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THE NEED FOR SOCIALIZING COURT PRO-
CEDURE IN COMMITMENTS TO THE
STATE TRAINING SCHOOLS FOR
THE FEEBLE-MINDED¹

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With attention focused on community care of the feeble-minded there has been less interest in commitment to state training schools and a tendency to ignore, or temporarily forget, the problems of the large group of deviates who have to be institutionalized—many of them only temporarily for training or adjustment, others permanently—but in either event adjudication is necessary and it is often at this point that trouble occurs. The difficulties of caring for the feeble-minded are great enough without failing to act upon recommendations when a plan has been found. Commitment in enlightened communities, at least where they have facilities for competent examination, is never recommended except as a last resort and only when the patient has proved himself unsuited for supervision in the community. It often happens that although recommended for commitment and the consent of all parties has been obtained, the patient never gets to an institution, continues to be a serious neighborhood problem and interferes in the work with all the other members of the family or group. Social agencies constantly complain about the hopelessness of the situation and many have become discouraged, occasionally feeling that it is quite useless to have mental defectives examined when there appears to be no solution with the courts and medical profession apparently so indifferent and public opinion quite uninformed.

The situation in Michigan is typical apparently of the entire country. While the law provides all the necessary machinery for commitment AFTER the matter is brought to the attention of the probate court, there is no provision for investigation of cases and follow-up work. The clerks are dependent upon the statements of the applicants and the contestants, sworn to but quite often unreliable, due to family prejudice and lack of knowledge, even when made in good faith. There

¹The writer wishes to acknowledge her indebtedness to Miss Sylvia Goodman, psychiatric social worker and the present clinic representative at the probate court, for preparing the summary and verifying the case records necessary for this report.

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are numerous steps in the procedure, each one simple enough in itself, but unless the entire sequence is completed, a case is not disposed of as originally petitioned by the applicant and may not even be brought up for hearing. Investigation shows that cases drop out at any of the steps and are lost or dismissed, it being the court's policy to regard cases which are incomplete or wrongly entered as needing no care, preferring to err on the side of more community care than too much institutional care, on the assumption that the patients will eventually reappear if troublesome. With no facilities for following through the cases this is a practical position to take and a safe ruling, but there is no provision for the notification of the applicant or social agency interested in the case. All steps after the filing of the petition are purely legal, arranged for through the clerks of the probate court and ordinarily out of the hands of the social agencies, although workers may have access to the records under special conditions and it is possible to follow a case through if one is sufficiently interested to go to the trouble. Between the heavy dockets which delay hearings and the long waiting list for admission to state hospitals, both of which give the impression that cases cannot be cared for sooner, it is easy to get into the habit of waiting for returns only to find that there has been some mistake and the case has been lost or dismissed because there was no one there to represent the patient, necessitating the filing of a new petition with the possible repetition of the former difficulties.

This court, not being an exception, is also guilty of slips and inaccuracies, some of which are probably unavoidable due to the pressure of the work and the fact that so much of the work is detailed. Some of the inaccuracies, however, are undoubtedly the result of carelessness, especially in the cases where the physicians have not been notified of the date of hearing or addresses given to the sheriff for service are incorrect. In addition, there are the failures to enter orders for the transfer of patients to institutions and the faulty certification on the part of physicians. The latter appears to be due to the appointment of physicians unqualified for this type of work. The court itself has commented on this faulty certification and it is frequently necessary to appoint a third physician following disagreement on diagnosis or failure on the part of the physicians to make a report which is of any value to the court. According to the law any practicing physician is eligible for assignment by the court and it is not specified that he know anything about nervous or mental disease. It frequently happens that the certificates are meaningless and fail to offer any assistance to the court or family.

The long waiting list for state hospitals adds further confusion. Community care has to be continued and temporary plans to meet this emergency have to be developed. The families and patients have often been persuaded to accept commitment only after weeks of conferences with relatives and the social worker on the case. Before a vacancy occurs they often become discouraged or change their minds, necessitating a second period of persuasion which means that someone must be present to undertake it, otherwise the notice will be ignored, the vacancy dropped and the patient remain at home. There is no social service department connected with this court and matters pertaining to the release of patients or notification of vacancy do not receive the attention they require. In regard to vacancies in institutions, the only notification families receive are letters inviting them to the probate office for assistance in arranging for the transfer. Should this letter fail to reach the family or should they fail to respond within the required time, the vacancy is automatically dropped. These notices are sent to the family through the probate court and not to the worker on the case and resulted in a loss of 19 per cent of transfers of cases known to social agencies checked for a two-year period.

