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THE DEVELOPMENT OF PSYCHOLOGICAL CLINICS IN THE
UNITED STATES

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THE DEVELOPMENT OF THE PSYCHOLOGICAL CLINIC
IN THE UNITED STATES

CHAPTER I

The Aims, Material, Method and Scope of Study

The term "clinic" is derived from a Greek word which had reference to reclining on a bed. Originally, it was a method of diagnosis used by a physician at the bedside of his patient. Witmer, the originator of the psychological clinic, borrowed the term from the field of medicine because it was the best term he could procure to indicate the character of the method to be used in this new field of work. Since that time the term has undergone changes. As now used, it suggests a place of personnel for making physical and mental examinations and offering guidance to the individuals examined. The term psychological clinic pertains to a clinic whose mission is to diagnose and prescribe for cases of mental, moral, and social instability. Psychological clinics are responsible for such work as that evolving from a more or less mechanical and amateur application of the Binet-Simon Tests, to that which arises from a well equipped laboratory. (3) Diagnosis is based not only on mental tests of various kinds, but upon knowledge of hereditary, environmental, personal and family history of

(3) Brotemarkle, Robert Clinical psychology studies in honor of Lightner Witmer. University of Pennsylvania Press; Philadelphia, 1931

the patient and also the correlating of these findings with his mental and physical peculiarities. (17) (38) (39)

Few people have an appreciative knowledge of the cause for development, the past and present trends, the values and probable future of psychological clinics. If the population in general and educators in particular, were led to see the immense value of the psychological clinic in its relation to the mentally, morally, and socially deficient individual and in turn, to his school, community and family more attention would be given the subject. It is therefore, the purpose of this study, to present in historical form all obtainable data on the development of the psychological clinic, its accomplishments, in relation to the betterment of human society and its reason for existence.

The research work carried on for this study reveals that several studies of a similar nature have been previously developed. Many of these are limited in scope and are not recent developments.

Wallins, in his book, "The mental health of the school child", has furnished some data concerning the early devel-

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- (17) Hollingworth, Leta Psychological Clinics in the United States Men. Hyg. 22-1921; 221-225
- (38) Wallin, J. E. W. The Mental Health of the School Child Houghton Mifflin and Company, New York; 1914
- (39) Woodhill, Edith Public School Clinics Men. Hyg. 4-1919; 911-919

opment and importance of the psychological clinic in relation to school work. Smith, published a study representing a adequate summary of the work up to 1914. (29)

Two publications of Hollingworth have supplied some valuable material on the development of the psychological and its service to public schools. (16) Fernberger has written a short history of psychological clinics. (14) One of the most recent is that of Towns and Brown on "The Present Status of Psychological Clinics in the United States". (36)

The chief source of data has been that of educational and psychological periodical literature, letters received from educationalists and psychologists interested in psychological clinics and from interviews of persons professionally interested in the work. (17)

(16) Hollingworth, Leta Psychological service for public schools Tea. Coll. Rec. 34, 1932; 368-379

(17) op.cit.

(29) Smith, Theodorea The development of the psychological clinic in the United States Ped. Sem. 21, 1914; 143-153

(14) Fernberger History of psychological clinics Pennsylvania Press, Philadelphia, Pennsylvania 1914

(36) Towns, Clara M. and Brown, Andrew W. Status of psychological clinics in the United States Unpublished study Aug. 1933

CHAPTER II

THE DEVELOPMENT OF PSYCHOLOGICAL CLINICS

The need for psychological clinics came as the result of the enforcement of the compulsory educational laws. These laws began to develop during the last quarter of the nineteenth century. Prior to this time education was largely a matter of private initiative. It was only available for children whose parents could afford it. Children coming from such homes had a superior capacity for learning and an opportunity for the development of good conduct. The anxiety of teachers, as far as school-room problems were concerned, was minimized. The story took on a different aspect when free schools were instituted. At first these schools were attended only by children whose parents were financially able to get along without the labor of the child and who valued literacy. The majority of the children, however, could not attend school because it was thought that they were needed to assist with the work of factories and fields. It was to eliminate this condition that compulsory education laws were established. Children within a certain age limit were compelled to attend school. These laws created difficult problems of truancy, retardation, and discipline. Many parents disobeyed the law and kept children away from school. Truancy officers, whose business it was, to see to it that such

children were compelled to attend school, were appointed. In 1932 New York City employed more than three thousand truancy officers. These men were constantly at work compelling thousands of children to attend school. Psychological studies have shown that these truant children were below normal. If it were not for compulsory education these boys and girls would never have attended school. The policy in dealing with them considers that all individuals should have equal educational opportunities. Such children are often expected to keep step with children who are mentally superior. (23) (1) (17) The result is that problems previously referred to arise thus placing constant and added strain upon the teacher. Educators some time ago began to feel the need of a better understanding of the individual child. Students of colleges and universities were asked to assist in obtaining necessary information. Out of this need come an interest in child study. (16) (24) (49)

(16) Op.cit. p.3

(23) Lucky, G. W. A. Psychological Clinics in Practice
Sch. and Soc. 12, 1920; 6-121

(24) Lucky, G. W. A. The Service of the Clinical Psychologist
Sch. and Soc. 13, 135-137

(1) Anderson, V. V. Mental Disease and Delinquency
Men. Hyg. 3, 1919; 177-259

(17) Op.cit. p.2

(49) Witmer, Lightner Clinical Psychology Psy. Clinic
1, pp 1-9

As interest in child study developed another phase of psychology was created that of mental tests. This interest claimed the attention of such men as Thorndike, Spearman, Cattell, Binet, Stern and Norsworthy. Binet in France and Norsworthy in the United States combined their interests in mental testing with that of child study.

As early as 1904 both began measuring the quantitative aspects of mentally deficient children. Binet studied the mental deficiencies of children by means of standardized tests. He produced such tests by measuring the mental abilities of children of specific ages. The establishment of age norms for the mental appraisal of school children was a significant contribution to education. By 1905 a workable series of mental tests had been devised which graded pupils according to age norms. Thus, there could be made for each child an impersonal appraisal of his intelligence. Science claimed that children were not created equal and should, therefore, not be expected to perform equally well. (16) (17)

It was through the instrumentality of Goddard that Binet's methods of mental testing were introduced into the United States. These tests were revised, adapted and improved for use in the United States by Terman and Kuhlman. They were studied and used by pioneers in education and related fields. Without the ground work of these early

(16) Op.cit.p.3

(17) Op.cit.p.2

pioneers the application of these tests could never have made such marked headway. There evolved from these early efforts a tremendous development in the direction of psychological research.

During the year 1917-18 thousands of men were examined by means of mental tests to determine their fitness to become members of the United States army. A partial record of these examinations was kept. It is known by the name of "Psychological Examinations of the United States Army". This volume is priceless because it stands as a monument to the early efforts of a group of men to measure and classify mental abilities. (16) (23) (24) (6)

The results of mental testing in the army had a far reaching effect on civil education. It presented facts concerning low standards of morality, sociability and mental deficiencies of our population. (16) (23) (24)

Many of these cases had been exposed to the public schools. The question arose, had they secured from it the thing they needed and were capable of absorbing? A few psychologists and educators feared they had not and for that reason began

(16) Op.cit. p 3

(23) Op.cit. p 6

(24) Op.cit. p 6

(5) Op.cit. p 1

(6) Cowin, Marion Personal Letter to Writer

a program of mental examinations by means of mental tests. This was done in order that children might be classified according to their capacity to do school work. Problem children were brought to them in the hope that they might diagnose type cases, find if possible, the cause of their deficiency and prescribe satisfactory treatment. These men were especially interested in children but were willing to extend their services to the adult population. The result of these investigations was that the investigators found many children retarded in school because they were not mentally equipped to cope with normal boys and girls. They discovered too, that these children were often misunderstood because the home, the school and the community did not understand their unfortunate condition. (23) (28) (1) Investigations disclosed the tragedy. (25) (12) (29) (30)

(23) Op.cit. p. 6

(28) Sandy, William Clinics for the Mentally Defectives in the State of New York Men. Hyg. 4, 1920; 597-660

(1) Op.cit. p. 6

(25) Myres, Adolph The Aims of Psychological Clinics Report of Mental Hygiene Congress p. 117

(12) Fernald, Walter Out Patient Clinics In Connection With Mental Hygiene Men. Hyg. 4, 1920; 848-856

(29) Op.cit. p. 3

(30) Stevenson, George When is a Community Ready for a Clinic Men. Hyg. 12, 1928; 492-506

Scores of these children were found to be unhappy and had developed a feeling of inferiority. Many adult lives had been ruined beyond repair. Psychological studies have revealed the fact that many of the nation's criminals originated from these misguided, unfortunate children. They always become an immense financial burden on society and incur a loss to the country. No doubt they will remain as such, unless, they can be provided with just treatment through the public schools.

