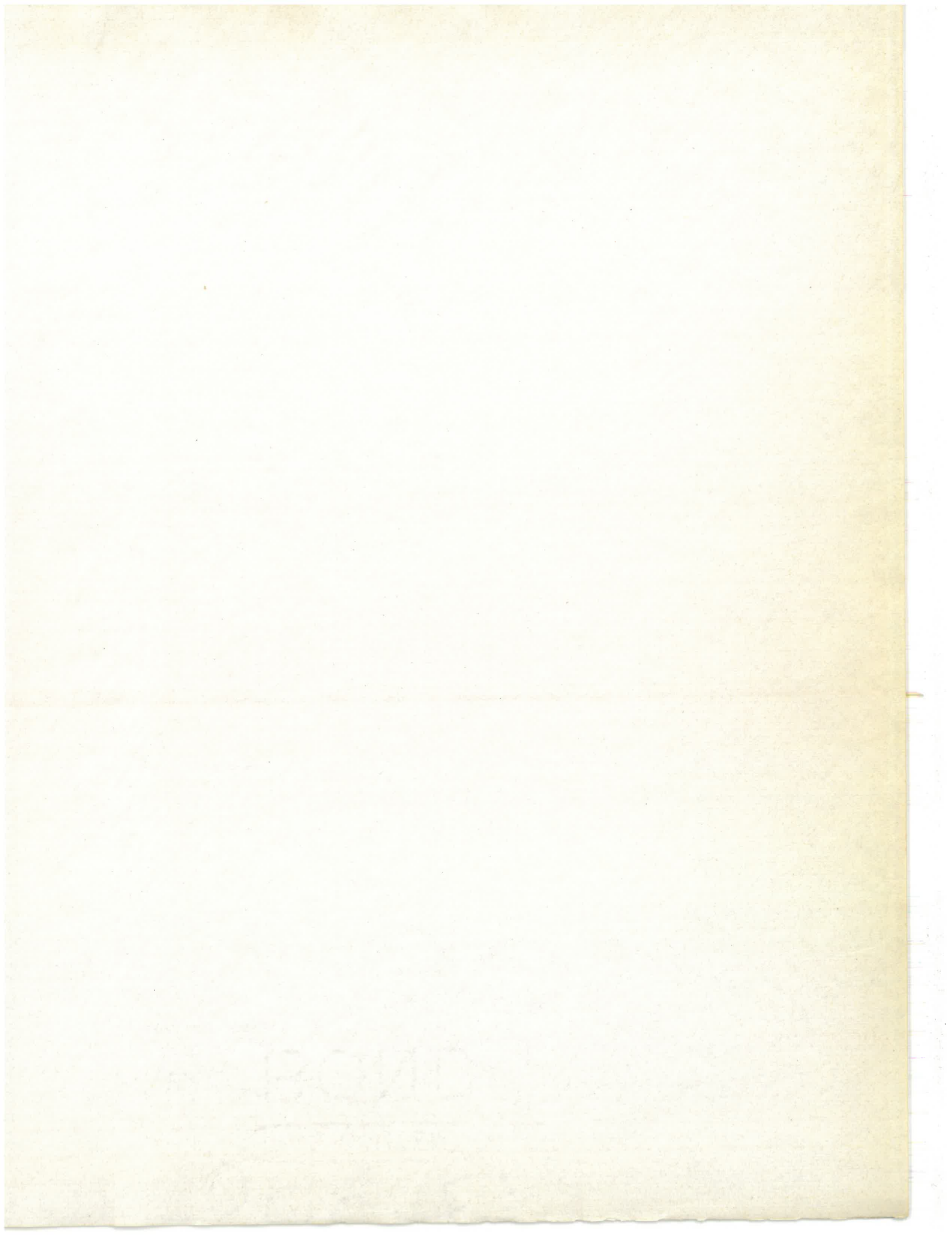


III.

THE SCHOOL CHILD AND THE VISITING TEACHER

Elizabeth Childs



## INTRODUCTION

Children whose progress in the classroom is erratic and bewildering are a source of worry to the home, school, and inexperienced teacher. The time was in education when classes were small and the teacher knew the parents and life history of each of her pupils. But this intimate contact was lost with the abolishment of the little red school house. With changing methods in education, some one was needed in the school to combine the social aspects of education to more closely assimilate the home and the school. This is the visiting teacher.

J. J. Appenheimer defines the visiting teacher as: "A worker in the school organization who has for her chief function the removal and prevention, as far as possible, of those handicaps of school children which are the result of their social environment."

To provide every school child with a fair chance in life is the aim of education, and one method of accomplishing this is through mental hygiene—a broad all inclusive term for sensible living. Because of present lacks in teacher education in the above field, certain maladjusted, difficult and misunderstood children will not receive the same chances in life as the better adjusted forward children. It is for these children who may become delinquent or become a burden to society that the visiting teacher is employed.

The term visiting teacher may be a bit confusing, because she does not do home teaching, nor conduct Americanization classes, nor serve as a truant officer. Hers is a preventative field concerned with <sup>preventing</sup> interperedity and readjusting the child to his community, school, and home. A better term is psychiatric social worker.

The visiting teacher is not merely a sympathetic visitor between the home and school who brings only good reports. If this were true, no training would be necessary because any kind-hearted person would serve.

The visiting teacher is concerned with preventing permanent maladjustments , and it is her job to eliminate the problem, not the child.



## The Child in School.

Just who in the school is qualified to say that one child is developing normally and the next child is not is not the function of modern education. Johnny who ~~fight~~<sup>gets</sup> and gets into trouble is no more of a problem than little Mary who is afraid to speak or move in the room. Schooling is a preparation for life. The child is what he develops during his early years.

As every child grows he meets many obstacles. His reaction to these stumbling blocks designate him for his future life. Is he thwarted? Does he feel that he is different? It is the job of every parent and teacher to help the child in his adjusting to obstacles. "The real test of a normal person is whether or not he can make social adjustments."

