace Marcus - The Family, July 1936 p. 170

available day after day?

"The problems with which case workers deal are problems that the average layman handles according to his own methods without identifying them as problems at all -- or that he denies to himself from fear and shame, or that he hugs to his breast and keeps a family secret, or that he stoically endures as an inescapable burden in life, or that he takes to a rest cure, military school, sanitorium, or divorce court." [1] Only the client who has experienced case work treatment approaches a comprehension.

Much of the world's present unhappiness is the result of the stronger person's not being able to effect a mental transfer of himself into the situation of his less fortunate brother -- in other words, he fails to interpret his brother's actions in the light of existing circumstances.

Systems have been formulated for the practice of an art which will make such interpretation available to all members of society, regardless of personality need or financial status. Of its advantageous use, many of us have no doubt. Methods have been undergoing change and improvement through all the years since the practice of case work began. The systems which seem satisfactory today will need to be altered or exchanged for others more effective tomorrow. In all lines of progress --

"Our little systems have their day,
They have their day and cease to be." [2]

[1] Grace Marcus - The Family, July 1936 p. 170
[2] Alfred Lord Tennyson - "In Memoriam" St. 5

Yet case work itself, in the form of interchange of personalities -- a sharing and understanding of the basic hopes, fears, and longings in the heart of mankind, will continue to be utilized by society for the common good of its members.

Skilled workers in the case work field are now available. We no longer need depend upon the "straighteners" as Samuel Butler labeled them -- those persons intuitively endowed. All about us are personalities in need of adjustment. Let us hope that the day will come when to all questioning communities may be brought such interpretation of the worth of case work as to make realization and acceptance complete. "If the public really understood, they would want for the socially injured persons in their communities the same things the ones of us who are closer to them want for them." [1]

The value of case work treatment to individuals, families, and communities has been thoroughly demonstrated. But in countless numbers of locations, especially in rural areas, there is no likelihood that a program including both public health nurse and social case worker will be provided for in local budgets for many years to come. Therefore the demand for the public health nurse to handle a generalized program becomes practically imperative. At

[1] Grace Marcus - The Family - July 1936

first thought, she may feel this an imposition - the suggestion of an additional burden to her already overloaded program. Stepping mentally aside, however, and glimpsing the idea from a different perspective, it looms up to her as the most alluring of opportunities. What health problem has she ever encountered which was not bound hard and fast in a social complication of some sort? What community situation has she ever worked out to complete satisfaction without the complications and necessities of many personality adjustments, including her own?

The public health nurse who is sufficiently wise will view her community itself as if it were a case work problem. She will quietly observe, evaluate, participate in cooperative planning and execution, all the while being careful to do objective study and to keep accurate records of her findings. By so doing, she will in due time find her foundations secure and capable of upholding additional structure with the minimum of reinforcement. While she is engaged in this cooperative building she will, from time to time inadvertently bring into use such case work tools as relationship, interpretation, identification, and objectivity. Not always will she handle the tools herself nor will it always depend upon her to produce them. It is the wise public health nurse again who will be

sufficiently ingenious to inspire others in her community to assume responsibility for the various health services for which a community need is evident. Thus will she be free to direct and inspire the many. She will aid them through her program of education in a realization that the community and its problems do not belong to her but rather to them. By so guiding them she will fulfill the mission for which she is being paid a salary from public funds -- that of being a community utility animated and personified -- in the highest sense of the term. (By reference to Webster's dictionary again we find the noun utility defined thus: "Power to satisfy human wants"; "happiness"; "the greatest good or happiness of the greatest number." [1])

AREAS FOR UTILIZATION OF CASE WORK PRINCIPLES

Imagine the truly devoted public health nurse, who has done so thorough a piece of health work in her assigned county for the last five years that she has endeared herself to all its families and has apparently become a community necessity. Today she sits before her desk with pen poised to answer this question: "In what areas have you made us of case work principles in working out

[1] Webster's Collegiate Dictionary--Merriam System 3rd Ed. 1928 p. 1055

your successful program?" In reading her nursing journals she has realized that such a trend of thought has for some time been uppermost in the minds of leaders of today's programs. Now her State Supervisory Nurse desires an answer directly from the field and has propounded to her this current question.

Upon second thought, she lays aside her pen and propounds a few questions of her own.

Has she used case work principles at all? Why, yes, of course.

Has she ever had a situation where they were not of value? She doesn't think of one.

What would be the result of a lack of knowledge upon her part of such valuable tools? Well, folks would often be disappointed in her services, and many times no entrance for them would be possible.