A. Early Aims The place and method which these early psychologists used in order to carry on their work became known as "psychological clinics". The clinical staff often visited the schools but as a rule the unfortunate individual came to the clinic. The laborers were few and each had to originate new policies and work out his own procedure. Prior to 1915 all psychological service was of a pioneering type. It has become the aim of the psychological clinic to identify mentally unfortunate children in our schools and elsewhere and help the home, school and community to provide more wisely for their training and social needs. (16) (49) (17) (39) (24) (26)

(16) Op.cit. p.3

(24) Op.cit. p.6

(26) Mc Donald The Community Value of Out Patient
Departments Men. Hyg. 1,1917; 266-73

(17) Op.cit. p.2

B. Early Leaders The men whose names stand out as leaders in the early days of psychological clinics include Witmer at the University of Pennsylvania; Hewey at John Hopkins University; Goddard at the Training School at Vineland, New Jersey; Terman at Stanford University; Kuhlman at the State School for the Feebleminded at Fairbault, Minnesota; Wallin in the School of St Louis; Tanner at Clark University; Dawson in the Public Schools of Springfield; and Bolton at Temple University.

Almost all of these early pioneers of the psychological clinic were students of G. Stanley Hall and William H. Burnham of Clark University. Hall was especially interested in the child study movement. He studied the child by means of a questionnaire sent to the parent or other adult. His students studied the child as they found him. Method was for the first time scientific.

Associated with the early work of Witmer were such men as Superintendent Twitmeyer of Wellington, Superintendent Bryan of Camden, District Superintendent Corman of Philadelphia, J. Mc Callie, supervising principal of Trenton Schools, Edward H. Huntington, principal of a special school in Philadelphia, and Clara M. Towns, resident psychologist at Friends Asylum for the insane. (16) (14)(49)

(16) Op.cit. p. 3

(14) Op.cit. p. 3

(49) Op.cit. p. 6

It was through the efforts of the individuals mentioned above, that a new profession was founded, that of the clinical psychologist. As time passes added appreciation will be extended to those early students of human nature. Many of them are constantly issuing reports on their studies.

c. The First Psychological Clinic Since 1896 a psychological clinic has been regularly conducted with the psychological laboratory at the University of Pennsylvania. This clinic has the distinction of being the first of its kind to operate in the United States. It was through the instrumentality of Witmer, a member of the psychological staff of the University of Pennsylvania, that this clinic was organized. Witmer, through his observation of retarded school children, saw the need for such an institution. He decided that psychology could be applied to such cases and immediately opened a laboratory where children could come to be diagnosed and helped. He applied himself, directly and whole-heartedly to the study of children and worked out his own method as he went along. Children came to him from such institutions as the home, public and private schools, and from the juvenile courts of Philadelphia and surrounding country.⁽⁴⁹⁾ In December 1896, Witmer outlined a scheme of practical work in psychology and delivered a summary of his plan in an address before the American Psychological Association. His plan was as follows:

(49) Op.cit. p. 6

(1) "The investigation of phenomena of mental development in the school children as manifested particularly in the mental and moral retardation by means of statistical and clinical method. (2) A psychological clinic supplemented by a training school in the nature of a hospital school for the treatment of all classes of children suffering from retardation or physical defects. (3) The offering of practical work to those engaged in the profession of teaching and medicine and to those interested in social work in the observation and training of retarded children. (4) The training of students for a new profession, that of the psychological expert, who should find his career in connection with the school systems through the examination and treatment of mentally and morally retarded children or in connection with the practice of medicine."

In 1897 the psychological department of the University of Pennsylvania was able to adopt and put into practice the major part of Witmer's plan. He had as his assistants several capable educators and psychologists, who, like himself were especially interested in the mental development of school children. In the beginning the number of cases seen each week was limited for the following reasons.

(1) The means at hand for treating a large number of cases satisfactorily were restricted; (2) Witmer needed years of extensive study and experience. (This he obtained by the observation and treatment of a few prolonged cases); (3) It was also, necessary for him to train a group of students upon whose services he could rely. These factors having been acquired the clinic could now carry on extensive work. During 1934 this clinic alone studied 621,000 cases (not

[27] Root, W. T. Personal Letter to the Writer from the University of Pennsylvania Summer 1933

counting social interviews, repeaters and penintary cases.) These cases appeared from a viriety of sources. Some cases were from the Allegheny General Hospital, others from social agencies, industrial homes for crippled children, Folk,s School (connected with University), The Mothers Assistant Fund, The Children's Aid Society, and Children's Service Bureau.

The tests used in the early days of this clinic were limited to a few performance tests. To-day they are using such tests as the Merril Palmer Series by Stutsman; the Kuhlman Tests for children (under three years of age); Tests of Healey and Bronner; Kuhlman Anderson Tests; Fugerson Form Boards; Dearborn Form Boards; the Porteus Tests; Stanford Revision of Binet; The Columbia University Series of Tests for College Students; The Illinois General; The Stanford Achievement; The Herring Revision of the Binet; The Woodworth Psychiatric Questionnaire; and Thurstones Personality Tests. This clinic has on file, and occasionally uses, forty-five of fifty different tests. The early work was largely dominated by psychometric results in the physical and psychical areas. From this begining the clinic has expanded its efforts to the problems of the primary school level, the secondary school, college and adult levels, speech defects, behavior problems, vocational interests, and the adjustment of personality problems.⁽³⁾

(3) Op.cit. p. 1

Beginning with the year 1907 Witmer edited a journal called the "Psychological Clinic". The purpose of this journal was to spread the knowledge of the findings of research and experiment carried on under the guidance of clinical psychologists; and, to create a general interest in the work of "Psychological Clinics". (49) (27)

The present generation and the childhood of to-morrow owe considerable gratitude to Witmer for his untiring interest in guiding and developing the psychological clinic in America. By means of it educational and vocational adjustment has come to thousands of people. It has effected a better method of class-room teaching and has created an important new profession, that of "clinical psychology". (14)

D. The Second Psychological Clinic The second "psychological clinic" in the United States is that at Fairbault Minnesota. It was founded in 1898 by R. I. Willie, a physician and psychologist. This institution is devoted to the study of feeble minded and epileptic children. Willie made psychological tests of the children in the institution. In 1909 this laboratory was provided with seven rooms and some clinical equipment and apparatus. In con-

(49) Op.cit. p. 6

(27) Op.cit. p. 13

(14) Op.cit. p. 3

nection with clinical practice a department of research directed by Kuhlman was instituted, who devoted his entire time to systematic and intensive study of children. (17) (29)

E. Growth and Establishment The psychological clinic is primarily a modern American institution. The first psychological clinic was already yielding beneficial results more than thirty years ago. Progress at first was slow. Since 1912 their growth, both in numbers and standards, has increased very rapidly. (See tables I, II, & III) By 1927 there were seventy psychological clinics in the United States. Nineteen of these were found in public schools; three in normal schools; one in college; six in institutions for feeble-mindedness and epileptics; five in hospitals for insane; six in penal and corrective institutions; one in New York Probation and Corrective Association; two in juvenile courts; two in criminal courts of Boston and Chicago; and one in the immigrant station at Ellis Island. Today there are approximately ninety-two well organized clinics and about one hundred and fifty doing some type of clinical work. Since 1920 the list has become so long that it would be almost impossible to mention all of them.

The types of institutions served by psycho-logical

(17) Op.cit.p.2

(29) Op.cit.p.3

clinics number about twenty. The principle ones are found in colleges and universities, public schools, medical and mental hospitals, courts and social service organizations. (See table IV)

F. Special Schools Since the year 1905 psychological clinics have been organized in many special schools, such as the Sonoma State Home at Eldridge, California; the Preston School of Industry at St. Jose, California; the State School for Feeble-minded at Lincoln, Illinois; and the State Reformatory for Women, at Bedford Hills, New York.

As State Bureaus of Child Welfare were founded, the psychological clinic was likely to develop as an integral part of the institution. Examples of such institutions include the Bureau of Juvenile Research, at Columbus, Ohio; the Bureau of Child Welfare, at the University of Iowa; and the Bureau of Juvenile Research of California located at Wittier, California.