The main object in present education is to fit the child to become successful in his relations with others. Systems which fail in this are a failure according to new trends. They may teach the child to read, write, and recite the dates in the history text, but they have taught him nothing of "getting along" with others nor how to make his way successfully around life's obstacles.

The most effective way to meet a problem is to face it squarely and then do something about it. But how many children are taught this? How many find the unadjusted school child?--Morgan Day dreaming, avoiding reality is easier. Don't some blame

others? What about the fighters in the class room—arn't they adjusting to a problem?

Most children reflect the emotional atmosphere of the classroom, and it is the teacher who establishes the atmosphere. So the problem in modern education is to train teachers who can then in turn aid the developing individuals whom she teaches. The term for a study of a wholesome integrated personality, which after all is what all education should be concerned with, is for lack of a better word known as mental hygiene.

In a recent survey at the University of Texas during a summer session of teachers only, one-fifth could be classified as well adjusted socially. These are the teachers of the pupils in the schools. How then are we to expect the young children to become well adjusted by class room teachers who are not? And another point, teachers have supposedly taken courses in their training which make for social adjustment. If they cannot adjust, what of the majority of the parents?

Concerning education, Dr. Caroline Zackery says: "Each group wishes to provide the child with freedom to grow. Each group wishes to give him guidance and direction which will provide him with that security which is essential to his growth. Each recognizes the value of purpose in integrating his powers and personality. Each values that self expression which gives him

1. Carson Ryan-----"Mental Hygiene Through Education."



opportunity to bring out his powers, desires, conflicts, and anxieties."

But how are we to meet this change in education when teachers are selected in most places on their collegiate grade point. The fault, it seems now, lies in methods of teacher training. Perhaps in the more advanced colleges the prospective teacher may be exposed to a course called "Mental Hygiene." The term is vague; the course may be a collection of funny stories about neurotics, but the student has met the requirement.

*Exactly* The term mental health cannot be defined any more definitely than can the term physical health. It is rather a goal or a philosophy toward which to work. But this fact is not impressed upon individuals who are going to be dealing with young impressionable school children.

The fault, according to Carson Ryan, is in the teachers training—the lack of co-ordination in the curriculum. The young teachers are brought to think only of instruction, grades, preparing lessons, correcting papers, and keeping adequate records.

In the schoolroom certain time worn customs tend to destroy the child's initiative and individuality. These factors make him conform to the laws of the mass. Tried and tested customs as the grade and promotion system, the home work, competitive examinations, and the rigid school room discipline all

room is a problem. However, he is meeting his problems squarely. But the little girl who cries when someone is scolded or punished, and sits for hours in this high nervous tension of fear, what of her? The teacher must cultivate the ability to recognize the needs and the effects of an impartial educational plan.

The child in his school life is really not so in danger of becoming maladjusted or character lacking as has been pictured. Children have a facility for punishing one another: it is they who teach the plan of give and take. When left to herself nature can handle many situations; if not what would we be now?

This problem of facing reality somehow involves the question of a strong willed individual's habit for success by meeting the problem. The weak willed child is doomed for failure by the same habit. These traits are developed not inherited. Persistence is to be encouraged. Should a child lack it, he becomes a problem. How can we develop persistence in children? By setting problems before them, constantly increasing them in difficulty.

Average children face reality with eagerness and this should be recognized by all. They learn the habit of success and this to them is pleasing, because quietly they continue to strive for success. These habit patterns for success and for recognition are an integral part of the school life and should



be developed.

Some children from their heredity and environmental influences learn faster than others. In the classroom teachers prepare to deal with each child. One may impress her as a "nervous" child and send him to the school nurse. How can she deal with him? Extra work is sometimes the answer. Sometimes extra activity in the room—errands and the like. He is the teacher's responsibility.

Other children are mentally so retarded that the teacher feels that there is nothing more she can do. Perhaps he is passed along from teacher to teacher each hoping to shove him off to someone else. Perhaps he might be eligible for commitment or at least for special classes.

Teachers should be able to deal with their own classroom problems, but under present educational methods there is hardly any opportunity for such work.

One other problem in the classroom so often encountered is that of the physically handicapped child. What adjustments can the teacher make for the cardiac child? Shouldn't he not go to school with the other children so that he can assume a place in society?

In some cities the child with a bad heart is sent to a special school. Here he is given every consideration; he leads

a life of which he is the dictator. But when this child matures he expects the same consideration from his untrained associates. Herein lies the faults of the special educational problem for the physically handicapped. Most authorities agree that with such physical conditions as polio myelitis, cardiacs, and little diseases, it is best that the child assume his place with other children. In no other way can he better learn to make the most of his handicap.

Still another concern of the classroom teacher is the pale, listless child who cannot compete with the other children. Is she a problem for the school nurse or are her home conditions at fault?

Because of the current trend in education toward a new "humanism" certain faults and lacks are apparent. The one-fifth of the child's life is hardly enough to deal with personality and character development if the conditions at home are adverse. But how is the class room teacher to know the problems of her thirty-five pupils? The difficult youngsters who continually make trouble are well known to her, but the other children who are conscientious and make high grades are merely names. Because of this lack, the psychiatric social worker was developed to meet the need of a closer relationship between the home and school. To develop better future citizens and prevent delinquency, the visiting teacher program has gained supporters among all advanced educators.

## History

The visiting teacher movement first began in three separate places simultaneously. Like so many modern institutions this also had a small private start. The impulse came from outside the established school system, which later incorporated it when the advantages became apparent.

Two settlement houses in New York in 1906-1907 sent out two of their own visitors into three school districts. The settlements, Hartley House and Greenwich House, will long be remembered as being the first to recognize the close association between the school and the home. Miss Mary Macot was the first visiting teacher sent out by Hartley House to realize the social aspect of education.

