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John - Owen History file

the clinic under their jurisdiction, including the work performed by the staff. It is important that the total amount of work performed in physiotherapy, as shown by the report of the medical officer in charge of that work on Form 2565, will correspond with the total amount of work reported by the individual report of aides on Form 2612. (See also "Reconstruction activities," under "Hospitals.")

ORGANIZATION AND DUTIES OF SOCIAL WORKERS

7071. Organization of social work.—There is established in the medical service of central office a social work section, under the supervision of a chief social worker, who will supervise the activities of all social workers in regional offices and hospitals of the United States Veterans' Bureau. The chief social worker, under supervision of the medical director and under the limitations of the budget, will approve field recommendations for appointments of social workers when actual need therefor is shown in such field requests. At field stations, particularly United States veterans' hospitals where problems to be solved are not distinctly psychiatric, a social worker or workers, other than psychiatric workers, may be assigned.

7072. Assignment and duties of psychiatric social workers in regional offices.—The psychiatric social worker in the regional office will be assigned to the chief, neuropsychiatric unit, and will be responsible through him to the regional medical officer. All cases are to be assigned to her by the chief, neuropsychiatric unit and all reports are to be made to him, or through him, to other interested individuals. The functions of the psychiatric social worker in the regional office will be:

(a) To secure complete and trustworthy social histories of beneficiaries, both for the use of the regional office and the hospital to which a patient is admitted.

(b) To assist the neuropsychiatrist in affording satisfactory treatment to beneficiaries by solving social problems which interfere with such treatment.

(c) To investigate the home environment of neuropsychiatric beneficiaries not under hospitalization, as well as those whose parole from the hospital is under consideration, and to cooperate with the regional attorney in ascertaining and promoting the social adjustment of incompetent patients and minor wards in their communities. The regional attorney desiring the development of any special information in an individual case of this sort will request the chief, neuropsychiatric unit of the regional office to instruct the psychiatric social worker accordingly.

(d) To contact, cooperate with, and whenever possible, to secure the aid of social agencies in the respective regional territories, such as State, county, or city organizations, and the American Red Cross, utilizing wherever possible the facilities available through such outside agencies for the adjustment of domestic and economic obstacles to the recovery of neuropsychiatric beneficiaries.

7073. Social workers in United States veterans' hospitals.—Social workers in the United States Veterans' Bureau hospitals will be responsible to the medical officer in charge and will work under his direction. The function of the social worker in the hospital will be to assist the medical officer in charge in solving social problems pertaining to claimants while they are in the hospital. In solving these problems she will make use of all the local social-service agencies that may be available, as in the manner prescribed in paragraph 7072, as related to regional offices. The hospital social workers will utilize the services of regional office social workers in the adjustment of any social problem requiring such joint effort, and a close, flexible, and effective cooperation between social workers in hospitals and regional offices will always be the aim.

7074. Detail of a hospital social worker for work in a regional office territory.—When, for good reason, such as possibility of effecting economy in travel, or when it is considered advisable to utilize the services of the same social worker who had contacted the claimant during hospitalization in making any further necessary contacts with the claimant or his family after the claimant's discharge from hospital, it is desired to use the services of a hospital social worker rather than those of a regional office worker, the regional medical officer, through the regional manager, will request the medical officer in charge of the hospital concerned to loan the services of the social worker for the duty described. The medical officer in charge of the hospital will approve such requests, whenever reasonable or possible; and, upon receipt of his approval, the regional office will issue a letter of authority to the social worker designated; and will inclose transportation requests for the round trip, if necessary, to accomplish the desired duty. All

necessary and authorized traveling expenses incurred during such service by the designated hospital social worker will be charged to the regional office that authorized such service, and vouchers covering such travel will be audited and paid by that regional office. All such travel will be kept within the budgetary limits of the regional office concerned.

7075. Activities in which social workers will not be engaged.—Social workers will not concern themselves directly with details of preparing or presenting claims of claimants; such activities will be left to contact representatives or other authorized employees. Nor will social workers in hospitals concern themselves with recreational features, which are conducted by other persons.