She might have then proceeded to give her State Advisory Nurse an affirmative answer, including the entire field of her activities, and at the same time have spoken quite truly. But, being a conscientious as well as an enthusiastic public health nurse; also a generous one, and possessing a vision worthy of imitation by all who desire to give the same satisfactory type of service, she chose rather to enumerate outstanding areas and oppor-

tunities which might prove suggestive and inspirational to others. The list she submitted appeared as follows:

A. Community Understanding

1. The community as an entity
2. Contacts with doctors
3. " " key persons
4. " " Organizations
   a. Women's
   b. Men's
   c. Boys'
   d. Girls'
   e. Volunteers
   f. Churches
   g. Red Cross
   h. Tuberculosis Association
   i. School board
   j. County Health Association

B. Family Service

C. Individual Contacts

D. School Situations

E. Pre-natal and Maternity Service

F. Infant and Child Welfare

G. T.B. Work

1. Prevention Programs

a. Education of Public

b. Tuberculin Testing

2. Adult Cases

a. Sanatorium Applicants

b. Arrested Cases

c. Post Sanatorium Cases

3. Children

a. Positive Reactors

b. Known contacts

c. Suspects

d. Childhood type

e. Advanced Cases

H. Mental Hygiene

1. Child Guidance

2. Adult Problems

I. The Usual Communicable Diseases

J. Syphilis and Gonorrhea

1. Education of Public

2. Cooperation with Doctors

a. Case Finding

b. Clinic Service

c. Follow-up Work

K. Aged and Dependent

L. Industrial Groups

Through the compilation of such a list, this nurse was brought to an impressive realization of many possibilities which up to this time she had herself overlooked.

It is indeed a truth worth emphasizing that unless the nurse entering a new field proceeds slowly and cautiously; unless she becomes acquainted with her community as if it were an individual; unless she very soon senses its prides, its prejudices, its ambitions and its fears, she may very soon find herself pushed aside as one who does not sufficiently fit the community pattern as to be worthy of acceptability by its members. A slow, diplomatic entrance upon her part and an identification with certain long-established attitudes will insure her an acceptability which will strengthen as time passes from weeks and months into years of cooperative service.

Any community health service eventually resolves into service

to individuals. And just as true is the fact that service to any individual is usually so closely related to the entire family or community as to make the adjustment of the entire group necessary if the individual is to be given constructive assistance in solving his problem.

Cooperation and available resources of persons and materials are always to be had through diplomatic approach to the various community organizations.

Besides the general effectiveness of a regular school nursing program, one finds through it, avenues of entrance into family situations which need attention but might otherwise remain obscure. It is through this entrance also, that many tuberculosis cases are detected and families and individuals protected from its further ravages.

Through a comprehensive pre-natal and maternity service a satisfactory relationship is probably more easily established than through any other specific channel. Whatever may be the circumstances, the entire family is interested one way or another, in the coming of a new baby; and such a contribution as the public health nurse is making toward that important event inspires a confidence productive of further advantage to each individual concerned.

Up to the present moment, the area of mental hygiene has had as an outstanding focus the problem of childhood adjustment and the overcoming of personality defects directly traceable to a lack of such service to previous generations.

Now that the trend of public approach has swung to the launching of programs for the prevention and treatment of syphilis and gonorrhea, an even greater opportunity for service in the field of mental hygiene is there presented to the public health nurse. She is the one who already has the community confidence. Who better than she can lead them to an objective approach, and give an interpretation which will preclude the possibility of shock, bitter resentment, or even mental breakdown?

If the public health nurse who has been employed to serve an industrial group merely in the capacity of first aid officer, takes a friendly interest in home situations of the worker, she is giving her employer a service which counts far more in dollars and cents than the expense of her own salary. If, when bandaging the bruised finger of Mr. Brown, she makes a friendly inquiry of the new baby in his home; or the condition of twelve-year old Bobby who is convalescing from pneumonia; or, perhaps, suggests that he stop by her cottage this evening for some spring blossoms to cheer

the blind grandmother while the family attention now centers upon its newest member, the burden of his day's work will have thus been lessened appreciably. With a glow of satisfaction over the fact that someone has shown an actual interest in his responsibilities, he returns to his machine animated beyond the likelihood of another lapse of the sort to invite the bruising of fingers.

BARRIERS WEAKENING

Certain attitudes upon the part of the workers themselves as well as lack of community understanding are barriers which have served to keep the two fields of service separate.

The case work profession is brand new as compared to the older professions of medicine, teaching and the law. As a profession it has struggled for recognition and has, up to very recent times seemed to hug to its bosom, as very personal possessions certain valuable practices which now it feels ready to share willingly with any servers of broken humanity.

The public health nursing group has had its duties in the health field increase at a more rapid rate than the number of qualified workers to perform those duties has been forthcoming. As a consequence, many have felt that any additional services leading

into the case work area should not be expected of them. They were, of course, overlooking the importance to any health problem an original solution of environmental disorders without which the return to normal physical and mental health would be practically impossible.

Rapidly these barriers are seeming to weaken, or be removed, until one feels that very soon no semblance of them will remain. There should be nothing to interfere with the blending of principles and methods which leaders in the two professions are hoping to see effected.

Workers in the field are day by day, realising that in most instances the areas of service overlap to the extent of making team work not only easily effective but practically imperative, if the best interests of the client, the family, and the tax payer are to be uppermost in their planning.