By 1907 a visiting teacher was established by the Public Education Association of New York, a private organization. In October 1907, the Public Education Association employed Jane Day, who had formerly worked with Julia Richmond, as the first feminine district supervisor in New York. By 1912 the value of the work had become so apparent that there were seven workers employed in the field.

Like most innovations in education the work was, at first, with the children of the lower classes—of foreign born parents. The children referred were delinquent, truants, and all problem children the classroom teachers could not tolerate in class.



The work of the Public Education Association was to stimulate interest, give aid and money to some project such as this of the visiting teacher, and then publicize their efforts and results until the school board adopted the project. This they accomplished in February, 1913. At that time four workers in the grades, and two in the ungraded classes were employed.

Boston differed from New York City in the visiting teacher movement in that it was founded and maintained through the settlement houses. In Boston the dominant side was the social service angle. Home visits were important because the welfare of the whole family was studied rather than merely the school age child. Later on when the importance of the work was realized the Women's Educational Association carried the movement on.

Dr. Dawson, a director of a psychological laboratory in Hartford, Connecticut, also realized the need of coordinating the home and school. Dr. Dawson employed a "special" teacher to do case histories and carry out the recommendations of the laboratory. Later the school board also took over this project.

In many other places the movement started about the same time. In some places it originated in the school system itself, as in Rochester, New York, the enlargement of the movement began in 1912, and continued on until 1921. As the years passed, more and more schools, anxious to incorporate the newer



trends in education, added a visiting teacher to their staffs. The plan of work was similar to that of New York, because it was found to be most successful. That is, a visiting teacher to coordinate the home and the school; one who was not a home teacher, an Americanization teacher, nor a truant officer.

1919 saw the National Association of visiting teachers and home visitors organized. Prior to this, as early as 1916, the few visiting teachers organized themselves into a National Conference of visiting teachers, which held annual round-table discussions. The chief aim was to unify the methods used by the visiting teachers in the various cities; standardize the functions; and give publicity to the movement. At the present time the National Association of visiting teachers holds meetings alternately with the National Educational Association and the National Conference of Social Workers.

The White Williams Foundation of Philadelphia was founded in 1800 to advise delinquent girls, but that, in 1917, had become obsolete. During the war it served as a junior employment service. At the close of the war the foundation and its functions were taken over by the department of education. The money from this fund was used to start a vocational counseling service under the supervision of the visiting teacher, whose aim was to act as a laboratory for the public schools to determine

by social case work the types of children who need educational, social, and vocational guidance; how it should be given, and when, as they progress from kindergarten thru grammar school, high school, trade school, and then into industry. How this work should be incorporated into the public school system was left to the visiting teachers.

Because of the publicity the visiting teacher movement received, the Commonwealth Foundation, with its delinquency prevention program, endorsed it in 1921. Through the Public Educational Association of New York City, which was still aiding, a National Committee of visiting teachers was organized. This committee established throughout the country thirty demonstration centers in communities presenting a wide variety of geographical, social, and educational variation. The plan was to send visiting teachers by the National Committee with the approval of the local school board. The committee was to pay two-thirds of the salary and the school board the remaining one-third. The arrangement was for a three year trial period, and provided additional funds for necessary expenses which could be met in no other way.

Among the communities included were:

Berkely, California

Birmingham, Pennsylvania

Bluefield, West Virginia

Boone County, Missouri  
Burlington, Virginia  
Butte, Montana  
Charlotte, North Carolina  
Chisholm, Minnesota  
Coatsville, Pennsylvania  
Columbus, Gorgia  
Detroit, Michigan  
Durham, North Carolina  
Eugene, Oregon  
Huron County, <sup>Ohio</sup>~~Oregon~~  
Hutchinson, Kansas  
<sup>and</sup>  
Kalamazoo, Michigan  
Lincoln, Nebraska  
Monmouth County, North Dakota  
<sup>Pocatello</sup>  
~~Seacato~~lo, Idaho  
Racine, Wisconsin  
Richmond, Virginia  
Rocksprings, Wyoming  
San Diego, California  
Sioux City, Iowa  
Sioux Falls, South Dakota  
<sup>Tucson</sup>  
Tuscon, Arizona



Tulsa, Oklahoma

Warren, Ohio

The Commonwealth Fund for Preventing Delinquency has been three fold. Namely:

1. To establish mental hygiene clinics through the national committee of visiting teachers for the study of pre-delinquent children, and to develop sound methods of treatment.
2. To develop and expand through the public education association of the city of New York an understudy of the child in school, and what can be done for him.
3. To provide an adequate course for the training of visiting teachers through the New York School of Social Work.

The effectiveness of this plan was readily apparent. By 1926 there were 186 visiting teachers, including those on the staff of the National Committee on visiting teachers, in 64 cities and six counties scattered through thirty-four states. The backing, financial and advisory, soon made the advantages of the movement apparent to most progressive school boards and the tax payers.

During the depression year, 1930, the Commonwealth Fund was forced to withdraw its financial aid from the trial communities. As a result, the National Committee in visiting teachers, lacking sources of financial aid, disbanded on



June 30, 1930. However, the American Association of Visiting Teachers is actively carrying on the programs of promoting the interest in the work of these professional people. Their success is tested by the fact that the need and demand for visiting teachers far exceeds their supply.

## Education

When in 1906 the visiting teacher movement started, the only trained workers were those in social case work. They knew that this was all that was essential, so this was held in Boston for many years after the other cities realized that more specialized training was needed.

The fact that more specialized training was needed was admitted, but there were no schools prepared to give the required courses. It was not until 1916 that the White Williams Fund in Philadelphia was used for the purpose of the education of visiting teachers. At first the field of applicants was selective because of the limited funds and the experimental nature of the course.