Similarly, in matters of release and vacations, no investigations are made and although nothing may be known about the case except what is reported by the petitioner, patients are frequently released without even consulting the agencies' records. The court as yet has not the social viewpoint. This is particularly noticeable where there has been no delinquency and the fact that a child is not receiving proper care due to neglect or is in need of training which cannot be given at home, receives little consideration. On days when the docket is heavy it is not unusual to see cases dismissed on the mere request of the opposing parties. Decisions are often influenced by the presence of an attorney who may or may not know the case.

The only solution appears to be in having a representative present at the hearings who knows enough of the legal aspects to conform with the requirements but with the social sense and knowledge of the case sufficient to present it clearly, convincingly and without prejudice. The court must have confidence in the representative's judgment, which comes only with experience. Much also depends on the attitude of the presiding judge.

The problem, however, is not being met. Neither the probate court nor the state institutions have departments to care for this service. According to law no patient can be received without a history and admissions are held up waiting for these, but the court has no way

to secure such histories. The institution sends history blanks to the families when they can be located, but in many instances, when found, they cannot fill out the blanks. Admission also depends on vacancies in the cottages and without definite knowledge of the types committed it is difficult to make the assignments. With no conformity in certification neither the court nor the institution can handle the transfers intelligently. The waiting list is so long that in the time that elapses between the commitment and transfer, many addresses are changed and letters of notification go astray. Without a worker to find and notify the families when notice of vacancy occurs, many a child loses his place as his name is automatically dropped at the expiration of twenty days. Records show that in a three-year period 14 per cent of the cases were lost in this way even when the work was being cared for by a central bureau, where every effort was made to keep the addresses up to date.

Vacations and releases present an equally serious problem under the present scheme of things. Vacation privileges may be granted by the judge of probate, county agent or superintendent of the training school. Because of the distance, expense of transportation and difficulty of letter writing, it has developed that most families go to the probate court with their applications for vacation rather than to the superintendent of the hospital which is generally in the country. The court has no facilities for making home investigations, their files contain no social histories, and whether or not a petition is granted often depends largely on the impression made by the applicants without any reference to the facts that led to the commitment or the family's ability to provide for the child. Moreover, there is no means of checking up to see whether the child is returned to the institution at the expiration of the vacation period. A case in point is that of the C. family. The mother and father were both imbeciles, the five children were all defective and so low grade as to be barred from school. They were truant, delinquent and general neighborhood nuisances. The family was known to all the social agencies in Detroit, having been city charges for many years. The children were committed and transferred to the state training school only after three years' work with the family. At the Christmas holidays the father petitioned the court for vacations, which were granted without investigation. It took a little over eleven months and the combined efforts of the child-caring agencies, the school, the board of health and the juvenile court clinic to get the five children back into the state school and they had acquired a new record of school and home truancy, general incorrigibility, petty larceny and neighborhood

delinquency. Investigation before granting vacations would prevent enormous expense to the community and needless duplication of effort, but with no machinery to handle the work it is customary for the clerk of the court to sign vacation blanks without investigation or communication with social agencies registered on the case and it frequently happens that families take advantage of this, especially where they have opposed commitment. The agency responsible for the commitment knows nothing about it until the patient gets into trouble and is again in juvenile court or applying for relief as in the family just cited, which is by no means an exceptional case.

No provision is made for the care of patients pending transfer to institutions and because of the crowded conditions and consequent long waiting lists, vacancies often do not occur for a number of months and sometimes years. This is particularly true of the state schools for the feeble-minded, and appeals are constantly being received for early admission, especially from child-caring agencies who have difficulty in placing children of this type. Although a few of the more pronounced cases of mental disorder are confined in the psychopathic ward of the city hospital, defectives cannot be cared for in this way. A few of the delinquent defectives, however, are held at correctional institutions pending transfer, but the large majority are entirely uncared for. Not infrequently it is necessary to detain in the juvenile detention home until vacancies occur those delinquent defectives not eligible for commitment to correctional institutions or care in the community. This arrangement is most unsatisfactory, however, because of the large number of inmates, the inadequate facilities and inability on the part of the supervisors to give this group the individual attention and type of care they require. As a result they form a disrupting element in the wards, which often leads to their segregation and isolation, making conditions even more unsuitable and disagreeable for them as they are left without supervision or employment.

