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*William.*  
Paper read by Mr. W. J. Ellis, Director, Division of Education and Classification, Department of Institutions and agencies, Trenton, N. J., at 21st Annual Session of the National Conference of Juvenile Agencies, held in Salt Lake City, Utah, August 19, 1924, on "The Problem of Mentality While in the Institution."

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The institutions for the retaining of juvenile delinquents in many states have adopted the scientific methods of mental clinics as the surest approach to the solution of the complex problem of mentality which is presented by the population of these training schools. The progress made by school clinics and court clinics has only served to stress the importance of further study of the mentality of the children sent to institutions for delinquents. The State of New Jersey has for the past six years conducted an important demonstration of an effective way to supply the scientific service of psychiatric and psychological clinic study of the inmates of the correctional institutions of the State. When the State Department of institutions and Agencies was organized in 1918 with Commissioner Burdette G. Lewis in administrative charge under the State Board of Control, of all penal, correctional, charitable, hospital relief and training institutions of the State, he immediately recommended the organization within the Department of a Division of Medicine and Psychiatry. Dr. Henry A. Cotton, Medical Director at the Trenton State Hospital, was made Acting Director of this Division and Director in charge of the Psychiatric Clinic with headquarters at the State Hospital and with a staff of Psychiatrists and Psychologists assigned to do the scientific work in all the State Correctional Institutions.

The New Jersey institutions, had had prior to this time, some assistance through their own medical staffs and through occasional consultants in determining the extent and nature of the problems of mentality which confronted them. However, with the organization of the Psychiatric Clinic, it became possible to extend this work so that all institutions benefitted, and every inmate was given a complete physical, psychiatric and psychological examination. Through a combination of the personnel of the Central Department's Division of Education and Classification and the personnel of the Psychiatric Clinic, and through the splendid cooperation that has marked the relations of the scientific workers with one another and with the institutions whom they serve, New Jersey has devel-

oped a system of classification which eliminates much of the "rule of thumb" and "hit or miss" methods of former days.

This work has led, naturally enough, to the scientific study of the causes of delinquency, for it has become plainer and plainer as experience has grown, that the problem of mentality cannot be viewed as an isolated entity apart from the problems of health, of recreation, of physical development, of education and of the entire complex life of the child and of the adult. Neither can the institution's knowledge of its inmates be circumscribed by the old time cursory examinations which passed as scientific studies. The trained scientific specialists of the Psychiatric Clinic are applying in all State institutions, the methods of the laboratory and the methods of the students of behavior. They have not stopped with studies based simply upon present observable characteristics but have gone behind this, aided by the social workers and the school people and the medical profession in the community, to a study of the causative factors that have brought about the delinquency in the individual committed to the institutions.

It is well to call to mind the important contribution which Dr. William A. Healy made to this field with the publication of his work "The Individual Delinquent". Dr. Healy's methods blaze the trail which others have followed. In the "Individual Delinquent", he reviews a group of 823 consecutive cases of repeated offenders, examined by himself and his staff during their work in Chicago. Of these, 560 were males and 263 females. The average life age was 15.5 years. There were no cases below six years of age and none over twenty. Dr. Healy's studies comprehended psychological, psychiatric, medical and social points of view. He took great care to point out the importance of considering both the major and the contributing causes which were fundamental to the delinquency. We may summarize briefly the findings of his study of delinquents: In 64% of his cases, he found mental conditions a major cause. This includes mental dullness, feeble-mindedness, epileptic mentality and the frank psychoses.

Mental conditions were a minor cause in 29% of cases in which there were other causes. He reports mental conflicts the major cause in 7% of his cases and the minor cause in 2%. Defective home conditions were the major cause in 20% and the minor cause in 48%. Improper sex experiences and habits, he reports, were the major cause in 5½% and the minor cause in 29%. Abnormal physical conditions constituted the major cause in 5% and the minor cause in 28% of his cases. As contributing causes, he points out defects in heredity, defective early developmental conditions and the use of stimulants or narcotics, experience under legal detention and educational defects.

We have briefly reviewed Healy's summary of the causes of delinquency to indicate that the student of institution conditions who is prone to explain all problems that confront the institution by ascribing it to defective mentality, is really missing the point. Healy's findings however corroborated by other workers indicate that mental conditions are important. They do constitute the outstanding cause of delinquency in 64% of the cases. They are a minor or contributing cause in 29% additional, and must be considered in any scientific approach to institutional administration.

Healy reports only 11% of his cases as definitely feeble-minded. Similarly, the St. Louis Demonstration Clinic of the Commonwealth Fund reports 11% of its court cases feeble-minded. The institutional experience in the juvenile institutions in New Jersey dealing with children after commitment by the court indicates, that the feeble-minded or borderline cases average from 25 to 30%.