PRESENT DAY TRENDS

Ten years ago, social work leaders who were doing advanced thinking could foresee trends which are today's most outstanding and closely-observed experimentations. The most generous and far-seeing of those leaders were, no doubt, ready then to con-

cede that public health is unquestionably a phase of social work, and that its rank is one of decided importance to communities as well as to individuals. But the rank and file of social workers were very busy at that time organizing, reorganizing, and departmentalizing. Their range of thought into the field of health service extended no further than that of medical social work performed with a close relationship to a hospital or a clinic. During this decade also, their energies and abilities have been overtaxed with the handling of material relief-giving, and its associated problems. And social case work, that phase of the program most closely allied to public health nursing, has been undergoing the experience of its own recognition among the professions.

All the while intensive thinking, discussing, and writing have been in progress among the leaders. At the same time in hundreds of remote localities, public health nurses have quietly gone about doing their various community jobs. They have handled problems, many and varied. In most instances, they have never taken the time to segregate, or tabulate, those problems as strictly health, case work, or, as was usually the case, a combination of the two.

At the National Conference of Social Work held in Memphis,

Tennessee, in 1928, the following statements were made by our Oregon University Sociologist, Dr. Phillip A. Parsons: "Experience has shown that the social work load falls upon whatever type of worker is in the community. The presence of a trained worker, whether she is a public health nurse, a case worker, a probation officer or a policewoman is signal for practically all the local authorities outside of the largest city to unload all grievous problems on her. More and more she finds the work which she came into the county to do being forced to take secondary position, because of the amount of undifferentiated work that needs to be done." [1]

In July 1929, Virginia Robinson, Associate Director, Pennsylvania School of Social Work spoke before the International Conference of Nurses at Montreal. Her closing paragraphs are herewith included:

"Five years ago, perhaps, we taught the public health nurse and the social worker to cooperate with each other, outlining as carefully as possible their respective fields. Today it seems to me, through the development in both these fields, these limits are being more and more transcended through this increasing concern with the individual's problem. Whenever that problem presents itself to any agency, there it must be handled with the best equipment which the worker and that agency can acquire. Whether it be the teacher in the class room, the nurse in the clinic, the case worker in a social agency, or the psychiatrist in the clinic, who receives the problem, we should expect of their position which carries responsibility for dealing with people, a response to any human problem which is sufficiently understanding to be constructive for the individual presenting it. Furthermore, in more complex problems where the worker's knowledge is not adequate, it

[1] Phillip A. Parsons Conf. Social Work Proceedings 1928 p. 547

should at least be extended far enough to be able to guide the individual to a place where he will find greater help in the solution of his problem if he so desires.

We learn more and more with the years that only the individual himself can solve his own problem. Perhaps if there is any one principle the social case worker can pass on to the public health nurse from her experience it is this -- a caution against attempting to solve the individual's problem for him." [1]

Katharine Faville, of Teachers' College New York in speaking of the relation of social mal-adjustments to the work of the public health nurse, before the American Public Health Association, at Minneapolis, in 1929 said:

"Almost every family, if studied will be found to harbor problems of minor social maladjustments, many of which with time and understanding will right themselves. Others, if left untreated, may develop with the years into acute social ills -- such problems, for example, as develop out of wrong attitudes between husband and wife, parent and child, or the child and his playmates. The presence of a person with mental deficiency or mental disease in a family that does not understand the difficulty or know how to handle it may completely wreck that family's chance to attain normal health and a happy life. Bad housing, poor housekeeping, unwise expenditure of an adequate budget, are barriers that keep many a public health nurse from realizing her primary objective in countless families.

The father who is ill with tuberculosis will not quickly show much permanent improvement so long as he is deeply worried over family finances, nor can the public health nurse easily safeguard children whose tuberculous parent exists on returning home from the sanatorium for frequent and lengthy visits because he is lonesome. She is learning that it is a much more difficult task to give adequate prenatal supervision to the mother who is unhappy over the expected arrival of a new baby, than to the mother who is joyfully

[1] Virginia Robinson - The Public Health Nurse - Oct. 1929 p. 518

anticipating him and that she has but begun to understand the significance of the relationship between mental attitudes and physical health during pregnancy.

She sees that child hygiene is becoming more and more linked up with parental education; that, for example, wrong feeding habits of children are corrected only after the mother gains a clear understanding of her unconscious motives in pampering her child. Again, the underlying reasons and attitudes that result in the uncooperative patient must be unearthed and understood before much of constructive good can be accomplished with him.

Because of this shift of emphasis in her program and her appreciation of the added responsibilities, the public health nurse has come to change her attitude toward these minor or incipient, social and mental problems. She has always had these before her, but where formerly she felt that she could not give attention to them because they would take time from an already overloaded program, she now sees that it is impossible to do good health work until they are dealt with. And, so far from jeopardizing her primary objective, such adjustment has become a step toward its attainment . . . . . .

Post graduate courses in public health nursing are requiring their students to take many courses that help to give this broader outlook -- psychology, sociology, mental hygiene, methods of family case work, methods of teaching. Never for one moment do we think of turning our public health nurses into social workers but we do hope for the nurse with the quickened social conscience, the nurse who sees the full implications of the social and mental phases of her health work." [1]

From Dwight Sanderson, Professor of Rural Social Organization, Cornell University came the following opinion, in 1930 - "To my mind the thing which is most fundamental for any permanent and substantial growth of rural social and health work is to arouse a need for it on the part of rural people, to make them aware of the amount of poverty and sickness in their own communities, and that for their own interest as well as to assuage human suffering, there should be an intelligent plan for its treatment and prevention.