Massachusetts and New York seem to be foremost in the establishment of psychological clinics in connection with state hospitals. By 1915 Massachusetts had opened such hospitals at Worcester, Spencer, Tauton, Fall River, New Bedford, Springfield, Greenfield, Pittsfield, Lawrence, Gloucester, Haverhill, Lunn, Salem, Newsburyport, Westborough and Boston. New York state founded psychological clinics in connection with state hospitals at Mineda, Yonkers, Waterbury, Platsbury, and Ithaca.

Table I

Dates of establishment for psychological clinics working in connection with public schools up to year 1927

City	Date of Establishment
Chicago	1896
Rochester	1907
New York City	1908
Providence	1911
Oakland	1911
Hibbings	1911
Cincinnati	1911
Grand Rapids	1912
Seattle	1912
Philadelphia	1912
Springfield	1912
New Orleans	1912
Milwaukee	1912
Hartford	1912
Buffalo	1913
Washington	1913
Albany	1913
Los Angeles	1913
Trenton	1913
Detroit	1914
St. Louis	1914
Cleveland	Since 1909
Youngstown	
Des Moines	
Newark	
Kansas City	
Louisville	

Note: New Orleans and Milwaukee were reported temporarily discontinued. The dates of establishment for Cleveland, Youngstown, Des Moines, Newark, Kansas City, and Louisville could not be obtained. This table has been compiled by the writer from the contents of a study made by Clara M. Towns and Andrew M. Brown. 36

Table II

Organization dates of psychological clinics working
in connection with universities and colleges

Institution	Organization Date
University of Pennsylvania -----	1896
University of Washington -----	1907
Columbia University -----	1908
Clark University -----	1909
University of Kansas -----	1909
State Teachers College, Greeley, Colorado -----	1909
University of Minnesota -----	1910
Leland Stanford -----	1911-1912
University of Missouri -----	1911-1912
University of Pittsburg -----	1912
Tulane University -----	1912
University of Cincinnati -----	1912
Harvard University -----	1912
University of Chicago -----	1912
Yale University -----	1912
University of Oklahoma -----	1912
University of Iowa -----	1912
Rutgers College -----Since -----	1914

Note: It has been reported that the Teachers College, Greeley, Colorado, has discontinued its psychological clinic. This table has been compiled by the writer from the contents of a study made by Clara M. Towns and Andrew M. Brown.

Table III

Table showing periods of establishment of psychological clinics in the United States

Date	Number of Clinics
Between-----1896-----1903-----	2
Between-----1904-----1909-----	8
Between-----1910-----1919-----	23
Between-----1920-----1929-----	43
Between-----1930-----Alone-----	20
Total-----	96

Note: This table does not include the opening dates of Fifty-two clinics whose dates of opening could not be ascertained. It was compiled by the writer from the contents of a study made by Clara M. Towns and Andrew M. Brown. 36

Table IV

Organization	No. of Psychologists
Child guidance or behavior clinics -----	21
School systems -----	27
Welfare organizations -----	10
Juvenile courts -----	9
Adult courts -----	3
Adult psychis ^t ric clinics -----	7
Hospitals -----	19
Institutions for feeble minded -----	6
Penal institutions -----	7
Orphanages -----	1
Private schools -----	1
Y. M. C. A. -----	1
Institutions for delinquents -----	2
Research institutions -----	9
Industrial institutions -----	3
Universities -----	2
Colleges -----	2
Private practice -----	2
Insane asylums -----	1
Speech clinic -----	1

This table was arranged by the writer from the summary of a study made by Dr. Clara M. Towns. This data shows the type of organizations through which Psychological Clinics work. 31

The first cities to organize psychological clinics in connection with their public school systems were Chicago and Rochester. Since 1915, psychological clinics have become numerous in school systems. Special classes for exceptional children are now a regular practice in large cities. (16)

CHAPTER III

THE STAFF ORGANIZATION AND WORK OF CLINICS

Location of Clinics

Psychological clinics may be established in schools, hospitals, courts or function independently as dispensaries. The location of the clinic depends primarily upon the type of service it proposes to render. If it exists as a part of school machinery it should be located in the administrative department or some centrally located school building. (28)(39)(4) For general purposes psychological clinics may be established in the rooms of a general hospital, health center, the nurse's offices, in the community center building, and in connection with psychological laboratories of educational institutions. (4) Clinics which serve the state are usually placed in the most populated centers. Smaller clinics are often located near the center of the community. This arrangement facilitates convenience for both the worker and the patients. Clinics may be placed in an environment of beauty, quiet and plentifulness of space.

B. Rooms and Equipment The laboratory of a psychological clinic should include at least three fair sized rooms,

(28) Op.cit.P.9

(39) Op.cit.P.2

(4) Op.cit.P.6

one of which may be used as a waiting room. This room should be airy, light and attractive. It should be provided with restful chairs or benches, reading tables, magazines, inspiring pictures and dainty drapes. It must reveal a sense of peace and quiet. Adjoining this room should be another used primarily for the filing of data and examining materials. The patient meets the nurse or clinical helper in this room and here the preliminary steps of his examination take place. The furniture of this room should consist of a desk, a few chairs, and a filing apparatus. A third room is ordinarily used by the psychologist while conducting the main part of the examination. This room must be well illuminated, cheerful in appearance, comfortable, free from disturbing noises (such as the honking of horns, rumbling of cars, and the shouting and laughter of children and the conversation of passing observers.) It should not contain disturbing stimuli, such as the odors of drugs, bright instruments, or attractive pictures. Only such materials as are needed for the diagnosis should remain in sight of the patient. A psychological clinic is provided with such testing apparatus and materials as are needed to test the moral, mental, and social traits of human individuals.

(44) Wallin, J. E. W. Clinical and Abnormal Psychology
Houghton Mifflin Company New York 1928

(47) Witmer, Lightner Clinical Record Psych. Clinic
Vol. 2 P.17 1915-16

B. How Financed "Psychological Clinics" are financed through a variety of sources. The majority of such agencies are sponsored by the state. Private funds are the means by which a large number are maintained. Maintenance by city governments appears to rank about third in the perpetuation of clinics. Those financed by special assessments or fees, Federal aid, county government, community chests, and other sources are less numerous. (36)

(See table V)

C. Duties of the Staff The staff of a psychological clinic is usually composed of a social worker, a recorder, an assistant and a psychologist. The duties of the social worker are: to obtain such knowledge of the patient as family history, personal and developmental history, social history, economic status, and history of moral reactions. The follow up work is also a part of his assignment. The service performed by the recorder is that of condensing facts, placing these on their particular recording sheets, and filing them conveniently for future use. The psychologist must always have an assistant when diagnosing a patient, just as a physician needs the help of a nurse in his private office. This assistant must be an individual

(39) Op.cit.P.2

(4) Op.cit.P.6

(36) Op.cit.P.3

Table V

The source of income provided for the salaries of
clinical psychologists

Source	Number of Cases
State -----	40
Private -----	21
City -----	6
Fees -----	4
County -----	3
Community chest -----	4
United States Government -----	1
Other sources -----	10
Not listed -----	17
	Total ----- 106

Note: This table was arranged by the writer from a summary of a study made by Andrew W. Brown on The Status of the Psychological Clinics in the United States. For the western, mid western, southern and south eastern states.

who has had some training and experience in the psychological field. (39)(4) The duties of the psychologist are of a more serious nature than those of the other members of the staff. He is responsible for making an analysis of the patients' reactions and capacities. He attempts to discover the cause for these capacities and patterns. On the basis of his recommendation adjustments are made. He must recommend, assist, and direct the application of this method. (3) The clinical psychologist must discover how to improve, if possible, the original mental and social status of the case under study and help others to make the most of the human materials which come under their observations. (24)(3)(17)(39)(29) It is the belief of Lucky that one of the most important duties of the clinical psychologist to help the teacher secure accurate results from intelligence tests given children. (23) (See tables V, VI, VII, VIII, & IX) Wallin summarizes the duties of the clinical psychologists as follows:

