[1946]
1926

SOCIAL WORK IN THE VETERANS ADMINISTRATION
Irene Grant, Chief of Social Work Section

Beginnings

Date of beginning. A General Order dated June 16, 1926 outlining organization and functions, established the social work program in the Veterans Bureau. Authority for assigning personnel, granted September 2, 1926, was immediately followed by the appointment of 36 persons from the Civil Service register.

Circumstances that led to its development. Various influences converged to effect the inauguration of this program. It had been the need shown in 1918 by members of the armed forces and veterans returning home from the World War which had furnished the impetus to the development of psychiatric social work in this country. The Veterans Bureau thus carried on the psychiatric social work program with the original group of citizens whose need had been the first to be recognized to any great extent by medical men and social workers. The American Red Cross had encouraged the development of a supply of trained personnel by granting scholarships for training courses in the psychiatric field. During the war American Red Cross social work units were established in the military and naval, and later in the Public Health Service hospitals. Certain of the latter group of hospitals were taken over, and others were built by the Veterans Bureau, which was formed by the consolidation of the Bureau of War Risk Insurance and the Federal Board for Vocational Training. In these hospitals the Red Cross continued its demonstration of medical and psychiatric social work until the Veterans Bureau became assured that the value of the work warranted its assumption as an integral part of the tax supported program for veterans.

Another influence meanwhile emanated from the Medical Council of the Veterans Bureau, an advisory group of outstanding physicians from all fields. It included such men as Dr. W. F. Lorenz, Dr. George M. Kline, Dr. Douglas A. Thom, Dr. C. MacFie Campbell, Dr. A. M. Barrett and Dr. H. A. Pattison. At its first meeting in 1924 the Council urged the adoption of a social case work program, particularly with neuropsychiatric patients. At subsequent meetings the Council continued to insist upon the Veterans Bureau's establishing this work.

A third influence was the fact that here and there since 1921, in regional offices (not hospitals), there had been appointed on the Bureau's own payroll, persons with some social work background to aid the veterans who were in vocational training. Their services were later utilized to investigate for diagnostic purposes, the history and environmental conditions of veterans, and modify the social situations to which convalescent patients were returning. These scattered offices had secured these Personal Service Assistants through U. S. Civil Service examinations held locally. In August 1926, 14 such persons were on duty, chiefly in psychiatric work. Some were able to qualify under the new Civil Service examination announced in August 1925 from Washington.

Leaders responsible for plans. A factor always of major importance in public social work is the interpretation placed by the Civil Service Commission upon the announced requirements. Up to the time of this development in the Veterans Bureau, the Federal Government had not done social case work to any extent and the Civil Service examinations of this nature had been few. Dr. A. R. Butler of the Commission gave much study to gaining knowledge of the education, training and experience requirements in professional organizations of social workers and the usual functions in the various fields of social work. Upon him has rested from the beginning the problem of evaluating the variety of types of experience offered, sometimes very persistently, by the candidates for positions. His progressive attitude has fostered the improvement of requirement standards. A firm cornerstone for the development of the program has been the commission's sympathetic understanding of the needs of the Veterans Bureau.

Miss Elizabeth Wisner, then Assistant Director, War Service at the American National Red Cross aided in the formulation of the specific requirements. Helpful in organizing the work was Miss Hannah Curtis, Director of Social Work, Department of Mental Diseases, Commonwealth of Massachusetts, Boston. Within the Veterans Bureau, the Medical Directors and the physicians particularly interested in neuropsychiatric work and in out-patient work were influential in defining the scope of the work, in securing the allocation of funds, and in interpreting to the Veterans Bureau as a whole the importance of social case work and those aspects, which could be of most immediate value. Miss Frances A. Foster, a psychiatric social worker who had been with one of the regional offices for several years, was called to Washington in 1925 to organize the work. Her thorough knowledge of this organization's viewpoints and field office procedure was advantageous in laying the framework for a program to meet the Bureau's practical needs.

Organizations. The organization consisted of a Chief of the Social Work Section, Medical Service in Central Office, Washington, with the duties of selecting personnel, developing policies and supervising the activities in the field through reports received and personal visits made to the stations. The field stations then consisted of hospitals (including one diagnostic center for problem cases) and regional offices. The latter from a medical viewpoint are out-patient clinics, located in general in the largest city in each State, though several states have two such offices. There, medical examinations are made to determine eligibility to hospital and out-patient treatment and the degree of disability existing for compensation or insurance purposes. Medical treatment is there given to those legally entitled to out-patient care.