[1] Katharine Faville - American Journal of Public Health pp.165-170

Modern social and health work is the product of our large cities where it grew up out of necessity. In the open country the need for child welfare and family case work, and for the control and prevention of disease has not been so apparent. The need is there but the rank and file are unaware of it. Before any program of rural social and health work can secure any permanent support the better elements of the commmnity must be convinced that it is needed and practical." [1]

Margaret Byington in speaking before the New York State Conference of Social Work in Niagra Falls, in November 1931, voiced her opinion in a plea for team work between the nurse and social worker as follows:

"Team work may be considered to involve three elements:

1. A common purpose recognized as being such.
2. The utilization of the experience and ability of each member of the team, with a recognition of the real value resulting from such variety of experience.
3. A good technique of collaboration.

Let us consider as a basis for discussion the common purposes and interests of the public health nurse and social worker; the varieties of skill and knowledge which the two groups contribute toward achieving a common end; and the procedures through which effective collaboration may be secured.

We may summarize our common purpose as being a better life for those individuals and families known to us and to that end the development of more adequate community resources. Such general purpose will be modified, of course, in accordance with the special interests of each worker and their point of attack on problems presented. We may, for instance, find quite genuine differences in the points of view of workers in the medical and family fields.

[1] Dwight Sanderson - The Public Health Nurse Feb. 1930 p. 59

They may set different values on immediate social objectives, such as health versus economic independence. Nevertheless these differences may be resolved in terms of the larger purpose if we have mutual confidence in the aims and the technique of the other workers, and a willingness to use our own efforts to further the purpose of their organization as well as our own.

We recognize that a better life for any individual is a complex of many elements, that health and work opportunities have a close inter-relationship; that an emotionally satisfactory family life is based in part on adequate financial resources and on health; that children who grow up in a home lacking normal disciplinary values may be deprived alike of health, character development and future economic stability. You cannot set off these elements in family life into separate compartments, one worker fostering health and another emphasizing the importance of economic conditions. We must face the question as to how our ultimate goal may be achieved through a relating of these various immediate objectives.

If we grant the ultimate unity of our goal, we come to the question in practice, what are the various types of information and skill which the nurse and the social worker may contribute to the ultimate solution. In discussing this point may I stress the fact that I am referring here to a nurse who has had public health training and to a social worker who has had adequate training either in a school of social work or through supervised experience. Let us not judge the possibilities of cooperation in terms of our experience with those individuals who are inadequately prepared for their own task.

With this clarification, let us consider briefly the field in which the public health nurse, because of her training, may make an authoritative contribution. These contributions would be somewhat as follows:

Knowledge of medical diagnosis and its significance in nursing treatment.
Knowledge of local resources for medical treatment.
Skill in securing from the physician and the family the medical history and diagnosis of the patient and information as to the treatment required.
Provision for nursing care.
Ability to educate the family in better methods of living, especially from the health angle.

Knowledge of health significance of certain social conditions.

Similarly, the social worker may make the following contributions:

Knowledge of the social significance of sickness.
Knowledge of local resources for social treatment.
Study of the family's social history and diagnosis of its social need.
Mobilization of community resources for the improvement of social conditions.
Ability to secure better home life from the health, emotional and economic standpoint.

It is of course obvious that at many of these points these fields overlap and that either worker may have a considerable degree of knowledge and experience in the field of the other. The important point is that a major responsibility should be assumed by either worker in the field in which her training and experience give her the right to speak with some degree of authority. It is in the region in which both groups recognize an interest and some degree of responsibility that the necessity for clarification become necessary.

Consider for instance the case of a man who is suffering from tuberculosis and who has a family dependent upon him. The question may well arise as to whether his recovery will be facilitated by a period of complete rest and treatment in a sanatorium or whether, at the moment, the emotional satisfaction of being with his family and partly supporting them through a carefully-chosen part-time job with supplementary relief would be a greater contribution to his recovery. Our joint purpose would be the speediest possible return of the man to normal living, including physical recovery, and the greatest possible degree of permanent earning capacity.

Here we have a distinctly social-health problem in which each worker must contribute her knowledge with that of the physician as the basis of making the plan a joint plan on which both agree; an agreement as to which worker shall assume the major degree of responsibility and what minor services the other may profitably undertake. By utilizing the knowledge and skill of each worker we can develop a more effective plan for the welfare of the family." [1]

[1] Margaret F. Byington - Public Health Nurse Jan. 1932 pp. 13-16

Miss Byington then proceeded to cite the conflicts and practical failure of such cooperation as was desired in the Cattaraugus County Health Demonstration launched in New York by the Milbank Memorial Fund, in 1923. There fifteen public health nurses were already in the field becoming submerged, so to speak, by the many social problems which they felt were unduly hampering their health program. It was at their suggestion that a social worker was assigned to the field, and yet when she came they failed to present any plan of work for her or to in any way attempt to coordinate the services. Consequently the result was far from satisfactory to either workers or persons needing the service.