(4) Op.cit.P.6

(23) Op.cit.P.6

(24) Op.cit.P.6

(3) Op.cit.P.1

(17) Op.cit.P.2

(39) Op.cit.P.2

(29) Op.cit.P.3

- 1 An adequate diagnosis or classification; the psychologist attempts to give an accurate description of the nature of the mental deviation shown by his case. He tries to determine whether they are specific or general. Whether they affect natural or acquired traits. He attempts to measure by standard objective tests the degree of deviation of various mental traits or of the general level of functioning. He seeks to arrive at a comprehensive mental picture to disentangle symptoms, complexes, and to reduce the disorder to various reaction types.
- 2 An analysis of the etiological background; the psychologist is bent not only upon determining the present mental status of the case but on discovering the causative factors or agencies, which have produced the deviation. Whether these factors are physical, mental, moral, social, educational, environmental, or hereditary. He does not limit himself to a psychological examination but requires a dental-medical examination and a sociological and hereditary examination.
- 3 A determination of the modification which the disorder has wrought in the behavior of the individual; he should determine what its consequences have been. What effect it has had upon his opinions, beliefs, thoughts, disposition, attitudes, interests, habits, conduct, capacities for adaptation, learning ability, and capacity to learn certain kinds of knowledge. He should seek to locate the conflict between instinct and habit which may have been caused by the deviation.
- 4 To determine the degree of modifiability of the variations discovered; can the deviation be corrected and the modifiability of the deviations be discovered. Can the deviation be corrected or modified, and if so to what extent and what kind of orthogenics measures. A clinical psychologist is no less a scientific investigator than a counseling specialist. He diagnoses in order to prognose and prescribe. His aim first and last is eminently practical. (41)(1)

(1) Op.cit.P.6

(41)Op.cit.P.9

Table VI

Duties of clinical psychologists

Psychologists of the west, mid-west, south and south eastern states who are engaged in a fully organized psychological clinic No. of cases-45

Duties	Yes	No	Not Stated
Psychologists taking social history-----	6	39	0
Psychologists interviewing child-----	25	14	6
Psychologists interviewing parent-----	13	26	6
Psychologists who make home contacts----	2	41	3

Table XI

Psychologists of the Eastern States engaged in a fully organized clinic. No. of cases 67

Duties	Yes	No	Not Stated
Psychologists taking social history-----	12	49	3
Psychologist interviewing child -----	43	15	6
Psychologists interviewing parent -----	19	39	10
Psychologists making home contacts -----	0	54	10

These tables were compiled by the writer from an unpublished study made by Dr. Clara M. Towns and Andrew W. Brown in 1935 on the Present Status of Psychological Clinics in the United States 31 Its aim is to show the general duties of clinical psychologists.

Table VII

The ten fields of inquiry used as a basis
of diagnosis by psychological clinics

1. Physical examination
 2. Family history
 3. Personal and developmental history
 4. School progress
 5. Examination in school work
 6. Practical and general information
 7. Social history
 8. Economic history
 9. Moral history
 10. Psychological examination
-

A special syllabus for each field of inquiry has been developed each on a separate sheet. A satisfactory examination requires from one to two hours.

(4)

Table VIII

Types of treatment given by clinical psychologists

Types of Treatment	Number of Cases
Psychologists engaged in a fully organized clinic	
Remedial teaching-----	25
Vocational administration-----	20
Behavior discipline-----	29
None stated-----	5
College instructors doing well organized work	
Remedial teaching-----	10
Vocational administration-----	15
Behavior discipline-----	27
None stated-----	1
University professors doing a certain amount of demonstration testing etc.	
Remedial teaching-----	5
Vocational administration-----	8
Behavior discipline-----	10
None stated-----	6
Personal directors and counselors	
Remedial teaching-----	5
Vocational administration-----	4
Behavior discipline-----	5
None stated-----	2

This table was compiled by the writer from the findings of a study made by Andrew Brown on the Status of Psychological Clinics in the United States. This study was made for the west, mid-west, south and southeastern states.

Table IX

Time given to research by clinical psychologists

Group I Psychologists engaged in a fully organized
clinic No. 45

Times given	No. of Cases
Less than 20 % -----	28
20-30 % -----	7
More than 50 %-----	10

College professors doing well organized work No. of
cases 32

Less than 20 % -----	11
20-39 % -----	3
More than 40 % -----	5
Not stated -----	13

Group III University professors doing a certain amount of
demonstration and testing No. of cases 20

Less than 20 % -----	8
20-39 % -----	2
More than 40 % -----	2
Not stated -----	8

Group IV Personal directors and counselors No. of cases 8

Less than 20 %-----	4
Not stated -----	4

This study was arranged by the writer from a summary of
a study made by Andrew W. Brown on the Status of Psycho-
logical Clinics in the United States for the western,
mid-western, southern and south western states. 36

D. Training and Experience of Workers The great need for trained psychologists seems to have only recently become apparent. The demand is far in advance of the supply. Practically all writers who have written in the interests of the psychological clinics have advocated that psychologists in charge of clinical examinations should have special training and knowledge of their particular field. To be able to diagnose a case correctly and give sound advice, the psychologist must have had training in introspective, experimental, educational, and child psychology. He must also have had technical training from experience in a clinical laboratory plus prolonged study and observation of patients. (31)(32) (See tables X, XI, XII, XIII, XVIII, XIX, XX and XXIII) The following problem has been suggested as substantial for students training to become clinical psychologists:

1. Certain preliminary courses to be pursued by all kinds of applied psychologists including the usual graduate courses in general, functional, genetic, educational, psychological, and experimental psychology. Mental and anthropometric tests, child study, biology, human anatomy, physiology and hygiene.
2. Special courses in clinical psychology including a detailed study of psycho-clinical methods, applicable to individual examinations, and practical examinations of at least two hundred cases. In addition an institutional internship of one year

(31) Op.cit.P.9

(32) Southard, E. E. The Psychological Hospital as a
Research Center Report of Mental Hygiene Congress
P.137-144 1912

Table X

The distribution of clinical experience before the first salaried position with a psychological clinic

Group I Psychologists engaged in a fully organized clinic No. of cases 45

Time in years	1	2	3	4	5	6	7
No. of psychologists	23	14	3	1	1	0	1

Median 2 years and 6 months

Group II Colleges and universities instructors doing well organized clinical work No. of cases 32

Time in years	0	1	2	3	4	5	6	7	Not Stated
No. of psychologists	6	6	5	1	1	2	1	1	10

Median 7 years and 6 months

Group III University and college professors doing a certain amount of demonstration testing etc. No. of cases 20

Time in years	0	1	2	3	Not Stated
No. of professors	2	3	4	2	9

Median one year and 1 month

Group IV Personal directors and counselors No. of cases 8

Time in years	3-4	6	8	10	14
No. of psychologists	1	1	1	2	2

Median 5 years and 8 months

This table was arranged by the writer from a summary of a study made from Andrew W. Brown on the Status and Development of Psychological Clinics in United States. For the western, mid-western, southern and south eastern states 31

Table XI

Majors and minors in the training of clinical psychologists

Group I	Psychologists engaged in a fully organized clinic	No. of cases	45
Undergraduate majors	-----Psychology	27	Related Sub 5
Undergraduate minors	-----Psychology	4	Related Sub 13
No majors or minors in psychology or related subjects-- 7			
Group II	College and university instructors doing well organized clinical work	No. of cases	32
Group III	University and college professors doing a certain amount of testing and demonstration	No. of cases	20
Undergraduate majors	----- Psychology	8	Related Sub 4
Undergraduate minors	----- Psychology	4	Related Sub 8
Group IV	Personal directors and counselors	No. of cases	8
Undergraduate majors	----- Psychology	1	Related Sub 2
No majors or minors in psychology or related subjects- 2			

This table was arranged by the writer from a summary of a study made by Andrew W. Brown on the Status of Psychological Clinics in the United States for the western mid western, southern and south eastern states 31.

Table XII

Degrees required of psychologists working in
psychological clinics

 Group I Psychologists engaged in a fully organized clinic
 No. of cases

Degree	No. of Cases
Bachelor of Arts-----	4
Master of Arts -----	22
Doctor of Philosophy -----	19
Ph D. work completed but degree not taken-----	9
M. A. work completed bgt degree not taken-----	3

 Group II College and University professors doing well
 organized clinical work No. of cases 52

Degree	No. of Cases
Master of Arts-----	2
Doctor of Philosophy-----	30

 Group III University professors doing a certain amount of
 testing and demonstration work No. of cases 20

Degree	No. of Cases
Master of Arts-----	3
Doctor of Philosophy-----	17

 Group IV Directors and Counselors No. of Cases 8

Degree	No. of Cases
Doctor of Philosophy -----	8

This table was arranged by the writer from a summary of a study made by Andrew W. Brown on the Status of Psychological Clinic in the United States for the western mid western, southern and south eastern states. 31

Table XIII

Number of students being trained by psychological clinics

Are students trained	Clinic yes, 29; no, 19
Group I No. of students	psychologists trained per year 1--26 Average 7 Median 2 clinics
Group II No. of students	psychologists trained per year 1--12 Average 4 Median 4 clinics
Group III No. of social workers	trained each year 1--11 Average 4 Median 6 clinics
Group IV. No. of physicians	trained each year Only one clinic listed
Group V College credits given:	
No. of colleges giving credit	29
No. of colleges not giving credit	18
No. of colleges giving graduate credit	18
No. of colleges giving under-graduate credit	3
No. of colleges giving both	8
No. of cases replying	47

This table was arranged by the writer from a summary of a study made by Clara M. Towns on the Status of Psychological Clinics in the United States for the eastern states.

affording opportunities for many sided first handed observation and study of the feeble minded, epileptic and insane is recommended.