7076. Cooperation with hospitals before and after discharge of psychotic patients.—When a psychotic patient in a United States veterans' hospital has effected such improvement as to justify consideration of the propriety of his being paroled, the medical officer in charge of the hospital will, at a time sufficiently far in advance of the contemplated parole, request the regional office of the region to which the claimant is to be returned to supply full information regarding the home conditions of the patient in question, the attitude of the family toward the patient and the projected parole, and the ability of the legal guardian, if there is one, properly to care for the patient in the community to which it is contemplated to return him. The regional office will secure this desired information as promptly as possible through the regional office psychiatric social worker; and such report will serve to guide the judgment of the medical officer in charge of the hospital in deciding whether parole is feasible or advisable. If he decides that parole is in order, the medical officer in charge will promptly notify the regional office aforesaid sufficiently in advance of the contemplated date of parole which should be stated in the notice. Upon receipt of this information, the regional office psychiatric social worker will take all necessary and appropriate action toward assisting the claimant to make a satisfactory social adjustment in the community to which he is returned. Such action will include any necessary cooperation with the regional attorney. The ideal to be realized, as far as intelligent, concerted effort can accomplish it, is to get the patient socially and industrially adjusted as satisfactorily as possible, so that his return to hospital may not be necessitated. In the event of parole or of elopement of patients the medical officer in charge of the hospital concerned will keep the regional office of the territory in which the patient or guardian lives notified of any action he purposes to take, and will cooperate with, and act upon the basis of information received from such regional offices concerned. Such cooperation will allow the proper information to be brought to the notice of the psychiatric social worker and regional attorney in such regional offices and will enable them to take any necessary and appropriate action.

Social-work procedure.

7078. Functions which do not concern social workers.—It is imperative that the social workers confine their work to that outlined in paragraphs 7071 to 7076. Such extraneous duties as psychometric examinations, administrative details, such as stamping mail, issuing passes to visitors, purchasing clothing, packing and mailing occupational therapy articles for patients, or arranging hospital recreational programs, are not the duties of the social worker, and prevent her devoting her full time to the duties assigned her. Compensation, adjusted compensation, and insurance claims work are not in the sphere of the social worker. Such cases will be brought to the attention of the adjudication division for action. Any cooperation possible will be extended; however, the responsibility for such work does not rest on the social worker. If there is a question whether certain functions are in the sphere of the social worker, such question will be referred to central office for decision. The social workers will familiarize themselves with the "Procedure for making medical summaries in regional offices and hospitals, and the use of 'Medical summary' (Form 2654)" and "Red Cross service in United States veterans' hospitals after the United States Veterans' Bureau assumes responsibility for social work therein." They will also familiarize themselves with those parts of legal service instructions related to their cooperation with regional attorneys.

7079. Reports of social work.—(a) Central office depends a great deal upon the "Monthly report of psychiatric social workers," Form 2659, for the evaluation of each person's work. It is imperative that each worker keep these statistics daily, in order that the record may be accurate. It is suggested that the monthly report, Form 2659, be lined into 26 spaces to cover the working days of the month and the statistics kept on this sheet daily. At the end of the month totals can be transferred to the copy to be forwarded to central office. Under "Remarks" the actual number of cases on which action was taken during the month will be given, as central

office wishes to differentiate between actual and potential case loads. In many hospitals and regional offices certain cases must be kept in the active files and carried over to the next month, although action was not taken on them during the current month. Until the social worker's responsibility for a case is ended (from the nature of the case or from the transfer of responsibility to another social worker in a regional office, hospital, or social agency) the case must be considered active. A case diaried by a regional office worker for a date later than three months will be considered closed and counted reopened when action is next taken. Under "Remarks" there will also be noted any data regarding the social work organization or social work problems which the field workers wish to bring to the attention of central office. A brief case report will occasionally be given, showing a social problem and the method by which it was solved.

(b) Both regional office and hospital social work units will maintain an adequate diary system on 3 by 5 cards indexed by year, month, and day. Such a system will bring to the attention of the workers cases diaried for any given date. It is important that the attention of the worker be called to the date when replies to correspondence should be received, a follow-up report secured, etc.

(c) Whenever a regional office or hospital requests a social history or supplemental report from a regional office which does not have the patient's case file, as fully identifying information as possible will be given; e. g., his name, claim number, address, the names, relationship, and addresses of relatives, the dates of enlistment and discharge, the tentative diagnosis, compensation status, and, if hospitalized, the name and location of the hospital and the date of admission thereto.