Rapid growth in the educational field was to be expected when the demand grew. At the present time there are several schools in the United States offering a curricula giving a certificate in Psychiatric Social Work.

In all of the colleges the prerequisites are similar. All require a bachelor's degree with two years of academic subjects and at least fifty units in the social and biological sciences. Practical experience in the teaching field is especially desirable, however, applicants must be between the ages of twenty-one and thirty-five years.

The New York school of social work, being the first school

in the field, offers, perhaps, the best example in curriculum. They have found it best from experience to combine field work with classroom theory. The course in the specialized psychiatric social work, visiting teaching, requires about five years, and the general social course requires two years of advanced study. All are concerned with human relations.

Certain broad objectives have been set down by this school in training psychiatric social workers.

1. Familiarize the student with the general subject matter in the field of social case work.
2. Stimulate the thinking of students in regard to purpose-----the philosophy of mental hygiene.
3. To develop student facility and <sup>vision</sup>preception in application of knowledge and philosophy to practical situations.

Included in the course for psychiatric social workers are certain courses in mental hygiene which might be interesting to note. Nature and varieties of human behavior, psychopathology, mental hygiene problems of childhood, clinical psychiatry, social interpretations of mental testing, and a seminar in psychiatry.

Western Reserve University offers much the same courses as the New York school, but grants the degree in Mental Hygiene



and Social work. See "Commonwealth Publication Social Administration". <sup>1</sup>

The New York School of social work established its course under the financial aid of the Commonwealth Fund. Applicants are numerous and the facilities meager, so that the enrollment is somewhat limited.

Before any individual undertakes the arduous course to become a psychiatric social worker, she must satisfy herself that she is capable of doing the work, and possesses certain other qualifications of personality.

1. She must have good health, mental and physical.
2. Fundamental interest in education - the human and social problems involved.
3. Progressive and open minded toward new ideas.
4. Ability to analyze and evaluate factors in the situation.
5. Ability to make effective contacts with both adults and children to overcome shyness, antagonism, reticence, and discouragement.
6. Ability to sense another's point of view.
7. Ability to plan and initiate.

If she possess these qualities, she may be justified in undertaking the work.

1. Howard and Patry - Mental Health



## The Teachers Place in the School System.

In large modern school systems the place of the visiting teacher is recognized and respected. She is an important, vital part of the school organization. The National Association of Visiting Teachers have set down certain points concerning the visiting teacher—namely:

She is not a supplementary teacher.

She does not hold Americanization classes.

Neither does she serve as a truant officer and she is not the school nurse. However, she does serve as a connecting link between all persons in the community and <sup>the</sup> school for the benefit of the child.

Most school systems are employing school psychologists and psychia<sup>s</sup>trists, and it is with these people that the visiting teacher co-operates most. They, when there are suggested treatments to be done, referr<sup>e</sup> the visiting teacher to the case, and it is the visiting teacher who also referr<sup>s</sup> the child to the child guidance clinics.

As the child spends only twenty per cent of his time in school for the purpose of education, it is necessary that the home and school co-operate to make better citizens. It is to prevent delinquency and maladjusted individuals that the visiting teacher is concerned.

In the school system, the visiting teacher is subject

to the same rules as those governing other teachers. However, her hours are not the same, but the total hours spent weekly will be the same. The visiting teacher cannot stop work at four o'clock if Mr. X, Johnny's father, does not get home until six.

An office of her own is essential to the visiting teacher. Here she can conduct her interviews; keep her records; and do her work. Office hours are definite, usually in the mornings, because of the nature of her work. However, she must be free to arrange her time and school visits so that she may accomplish the most for her efforts.

Most school systems have a definite plan of referral to the visiting teacher to avoid confusion and duplication. For the most part the visiting teacher is concerned only with the child in the grades, and, for this reason, she has the referral from only one teacher for each child. The plan in most schools for the referring a problem is that the individual teacher shall fill out a printed form stating her cause for referral or this same form may be given by the school principal. The child in question should not be informed of his referral to such a person as a visiting teacher.

One important fact should always be remembered, the work of the visiting teacher is not a form of punishment. She should not be known as one who deals only with bad, delinquent children.

Instead the attitude of the school should be that the visiting teacher is a friend in the school system who is interested in helping all of the pupils to adjust to the school.

Among all authorities it is agreed that the visiting teacher should keep records. Just what type, how complete, and whether the open or closed system should be decided by the school board. Open records—i.e., available to the whole faculty—have a definite disadvantage at times, while at other times closed records to all except the visiting teacher herself also have a decided disadvantage. Coded records are advocated by some, and double records are favored by others. It is not the aim of this paper to set down record forms nor decide the best type of record, but it is essential to keep some uniform record on each case referred.

Another interesting fact to be remembered is that the outcome of closed cases should be recorded. This enables the visiting teacher to gain a perspective on her finished work. She can then answer for herself—"Am I successful in my work."

Working as she does in close co-operation with the teachers in the school system, the visiting teacher must hold a neutral course. Her work would be finished if she were antagonistic to the teachers. Her salary is one of these possible trouble making points. Most school systems, even though realizing her value, pay her a salary little more than the regular teaching



staff receives. This in spite of her intensive and advanced preparation.

One other question which often arises is how much territory shall the visiting teacher cover? Her school assignments should not be so heavy that she must spend all her time in the office conducting interviews. Neither should she be assigned to so small a school that much of her time is wasted. She should be assigned to one large school or two or three smaller schools not too widely separated. The school should also provide some form of transportation.

Many school boards, when first adopting the visiting teacher into the school system, make the mistake of saving money at her expense. She is not trained as a truant officer alone, nor is she prepared to serve as the school nurse. But she may help both. The visiting teacher should become a vital part of the school system. She, representing the school, is free from the suggestion of philanthropy and from her interests in the child she has a natural approach to the home in which she is free to make suggestions.