For their community contacts the Red Cross Hospital workers had depended on their representatives - many of them volunteers - in hundreds of chapters over the United States. The Red Cross generously continued to place these facilities at the disposal of the Veterans Bureau social workers. By having the greater proportion of the Veterans Bureau social workers in Regional Offices and giving them authority to travel throughout the territory, an additional resource was furnished. This permitted the reaching of areas not covered by the Red Cross and personal contacts in sections where the use of the Veterans Bureau personnel was desirable. In the Regional Office the social worker was made responsible to the Regional Medical Officer through the physician in charge of the Neuropsychiatric unit, inasmuch as the greatest problems were presented by the neuropsychiatric beneficiaries.

Purpose of work. The purpose of the work was thus stated in the General Order:

a. To secure complete and trustworthy social histories on neuropsychiatric cases, 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 neuropsychiatric patients, 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 Guardianship Officer in ascertaining and promoting the social adjustment of incompetent patients in their communities.

d. To contact, cooperate with, and whenever possible, to secure the aid of social service agencies in the respective regional territories, such as state, county, or city organ-

izations, 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 recover of neuropsychiatric beneficiaries.....

e. 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.

Social Work in the Veterans Bureau

Places where social work was established. On September 1, 1926, the Red Cross concluded its social work program in the Veterans Bureau neuropsychiatric hospitals, and at most of them an early placement on the Federal payroll was made from among the eligible candidates on the Civil Service register. Fourteen psychiatric social workers were thus immediately placed in hospitals and twenty-two in regional offices over the country, but chiefly east of the Mississippi. A year later the Red Cross social workers were withdrawn from the remaining general and tuberculosis hospitals. Some delay became unavoidable in establishing the work at many of the stations. This was partly due to the scarcity of qualified personnel, and partly to the lack of recognition of the essential need for specifically social work functions. Until there occurred the combination of the availability of apparently the right social worker, the enthusiastic desire on the part of the field station for this service, and the concurrence of Central Office as to the need at a station, an appointment was not made. While this process was slow, it is believed that a firmer foundation for the work was thus laid.

Functions of Social Workers. The Medical Council had stressed the value of social work in promoting the community adjustment of the neuropsychiatric patient. While the Medical Service clung to the importance of the treatment aspects of the work, this was done in spite of pressure from a volume of diagnostic work which no outside organization can probably visualize. (The Veterans Bureau is not solely a medical organization. In addition to the aspect of restoring a beneficiary to health, the medical service is called upon by other services, such as those administering the features of the law regarding compensation and insurance, to provide for them a definite diagnostic classification and a description of the degree of inadaptability shown by a beneficiary. No compensation claim can be adjudicated until the medical diagnosis is established. With the thousands of dollars of compensation and insurance involved in a single case over a period of years and the necessity for uniformity of awards over the county, the statement of the diagnosis must be one which can stand up under repeated verification and challenges. It must be accurate beyond any peradventure. Detailed definite social and medical findings must be set down to substantiate the diagnosis beyond any argument. On this diagnosis depends the money award. Until a claim is settled and financial security assured, the medical plan is apt to be adversely affected by the psychology of the patient. Hence diagnoses must be promptly formulated and the claim settled. This causes an emphasis upon diagnosis which seems almost unavoidable, both in the medical and social work.)

From the viewpoint of many departments of the Bureau the social workers' most practical value is thus in connection with diagnostic work. However, from the beginning, the medical and human values in active social treatment have been recognized, although the degree of recognition has varied from station to station. Particularly the hospitals over the country have understood social treatment and demanded its continuance when the patient leaves on a trial visit or discharge. In addition, at least annually, the Bureau requires that a survey be made of the social situation of each mentally incompetent

beneficiary living under legal guardianship in the community, to see whether his welfare and interests are protected. If not, the Veterans Bureau social worker may be able personally to help him or his group, including the guardian, to adjust the problem; or if intensive work is required and personal work is precluded by the distance involved, a local agency or a socially minded person is called upon to note the need and help with the plan. There are also required similar surveys of the minor wards of the Veterans Bureau; that is, children who are in receipt of Government funds on account of the death or mental incapacity of a veteran.

Training and experience. The requirements in the first examination were outgrowths of the earlier sporadic examinations. College graduation was not absolutely required; in fact, persons whose only formal education was the completion of high school and whose experience had been only four years of social case work, one year being psychiatric, were admitted. This, however, was the minimum, not the maximum requirement. Higher ratings, of course were given those who had college and post-graduate school of social work training and more than the required year of experience in the psychiatric field. A thesis of two thousand words on some aspect of social work, preferably psychiatric social work, was also required.