(d) The outline for psychiatric social history, Form 1508, will be followed in preparing reports. Copies of this form may be given to social agencies having trained psychiatric social workers but will not be sent to relatives of patients. This form will not be used in requesting information from small or volunteer social agencies; instead, a letter will be prepared including a brief outline of the main points on which information is desired. The completed social history will always be studied to discover the social problems existing and plans will be made for their solution either by the Veterans' Bureau social worker or with the assistance of local social agencies. A definite statement of these problems will be given at the end of the history as well as an outline of the tentative plan of social treatment to be undertaken.

(e) Every effort will be made to protect the confidence which the patient and his family give the social worker. Persons having official access to these social records must be conscious of this professional privileged relationship and never allow it to be violated by casual comments on their part regarding these records.

Procedure for social work in regional offices.

7080. (a) *Regional social work records.*—The name, address, and claim number of each patient referred to the social work unit will be recorded on a 3 by 5 card, with the date and reason for reference and the name of the worker to whom the case has been assigned. These cards will be filed alphabetically. In the larger offices a geographical file may also be maintained. In order to compile the "Monthly report of psychiatric social workers," Form 2659, different-colored flags will be used on these cards during the month to indicate new, reopened, and closed cases and those pending cases (carried over cases) acted on during the month. These cases represented by the flagged cards constitute the actual case load which will be noted under "Remarks" on the monthly report, Form 2659, as differentiated from the potential case load shown by columns 1, 2, and 3 of the said monthly report. At the end of the month these flags will be removed and the cards of closed cases placed in a closed file.

(b) An additional carbon copy of social histories, of outgoing correspondence, and of incoming summaries from hospital social work units will be filed in the medical folder maintained by the regional medical division. The original of an incoming letter containing social data will be filed in the claimant's case file in the regional office, and a copy or a brief summary of this letter, on Form 7210 (cross-reference sheet), will be filed in the medical folder. An abstract of the material gathered from the patient's general folder when he is referred to the social work unit will be made on the social work face sheet, Form 2670. On this form will also be noted social facts secured from time to time and needed frequently, of which little variation is to be expected; for example, names and addresses of relatives, interested social agencies, etc. On the reverse of this social work face sheet, in case the patient's home is difficult of access, notations will be made of the most direct route to the home, its location, the best method of trans-

portation, and any data which will help the next visitor to make the trip more quickly. A chronological narrative of supplementary social data secured, reports of significant interviews, and action taken will be recorded on one or more separate sheets, letter size, attached to the face sheet. Effort will be made to maintain a high standard of accurate record keeping, not only to aid the worker's memory but also to afford a basis both for the analysis of her work on the case and for research purposes.

(c) The original of the social history secured will be given that station of the bureau which requested the history. In the case of a hospital requesting the history an extra copy will be sent marked "Attention social worker." One copy on yellow paper will be sent to the claimant's case file and the remaining copies kept in the regional medical folder. A copy of reports, significant interviews, visits, or action taken will always be placed in the claimant's case file.

7081. *Routing of hospital admission card (Form 2557) and in-patient report cards (Form 2593) to social workers.*—In order that the social workers may be kept currently informed of the hospital status of neuropsychiatric patients, the regional office copy of all "Hospital admission cards" (Form 2557) and "In-patient report cards" (Form 2593) on all such patients will be routed to the regional social work unit before being filed. These cards will be released for filing with the least possible delay.

7082. *Cooperation of regional office and hospital social workers.*—(a) Upon the receipt of information that a neuropsychiatric patient has been given authority for hospitalization the regional office social work unit will see that there is immediately forwarded to the hospital a complete social history in duplicate, if one has already been secured, together with pertinent facts from the service records and data from other hospitals' social work reports. These data will be forwarded to the hospital with the medical summary and the lower half of the hospital admission card. The history will give the names and addresses of persons supplying the data, relationship to the patient, date the history was secured, and the name and official station of the social worker who secured the history. Where the beneficiary does not report to the hospital after receiving the upper half of the hospital admission card (Form 2557) the hospital will return the social history to the regional office social worker following the expiration of the original time limit and any extension by the regional office of which the hospital has note. If the history on file is not up to date steps will be taken to secure supplementary data. If there is no adequate social history in file the regional office social work unit may await the request from the hospital for this history when it seems probable that an adequate social history has previously been secured. If it is probable that no social history has ever been secured and that one will be needed, immediate steps will be taken to secure it. Hospital requests for social histories and preparole and parole investigations will be given precedence over other work. The social history should reach the hospital before the expiration of the patient's observation period (30 days), and, if possible, sooner. Prior to the admission of a neuropsychiatric patient to a diagnostic center, the regional office social worker and the chief of the neuropsychiatric unit will determine whether the folder contains adequate social data. If it is found that additional social data are needed, these data will be secured and forwarded without awaiting the diagnostic center's request.