Dr. C. -E. A. Winslow, professor of Public Health, Yale School of Nursing, in his comprehensive survey of the Cattaraugus County work comments upon the social service problem as follows: "The importance of this situation was recognized early in the demonstration and a social worker was employed under the auspices of the Tuberculosis and Public Health Association in 1924, two others being added to the staff.

The first phase of the attempt to meet the social situation was characterized by the setting up of a special staff of social case workers under the Tuberculosis and Public Health Association and, valuable as it was in meeting emergent social needs, this plan by no means gave the nurses the help which they needed. The emphasis of the case work program was on problems of mental defect, on neglected and dependent children and on cases requiring Court action. This was probably a wise policy from the case work standpoint but the general family situations and the problems of medical relief

with which the nurses were specially concerned were not cared for. In 1926 a special effort was made to secure better working relationships. A new schedule was drawn up of the type of service to be rendered by the case workers and provision made for case conferences on an advisory relationship of the director of social service to the nursing staff. Conditions improved somewhat, but really effective cooperation was not brought about and the social service staff was quite unable to meet with adequacy the needs for medical social work.

In 1928, on the recommendation of the Nursing Advisory Committee, a new plan was put in force, by the employment on the county nursing staff of a special social service consultant. This experiment was of very real value in developing a sense of social case work on the part of the staff nurses, but this value was not so great as it might have been if the worker in question had had a background involving wider knowledge of medical social work.

Furthermore, the closer cooperation between the nurses and the social case workers which the establishment of such a liason officer might have brought about, was noticeably lacking.

After fourteen months, this experiment was discontinued and there is still no wholly satisfactory contact between the nurses and the social case workers, who are now two in number, attached to the County Welfare Department and no longer to the Tuberculosis and Public Health Association.

The details of these two, only partially successful attempts to solve the problem of medical social service have been considered by Miss Tucker and Miss Margaret Byington of the New York School of Social Work. It seems probable that either the plan of two independent but cooperating staffs or the plan of a social case work consultant on the Health Department staff, might have worked with other personalities. Logically, however the writer is inclined to feel that in a rural nursing program, such as that of Cattaraugus, the permanent employment of a social case work nursing supervisor would scarcely be justified and would be likely in the long run to produce the same conflict of interests which developed in 1928 and 1929. He is much impressed with Miss Byington's suggestion that correlation could most effectively be obtained by decentralization of social service and the establishment of close and intimate local district contacts. Definite procedure should be formulated for reporting and referring cases,

so that each service may keep the other informed of the facts in hand and the progress made with a given case. Systematic case conferences are needed in which staff nurses and perhaps members of the local nursing committees should be included. Ideal results cannot, of course, be attained without a sufficient social service staff to permit broadening the program to include general family case work and without adequate financial resources for relief.

In any case, it seems clear that the staff nurses greatly need special aid in the handling of the case work problems with which they must necessarily deal and it seems possible that the whole problem could be best solved by the appointment on the nursing staff of a special consultant on psychiatric social work, rather than on case work in general. This experiment also was tried in Cattaraugus in 1926, but only for six weeks and under conditions of personnel not conducive to success.

Miss Tucker has suggested that such a psychiatric worker might well serve as an official consultant to both nursing and social service staffs of the County. She says in discussing the matter, "If the nursing staff could have the benefit of the guidance of a psychiatric social worker who would increase their knowledge and awareness through group and individual teaching, who could advise on specific cases and act as general consultant, the soundness and effectiveness of the public health nursing program itself would be materially increased. Such a development has passed beyond the experimental state in many public health nursing organizations in cities. There would seem to be even more need for it in a rural area where the public health nurse necessarily carries more responsibilities. It should be pointed out, however, that such a development is not to make psychiatric workers of public health nurses but to make them better public health nurses, better able to handle intelligently the responsibilities they have already accepted and to put to their use the knowledge that is at hand in the field of mental hygiene.

The plan suggested would kill three birds with one stone. It would give to the nurses the type of leadership, education and supervision needed in dealing with the social problems which every public health nurse -- and, particularly, every rural nurse -- must in some measure, be prepared to meet. It would, if the right personality were involved, and if the individual were officially related to both nurses and case workers, promote an effective

liaison between the nursing staff and the social service staff. And it would lay a foundation for the beginning of a county mental hygiene program." [1]

From the revised edition of the widely used text book on Community Organization, by Professor Jesse Frederick Steiner of the University of Washington, his opinion on "Integration of Public Health and Social Work" seems worthy of quotation here. This gives the viewpoint of a prominent rural sociologist as to trends and next steps. The book was revised in 1930, and is still in use by public health nursing students.