A survey of the Psychiatrist's work for the last year at Jamesburg State Home for Boys shows that of a group of 68 cases referred for psychiatric attention 11 were psychotic, 16 psychopathic, 39 constitutional defective, one neurotic, one choreic. Careful medical and x-ray examinations of these boys showed that in 29 cases tonsils were infected; 38 cases both teeth and tonsils were infected, and in 5 cases there was the more extensive infection of the gastro-intestinal tract. Cooperation between

the psychiatric and medical staff has brought about improvements in the case of practically every boy treated. One boy who was provisionally diagnosed as a constitutional psychopath and given a complete routine of treatment at the State Hospital, consisting of the cleaning up of dental and tonsil infection and autogenous stomach vaccines and serums, made remarkable improvement resulting in a complete personality change. This boy had been surly, complaining, threatening and disinterested. He showed lack of insight and exercised such poor judgment that he was avoided by the other boys of the institution, and was an unwelcome member of any assignment within the correctional institution. Following his treatment at the State Hospital and return to Jamesburg, this boy showed a complete reversal of his former attitude. He displayed good judgment and insight into his former conditions. He became interested in his work assignments. He has been reported as never complaining and his good behavior and eagerness to assist has brought him the liking of the instructors and the other boys. This case illustrates the possibility of utilizing the medical and psychiatric clinic service, not only for purposes of diagnosis, but for positive treatment and successful rehabilitation.

Feeble-mindedness alone can scarcely be taken as a sufficient cause of delinquency. However, when feeble-mindedness is complicated with habits of misconduct it may involve a grave situation. Within the institution, the special class can contribute much toward training the boy along the lines of industry and honesty. The so-called habits of good citizenship, which are fundamental requisites need to be made concrete, specific and definite. Dr. Charles Scoot Berry of the University of Michigan has pointed out that it is becoming more and more clear that the goal for the special class group and the objective of their training is unskilled labor in the majority of cases. This can be more readily understood when it is remembered that 20% of the adult labor in the United States falls into the group of unskilled labor. That is a goal, and it is important to examine the problems involved in the training of

unskilled labor. These may be enumerated as follows: 1st, Punctuality must be taught. No laborer is worth much who is always late on the job or frequently late to work. Still less can the unskilled laborer afford to report for duty half an hour after he is expected. 2nd, Regularity of attendance must be stressed. When men are to be laid off, the man who is late or who is absent from his regular work, will be the first to go. 3rd, Unskilled labor must learn to follow instructions promptly and to the letter. Here the importance of right habit formation must be stressed. 4th, The special class child in the institution or in the public school must learn to get along with others and to work with others. If he is troublesome, he must learn how to overcome his unfavorable disposition and his bad habits. 5th, He must have an all around training in diversified lines of common labor. It does no good simply to train him for one specific job, as his outstanding characteristic is his inability to meet a new situation successfully, and it is therefore important to give him as many types of training as possible on the level of his skill and intelligence.

Within the correctional institutions the feeble-minded boys must be placed with officers who understand their conduct and who will exercise patience to avoid building up bad habits. Dr. Healy has pointed out that unsatisfied interests, even with high mental ability, when operative as a cause of delinquency often means that good material is going to waste. Hobbies and avocations are devices often employed by parents to tide boys over during difficult periods. Delinquent boys are peculiarly lacking with respect to help of this sort. Opportunity may be given them to pursue their hobbies individually or in groups in connection with institutional life. Such popular magazines as *The American Boy*, *Popular Mechanics*, etc. might well be increased in number and in use. Academic work correlated in trade training should be especially stressed in cases of this sort.

For a psychopathic and definitely psychotic boy distinguished from the feeble-minded and the mentally dull, the juvenile institution or training school

must depend upon a strict medical regime carried out under hospital conditions. New Jersey experience has indicated that greatest success with such problem boys has come when they are treated as primarily sick. Education in the ordinary sense is secondary to the treatment of their disease. Where a transfer to the State Hospital is not indicated as wise or necessary, opportunity for rest and quiet is valuable and should be provided. This is far more important than repressive disciplinary measures. Of course the factors presented by the individual case must govern in such matters. Where a boy is retained in the institution, the selection of the officer and of assignment is very important; there is a difference in individual cases, routine work being enjoyed by one boy where the same work would be highly irritating to another. Attention must be given to the attitude of other boys in the institution toward such cases and a special effort made to put them in groups where they will not be the objects of ridicule or pestering.

**SUMMARY AND CONCLUSIONS:** Summing up, we would stress the importance of all around study of the individual along the lines developed by the Psychiatric Clinic in the Classification Department of the New Jersey State Institutions. This will include a complete physical examination by the resident physician with the special laboratory tests for congenital and acquired infections, and the x-ray examinations which are supplemental thereto. It will also include the all around study of the Psychiatrist and Psychologist, not only examining into the present mental status of the individual inmate but through the Social Service Departments, viewing the patient from a developmental aspect as a behavior problem.

This procedure calls for a combination diagnosis which should lead to a settlement of the causative factors in the patient's delinquency, including both the major and minor contributing causes. On the basis of this determination, the institution's schedule of training and treatment may be outlined subject to further experience and reclassification.