Realizing the seriousness of the situation and hoping to convince the state and the county of the need of better service in the form of a department definitely detailed to handle all problems related to state care of the feeble-minded, the juvenile court of Detroit loaned such of its psychopathic clinic staff as was necessary to the probate court for three years and a program was worked out whereby every patient committed to the training school was checked up and registered, a home investigation made, a family and personal history taken—copies of which were forwarded to the training school—and applications for commitments, notices of vacancies, arrangements for transfers, dis-

putes over recommendations, disagreement in diagnosis, and all questions of vacations, releases and parole, were referred to the one department, making the clinic a central bureau where there were complete records on file and registration of all certified cases in Wayne County. All contacts were recorded so that anyone, whether an individual, court officer or an institution worker, could get this information and a case summary at any time. Moreover, the families of the patients themselves could have their questions answered and do all of their business in one place, which resulted in less confusion and misunderstanding. Friendly relations were established and better co-operation all around was possible.

As a means of facilitating the procedure in the probate court and for the purpose of advising and assisting patients and their families in such matters, a worker was designated to follow through all commitments. The primary interest was to serve the patients and their families, but also the certifying physicians, social agencies, institutions and the court if they wanted assistance.

The service to the patient and family included a detailed explanation of the court procedure and their responsibility in the matter, assistance in the filing of applications, personal service by the worker wherever members of the family were particularly difficult or inaccessible to the sheriff, information in regard to institutions, notification of vacancies, transfers and releases, and assistance in arranging for vaccination. The worker was also present at each court hearing and in addition to filing a report of the clinic's contacts, diagnosis and recommendation, testified whenever the family was unable to appear or where there was marked language difficulty. Matters were facilitated by having the worker assume all responsibility from the time the application was filed to the time of the patient's admission to the institution. The family was thus relieved of caring for unfamiliar details which otherwise would often not be properly effected or result in some unnecessary delays and possibly unsatisfactory dispositions, as was illustrated in the case of V. W., a girl of sixteen, who was recommended for observation but through misinterpretation of the medical reports the case was dismissed although the application had been filed by the mother and certifying physicians had recommended commitment. The certificates had previously been read by the worker who was following the case and it was possible, after a short conference, to have the decision reversed.

Service to the certifying physicians consisted mainly in giving information in regard to the patients, including a summary of the

clinic's or court's contacts with the family, the home situation, the earlier diagnoses and recommendations, the results of physical findings wherever possible, and the essential reasons for the filing of the application. Where families were so unco-operative or antagonistic as to evade contact with the court, an effort was made either to accompany physicians to the home or arrange for the patients to be brought to the physician's office. Information in regard to the attitude of the family, their reliability and habits, tended to eliminate any prejudice on the part of the physicians, especially in regard to the motives of the petitioner. As these court examinations are for the most part of the cursory type, this additional information was probably of value in helping the physicians in their recommendations. This is particularly true in the cases of high-grade, defective delinquents, who frequently make a rather strong appeal because of their superficial alertness and ready promises of good behavior in the future—especially if it is the delinquency that has precipitated the filing of the application. A case in point was that of T. G., an unstable, feeble-minded girl, twenty years of age, who had formerly been a patient in four of the state and county hospitals. She had been a sex delinquent at the time of her first commitment, and had continued to be promiscuous after her parole. Because of difficulty in getting on with her father, her irregular employment, sex irregularities and the possibility of spreading venereal disease, the mother made application for re-commitment, but at the court hearing the patient appeared with a number of friends to testify in her behalf and the case was dismissed at her request. Application was again filed by the mother two months later, but the case was continued for a month because the mother, although she had filed the petition, concealed the girl whenever the physicians called, and they were unable to make any examination. This family had had many contacts with the juvenile court clinic, where there was a long record on file which was then given to the physicians and arrangements were made for examination at the clinic. Both physicians recommended institutional care and in spite of the mother's opposition, the patient was committed. This young woman makes a rather favorable impression with her child-like face, attractive manner and superficial alertness, and she made such a strong appeal to an attorney in the neighborhood that after the court hearing he again brought the case to the attention of the judge with the request that the decision be reconsidered. With no knowledge of her previous record and the favorable account of her conduct given by her and the mother, who had become panicky after filing the petition, it is likely that the physicians would likewise

have opposed institutional care had they not had access to a complete history which covered in detail the various problems presented by the patient and her family over a period of years.

The service to social agencies was chiefly in the form of consultations of an advisory nature with special assistance in matters of commitment and transfer of patients. The worker was also frequently asked by the agencies to interview families in regard to their attitude toward institutional care and in urgent cases to persuade them, if possible, to accept this plan. In the cases of children committed to child-caring agencies and recommended for institutional care by the juvenile court, the worker made all the contacts with the probate court and state training school, but in cases active with other agencies and not active with the juvenile court clinic at the time of the hearing, no testimony was given by the worker unless this was requested by the court or the agencies interested. However, a report covering the worker's contacts with the family, the diagnosis and recommendation made at the time of the clinic's examination, was always filed with the probate records for the information of the court. Following the hearing, all agencies interested in the patient were notified of the action taken; in this way they were kept informed of each change in status of the case.