"The fields of public health and social work are so intimately interrelated and have so much in common that their closer integration in the future must be regarded as a matter of course. Their entirely separate development has been inevitable in an era when individualism was paramount but as progress is made toward a more logical rearrangement of community functions and activities the present strict line of demarkation between them will appear less necessary. At present, however, there is little recognition of this problem and there is no movement under way looking toward a more unified organization and administration of their different activities. One of the next steps in community organization should be a closer integration of the two fields of public health and social work. In sparsely settled counties or districts this might well be brought about by combining both services in a single unit of administration and control. In cities where separate organizations now seem to be desirable, provision should be made for combination of functions wherever possible through a broader training of personnel and special attention given to administrative devices designed to facilitate cooperation in dealing with health and social problems. When public health and social work become better understood by the public and need no longer struggle for recognition, the barriers that separate these two fields will appear less

[1] C. -E. A. Winslow - Health On the Farm and In The Village pp. 183-186

formidable and it may not be impractical to devise some form of unified organization and administration that will make their work more efficient."[1]

DYNAMICS OF INTEGRATION

Certain outstanding forces are today giving impetus to the integration of social case work and public health nursing. They need only be listed here to provoke thought and profitable reasoning upon the part of any interested student or lay reader:

A. Similarity of Services

B. Large and Isolated Fields

C. Limited Finances

D. Improved Education of Nurses

1. Case Study Method in Hospital Schools of Nursing

2. More Intensive Courses Required for Public Health Nursing Certificate.

3. Staff Education Programs

a. Psychology

b. Sociology

c. Methods of Family Case Work

d. Mental Hygiene

[1] Jesse F. Steiner - Community Organization Chapt.XII pp.415-416

e. Community Organization

f. Methods of Teaching

4. Mental Hygiene Consultants Added to Public Health Nursing Staffs

Mary Richmond defined social case work thus: "Social case work consists of those processes which develop personality through adjustments consciously effected individual by individual between men and their social environment." [1]

Compare with Miss Richmond's definition the paraphrase of Violet H. Hodgson, Assistant Director of the N.O.P.H.N. stating as an objective of the public health nurse, "the satisfactory adaptation of an individual to an environment that makes health possible." [2]

Communities are more and more expecting and appreciating case work service as performed by the public health nurse.

In the most recent revision of the "Functions in Public Health Nursing" formulated by the N.O.P.H.N. the nurse's general responsibility is stated as follows: "It is the responsibility of the public health nurse to assist in analyzing health problems and related social problems of families and individuals; to help them with the aid of community resources, to formulate an acceptable plan for the protection and promotion of their own health, and to encourage them to carry out the plan." [3]

Does integration of services thus appear not only possible and desirable but imperative as well?

[1] Mary Richmond - What Is Social Case Work? pp. 98-99
[2] Violet H. Hodgson - Public Health Nursing Sept. 1931
[3] N.O.P.H.N. - Public Health Nursing Nov. 1936

THE LURE OF PUBLIC HEALTH NURSING

To any nurse who has experienced only her hospital education, the appeal of public health nursing, approached through a University course, represents a broadening of vision which to her might seem a most satisfying extra; but to the years of service to humanity which she plans to give, it is but a simple necessity if she is to serve to her fullest capacity.

To the person whose predominant interest is in her fellowmen and the problems which confront them in this age of worries and maladjustments, public health service furnishes an urgent appeal. To the one who has a special talent for organization of resources, abilities, and personalities the appeal becomes multiplied in its urgency.

Even to the nurse who plans to remain in institutional service such an advanced course would prove a most broadening influence. Through such study and experience she would learn to know, and appreciate, her patient more as a person rather than as an object upon which to practice and demonstrate her technical skills.

The association of ideas brought about through contact with

other nurses from various sections of the country; the privilege of mental approach to the subject under escort of a faculty, each of whom is a specialist in some phase, and at the same time appreciative of the value and need of the knowledge of each of the others to form a perfect whole; the glimpse of acquaintance with the numerous agencies available for cooperative service to needy humankind, all unite to form an inspirational background.

Such a variety of service channels is now open that unlimited opportunity is available for the public health nurse with adequate preparation, and the right personality to go forth and deal with other personalities constructively.

In her official capacity she will naturally be looked upon as a community leader. She will be classified in the minds of the local citizenship along with the family doctor, the minister, and the teacher. In her sincere desire to fulfill their expectations and, at the same time, to avoid an attitude of dominance she will do well to ask herself the question - What is true leadership? - and to give more careful and conscientious consideration to the formulation of her answer, as well as to its application.

Ordway Tead of Columbia University has given intensive study to the subject of "Leadership". The premise upon which he based

his most recent book seems here most applicable:

"Leadership is the activity of influencing people to co-operate toward some goal which they come to find desirable. Obviously there have been other conceptions in other times which gave the name of leader to those who could dominate and command, to those in positions of headship who have titles of authority. The unique emphasis in the idea of leading here advanced is upon the satisfaction and sense of self-fulfillment secured by the followers of the true leader. Today a psychologically and democratically adequate idea of leadership centers as much attention upon the results within the led as on the attributes or tangible methods of the leader." 1

And again from Professor Tead comes the following convincing answer to the question - How are the leaders objectives proved successful?