3. Certain preliminary pedagogical including particularly a study of standardized educational tests and scores, a method of teaching reading spelling, and numbers, and methods of kindergarten, and courses in school supervision and educational sociology.

4. Courses dealing with psychology and pedagogy of the various types of mental deviation or anomalies met with in school children including backwardness, feeble-mindedness, visual aphasia, reading, writing, number defects, defects of eye, ear, and speech, delinquency and etc. Courses dealing with curriculum for ungraded classes, courses on various courses of handicraft, to be offered backward and feeble-minded children. These courses should be included the observation of teaching various types of defective children. It would be well if a certain amount of practice teaching could be included with select cases.

5. Social pathology including a study of social, vocational and criminal aspects of mental deficiency and defects. A minimum amount of medical work including course in physical diagnosis, pediatrics, nose, throat, eye and ear disorders, orthopedics, mental deficiency from a physical point of view and neurology and psychiatry. (particularly the nervous disorders of children) The practical case work should include the study of the patients individual and family history. The practice of the medical study is not to qualify the clinical psychologist to become a skillful physical examiner so that the services of the physician may be dispersed with. Rather the aim is to give him proper perspective in his and sufficient background of medical procedure and an knowledge to enable him to understand the medical reports which come to him and to interest his own findings in the light of the medical data. (43)

Age and Sex of Clinical Psychologists The age range

for clinical psychologists working in a well organized

(43) Wallin, J. E. W. The Field of Clinical Psychology and the Kind of Training Needed Sch. & Soc. 1, 1919; 468-470

clinic in the eastern states is from 20-60 years; the median being 35 years. For the western, mid-western, south, and south eastern states the age range is from 20-54 years. Thus, we see the psychologists of the east in earlier developed sections, have already had longer terms of service.

A report made on the status of psychological clinics in the United States shows that there are more women working in fully organized clinics than there are men. (see tables VIII and XIX)

E. Salaries of Clinical Psychologists Clinical psychologists engaged in fully organized psychological clinic receive as a minimum salary from \$1,200 to \$4,000 per year. The maximum salaries range from \$2,800 to \$4,000 per year. The majority of such institutions have no regular salary scale. (see table XIV) (36)

F. Tests Used The principal tools used by the clinical psychologist in diagnosing a patient, are objective psychological tests. The bulk of such tests are developed and if need be, revised by psychologists interested in clinical work. The tests must be objective in order to be reliable. Tests that do not promise to measure scientifically are usually discarded. Psychological clinics use a variety of tests to measure the many different reactions. There are approximately 50 different tests being used by psychological clinics in the United States.

Some of the tests most frequently used are: The Stanford Revision of the Binet Scale, Pintner-Paterson Intelligence Test, Stenquist Mechanical, Porteous Maze, Stanford Achievement, Gates Reading, Goddard Form-Board, Kuhlman-Anderson Intelligence, Otis Intelligence, Stenquist's Box Assembly, and the Army Alpha. Table XXV shows rather complete list of tests used by psychological clinics. The use of intelligence scales has proved to be very beneficial in the fields of social and industrial life. They help in selecting the right job for the mental type involved. (see table XV) (23)

The psychological clinic works with and through approximately twenty different organizations and societies. It renders the greater part of its services to schools. (see table IV) (43) (36) (31)

G. Relation to Other Sciences Several sciences lay claim to the progress made through the development of clinical psychology. Their adherents believe it is partly related through earlier established sciences. Clinical psychology established its right to an independent existence by the fact that it possesses a unique body of facts not adequately handled by any other science. It weighs

(23) Op.cit. p.5

(43) Op.cit. p.33

(31) Op.cit. p.9

(36) Op.cit. p.3

Table XIV

The salaries of clinical psychologists

Group I	Psychologists engaged in a fully organized clinic	
	No. of cases 45	
	Number	Number
Following a salary scale	9	Following no salary scale
		36
Minimum for juniors	\$1200 per year	
Maximum for juniors	2800 per year	
Minimum for seniors	2400 per year	
Maximum for seniors	4000 per year	

Group II left out

Group III	University professors doing a certain amount	
	of demonstration and testing. No. of cases 20	
Following a salary schedule	3	
Not following a salary schedule	7	

Group IV No report

This table was made by the writer from a summary of a study made by Andrew W. Brown on the Status of Psychological Clinics in the United States, for the western, mid western, southern and south western states

Table XV

Intelligence tests used by forty-seven psychological clinics and sixty-four psychologists 31

Test -	No. clinics Using	Test	No. clinics Using
Army Performance	7	Army Alpha	11
Arthur Scale	2	Binet Simon	5
Buhler Infant Scale	2	Cornell Performance	1
Dearborn	1	Dearborn Myers	1
Dearborn Formboard	1	Detroit Kindergarten	1
Detroit First Grade	7	Detroit Second Grade	1
Detroit Achievement	2	Ferguson	2
Free Association	1	Goddards Formboard	19
Gessell	10	Hearley 1 & 2	7
Kuhlam & Anderson	18	Army Beta	3
Healey Pictures 2	11	Haggerty	3
Herring	5	Haynes Binet	8
Kuhlmann	24	Witmer	1
Knox Cubes	2	Stanford	1
Merrill Palmer	10	Minnesota Pre-school	2
Manikin	1	National Intelligence	4
Otis	15	Ohio College	1
Pintner Patterson	32	Porteus Maize	24
Khos Blocks	6	Kent Shadow Formboards	3
Pintner Cunningham	5	Profile	1
R.I. Performance	12	Stanford Revision Binet	48
Sequin Formboards	2	Substitution	2
Thorndike	1	Trabue Language Comple.	8

Table XV

Test	No. clinics using		No. clinics using
Thurstone H. S.	1	Toens Picture Games	1
Vanalstine	3	Wallins Formboard	1
Ben Woods Work	1	Aryes Spelling	2
Chapell	1	Breckners Arithmetic	1
Detroit Wprd Recog.	4	Columbia Reading	1
Gates Diagnostic	9	Gates Reading	22
Grays Oral Reading	8	Gates Reading Pronoun.	8
Illinois	1	Haggerty	5
Kelley Trabeau	1	Kelly	1
Los Angeles Reading	9	Language	1
Los Angeles Spelling	1	Los Angeles Word Recog	1
Morrison McCall Sp	11	Monroe Diag. Test	5
Markham Vocabulary	1	Metropolitan Achiev	2
Otis Reading	3	Ortous Reading	1
Pressy Diag	1	Pressey Reading	1
Placement Pressy	1	Porteus Maize	1
Stanford Achiev	23	Reading Porteus	2
Starch Reading	1	Stanford Arithmetic	7
Thorndike Word Knowl	1	Scale Infant Testing	1
Trabau Alpha	2	Terman Vocabulary	1
New York Latin Achiev	1	Trabau Completion	2
Psych-Ed. Clinic	7	Public School Achieve	6
Thorndike McCall Rd.	15	Stanford Classification	1
Woody-McCall Mix Fund	9	Woody-McCall Arith	18
Williams Reading	9	Wallin Achieve Test	1

Table XV

Vocational tests used by forty-seven psychological
clinics and sixty-four psychologists 31

Test	No. clinics using	Test	No. clinics using
Arthur Scale Perform	1	Brewers Scale Perform	1
General Elect. Series	2	Healey Picture Complet	2 1
Kelly Construction	2	Minnesota Mech	1
Mac Cuirrie Mech	1	Porteus Maize	1
Stenquist Mech	27	Sea Shore Musical	3
Loop Girl Assembly	7	Great Assembly	1
Thurstone Typing	1	Termans Clerical	2
Detroit Mech	1	Furgeson Formboard	1
Home Ec. Series	1	L.E.R. Tests	7
Khnox Blocks	1	Mansons	1
O Connors	1	Stenquist Box Assembly	13
Schutte	1	Strong Interest	1
Thurstone	1	Thurstone Clerical	4
Termans Assembly	3	Vocational Interest	1