Of the first 50 psychiatric social workers appointed, 20 were college graduates with some school of social work training (more than half of these in the psychiatric social work field); 10 others were college graduates or had taken a full year at a school of social work. Each of the remaining 20 (except 4) had had some college work or isolated courses at a school of social work. In addition, each had had at least one year in a psychiatric social work position. Among the best equipped were former American Red Cross psychiatric social workers who, in line with the best theory in demonstration projects, showed a commendable interest in making a success of the transfer of the work from private to public auspices. Their familiarity with the Congressional legislation governing the work, and with the Bureau's regulations, helped them fit easily into this complex organization.

Growth and Development of Social Work

Problems that arose in development and ways of meeting them. Before the problems are listed, some of the features facilitating the work may be stated. First, the fact that adequate financial relief is usually not a primary social problem, which it doubtless is for many state and private hospital social workers, to their regret. The financial security afforded by disability compensation and Government insurance fortunately permits more attention to other factors in the patient's situation. The marked good will and active assistance shown by the various ex-service organizations have been a help. The protection provided by the Civil Service against politically determined appointments has been of inestimable benefit. By the careful statement of functions the social workers were shielded from having to devote attention to administrative details such as clinic management, the determination of eligibility to treatment, or compensation claims work. Among the greatest resources in the work has been the authority for traveling throughout the State, so that if a situation demands it, no matter how isolated the section, a personal contact may be made. It is a frequent experience for social workers in other fields to be baffled utterly, so far as securing social data or modifying patient's problem are concerned, by the lack of any resource for having a personal interview in the home or community. Another asset, doubtless, has been the favorable interest shown by the various branches of this complex organization besides the Medical, such as the Adjudication, Insurance and Legal Services, although this leads to a distinct problem in the volume of work referred, to which later reference will be made.

First among the problems encountered was the scarcity of available psychiatric social workers. Persons facing a choice between a private and a public agency, are apt to be discouraged by the Civil Service application's requirements and the two-thousand word thesis. To be able to secure desirable social workers in the number required, was scarcely to be expected immediately, in view of the demand everywhere for social workers with this type of training and experience. The small number available in turn thwarted the Bureau's desire to raise the qualifications. The Civil Service Commission was naturally hesitant in making the requirements more stringent when inadequate numbers were qualifying under the easier examination conditions.

Little by little, however, the requirements were raised. In each examination the attempt was made to effect some improvement in the statement of required qualifications. The announcements were sent to the Civil Service general mailing list such as post offices and public buildings. In addition, announcements were sent to the schools of social work, employment bureaus for professional women, selected general hospitals and family case work agencies, and selected neuropsychiatric hospitals from those listed in the Directory issued by the Commonwealth Fund; also to the headquarters of the professional organizations of social workers and certain persons on their membership lists. The announcements were supplemented by personal contacts with the schools of social work and the encouragement of the staff members to be on the alert for promising candidates. The raising of the requirements also seems somewhat to have influenced the schools in more favorably calling the attention of their students to the examination and this field of work.

A third and continuous problem has been the volume of work referred, particularly in the form of social investigations. The various Services of the Veterans Bureau quickly noted the human qualities and the understanding of the development of the patient's ill health which the social worker's report of the personal and environmental situation presented. Compensation and insurance rating groups in the Bureau found that such reports intended primarily to be of value to the physician and social worker as a basis for treatment, were also of inestimable help in their own endeavor to think of the beneficiary as an individual. If at the time the medical examination was made such a report had not been secured, these groups soon made a habit, when a complicated case reached them, of requesting that such a study be made for their own purposes.

This resulted in a volume of cases referred far beyond the capacity of the social work group to do more than investigate. The selection of cases, therefore became an urgent problem. It became necessary for the physician in charge of the psychiatric unit and the social workers at each station, to scrutinize the cases referred and accept only those most urgently in need of the social workers' services. From among the cases where social investigation was undertaken, the endeavor has been made personally to carry at least a few social treatment cases and for the rest discover local agencies to whom to give an interpretation of the patient's need. Even the latter step requires more time than the workers have had to give. This cooperation with agencies has also been complicated by the prohibition in the Congressional legislation against the supplying of data to any agency until the patient's consent is gained. To agencies accustomed to the free interchange of data, this has often seemed lack of cooperation, particularly when they have cordially given the Bureau the privilege of having their social data. As soon as a patient's consent is gained, however, the Bureau expects its workers to provide the interested agency with the full explanation of the patient's problem as it appears in the Veterans Bureau files.