"The great test of success for the leader is the outcome. More happens in the group in the direction of gratifying results. The discovery of ways to self-fulfillment is more successful; the attained satisfaction is more profound. Morale becomes a glowing and sustaining fact, felt by all and strengthening all. Leadership, it cannot be too often stressed is not a matter of hypnosis, blandishment or salesmanship. It is a matter of leading out from within individuals those impulses, motives and efforts which they discover to represent themselves most truly. It is a matter of having individuals find in associated effort under wise direction that their personal power is multiplied, personal desires are integrated and personal sensibility is heightened.

Leadership is known by the personalities it enriches, not by those it dominates or captivates. Leadership is not a process of exploitation of others for extraneous ends. It is a process of helping others to discover themselves in the achieving of aims which have become intrinsic to them. The proof of leading is the qualitative growth of the led as individuals and as group members.

1
Ordway Tead - The Art of Leadership p. 20

Any other test is trivial and unworthy." [1]

In such a procedure of leadership and personality exchange through public health nursing service, may we pause to wonder, with Mary Richmond just where the greatest growth will be noted -- in client or worker? [2]

We are reminded in all the literature of the ages, both poetry and prose, that while the march and development of mankind, and the professions established by him, go on continuously, man himself remains basicly the same. The fundamental hopes, fears, loves, and faiths of human-kind are common to us all, regardless of race, creed, color, age or circumstance; and there is none among us who could not enrich his own personality and usefulness by a simple exchange of experiences.

To me the age-old thought that "he who loseth his life shall find it", [3] is far more truly applicable to the active public health nurse than to the ones in other fields whose horizons are more limited although their desire to serve may be just as strong. Through the adaptation of case work principles to her use, she may the more confidently approach her most complicated family or com-

[1] Ordway Tead - The Art of Leadership p.81
[2] Mary Richmond - What Is Social Case Work? p. 260
[3] The Bible - Matt. 10:39

munity situation. To the best of her ability she will use that additional equipment to deal constructively with whatever angle the health problem presents. With sincerity of purpose and avoidance of unnecessary and perhaps heart-breaking delay will she thus demonstrate the value of the community service which she represents. Her personal motto may then be truly expressed in the words of one who evidently realized the oftentimes disastrous reults of unused opportunities for bestowing friendly service: "I expect to pass through this world but once. Any good therefore that I can do or any kindness that I can show to any fellow creature, let me do it now. Let me not defer or neglect it, for I shall not pass this way again." [1]

1
Anonymous

Addenda: As an interesting comparison to basic principles and techniques of case work as taught and practised today, as well as certain trends of our present day affairs, I have been interested in re-reading and gleaning from Tennyson's memorable poem, "In Memoriam". The earliest cantos were written in the year 1833, with the others following through the years until 1850, when a first publication was made. Following are a few pertinent excerpts: [1]

"I hold it truth with him who sings
To one clear harp in divers tones,
That men may rise on stepping-stones
Of their dead selves to higher things." Canto 1

"For words, like nature, half reveal
And half conceal the soul within." Canto 3

"Never morning wore to evening
But some heart did break." Canto 6

"He loves to make parade of pain." Canto 21

"And Thought leapt out to wed with Thought
Ere Thought could wed itself with Speech." Ibid.

"Whose faith has centre everywhere
Nor cares to fix itself to form." Canto 54

"But what am I?
An infant crying in the night;
An infant crying for the light;
And with no language but a cry." Ibid

"Oh yet we trust that somehow good
Will be the final goal of ill." Ibid

"Upon the great world's altar stairs
That slope through darkness up to God." Canto 55

[1] Alfred Lord Tennyson - "In Memoriam"

"I leave thy praises unexpressed
In verse that brings myself release." Canto 55

"Ring out the feud of rich and poor." Canto 106

"Ring out a slowly dying cause
And ancient forms of party strife;
Ring in the nobler modes of life
With sweeter manners, purer laws." Ibid

"Ring out the want, the care, the sin,
The faithless coldness of the times."

"Ring out false pride in place and blood,
The civic slander and the spite;
Ring in the love of truth and right,
Ring in the common good of all."

"Ring out old shapes of foul disease;
Ring out the narrowing lust of gold;
Ring out the thousand wars of old,
Ring in the thousand years of peace."

Ring out the darkness of the land
Ring in the Christ that is to be."

"O, Earth, what changes thou has seen!" Canto 123

"One God, one law, one element,
And one far-off divine event
To which the whole creation moves." Ibid

The poem as a whole is an interpretation of the author's personal faith in a Supreme Being, and the ultimate adjustment by Him of a troubled universe.

Written, as it was, by Tennyson, after the death of his beloved companion, Arthur Henry Hallam, the entire composition represents the author's release.