## The Problem Child

Having considered how a normal child might meet everyday problems, the question should arise - "then what is a problem child?" This is a difficult question, and doubtless no one answer will satisfy all. Every school system will probably use a classification of its own. The following is one form, which may serve as a guide:<sup>1</sup>

### 1. Scholarship

sub-normal

retarded

deficiency in lessons

precocity

program adjustment

others - as danger of repeating class work.

### 2. Conduct and behavior (difficult child)

misconduct

suspicion of moral delinquencies

personality traits

difficult

queer

anti social

### 3. Home Condition

poverty

improper guardianship

1. J. J. Oppenheener : The Visiting Teacher

parental carelessness

lack of cooperation

4. Attendance and tardiness

employment

retention in school

tardiness and intermittent attendance

5. Health

the crippled child

the nervous child

and those not requiring specific therapy from  
the nurse.

Another classification gives only a few basis. Here is a complete list of reasons for referring a child to a visiting teacher:

Personality difficulties

Mental conflict

hyperactive

inferiority feelings

emotional

emotionally unstable

inadequate

fearful

day dreaming

adolescent instability



functional nervous disease

egocentric

seclusive

neutotic

#### Behavior difficulties

stealing

lying

sex experiences

truancy

disobedience

running away

speech defects

enuresis

temper tantrums

fighting

bullying

#### Physical condition

nose and throat conditions

undernourished

dental defects or diseases

eye defects

defects of posture

endocrine symptomatology

~~Card~~  
cardiac conditions

over weight

defects or diseases of the ear

pulmonary conditions

anaemia

<sup>i</sup>  
precocious sex development

#### Social conditions

poor training

poor heredity

recreation lacking or improper

broken home

undesirable companions

parental disharmony

poverty

neurotic or psychotic parent

foster home

foreign home

over work

alcoholic parent

delinquent sibling

delinquent parent

institutional life

illegitimate child

Points which cover all cases referred. These are: feelings of inferiority, show off, mentally dull, parental attitudes, spoiling, over guidance, inseverity, deverse issues, questions of honesty and sex problems.

The only point to be considered in referring a child to the visiting teacher is, "can he be helped?" So many young teachers when asked if they have any children for the visiting teacher will refer those mental defectives who cannot learn, or the child who is too full of life to settle down to school routine, that the child who is continually late, or the girl who habitually writes notes to the boys is a problem is a novel idea to many teachers.

In every school there are many children who could be aided by the visiting teacher. It is she who can persuade stern parents to allow the daughter more freedom, or put in a kind word so a boy can remain in school. The possibilities of the visiting teacher are unlimited if only she is given an opportunity.

The Commonwealth Fund in its campaign to prevent delinquency and crime did much toward financing this visiting teacher movement. Their place was to prevent delinquency by producing normal, healthy, happy youngsters through a better integration of home and school life.

It is interesting to note that various surveys have

#### 1. Sayles : The Problem Child in School



been made of the so-called problem child as to his educational achievement and educational capacity. In a recent survey of children in Los Angeles and Philadelphia, all children below 80 in the revised Stanford-Bevet intelligence test were excluded (those being definitely mentally inferior). Out of such a group of two hundred children - ten were below 80 mentally. The children were found to have no great tendency to low educational achievement. This does not mean that educational adjustment is not affected by difficulties in life other than educational. In the case of these studies, it was found that their educational achievement was in no way impaired by their other difficulties. However, they were poorly prepared for adaptation to the social and economic responsibilities demanded of mature adults.

Between one-half and three-fourths of the children were recognized as definite school problems in spite of the fact that their mal-adjustment was manifest in numerous ways other than in poor scholastic standing.

In most cases, if conclusions are justified, and they seem to be, causes for referring a child to the visiting teacher are the failure of socialization. This then indicates that the mental basis is wrong. If early in life children can be taught independence, socialization, honesty characteristics and receive adequate sex instruction, the schools would be freed of many

1. Payne and Blanchard : Educational Achievement of Problem Children

problems.

In New York it was discovered that 15% more girls were referred than boys. No explanation is made for this. And in this <sup>same</sup> report they state that 36% or one-third of their referrals were made because of poor scholastic record!

New York's biggest cause for referral was home and family conditions, and a few of the reasons and causes might be interesting here. Family instability ranks at the top with shifting population, overcrowding, economic, social adaptation, compulsory attendance, broken homes, divorce, infidelity, bad associations, lack of proper guidance, moral degeneration in the home and an inadequate use of leisure time following in that order.

Had the classroom teachers more time, perhaps, they might solve many of those problems, but if they have had no case work training and have no background themselves for helping. To the visiting teacher falls the task of coordinating the home and school. How she does this, we shall see.

## What the Visiting Teacher Does.

The philosophy of the visiting teacher's treatment of problem children is based upon the fact that useful citizens are the outgrowth of normal training. The child is the product of his heredity plus his environment and if he fails in his maturing process some part of his background must be at fault. Every specialist in the field of behavior has his own theory as to the cause of mal-adjustments. It is interesting to mention a few:

1. The genetecist is concerned with inherent factors.
2. The obstetrician informs of the intrauterine life and factors which may have a deleterious effect.
3. The social worker--the case history and environmental factors are her concern
4. The physcian examines for physical defects which might cause a mal-adjustment.
5. The psychoanalyst attempts to uncover psychogenetic causes for certain bad habits.
6. The psychia~~ct~~rist searches for symptoms of mental disease.

It is the advice of all of these specialists rather than that of one alone that the psychia~~ct~~ric case worker needs.

The visiting teacher usually receives her new cases during her morning office hours. Methods of procedure will vary with each individual, and the reasons for referral. However,



certain facts must be learned. At the start it is often advisable to learn the circumstances surrounding the referral. This often necessitates a conference with all of the teachers involved.