Table XV

Other tests used by seven psychological clinics and
sixty-four psychologists 31

Test	No. clinics using	Test	No. clinics using
Ascendence Submission	1	Army Performance	1
Coalgate Personality	1	Emotion	1
Purfey	3	Haggerty Ill	1
Healey Tapping	3	Kent	1
Kitson	1	Memory Test	1
O Connors	1	Porteus	6
Phy.Ed.Test Gen.Inf.	7	Speech	1
Tender Emot.Insight	2	Woodsworth Wells	1
Association	3	A.S.Reaction	1
Chicago Personality	1	Extrovert Introvert	1
Geo.Wash.Univ.Interest	1	Harbredders Scale	1
Healey Completion	3	Kent Rosanoff Assoc	5
Lang.Assoc.	1	Mass.Social Intell.	1
Pitner Patterson	1	Pitner Steops	1
Rorschach Psy.Diag.	1	Stanford Revision	1
Watson Sur.of Opin.	1	Woods Math.	1
Allports	3	Bernreuter Person Sch.	1
Downy Will Profile	2	Ferguson Formboard	1
Goodenough Draw.Int.	2	Hielbbronners	2
Jungs Association	2	Thurston Emot.& Stab.	3
Suggestion	1	Personality Inventory	1
Pressey O.X	6	Kelly Trabue Sent.Comp	2
Mathew Reading	1	Woodsworth Mathew	4
New York Literary	7		

Table XVI

Time given to research by clinical psychologist
teaching in universities

Time given	No. of cases
None-----	9
20 % -----	34
20-39 % -----	7
More than 50 % -----	8
Not stated -----	6
	Total -----64

Table XVII

Clinical professors teaching in a college and
university and the type of courses taught.

Number of professors teaching in colleges or universities 25

	Name of course taught
General	Education
Child	Speech
Testing	Social Psychology
Mental Hygiene	Remedial Teaching
Behavior	Clinical Psychology
Personality	Experimental Psychology
Individual Differences	Abnormal Psychology
Vocational Guidance	

These tables were arranged by the writer from a summary
of a study made by Clara Towns on the Status of Psycho-
logical Clinics in the United States for the eastern states.

Table XVII

The training of students by psychological clinics

Group I	Psychologists engaged in a fully organized clinic			
	No. of cases	45		

Are students trained:	Yes	26	No	15	Not stated	5
-----------------------	-----	----	----	----	------------	---

Group II	College instructors doing well organized work			
	No. of cases	32		

Are the students trained:	Yes	24	No	2	Not stated	9
---------------------------	-----	----	----	---	------------	---

Group III	University and college professors doing a certain amount of demonstration and testing			
	No. of cases	20		

Are students trained:	Yes	10	No	1	Not stated	9
-----------------------	-----	----	----	---	------------	---

Group IV	Personal directors and consultants			
	No. of cases	8		

Are students trained:	Yes	2	No	2	Not stated	4
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This table was arranged by the writer from a summary of a study made by Andrew A. Brown on the Status of Psychological Clinics in the United States for the western, mid western, southern and south eastern states. 36

Table XVIII

The age range of clinical psychologists

Age range for Eastern United States

Age range from 20-60 years, Median age 35 years. 58 cases

Group I Professors doing work in a fully organized clinic
33 cases

Age range from 20-54 years. Median 32 years

Group II College instructors doing well organized clinical
work 30 cases

Age range from 29-69 years Median 40

Group III University professors doing a certain amount of
demonstration and testing 9 cases

Age range 29-69 years Median 42.5 years

Group IV Personal directors and consultants 8 cases

Age range 35-54 years Median 39.5 years

This table was arranged by the writer from a summary of a study made by Andrew A. Brown on the Status of Psychological Clinics in the United States, for the western, mid western, southern and south eastern states. (36)

Table XIX

Distribution of sex of clinical psychologists

Sex distributions for eastern states	No. Male 19	No. Female 45
<hr/>		
Sex distribution for the Western, mid Western, Southern and South Eastern States		
Group I Psychologists doing work in a fully organized Clinic No. of cases 45		
Distribution:	No. Male 9	No. Female 35
<hr/>		
Group II College and university professors doing well organized clinical work. No. of cases 32		
Distribution:	No. Males 20	No. Females 12
<hr/>		
Group III University and college professors doing a certain amount of demonstration and testing. No. of cases 8		
Distribution:	No. Males 17	No. Females 3
<hr/>		
Group IV Personal directors and counselors No. of cases 8		
Distribution:	No. Male 3	No. Female 5
<hr/>		

This table was arranged by the writer from a summary of a study made by Andrew A. Brown on the Status of Psychological Clinics in the United States, for the western mid western southern and south eastern states. (36)

and evaluates these facts by its own method. Clinical psychology is, however, very closely related to the fields of medicine, sociology and pedagogy, as well as psychology proper. (3) (38) (49) (43)

H. Difficulties and Criticisms There are many barriers and criticisms confronting present day psychological clinics. The chief barrier is the antagonism which exists between a few of the medical men and a limited number of the clinical psychologists. They criticize each other for being superficial in the knowledge of the other's profession. Medical people claim that psychological clinics are not needed; and that the medical field can easily provide for the work. Clinical psychologists believe that physicians are not well enough grounded in psychological knowledge; and are not sufficiently trained in the art of administering mental tests and summarizing the results of findings. Psychologists also feel that medical experts have enough to keep them busy in their own field, and have no extra time to give to the work of psychological clinics. Many physicians are radically different toward the work of psychological clinics. They

(3) Op.cit. p. 1

(38) Op.cit. p. 2

(49) Op.cit. p. 6

(43) Op.cit. p. 37

will not cooperate even when such cooperation would be beneficial to both professions, and to those submitted for treatment.

Clinical psychologists often find that superintendents of schools, principals, and teachers fail to cooperate. These individuals do not always appreciate and carry out suggestions made by the psychologist. Not a few are jealous of the psychologist's abilities and insist that they are also qualified to examine children. Some teachers refuse to make reports concerning the mentally abnormal children of their school. They are afraid that parents might condemn them for doing so. It has also been reported that a few principals fail to give complete reports and accurate data, unless pressure is used upon them.

Psychological clinics would no doubt have a wider patronage if people in general were better informed concerning their location, advantages and accomplishments. Neglect of publicity often means a corresponding lack of interest on the part of the public. (24) (19) (29) (31)

Practically every clinic has a few hopeless cases to care for. It is a problem to know where best to send

(24) Op.cit. p. 6

(29) Op.cit. p. 9

(19) Op.cit. p. 10

(31) Op.cit. p. 9

such patients and how best to provide for them.

Clinics find it difficult to labor successfully when work of the special classes is not supervised and cared for according to their specific directions. Thus needy children cannot have the type of training that has been recommended for them by the clinic.

It has been suggested by critics of the clinic that the clinical workers are deficient in knowledge pertaining to certain phases of their work. It is said that some psychologists are able to diagnose their cases but cannot suggest beneficial treatment. (31) (33) It is further contended that clinical workers are allowed to administer tests and score them without sufficient knowledge. The probable error of testing is extended to a degree large enough to make accurate placement of children almost impossible.

It is also contended that too small an amount of child study and research work has been done to enable the psychologist to ably understand his field. (16) (31) (33)

Another objection some critics advance is that clinics are too expensive. This objection is particularly given in connection with the public schools.

(16) Op.cit. p. 3

(31) Op.cit. p. 9

(33) Streckner, Edward A. Mal behavior viewed by an out patient mental and nervous clinic Men. Hyg. 15, 1921; 225

I. Appreciation and Accomplishments Since the development of the first psychological clinic in Philadelphia in 1896 considerable work has been accomplished by the psychological clinic movement. Much appreciation has also been shown on the part of those interested in education.

It has been pointed out by educators and psychologists alike, that the clinical method of providing for mentally defective children is far less expensive than the old method. The old method allowed mentally unbalanced children to remain in school with normal children. The repeating of grades is eliminated to a considerable extent, because of the clinical method.

With the aid and advice of the psychological clinic many children can be cared for in the home. Who would otherwise find it necessary to enter an institution for mentally defectives. Each individual cared for in such an institution creates a cost ranging from \$1,000 to \$1,500 per year. Many communities are very appreciative of this saving.