A problem which grew out of the volume of work referred has been the need of interpreting to physicians and laymen, the treatment aspects of social

work so that time can be provided for this work. It was easy to demonstrate the value of social data; the more difficult task has been finding the opportunity to illustrate the role which the social worker can play in treatment. It has been a problem even for the workers to maintain their own firm hold upon the relative valuation which should be placed upon social diagnosis and social treatment. The social workers in the hospitals have probably on the whole done more in connection with social treatment than have the regional offices. They are in close touch with the patient, know the details of his progress and become well acquainted with visiting relatives and their attitudes toward the patient. The hospital social worker has the opportunity to combine this knowledge with that supplied by the report of the patient's developmental, history and environment as analyzed upon the personal visit of the regional office social worker to the home community. The hospital worker begins a treatment plan, utilizing either community social agencies or the regional office social worker to help modify the situation.

At a few stations because of the local residence of the patients, it has been possible for the hospital social worker to handle part of the field work personally. At most stations, however, the distance from the patient's home - often in another state - has necessitated collaboration with the Veterans Bureau social workers in that state. Workers in state hospitals or any public or private institutions which attract patients from great distances are placed in this same position of having to interpret the patient's needs and work out plans by means of skillful letters - work which would be much simpler to accomplish by personal interviews, were those possible. However, it greatly facilitates work in distant localities to be able to correspond with another member of one's own staff, instead of with an unknown person or agency.

Present status.

Organization. In July 1931 the National Military Homes were united with the Veterans Bureau to form, together with the Bureau of Pensions, the present Veterans Administration. The American Red Cross had conducted a similar demonstration of social work in the Homes - a program which had been taken over by the Homes in 1928. There are now four diagnostic centers, hospitals which are final resorts for the determination of the complete and final diagnosis and proper treatment of the conditions of patients who have been the subject of medical difference of opinion. These diagnostic centers demand that before a neuropsychiatric patient is given authority for admission, his medical record be reviewed to determine the need for a psychiatric social investigation. If there is no such report in file and one is needed, as is usually the case in the so-called functional disorders, this investigation must be made before the patient is sent to the diagnostic center. Several regional offices and hospitals have been united as combined facilities, which permits closer coordination of the out and i-patient departments. In the majority of the 109 Homes, Regional Offices, Combined Facilities and Hospitals of the Veterans Administration, there are now psychiatric social workers, with the exception of tuberculosis hospitals. Only a few of those as yet have a social work unit. This is due, first, to the former scarcity of workers and lack of conviction as to the importance of social work functions, and then just as these two problems were being met, a necessary policy of retrenchment.

Number of workers. There are on duty 115 social workers, of whom 18 have junior social worker status, (October 1, 1932). They are assigned at 72 stations.

Experience and training. The Civil Service examinations and requirements have been steadily raise. The chief improvements have been; first, making the minimum requirement at least 3 years of college work. As a matter of fact, practically no candidates have ever qualified under this 3-year clause, the majority always having been college graduates. The second improvement was the omission of the expression, "or equivalent". It is impossible to determine "equivalency" when the candidates are offering education, training and experience in many agencies throughout the country, whose relative standards there is no authoritative means for evaluating. The requirement permitting college graduates with one year post-graduate training at a school of social work to qualify has provided the major portion of new personnel assigned. These persons are admitted as junior and for the first year at least, are put under supervision at one of the hospitals or regional offices best equipped from the viewpoint of personnel and understanding of social work. For work with any type of patient the Veterans Administration has considered it advisable for the social worker to have had at least one year of experience in the psychiatric field.

In addition to the thesis and certain age limitations, the latest requirements read as follows:

(a) Graduation with a degree from a college or university of recognized standing, with the completion of at least 118 semester hours credit, from a course including work in sociology or psychology. In addition, applicants for Social Worker (Psychiatric) must show at least one year of psychiatric social case work; and applicants for Junior Social Worker must show at least six months of hospital social work, or one year of family case work, or graduation from a post-graduate course of not less than nine months duration in an approved school of social work.

(b) The completion of at least 90 semester hours-credit in a college or university of recognized standing, in a course including work in sociology or psychology. In addition, applicants for Social Worker (Psychiatric) must show that they have had at least two years of social case work, of which one year must have been psychiatric; and applicants for Junior Social Worker must show that they have had at least one year of hospital social work or two years of family case work.

(c) Graduation from a course of not less than nine months duration in an approved school of social work. In addition, applicants for Social Worker (Psychiatric) must have had at least one year's psychiatric social case work; and applicants for Junior Social Worker must have had six months of hospital social work or one year of family case work.

Of the 115 social workers on the staff, 40 are college graduates with some school of social work training (the larger portion having had a full year's course), 35 are graduates either of college or of a school, and all the others, except 9, have had some college work or some separate courses in social work (31).