Before seeing a child or starting his case, it might be well to investigate his past school record. Has he always done good work in the class room or has it always been below average? What about his school attendance and his tardiness? Has he changed schools often or has he always attended one school? If the school nurse keeps a physical record of each child it would also be advisable to read it over as she might gain some insight into the child's physical condition.

Some workers feel that it is best to visit a classroom to observe the child without his knowledge; there is much to be said in favor of this. Also if there are other difficult children in the room the visiting teacher may be able to help the teacher with her problems.

Only after reviewing all the facts in the case does the visiting teacher interview the child himself. As in any form of social work, no set plan can be made for such an interview, however it is to be remembered that the actual therapy begins with the first interview.

Home visits are at the discretion of the worker. Much can be learned in the home that can be learned no other place.

The main point is to establish on the first visit the rapport with the family. One visiting teacher states that on her first visit she never approaches the real subject until she has made certain about the attitude of the family to the school. It is on these home visits that she establishes herself as a school friend of the family and can learn things in a few minutes that would take the principal and teachers much longer. Through the visiting teacher, parents get a new vision of the school and what is being done.

When the situation calls for social adjustments, and it often does, the visiting teacher goes about her work in the same manner as any trained social worker. Analyzing the problem, the family confidence, what is there in the community to meet such a problem? She must be familiar with the social agencies in the community available for her discretion. What are the agencies available? Naming only a few, there are:

Boy and Girl Scouts

Y. M. C. A.

Y. W. C. A.

Relief Societies (private)

Relief under Social Security:

A. D. C.

Blind assistance

Crippled children

Church and benevolent societies

Settlement houses

Orphanages

Nurseries

P. T. A.

Employment organizations

But many cases need only guidance and help in the classroom. The school should stand behind the visiting teacher ready to make any adjustments to fit the individual cases which may be advisable. Visiting teachers' reports may suggest for a child change of curriculum; trade training for motile minded children; extra tutoring or extra periods for a handicapped child; trial promotions for discouraged children; late admissions or early dismissal for those who work or have a sick parent; open air schools or an i.q. test for those below par.

So many times with help the teacher could solve the problem in the classroom if she only knew. Here are a few types who might be helped:

1. The nervous child. The child who wiggles, stutters, answers out of turn, gets "flustered", bites his finger nails, unable to relax and cries easily. These children are physically handicapped, and if the classroom teacher understood, perhaps



she could make the work more interesting and relieve some of the strain. It is this child who needs understanding, not scolding, when he cries. His home conditions may be at fault, but so much of his time is spent in school that understanding and guidance will begin there.

2. The truant child. The habitually late child and whose attendance at best is intermittent. Why does he find his classwork so dull that he is not interested? Why not give him the little duties to <sup>er</sup>perform before school assemblies in the morning. Give him a feeling of responsibility. His work must be such that he will enjoy it and be anxious to get to school in time to finish it well in the allotted time.

3. The bad boy. This is the little rebel. He swears to attract attention; he punches the boy in front; he teases the smaller, weaker children; and is generally antagonistic to the classroom in general. To most teachers this is the original problem child. After talking with the visiting teacher and the nurse to make certain that there is nothing physically or mentally wrong, the teacher is free to go ahead. However, sometimes these children have definite sight or hearing defects or are borderline mentally. If the child is normal the teacher may feel free to give him responsibilities in the classroom. Let him pass and collect the books, or keep the other children in line. Some

little duty which places him in a responsible position.

4. The retarded child. This is the problem child mentally. The worry of all teachers, and, in most cases, should not be in a classroom with other pupils. For these children a Stanford Benet test is advisable, and from the result the best arrangement can be made. Children placing below seventy are definitely feeble-minded and have no place in any of the classrooms. But what of the children between seventy and one hundred? These are the so called dull normal children. Those who have difficulty adjusting, learning, and socializing. In the large school systems there are ungraded classes for children such as these. But in the smaller schools these children present a problem. What should be done with them? Insist that they learn, or teach them a trade? These are the problem children of the whole list of problem children. For these children in the smaller schools the grading systems make for discouragement and increase delinquency. Continual repetition does little if any good as failure as a punishment is of no avail.

These children unless understood become the delinquents who frequent the juvenile courts. Can they be taught a trade or given work part time that they will enjoy. With proper care and guidance these children can develop into useful citizens and without care they may become the criminals or county cases.

is carried on mainly through relationship of the child with the visiting teacher.

Nothing here to ~~for~~ has been mentioned about the problems of the school nurse and the visiting teacher. Physical disabilities should be corrected as much as possible and herein lies the duties of the school nurse. But what of parents who cannot afford such corrective treatment or do not believe in the advisability of medical care? Here the visiting teacher again serves as a connecting <sup>re</sup>interpo~~r~~ting link between the home and the school.

4. Family before Associations: The differential approach in case work treatment.

In the case study method of each child every factor in the environment and heredity must be pictured. From the complete picture the visiting teacher can separate the wheat from the chaff; the usable from the unusable. The case work procedure is the same from the standpoint of the visiting teacher as from the social case worker's. The outline for such a study as given in the Detroit Scale for the Diagnosis of Problem Children is very complete and is reproduced here.

1. Health---physical factors

- a. child's early health
- b. child's present health
- c. child's diseases



d. serious infectious diseases

e. accidents

degree of speech defect

degree of vision defect

degree of hearing defect

degree of orthopedic defect

size for age

motor control and muscular coordination

convulsions

nervousness

2. Personal habits and recreational factors

personal hygiene and clothing

early self care

present self care

home duties

conditions of eating

eating habits

time of sleeping

sleeping habits

dreams

early recreational facilities

later recreational facilities

playmates or companions

3. Personality and social factors

social type

personality type

anger, rage, revenge

fear, dread, anxiety

excitement, shock, uneasiness

pity, sympathy, enthusiasm

intelligence

interest in hobbies

initiative and ambitious

vocational interests

general behavior

4. Parental and physical factors in the home.

father's intelligence

mother's intelligence

father's education

mother's education

father's age at birth of child

mother's age at birth of child

father's health

mother's health

father's personality

mother's personality

occupation

economic status

home language

other adults in the home

number and position of siblings

adjustment to siblings

legal status

broken home

5. Home atmosphere and school factors

general home atmosphere

ideals of the home

religion

family recreation

parents' social adjustment

discipline

attitude toward the child

child's attitude toward the home

school attendance

scholarship

child's attitude toward the school.