Much enthusiasm has been aroused by the human and more intelligent public over the progress made with mentally abnormal children through the efforts of the psychological clinic. Such people have been led to realize their responsibility in helping provide sufficiently for their unfortunate people.

Thousands of children have been trained to work through the clinic. They have become useful and efficient citizens. Had it not been for the help and advice they received they might have become the worst type of criminals. Psychological clinics have, therefore, added to their accounts, not only a saving in dollars and cents but also much in human happiness and efficiency. It would be almost impossible to mention the various accomplishments of the psychological clinics. The movement has to its credit approximately 150 clinics. Scores of clinical psychologists have carried on valuable research studies pertaining to child study and mental deviations. Through the means afforded by psychological clinics thousands of patients have had their cases diagnosed and have received remedial treatment. Clinical psychologists have given much time and thought to making and revising mental tests. Hundreds of young men and women have received special training which has prepared them to become efficient workers in the interests of psychological clinics and of the human race generally. (23) (3) (4) (19)

(23) Op.cit. p. 6

(3) Op.cit. p. 1

(4) Op.cit. p. 6

(19) Op.cit. p. 10

CHAPTER IV

PRESENT DAY TRENDS AND AIMS

Clinical psychologists believe in making a better civilization and in increasing happiness and human worth. In order to do this they must carry on a program of prevention as well as that of cures. Such a program calls for well trained workers. One of the aims of psychological clinics today is to provide more wisely for its future by training with greater care, larger numbers of men and women to enter its rank. (16)(23)(24)(38)(49)(29) Past attempts show a deficiency in this respect.

Even though the clinical psychologist of the past gave considerable time to research it is predicted that the future will require more of his time in this phase of endeavor. The field of clinical research is divided into two phases: that of mental disorder and mental instability and mental deviation. The clinical psychologist is interested primarily in mental deviation. Private and

(16) Op.cit.p.3

(23) Op.cit.p.6

(24) Op.cit.p.6

(38) Op.cit.p.2

(49) Op.cit.p.6

(29) Op.cit.p.3

public institutions for the insane are acting as a center for clinical research. Research is filling and must continue to fill an important place in the development and work of psychological clinics.

Many psychologists and a few physicians are advocating better cooperation between the medical profession and the staff of psychological clinics. No doubt, such an agreement would mean much to the future development of
(43)(45)(33)
both professions.

One of the most outstanding aims of the psychological clinic is to prevent crime. It proposes to relieve the situations by detecting mentally unbalanced individuals while they are still children; discover the degree of their mental abilities and prescribe treatment according to needs. It also proposes to educate the public concerning the vast amount of crime, reasons for its developments and the best methods for coping with it. Such a program of prevention would provide for segregation of mentally abnormal children. With such an agreement normal children would not be likely to become retarded in school work. An opportunity for the absorbing of bad qualities would

(43) Op.cit.p.37

(45) Wells, F. L. The Status of Clinical Psychology
Men.Hy. 16:11-22 1922

(33) Op.cit.p.24

(19)(4)(28)
 be greatly diminished. They also favor this plan because it places the mentally deficient children in classes commensurate with their ability. Thus they receive instruction and help according to their natural standards of ability. (23)(29)

Much of the present day crime is committed by mental deviates who have never been trained to do any kind of work. They are driven to this means of making a livelihood because they have no employment. Psychological clinics are stressing vocational training for mentally slow children in order that they may become financially independent when they reach adulthood. (23)(24)(40)(29) It is the belief of some psychologists that more adequate provision should be made for the mentally abnormal children coming from good homes. As conditions are such children receive little help from clinical sources. Such help often places them in embarrassing positions, socially.

A few clinics are specializing in teacher-training.

(28) Op.cit.p.9

(4) Op.cit.p.6

(19) Op.cit.p.10

(23) Op.cit.p.6

(24) Op.cit.p.6

(49) Op.cit.p.6

(29) Op.cit.p.3

(40) Watson, Goodwin Psychological Clinics at Teachers College, Columbia Men.Hy. 17:345 1933

They prepare teachers for special classes by helping them plan courses for mentally abnormal children, teach them psychological characteristics of such children, and how best to assist in such cases.

Some psychological clinics feel they have been guilty of having given too much time to mentally deficient children while neglecting the mentally superior child. They are, therefore, recommending that psychological clinics devote more time to the superior child. ⁽²³⁾⁽⁴⁹⁾⁽⁴⁰⁾ They also advise giving more time for work and study on the college level.

A. Probable Future There are two ways of dealing with delinquent children. One way is to discharge children from school who finally find themselves in courts. This institution usually sends them to institutions for delinquents and defectives. A few are placed in homes and reformatories for short periods of time. When age permits many of them enter prison and face either death or long sentences. The few who do not come before the courts and who do not find their places in the above mentioned institutions usually are found bound steady-fast in habits of idleness, hoboism, prostitution, and illegitimacy. Another way is to seek the advice of the psychological clinic and in that way determine what is most worth while

(23) Op.cit.p.6

(49) Op.cit.p.6

for them. This arrangement provides for special classes field agents, and wage earning colonies. After a period of special training and advice by such institutions these children are generally ready to take their place in the world and become useful citizens. (4)(29) It is the belief of the psychologists generally that to provide for such a program is the only reliable means at hand for dealing with a crime wave of the nation. Before such a program can be fully sponsored people in general will need to be educated to its need and values. When this is accomplished mentally unbalanced children of the future will receive more attention. They will reach adulthood feeling they too have a worthwhile work to perform. Society will not be burdened with having to support large numbers of them. (16)(24)(1)(3) The crime wave will be lessened. It will become inconceivable that the past once upon a time, treated its mentally unbalanced children as it did.

(4) Op.cit.p.6

(29) Op.cit.p.3

(16) Op.cit.p.3

(24) Op.cit.p.6

(1) Op.cit.p.1

(3) Op.cit.p.1

CHAPTER V

SUMMARY AND CONCLUSIONS

Present Day Needs of Psychological Clinics

The need for psychological clinics in the United States is greater today than ever before. ⁽³¹⁾ The strain and economic uncertainty of modern life following the world war is weighing heavily upon the nervous capacities of American youth. Many are not able to withstand these disconcerting factors and fall beneath them. The truth of this statement cannot be denied, but it need not to have been so glaring had adequate means of finding and aiding needy individuals been employed while they were still children. Even though psychological clinics have developed rapidly during the last quarter of a century they ⁽³¹⁾⁽¹³⁾⁽²³⁾⁽²⁵⁾⁽⁴⁰⁾ are only beginning in meeting the needs of our times.

A. Mental Moral and Social Problems People in general are not aware of the tremendous numbers of mental, moral and social problems facing our country. For this reason we are lacking in personal equipment with which to meet

(23) Op.cit.p.6

(25) Op.cit.p.9

(4) Op.cit.p.6 —

(40) Op.cit.p.10

(19) Op.cit.p.6 —

(13) Furbrush, Edith Social Significance of Demena Precoc
Men.Hy. 6:31 1920

(19)(4)
the crying need.

In 1920 there were 232,690 persons in the United States suffering from some form of mental disease. It is claimed that half of the more serious causes of juvenile delinquency have a psychological or personality aspect. The psychopathic laboratory of the police department of New York City recently made a study in 1922. This study revealed that of 502 select cases 58 % suffered from some nervous or mental disorder. During the year 1922 there were one million school children in the schools of New York. Of this number 45,000 were diverted from the main current because of mental deficiencies. Many of these children were excluded from the school at an early age and forgotten. A small part of the total number was provided with training through the schools. By means of the psychological clinic they were placed in classified groups. The majority of such cases reached the courts at a comparatively early age. A few find periodic employment; others drift into idleness which leads to prostitution, illegitimacy, and hoboism. (1)(4) The courts see to it that a limited number of such children find homes with responsible families or institutions. These homes provide helpful training. Often, however,

(19) Op.cit.p.6

(4) Op.cit.p.6

(1) Op.cit.p.6

this training comes too late to counteract the evils that have become a part of the child's life. It is estimated that twelve per cent of such children reach prison. For a number of them this means death. ⁽²⁸⁾ What is true of New York state is true of other parts of the country. (see tables XX, XXI, XXII,) Anderson declares,

"We cannot afford to waste human material in such a manner or allow other human beings to cause waste to other human beings of the country."

Wallin claims that of the total Elementary School enrollment of the public schools of St. Louis 94% are mental deficient.