(b) When a request is received, if it is impossible for the regional office social worker personally to secure the history or supplementary data promptly, she will request the assistance of some local agency, such as the American Red Cross chapter, asking the chapter to send two copies to the hospital where the patient is, and two to the regional office worker (one of which will be placed in the regional medical folder and one in the claimant's case file). Before making any personal investigation or undertaking any social treatment, the regional office social work unit will clear the case of the patient through the Red Cross chapter, and the social service exchange, if this service is free of charge, to determine what other agencies are interested in the patient, and to prevent duplication of investigation and conflicting plans of social treatment.

(c) Preparole and postparole reports requested by the hospital social work unit will be secured either by personal investigation or with the assistance of local social agencies.

(d) Upon the parole or discharge of a patient from the hospital the regional office worker will again assume responsibility for the social work in the case. She will see that the recommendations from the hospital are acted upon and secure any follow-up report requested. She will consult with the chief, neuropsychiatric unit before taking action on these recommendations and follow-up requests, and before initiating social treatment indicated by these follow-up reports.

Procedure for social work in hospitals.

7083. *Hospital social work records.*—(a) A carbon copy of the hospital daily report of admissions, discharges, paroles, A. W. O. L's, and the danger list, if one is kept, will be furnished the hospital social work unit.

(b) The hospital social work unit will secure a carbon copy of the clinical record sheet, Form 2614a, for each patient admitted. From the lower half of the hospital admission card (Form 2557) it may be learned first, whether the patient is hospitalized for examination, examination including observation, or treatment; second, what his disabilities are and whether they are service connected or not; and third, what the tentative diagnosis is, if the patient is hospitalized for observation.

(c) A simple index will be kept on 3 by 5 cards, giving the name of each patient admitted, his address, claim number, diagnoses, and the dates of admission and discharge from the hospital. In order to compile the "Monthly report of psychiatric social workers," Form 2659, different colored flags will be used on these cards during the month to indicate new, reopened, and closed cases, and those pending cases (carried over cases) acted on during the month. These cases represented by the flagged cards; constitute the actual case load, which will be noted under "Remarks" on the monthly report (Form 2659) as differentiated from the potential case load shown by columns 1, 2, and 3 of the said monthly report. At the end of the month these flags will be removed and the cards of closed cases placed in a closed file.

(d) In hospitals, the social record of a patient will be maintained as a part of and supplemental to the medical folder (clinical record). To facilitate action while a patient's social record is carried as an active case in the hospital, the social record will be held in the social work office, protected by an individual manila letter size folder. When the case is closed, the social record will be removed from its temporary folder and, securely fastened together, will be placed in the medical folder. The social record will consist of a social work face sheet, Form 2670, for social items of which little variation is to be expected, the social history, incoming letters referred to the social worker, and carbon copies of correspondence. On plain letter size paper will be kept a chronological narrative record covering interviews, loans, and grants arranged for and other pertinent social data. An especially careful record of the first interview with the patient will be kept, as this interview is usually the basis for all further case work.

7084. *Attendance of social workers at hospital staff conferences.*—Both for educational purposes and for the greater understanding of the individual patient's condition, the psychiatric social workers will attend the medical staff conferences at the hospital.

7085. *Cooperation of hospital with regional office social workers.*—(a) Upon the admission of each patient the social work unit will contact the head of the reception service to learn what information is already available, and what additional social history will be secured. It will then be determined in what regional office the patient's case file is located. This will be found upon the reverse of the hospital admission card, Form 2557. If the case file is in a regional office where there is a psychiatric social worker, a request will be made upon that worker for any necessary social history, in duplicate, including pertinent data from the claimant's military service record in the case file and social reports from other hospitals where the patient has been treated.