From the above questionnaire a general picture of the home condition and the child can be obtained. It is always well for the visiting teacher, like any social worker in dealing with attitudes which are intangible and results are not readily apparent.



The visiting teacher is the one person in the school who is more concerned with the future than the present. It is she who understands the child and his problems and does something for him.

## Case Histories

For the sake of clarifying problem children and how the visiting teacher functions, two case studies will be included here. These records are taken from reports in the Visiting Teachers Bulletin from the records of Carmelete Jannier.

John was a daily irritant to the teacher and a constant threat to the principal who was a recent appointee filled with ambitions to become a school executive and good disciplinarian. Within a week she called the visiting teacher about John A., then in the third grade under the supervision of a very experienced teacher. This teacher had "tried everything" only to find that John was becoming worse every day.

John was the figity type. Into everything from every pupil's business to the school room supplies. His hands were never still, but he had no time for himself. To make matters more annoying he talked continually. In addition he was very poor in reading and spelling. But his work in arithmetic, which was above average, was disappointing to his teacher that such a boy could excell in something as difficult as arithmetic.

John's history card moreover showed that he had already repeated the second grade. His step-mother, when she brought him to school, stated that he had been sent to a parochial school hoping that the sisters would help him get over his badness. As the sisters had been unsuccessful he had been returned to public school.

Nothing was known of his home conditions except that he lived with his father and step-mother, and that decisions were left up to the step-mother. All teachers agreed that probably this was another case of the cruel step-mother. The classroom teacher agreed to keep John another week---because of his cruel treatment at home---while the visiting teacher investigated further. In the meantime a Stanford Benet Intelligence Test could be arranged so that some insight might be gained concerning his repetition of the second grade.

The test, which was given on the following day, was surprising. John's i.q. was one hundred. His ability to reason and practical judgment were well above his chronological of nine years. The comments of the psychologist who gave the test were interesting. She found that John was very immature in his social adjustment. And, she added, that there was something queer about the way he looked at things. He could see well enough, but it was something queer, the way he looked at things. A year before, when a physical examination had been given, his eyesight had been normal. It had been advised that he have his tonsils removed, but that had not been done.

The visiting teacher had been trying to reach the parents, but according to John both worked and did not get home until six.



No effort could be made to talk to John, as he was intent on making life miserable for his third grade. A telephone call to the step-mother secured her consent for the school nurse to take John to an oculist.

The oculist reported that there was nothing wrong with John's eyes, but that there would be unless something were done. The tonsils were so bad that they were effecting his optic and auditory nerves, and unless something were done the damage would be serious and lasting. No child in such a condition could be anything but nervous.

With these findings the visiting nurse called on the step-mother where she worked in a small stationery store, and when she explained the nature of the trouble, the reaction was instant. The step-mother burst into tears. Gradually the story came out. John's mother had contracted tuberculosis and died a few weeks after John's birth. At that time the doctor had advised them never to have John's tonsils removed as they served as a "strainer for all inhaled bacteria." A year after the death of his mother, John's father had married again, John's present step-mother, who had been a friend of his mother's. She was doing everything possible for him. She even went to work that he might have more advantages. And now John was acting this way. Mr. A. was threatening to send John to a "home." They had tried everything without

success, and John was getting worse daily.

Something had to be done immediately as the teacher refused to put up with John any longer. The visiting teacher saw Mrs. A. twice a week for three weeks going over the same grounds. The tonsils had to come out, and with the parents' consent. At last Mrs. A. agreed that it was better to take a chance on the remote tuberculosis than the definite possibility of partial blindness and deafness.

John's tonsils were successfully removed. The operation being arranged through the school medical department.

During these weeks John was seen by the visiting teacher only once, but in the ensuing three years she has checked up periodically upon his progress. Each report gives increasing improvement, and the possibility of tuberculosis becomes more remote because of the high vitamin diet Mrs. A. now serves.

Joan was referred to the visiting teacher because she was doing mediocre work in relation to her ability, her I.Q. was 110-120 definitely in the upper intelligence group. She fought with all the children in the room until it was necessary to place her at a table by herself. She was always bidding for attention, so much so that among the other children she was known as a show-off.



In the first exploratory interview, Mrs. G. presented the child's problem. First was her behavior at home which had grown worse for the past three years. She refuses to get up, to dress or eat breakfast, so that by the time she leaves for school the father has threatened to leave home because of the commotion, and the mother is a nervous wreck. She yells at Mrs. G., calls her names and throws herself on the floor, kicking and screaming. Whenever guests come to the home, Joan manages to get the attention until the visitors are disgusted and the mother embarrassed. Joan has few friends of her own age for she fights with the children and tries to boss them. She hated the teachers in the lower grades and blames her poor marks on them because they did not like her.

Later the visiting teacher was able to piece together the family background. The father is a successful business man not inclined to be affectionate toward his wife or to Joan. He blames Mrs. G. for the child's behavior and alternates between striking her for her behavior and making fun of her. When Joan was thirteen months old he was incarcerated for misappropriation of funds. At the present time he gambles so that the family finances are very uncertain. Mrs. G. is the youngest of three children of a fairly well to do family. Just before her father's death, he had lost all of his money



gambling. The mother married again and urged Mrs. G., the only daughter to take up nursing. This she did although she never wanted to be a nurse, nor did she enjoy nursing. When Mr. G. was incarcerated, Mrs. G. returned to nursing, placing Joan in a nursing home where she had many unhappy experiences. Mrs. G. returned to her husband principally so that she might have Joan with her and so that she would not have to be a nurse.