The court also frequently asked for special social and medical investigations in matters of guardianship, releases and vacations from institutions and in cases where there was some disagreement among the physicians in regard to the diagnosis, or where the case appeared to be in need of more detailed investigation and study than could be made by the court. A very simple example of this was the case of N. G., a woman referred for investigation following the filing of a petition by a cousin for her removal as guardian of several minor cousins. Advice was requested as to the patient's ability to act as guardian and administratrix, and to determine, if possible, whether the complaints made by these relatives had basis in fact. The woman was examined at the clinic and found to be of sound mind. A complete investigation of the home and family situation was made; it was found that the children showed no evidence of neglect, and it was further brought out that the filing of the petition appeared to be the result of personal prejudice.

The figures for the three year period give some idea of the volume of work carried and also show a decided gain in the number of commitments and transfers. Four hundred and seventy-seven cases were followed through from the filing of the application to the issuing of the order of commitment, resulting in the commitment of 92 per cent (443) of the cases. Each case had to be re-investigated and checked

up when notice of vacancy was received in order to determine whether institutional care was still necessary. So much time had elapsed between the issuing of the order and the occurrence of a vacancy that conditions had changed in a good many instances. These investigations resulted in dropping 121 cases (18 had died, 8 had moved out of the state, 8 were in institutions, 21 were lost, and home conditions in 66 cases were found to be satisfactory and institutional care was no longer necessary) so that only 74.9 per cent (322) of those committed were finally transferred. When the work was taken over all unfinished cases of the preceding period were assumed. There were 157 of these which had to be re-investigated. All but 10 were located, 5 had moved out of the state, 7 had died and 5 were found to be psychotic rather than feeble-minded and the orders were vacated. Home conditions in 38 cases had improved or changed, making state care unnecessary. Through these investigations 69 vacancies were dropped and but 88 of the 157 were transferred. In summary, 600 commitments were obtained and 68.5 per cent (411) of those committed were transferred. Full histories of each of these cases were sent to the training school.

There were 409 petitions for vacation privileges. All cases were investigated and recommendations made. Seventeen and one-tenth per cent (71) of the petitions had to be denied because of unsatisfactory home conditions or bad family situations, which precluded satisfactory care of the patient. All other petitions were granted and supervision was given. Returns to the institution were also checked. Of the 217 petitions for release which were referred for investigation and recommendation, 78.3 per cent (170) were denied on the basis of the home findings. Sixty patients were recommended for parole and placed under the clinic's supervision. A detailed report of this phase of the work is now being prepared and shows some interesting results somewhat at variance with similar reports published by other workers in this field, probably due to local conditions in this section of the country.

The workers also assisted in the apprehension and return of 57 Wayne County patients who had escaped from the training school. In each instance a special effort was made to change the attitude of the patient to the institution and help him make his adjustment. It was not always possible to this, but several of these cases have since conformed and earned parole.

The hospitals and training school frequently asked for special investigations of home conditions, family situations, verification of

records and reports, on other Wayne County patients and also for the supervision of cases in readjustment problems. There were 92 of these requests, each of which helped to bring the institution nearer the community and vice versa with benefit to both groups apparently as each came to understand the other's problem better.

The judge of probate and clerks also used the service and asked for 30 special investigations of social conditions, economic status of families, neighborhood difficulties, and histories, other than those already prepared, for the court physicians.

On the basis of this experiment, it was apparent that the three groups handling this type of case, namely, the institutions, the court and the social agencies, should be brought into closer contact; while they have somewhat different needs, all care for the same individuals and could be served by a central organization.

The probate court needs some facilities for investigations upon receipt of applications and petitions, especially where there are neighborhood difficulties and domestic situations, also to determine whether the patients could be cared for at home or by responsible relatives under court supervision, thereby saving institution beds for the more urgent cases. Matters of guardianship also present a surprising number of problems. Relatives occasionally attempt to dispose of some member of the family by having him declared mentally incompetent and themselves appointed guardians. Without careful home and family investigations, it is often impossible to give a fair decision. A social viewpoint is absolutely essential in these matters. The problem of examinations is also important and there is a real need for better methods of handling this aspect of the work. Probably the cases that suffer most are the borderline, where it is important that a correct diagnosis be made early in order that the patients may be properly placed and treated. It often happens that cases of dementia praecox are committed to the state training school for the feeble-minded, old chronic psychotics to the state psychopathic hospitals, and persons suffering from mild or more recent breakdowns are sent to the county infirmary or the state hospitals for the insane, where the assignments should be reversed. Something is to be said for the examining physicians under the present arrangement. They are paid a very small fee, given little time to make their examinations and no help in locating the patients. Often the addresses given are incorrect or the patients are away at the time of the visit, necessitating several calls. Much of the work is neither interesting nor pleasant and soon comes to be re-

garded as interfering with private practice, so that the better physicians often ask not to be appointed.