(b) Should there be no United States Veterans' Bureau social worker in the regional office where the patient's case file is or in the territory where the patient lives, the hospital social work unit will secure the needed data by direct communication with the hospitals where the patient has been previously treated. If inquiry is being made from more than one hospital, mention will be made in the letter to each hospital of the names of these other hospitals. Judgment will be used to determine which hospital is most likely to have a complete social history and request made of that hospital to forward it immediately. If it is believed necessary to request any supplementary data from the Red Cross chapter located at the home of the patient, such data will be requested immediately and in the request will be included a statement that any social data previously furnished by the chapter has been requested from the hospital or hospitals. This will eliminate social workers requesting chapters for duplicates of social histories already furnished the bureau. If it seems likely that the chapter has never furnished the bureau with a history, the assistance of the chapter will be immediately requested in securing the report.

(c) The hospital and regional-office workers will maintain close cooperation in the securing of social reports and the solution of social problems. They will always keep each other informed

of action taken through outside agencies. Carbons of significant letters to social agencies, written while the patient is hospitalized, will be sent the regional office in order that duplication of work may be avoided. Particularly important is cooperation in connection with the supervision of paroled patients. The hospital social worker will give the regional-office social worker a detailed analysis of the paroled patient's personality, his relationship with the members of his family, their attitude toward him so far as these are known, his future plans, and any suggestions which may assist in the accomplishment of his satisfactory adjustment in the community.

(d) When the medical officer in charge deems it desirable, the services of the hospital social work unit may be utilized in securing the return of an eloped patient. When so requested, the hospital social worker may call upon the regional social worker or a recognized social agency such as the local Red Cross chapter, etc., for assistance in securing the return of these patients.

(e) When a patient goes on parole, the hospital social worker will send a complete social summary in duplicate to the regional office where the case file is, whether there is a social worker on duty there or not. The copy which is marked "attention psychiatric social worker" will be filed with the social record in the medical treatment folder. The other copy, which is marked "case file," will be filed in the case file. When, however, a patient's case file is not in the regional office of the territory where he is to live, the copy intended for the psychiatric social office of the territory where the patient is to live; to this copy the hospital social worker will attach a copy of the physical examination report made at the time of parole. The other copy of the social summary marked "case file" will be sent to the regional office where the case file is located. The social summary will contain a complete description of the plans made with that patient toward his future adjustment in the community; the dates of hospitalization; the diagnosis; the progress made by the patient toward social adjustment while in the hospital; the circumstances of the parole; the name, address, and relationship of the person with whom the patient is to live; any social problems which the patient faces in his home relationships; his financial situation; his plans and his potentialities for making an industrial adjustment and the physician's suggestions regarding a suitable occupation for him; and any other social data and recommendations from the physician which will enable the regional-office worker to carry out the adequate social treatment of the patient. The date when a report of his social adjustment is desired by the hospital will also be included.

(f) When a patient is discharged, procedure similar to that outlined in (e) above will be followed. If that material was sent the regional-office worker at the time of parole, only the supplementary social data secured since that time and the circumstances and date of his final discharge need be given. The case will be diaried by both the regional-office and hospital social workers to come up for attention on the date when this report is desired. When this summary is sent the regional office, the hospital social-work unit will close the case and place the patient's social record in the medical folder (clinical record).

(g) If the American Red Cross chapter or other recognized social agency is already interested in the patient or its assistance is desired in his social treatment, a modified abstract or, in exceptional cases, a copy of this social summary may be sent such chapter or social agency. Judgment and precaution must be used in the handling of technical diagnoses. In most cases good judgment would indicate the use of lay, rather than medical, terms in describing the patient's disability. If the aid of the chapter or agency is being requested in solving the patient's social problems, the description of his condition will be accurate and clear enough to afford an adequate basis on which to plan treatment of the patient's problem.

(h) The final summary to the regional-office social-work unit will include, briefly, the dates of hospitalization, the diagnosis; pertinent social data not already on file in the regional office, and any social problems noted during the hospitalization period, as well as recommendations for future social treatment in the case, and the date when the hospital wished a follow-up report, if one is desired. The case will be diaried by both the hospital and regional-office social workers to come up for attention on the date when this report is desired. When this summary is sent to the regional office, the hospital social-work unit will close the case and place the patient's social record in the medical treatment folder. The social-work record (so-filed) will not leave the regional office when the other contents of this folder are transferred to another office, inasmuch as this social record will be needed in connection with preparole investigation and the immediate supervision of a patient upon his trial visit or discharge.