B. Source of Needs During the year 1919 the Waverly Clinic of the state of Massachusetts thoroughly examined 379 patients. ~~These~~ cases were referred to the clinic in the following manner; social workers 98 cases; physicians 75 cases; parents 629 cases; school officials 36 cases; hospitals 24 cases; and courts 17 cases. These patients came from various social levels. A few, however, came from good families with no previous record of hereditary defectiveness. ⁽⁴⁾ (see table XXII)

C. More Adequate Provision Needed Where provision is adequate, mentally deficient children are removed from the regular school and placed in special classes. In

(28) Op.cit. p. 9

(4) Op.cit. p. 9

Table XX

Intelligence diagnosis of 1,965 consecutive school cases examined from September 1914 to June 1910 by the St. Louis Psycho-Educational Clinic.

	Total No.	Boys	Girls	
Normal	68	3.4;56	5.9;12	2.1
Retarded	101	5.0;83	5.8;18	3.1
Backward	568	23.3;449	31.4;118	20;0
Borderline	522	26.1;382	27.1;140	27.4
Diagnosis deferred	37	4.3;57	4.0;30	5.3
Mentality undetermined	6	0.3;4	0.2;2	0.3
Morons	371	18.5;231	16.4;140	27.4
Imbeciles	235	11.7;134	9.5;101	17.8
Idiots	8	0.4;5	0.3;3	0.5
Total feebleminder	614	30.7;370	26.2;244	41.3

"These psychological examinations were made by the same person and cover a longer period than others."

This table was taken from: The Problems Confronting a Large Clinic in a Large Municipality; By J.E.W. Wallin; Men.Hy. 4:115 1920

Table XXI

Boston Psychopathic Hospital and Out Patient
Department Oct. 1, 1915- Sept. 30, 1916

Reasons for First Visit

	No. of cases
Questions of insanity	94
Questions of mental defect	474
Psychoneuroses	152
Alcoholism	45
Drug habit	7
Speech defect	66
Sex offenses	41
Juvenile delinquency	209
Psychopathic hospital	220
Other hospitals	30
All other cases	100
Total	1485

Number of new patients each week

	1915	No. of cases
October		113
November		124
December		111
	1916	
January		115
February		128
March		160
April		143
May		146
June		137
July		105
August		93
September		110

Number of visits each month

	1915	No. of cases
October		679
November		740
December		678
	1916	
January		715
February		756
March		796
April		795
May		938
June		780
July		757
August		872
September		775
Total		9261

Table XXII

Boston Psychopathic Hospital Out Patient Department
October 1915 to September 30, 1916

New Patients	Male	Female
Adults-----	318-----	562-----
Adolescents-----	94-----	110-----
Children-----	338-----	151-----
Infants-----	4-----	8-----
Total-----	654-----	831-----

Table II

Source of Visits

Public agencies	
Courts-----	97
Schools-----	69
Other hospitals	
Physicians-----	155
Social service departments-----	38
Charity organizations	
Private-----	38
Public-----	364
Individual	
Physicians-----	104
Miscellaneous-----	40
Other institutions-----	168
Psychopathic hospitals	
Wards-----	220
Social service departments-----	193
Total-----	1485

This table constitutes a report by Miss Mary C. Garret, chief of the Social Service Department.

these classes they receive training to commensurate with mental abilities. Often by means of this training they become self supporting and contented citizens. On the other hand if allowed to remain in school, as the majority of them do, they not only have a demoralizing effect on the other children but lose their own opportunities for development. (18) (29) (33)

In many respects the method of providing for the mentally defectives is inadequate. Persons with various types of diseases are thrown together. The already sensitive person, sees others worse off than himself, visualizes that he may be like them some-day. The public is too disinterested to realize the seriousness of the situation. Part of the future program must involve the stimulation of a new and active interest. Without doubt, many of the above mentioned problems would not exist, if there were a sufficient number of psychological clinics to provide for the nation's mentally abnormal children. (25) (46) A survey in 1921, shows that any child in the public school, private school, or college who had had psychological counsel, was

(18) Op.cit. p. 6

(29) Op.cit. p. 3

(33) Strecker, Edward Mall Behavior Viewed as an Out Patient Mental and Nervous Clinic Men. Hyg. 15, 1921; 225

(46) Watson, Goodwin Demand for Psychological Counsel Men. Hyg. 15, 1931; 542-549

(25) cit. p. 6

in the lucky tenth of the nation's population. At present there is a tremendous demand for "psychological clinics" to work in connection with schools, hospitals, courts, and social institutions.

D. Summarization of Major Facts Revealed in Study

The need for psychological clinics grew out of the enforcement of compulsory education laws. The immediate result of law enforcement led to greater interest in child study and the development of mental tests.

The result of mental testing in the army had a far reaching effect on civil education. The army testing program threw the spotlight on the numerous moral and social deficiencies of our population. Educationalists and psychologists became interested in trying to find the cause and possible cure for these deficiencies and began examining school children by means of mental tests. The institutions through their work became known as psychological clinics. The result of their work culminated in the founding of many boys and girls suffering with abnormal psychological characteristics. These pupils were attending public school and trying to do work with normal children. The psychological clinic suggested that special classes and treatment be provided for these unfortunate children.

The early clinical leaders included Witmer, Hewey, Goddard, Terman, Kuhlman, Wallins, Tanner, and Dawson. Almost all of these men were students of G. Stanley Hall

and William H. Burnham.

The first psychological clinic was established in 1896, at the University of Pennsylvania through the instrumentality of Witmer. The second psychological clinic was founded by R. L. Willie in 1898 at Fairbault Minnesota.

Psychological clinics grew slowly at first but since 1912 they have rapidly increased. In 1927 there were seventy psychological clinics in the United States. Since that time the list has become very long.

The psychological clinic ordinarily works through public schools, private schools, bureaus of child-welfare, state hospitals and social service organizations.

Because of the increase of mental, moral, and social problems in the United States, there is a greater need for psychological clinics than ever before. Psychological clinics should have better means for making more adequate provision for their work.

Clinics should be located where the need is greatest and in an environment of beauty, quiet, and space. There should be at least three rooms, each with special equipment.

Psychological clinics are supported by the aid of funds from private sources, city levies, fees, Federal Government, community chests, and a number of other sources, including the churches, trade clubs and lodges.

The staff of a psychological clinic is composed of a social worker, recorder, helper, and psychologist. Each

has his own special work. The demand for trained psychologists is greater than the supply. The efficient training of students to become clinical psychologists of the future is an important phase of the clinical work. The clinical psychologist must have had training and experience that will enable him to diagnose a case correctly and give the patient sound advice.

The age range for clinical psychologists is from 20-60 years. There are more women psychologists working in a fully organized clinics than there are men.

The minimum salaries for clinical psychologists who work in an organized clinic is from \$1,200 to \$2,400 per year. The maximum salaries range from \$2,800 to \$4,000 per year.

Tests most frequently used by clinical psychologists include The Stanford Revision of the Binet, Pintner Paterson Intelligence, Stenquist's Mechanical, Aptitude Porteous Maze, Stanford Achievement, Gates Reading, Goddard Form-board, Khulman Anderson Intelligence, Otis Intelligence, Stenquist's Box Assembly, and the Army Alpha.

Clinical psychology is closely related to the fields of medicine, sociology and education.

There are many criticisms and difficulties confronting psychological clinics. School administrators do not always cooperate with clinical psychologists. Psychological clinics are not always well advertised. Occasion-

ally work of special classes is not well provided for by special schools. A few of the clinical workers are not well trained. The clinic should provide for more child study and research. Some critics maintain that psychological clinics are too expensive.

The psychological clinic has trained thousands of mentally abnormal children, to do some type of work, useful to themselves and others. By doing so it has prevented much crime and helped unfortunate people to be happier. In preventing crime and waste of human effort it has saved the nation large sums of money. The psychological clinic has provided men and money which in turn have been used in the interest of child study and research. There are approximately 150 psychological clinics in the United States.

E. Conclusions and Implications One of the chief aims of psychological clinics is to prevent the development of mental deviates. In order to accomplish this aim clinics must (1) secure better trained staffs, (2) do more research, (3) sponsor better cooperation between the clinic and the medical and educational professions, (4) obtain more substantial aid to care for greater numbers of mentally abnormal children, (5) educate the public of the seriousness of not providing wisely for the delinquent child, (6) provide more carefully for the mentally abnormal children coming

from good homes and (7) arrange for greater amount of teacher training concerning special clinical courses.

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