Present problems. A conspicuous problem involved in the treatment aspects of social work with the veteran is the meaning or significance which his illness has for him. The emotional aspects of the psychology of the veteran are very complex, as they have doubtless been since wars began. Similar, but simpler emotional factors are probably involved in the parallel cases of applicants under the State Workman's Compensation laws. The latter probably do not involve elements like group psychology, patriotism, idealism, politics,

comradeship, comparison of self with others, nor such large amounts of money as government insurance usually represents. Such elements combined with emotional attitudes which any civilian patient may present, make very difficult and interesting any case work procedure such as, for instance, helping the patient gain insight into his problem.

Geographical distances, of course, still cause a lack of continuity in case work, because responsibility usually has to be transferred to another social worker when a patient is discharged from a hospital. An even greater interruption has to be overcome in the cases of patients with non-service connected disabilities, who only under certain conditions are entitled to hospital facilities for treatment but not to treatment in the regional office out-patient departments. Much ingenuity has to be used in connecting them with social and medical resources outside the Federal Government for the conservation of the results of medical care when they leave the hospital. The regional office social workers in traveling about the state are expected to build up such a resource file of social agencies and socially minded individuals.

With each liberalization of the laws by Congress, the volume of work - the ever present problem of public agencies - has continued to increase, particularly in the regional offices. It is difficult for these social workers to get sufficient opportunity even to give the local social agency the interpretation which the Veterans Administration records could well supply these agencies as a basis for their intensive case work. The relationship which should exist between Federal government social workers and those in the State and local community agencies is still in the tentative stage.

Probably most social workers give too little attention to the need for explaining and interpreting social work functions to the professional and lay persons of their organization, as well as in the community. This interpretation is especially important in the Veterans Administration with its large staff of physicians coming from communities, medical schools and hospitals in every section of the country. Some of them in their professional education became accustomed to considering social work, that is, social treatment, as an integral part of effective medical practice. Others are here meeting social work for the first time. How best to develop their keen recognition of the social components of disease and encourage their desire fully to utilize the resources for modifying these components, is an ever present and fascinating duty.

The recording of social data still constitutes something of a problem. It is of course necessary to have all the data relative to a beneficiary in his one folder, which is used by all the departments of the Veterans Administration. The maintenance of a practical social record with the minimum of duplication and expense has not yet been satisfactorily worked out. A variety of methods are in use. At most stations there is room for improvement, both in form and content.

So long as school of social work graduates can be obtained as juniors, training does not seem to be the major problem. It would become one, however, if the register of eligible candidates of this type should become exhausted and it should be found necessary to accept persons offering family or hospital social work experience instead of formal training. It seems difficult to phrase an announcement so as to guarantee experience in agencies of uniformly high standards. This will be an even more acute problem when persons who have been working in emergency relief bureaus under either private or public auspices, apply in the examination, maintaining they have had experience as family case workers. Some Civil Service provision will need to be devised to prevent an overwhelming volume of applications from such persons whose experience, gained

under emergency conditions in agencies of diverse standards, it is quite impossible to evaluate.

The majority of the staff are affiliated with one or more of the three major professional organizations of social workers. The fact that many of the hospitals are at some little distance from cities and that traveling throughout the state engages so much of the time and energy of the regional office workers, have tended to discourage the positive participation in organization activities which would be desirable.

In their community relationships the same problem is doubtless faced as the state hospital social workers meet with the patient, his group, and even with social agencies, namely, the misconception of the nature of mental and nervous disorders. There is frequently found preference for the continued hospitalization of the patient or his readmission, rather than for the readjustment of his attitudes and of the environment which a successful trial visit often requires. The contacts with the patient group, also with the representatives of ex-service organizations and social agencies, especially in the remoter localities, gives an interesting opportunity to set going a development of new attitudes and interests in mental hygiene principles.

Plans for the Future

As is doubtless the experience of many organizations, the services which social work represents, are not yet utilized to the fullest extent. This is due partly to the limited number of social workers; also partly to the imperfect stage reached by both social workers and physicians in the recognition and real understanding of all the social elements involved within the cause of the patient's reaction to his disorder and to any treatment plan. In this period of retrenchment, the expansion of numbers is not to be expected in proportion to the increased volume of work. It is desired, however, to hold fast to the realization of the need of a more penetrating and sympathetic study of the patient's attitudes and emotions in relation to himself and his environment. There is need, too, for a more thoughtful scrutiny of the part the social worker can play in the whole treatment plan for their modification and the encouragement of his personal growth and increased value to his social group.