Note - "I leave thy praises unexpressed
In verse that brings myself release."[1]

[1] Canto 55

BIBLIOGRAPHY

American Association of Social Workers Social Case Work - Generic and Specific
A Report of the Milford Conference Studies in the Practice of Social Work - No. 2

American Association of Social Workers - Recording and Analysing Interviews
Studies in the Practice of Social Work - No. 2

Bristol, Margaret C., Field Work Instructor in Case Work, University of Chicago
Handbook on Social Case Recording U. of Chicago Social Service Monograph No. 36

Byington, Margaret F., Associate Director Charity Org. Dept. Russell Sage Foundation
Prof. New York School of Social Work New York City
Team Work Between the Nurse and Social Worker - Public Health Nursing - Jan. 1932

Cannon, Mary Antoinette - School of Social Work New York City
Underlying Principles and Common Practices in Social Work
Proceedings National Conference of Social Workers - Memphis - 1928

Day, Florence R., Field Sec. Family Welfare Assn. of America - Great Lakes Region
Social Case Work and Social Adjustment The Family Oct.1936

DeSchweinitz, Karl Philadelphia Society for Organizing Charity
The Art of Helping People Out of Trouble - Boston: Houghton-Mifflin Co. 1924

Faville, Katharine, Instructor Nursing Education Teachers' College, New York
Responsibility of the Public Health Nurse for Social Phases of Her Work
American Journal of Public Health Feb. 1930

Hodgson, Violet M., R.N. Asst. Director N.O.P.H.N.
Public Health Nursing in Industry 1933

Karpf, Maurice J., Director Training School for Jewish Social Work New York

The Scientific Basis of Social Work - Columbia University Press 1931

Kasius, Cora, New York Charity Organization Society

Some Questions of Family Agency Program in Relation to Interpretation

The Family - May 1936

Lee, Porter R., Director New York School of Social Work

Report of Nat. Conference of Charities and Corrections 1911 p. 261

Kenworthy, Marion E. M.D. Medical Director New York School of Social Work

Mental Hygiene and Social Work

Marcus, Grace F. Case Work Consultant, New York Charity Organisation Society

Case Work Interpretation - An Area for Professional Exploration

The Family - July 1936

Some Aspects of Relief in Family Case Work - An evaluation of practice based on a study made for the Charity Org. Society of N.Y. 1929

Some Professional Prerequisites for Further Interpretation

The Family Dec. 1936

The Case Worker's Problem in Interpretation

Proceedings National Conference of Social Work

Atlantic City - 1936

N.O.P.H.N.

Katharine Tucker - General Director

Hortense Hilbert - Asst. Director

Survey of Public Health Nursing - 1934

The Objectives in Public Health Nursing - Public Health Nursing Sept. 1931

Minimum Qualifications for Those Appointed to Positions in Public Health Nursing Public Health Nursing-March 1936

Functions in Public Health Nursing " " Nov. 1936

Odencrantz, Louise C. Harper Bros. Pub. New York 1929
The Social Worker Vol. I Job Analysis Series - Amer. Assn. Social Workers

Parsons, Phillip A. Ph.D. Head of the Dept. of Sociology, University of Oregon
Nat. Conf. Social Work Proceedings - Memphis

Pettit, Walter W. Asst. Director, New York School of Social Work
Case Studies in Community Organization 1928

Reynolds, Bertha C. Asst. Director Smith College School for Social Work
A Changing Psychology in Social Case Work - The Family June 1931
Can Social Case Work Be Interpreted to a Community as a Basic Approach to Human Problems? - The Family Feb. 1933

Richmond, Mary E. Director Charity Organization Dept. Russell Sage Foundation
Friendly Visiting Among the Poor 1899 Reprinted 1910
Social Diagnosis 1917
The Long View Selected and Edited by Joanne Colcord and Ruth Z.S. Mann 1930
What Is Social Case Work? 1922

Robinson, Virginia Director Penn. School of Social and Health Work - Philadelphia
A Changing Psychology in Case Work 1930
Application of the Principles of Social Case Work to Public Health Nursing Public Health Nursing Oct. 1929

Sanderson, Dwight. Prof. Rural Social Organization Cornell University
Trends and Problems in Rural Social and Health Work
Public Health Nursing Feb. 1930

Social Work Year Book - Russell Sage Foundation Fred S. Hall Editor 1930

Steiner, Jesse F. Prof. of Sociology, University of Washington
Community Organization D. Appleton-Century Co. 1930

Tead, Ordway, Lecturer in Personnal Administration - Columbia University
The Art of Leadership 1935

Tennyson, Alfred Lord - English Poet and Journalist
In Memoriam - Composed during a period of years from 1833-1850

The Bible

Tousley, Clare M. Asst. Director New York Charity Organization Society
Case Work Principles in Interpretation The Family - July 1936
Editorial The Family - May 1936

Towle, Charlotte, Associate Prof. Psychiatric Soc. Work Grad. School U. of Chicago
Factors in Treatment Nat. Conf. Social Work - Year Book 1936

Tufts, Jas. H. Prof. Philosophy University of Chicago
Education and Training for Social Work - Russel Sage Foundation Pub. N.Y. 1928

Waite, Florence, Supervisor Case Work Cleveland Associated Charities
New Emphasis in Family Social Work The Family - July 1936
A. Little Matter of Self Respect The Family - March 1936

Webster's Collegiate Dictionary - Merriam System 3rd Ed. 1928

Winslow, C. -E. A. Dr. P.H. Prof. Public Health Yale School of Medicine
Health on the Farm and in the Village 1931