Since Joan was so involved in the relationship with the mother, the visiting teacher decided to become acquainted with Joan at school apart from the home. In the school it was only natural for Joan to carry a note to the visiting teacher, and only natural for Joan to talk to the visiting teacher. From these chats Joan indicated her unhappiness in school and her relationship with the other children. She wanted to join the campfire girls but did not know how. When she was informed that she could join such a group, she remarked that now she would be one ahead of the other children in the apartment who would not play with her. From this opening the visiting teacher learned that much of the feeling of hostility was because she felt that she had been slighted and she indicated that she was suspicious of all children and adults.

Since the girl could not change her behavior in the classroom without encouragement from the teacher, the visiting teacher

interpreted the needs. When the needs were understood, the teacher met them by giving Joan opportunity to show her superiority in reading and allowing the child to help her so that she might have contact with an adult.

After about five interviews with the visiting teacher, Joan suggested to her mother that she come to see the visiting teacher. This she did during school hours when Joan was in class. With some encouragement she enumerated her own anxieties and conflicts. She was afraid of going crazy, she was afraid to go down town for fear she would forget her identity; she had never been happy since she was ten years old; she did not trust anyone, especially women; she was concerned with many problems in relationship to her husband. Since Mrs. G. wanted more help than the visiting teacher could give, she referred her to a psychiatrist. Mrs. G. immediately consulted Dr. A. and has continued her treatment for over ten months. As Mrs. G. was helped with her own problems, she could discuss her management of Joan with more objectivity.

The direct treatment with Joan was continued to weekly contacts at school, in which she did express her need of the assurance of her mother's love, her resentment of her father, and her difficulty with friends. She showed considerable ability to face her behavior and to change it.

Her accademic work began to show improvement by the end of the school term, and during the present year she has been above the rest of her class. Lately there has been considerable antagonism between the mother and the teacher, of which Joan is aware, but she has not seemed much concerned about it. The mother has reported gradual improvement this year, saying Joan has not had a temper tantrum for months; however, there is still some irritation between them.



## Conclusion:

In the foregoing pages it has been attempted to show the place of the visiting teacher in the school system for the children who present problems. These children in the schools will become the expense of the public later unless something is done for them. From the ranks of the mal-adjusted child come the criminals; the inmates of the public institutions; and the wards of society in general. From the ranks of the classroom the teacher with her inexperience and lack of training needs guidance for herself as well as her pupils.

No mention has been made of the work among the pupils of a secondary school. Here the council is chiefly vocational, but just as important as in the grades. At no time in life is more understanding needed than during the adolescent period. At the present time the trend is toward more psychiatric case workers in the schools. This is in keeping with the trend toward mental hygiene in education.

Fundamental changes in teacher education are long past due, but with the present educational philosophy of books, grades, and pattern likeness nothing can be done. Teacher training processes are so out of step with the new philosophy that ~~it~~ <sup>they</sup> will have to be entirely transformed. The successful experience with the visiting teachers should be of special value in showing the way for reconstructing teacher preparation for all levels.

Mental difficulties among the school child are so few that it was not mentioned. The several forms of mental illness as dementia praecox could not well develop among children so young. The manic-depressive psychosis is somewhat more common among children. The feebleminded child is a definite problem which has been mentioned. Other forms of mental illness usually develop following some severe illness, and so it may not become a problem in the classroom.

Throughout the whole movement in education the trend is for a new humanism in dealing with children. The trend is for individuality for the children. Respect for the child's personality rather than making each child conform to a pattern.

Visiting teachers in spite of their scarcity of number are doing much for the school child as the trend is away from the "problem child" to the whole child.

ROAD

REPAIR

ACCOUNT



## BIBLIOGRAPHY

Child Management---D. A. Thom M.D.

Relation of the School to the Mental Health of the  
Average Child---Jessie Taft, Ph. D.

Mental Hygiene in the Classroom---Newark, N.J. Board of  
Education

The School and Mental Health---Clara Bassett

The Visiting Teacher in the United States---Public  
Educational Association of New York

The Visiting Teacher Movement---J. J. Gppenheiner

Normal Youth and Its Everyday Problems---D. A. Thom, M.D.

Mental Health---Howard and Patry

Children at the Crossroads---Agnes E. Benedict

The Visiting Teacher at Work---Jane F. Culbert

The Problem Child in School---Mary Sayles

The Diagnosis and Treatment of Behavior of Problem Child-  
ren---Baker and Traphagen

The Visiting Teacher in Rochester---Mabel Brown Ellis

The Child and Society---Phyllis Blanchard

The Nervous Child in School---H. C. Cameron      Oxford  
Publications-1933-

Psychiatric Social Service in a Childrens Hospital---Ruth

M. Gartland--University of Chicago Press-1937-

Mental Health Through Education---W. Carson Ryan

Mental Hygiene and Social Work---Lee and Kentworthy

The Backward Child---Barbara Morgan

Everyday Problems of the Everyday Child---D. A. Thom, M.D.

Personality Adjustments of School Children---Caroline B.

Zackery

Healthy-Minded Child---Nelson Crawford

Psychology of the Unadjusted School Child---John J. B.

Morgan, Ph. D.

Fitting the School to the Child---Erwin and Marks

Behavior Problems of School Children---Elizabeth Allen

Child Psychiactry--Leo Kanver

The Backward Child---Cycil Burt

Wholesome Childhood---Groves

Behavior Aspects of Child Conduct---Esther L. Richards

United States Bureau of Education-1921-

National Conference of Social Workers-1923-

White House Conference Reports