The matter of testimony should be mentioned. Social workers could be of real service to the court and expedite matters considerably as well as win respect for a social service program if they would learn to give clear, concise, well-organized information to the court, so that their testimony would come to be regarded as unbiased and essential for the proper handling of the case.

The hospitals and training schools need psychiatric social workers to take histories covering family and social background, developmental history and environment, to secure further data as needs arise after the patient's transfer, to make home investigations at the time vacations, paroles or releases are under consideration, and also in urgent cases where immediate transfer is necessary and could be brought about by rearrangement in the cottages if the facts of the case warranted it.

Supervisors in the community for the care of cases, especially the more troublesome ones, pending vacancies, and for the paroled cases where contacts with the employer, the family and the board of health are so important, are a very necessary adjunct to the service. Without an officer definitely assigned to the case work, it is impossible for the patient to succeed on parole, even though a definite program has been made for him. Vacationers need occasional supervision and to have their return to the institution checked up. It would help materially if there were better provision for contact between the institution and the families. There should be some method of informing relatives regularly of the progress at school, character development and industrial interests of the patients in training school or hospital.

All social agencies need assistance in determining institutional types, help with applications, service and transfers, and lastly, but quite as important, closer contacts and easier means of communication with the institutions, hospitals and probate court.

A central bureau would have access to the clinic, court and institutional records, and would be better and less expensive than three separate units as the needs largely overlap. Much of the information must be known to all but need be secured only once if properly handled. Such an organization would also make for consecutive handling and a consistent program without duplication of effort and a clearer understanding of the whole problem. Intensive follow-up work would be possible, and in a few years it would be a simple matter to determine whether or not the advice given and the methods tried were giving good results. The patients, for whom all this machinery is neces-

sary, would get fairer and more consistently intelligent service. A complete registration would also be possible. This alone would be of inestimable value to all community workers in handling delinquency, issuing working permits and marriage licenses, placement in industry and family supervision where there are certifiable individuals.

It was felt that a three year program was sufficient for demonstration. The juvenile court was willing to have its clinic continue responsible for the service provided it was properly manned and adequately financed, but without this assistance the work could not be kept up, as the staff was insufficient to carry the load without sacrificing other clinic interests. Those who followed the work agreed that there was not only enough improvement in the service to the community and the patients alike, but sufficient work to warrant establishing a department to handle it. Both the court and the state recognized the need and agreed that this was the solution, but each felt the other should assume the responsibility, the institutions maintaining that the patients were not their problem until after transfer, and the court, that its responsibilities ceased with the issuing of an order of commitment—legally sound positions to take but quite lacking in the appreciation of the social aspects of the work. As matters now stand no one is responsible. Cases are no longer followed through. The histories, record of social contacts and registration data are still on file at the clinic, but are unused by the probate clerks handling petitions. Vacations, releases and paroles are again granted without investigation or reviewing of the information on file although the records show that nearly one-fifth of the petitions for vacations and over half of the petitions for releases should be denied. Although the records are now two years behind, because there has been no one to carry on the work, referring to these data would save a great deal to the state and county, to say nothing of the better service to the patients and their families. The only gain to date has been the appointment of one parole officer for the state training school, but her load of cases is so heavy and her territory so large that an adequate program is impossible.

After this experience the juvenile court and clinic staff were convinced that the only sure way to have recommendations carried out was to make someone responsible for all court contacts and a worker has now been definitely assigned for this service on all clinic cases recommended for commitment to state hospitals. Figures for the last two years are perhaps more convincing than those reported for the period of supervision, because there were both supervised and unsupervised cases going through the court and the comparison of returns brings

out even more clearly the points already stressed. During this two-year period 145 clinic cases have been followed through probate court and only 7.5 per cent (11) of the petitions were dismissed, that is, 92.5 per cent of the recommendations were carried out, whereas in the 330 unsupervised cases for this same period 30.6 per cent (101) were dismissed, showing that the chances of failure are over four times as great where there is no one to follow them through. There are no records to show the number of vacations and releases granted, but the frequent reappearance in the juvenile court and social agencies indicates that without investigation and recommendation covering the family situation, these privileges cannot be granted without great waste and an occasional serious accident.