BRIEF COMMUNICATIONS

PSYCHIATRIC EMERGENCIES IN CHILDREN*

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REQUESTS FOR emergency services constitute a problem for all psychiatric clinics for children. However, the characteristics of these referrals are not often subjected to formal study.§ At the workshop held at the 1961 Annual Meeting of the American Orthopsychiatric Association there seemed to be general agreement in recognizing certain situations as emergencies.|| The participants considered children with suicide attempts, incipient psychosis and acute school refusal as bonafide emergency situations requiring prompt clinic intervention. Many referrals were felt to result from a family crisis, rather than from intrapsychic crisis in the child.

Interest in the present study was initially directed at the question: What is a true emergency? In many ways this approach seems to beg important questions. Granted that certain kinds of situations are generally accepted as requiring emergency care, many others are also referred to as emergencies. This leads to a second question: What kind of situations are called "emergency?"

METHODS

This study was conducted in a child psychiatry clinic of a university medical center that functions simultaneously as (1) a consultation center for physicians and agencies throughout the state, (2) a clinic resource for direct referrals from parents, teachers, physicians and agencies in the local area, and (3) the screening department for an affiliated inpatient unit. Intake policy limited new cases to children under 15.

The study is retrospective, reviewing the clinical records of a group of children referred as emergencies, and comparing these with a control group. The experimental group consisted of 110 children representing all of those re-

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§Gillman, A. E. Presented at the Workshop on Emergency Referrals in Child Guidance Clinics, the Annual Meeting of the American Orthopsychiatric Association, New York, N.Y. March, 1961. Reidy, J. J. 1960. Community pressures and a state hospital program for children. Amer. J. Psychiat. 117:336.

||Larson, J. and B. Amran. Workshop on Emergency Referrals in Child Guidance Clinics. The Annual Meeting of the American Orthopsychiatric Association. New York, N.Y. March, 1961. Personal Communication.

ferred to the clinic as emergencies during a single year. This group was defined by using the definition of the referring person. That is, if the person making the referral said that it was an emergency or extremely urgent, or words to that effect, the case was included in the experimental group. A randomly selected control group of 110 children was drawn from the 600 children referred to the clinic during the same period of time, but not on an emergency basis.

Most of the data were obtained by the original diagnostic teams, who completed a coding outline that had been in use in the clinic for some time.* This outline consists of three sections devoted to (1) identifying and objective information such as age and sex, (2) the social and psychiatric history and (3) the findings from the psychiatric and psychological evaluations.

The history included information about the source and method of referral and the expectations of the referring person. The psychiatric section included a diagnostic classification. Where appropriate, attempts to quantify the data were made. This group of data in nearly 100 categories was coded and punched on IBM cards for tabulation and statistical analysis.

RESULTS

The data from the control group seem representative of a typical clinic population. There was a preponderence of males (4 to 1) and an average age of nine years. Referrals came mainly from schools (39 per cent) and physicians (25 per cent). Of particular interest to this study was the finding of a considerable degree of chronic illness: 80 per cent had been ill longer than three years; 50 per cent longer than five years. Referral had been made for a variety of reasons, the largest number (27 per cent) attributed to difficulty in arriving at a suitable diagnosis or treatment plan.

Comparison of data from the experimental (emergency) and control groups using the chi square techniques revealed few areas of significant difference. Compared to the controls, the emergency group showed significant differences (all at the .005 level) in duration of illness, age, source of referral and the nature of events lending to the referral. Otherwise, the histories and psychiatric findings fail to distinguish the two groups.

Most of the difference in age was accounted for by increased numbers of children between ten and 14. Physicians and courts made many more emergency referrals; schools did so infrequently. The children in the emergency group had been ill and had had their presenting symptoms for significantly shorter periods of time. Even so, the evidence of chronic illness was striking with the presenting symptoms present for more than six months in half of the children.

The study of the precipitating events leading to the referral showed that in the emergency group there are children with acute, bizarre, mental symptoms, children who have made suicide threats and children with somatic complaints in significantly larger numbers. Sudden, dramatic aggressive outbursts were slightly more common in the experimental group, but not significantly so.

*This form was devised by Dr. Jack Westman, Director of the Outpatient Department of the Children's Psychiatric Hospital, University of Michigan Medical Center.

Diagnostic or treatment dilemmas were infrequent in the emergency population.

The next phase of the study consisted of re-examining the data from the emergency group. From the larger heterogeneous group of 110 children, two separate subgroups could be identified. Attempts to develop other subgroups were unsuccessful. Since the focus of this study has been on the events leading to referral as an emergency, these criteria were used in identifying the first subgroup, A, which consisted of 28 children. These included all referred because of (1) the sudden onset of bizarre or "neurotic" mental symptoms, (2) the appearance of disabling somatic complaints, (3) acute school refusal. Subgroup A might be termed "autoplastic," in that all the children were experiencing subjective discomfort with their symptoms, which disturbed their mental functioning or gave rise to somatic complaints. They were different from the other children, who tended to show more outwardly directed behavior manifestations in their illness. These children were much more acutely ill. Fifty per cent had been ill less than six months. whereas the same was true in only 2 per cent of the controls and 9 per cent of the remainder of the experimental group. In subgroup A, the sexes were represented with equal frequency. The reasons for referral were also different in this group, reflecting the kinds of symptoms characteristic of children with autoplastic symptomatology. Likewise, the histories and psychiatric findings were those that might be expected with children with this kind of disturbance. There were evidences of an over-all higher level of personality maturity, with better social adjustments and more "neurotic" disturbances than those of the acting-out type. School performance and behavior tended to be better than in the control group. Of particular interest is the fact that almost 70 per cent of these children were referred by physicians; only a very few came from courts or other social agencies and the remainder were referred by school personnel.

The second subgroup, B, included those children for whom one singularly dramatic event seemed to result in the decision for referral. We found this to be the situation in 37 of the emergency group, including six children referred following a suicide attempt and others for whom there was a single dramatic incident, usually a delinquent act. Included were such things as homicides, especially lurid sexual escapades, arrests as drunk and disorderly and the setting of large fires. Small fires seemed incapable of precipitating the same kind of urgency in our referring sources.

When the children in subgroup B were compared with the control group and with the remainder of the experimental group, none of the measures used elicited any differences, with the exception of those general characteristics that held for the experimental group as a whole. It is of interest, however, that in one-third of this group the referring source had indicated, upon referral, an impression that the child was overtly psychotic or that an open psychotic break was imminent, and yet the psychiatric examination revealed no psychosis.

After removing subgroups A and B from the experimental group, we studied the remaining 45, but attempts to classify them were unsuccessful. They had had significantly poorer social adjustments and had been involved with more agencies—including courts. As did all of the emergency subgroups, they had illnesses of shorter duration than the controls

but here the difference was the least marked.

DISCUSSION

The expected finding in the emergency group of children with suicidal attempts, incipient psychosis and school refusal was confirmed. The finding that referring sources erroneously viewed some dramatic misbehaviors as psychotic seems to indicate that the request for emergency evaluation be honored so that adequate diagnosis and proper treatment can be undertaken. With our techniques we did not discover as much family crisis as expected. Frequently the child and his family seemed chronically disturbed but stabilized in their pathology and it was an outsider who found a "crisis" and instigated the emergency referral.

The group of emergencies is heterogeneous. About one-fourth of the referrals are identifiable as children with autoplastic symptoms whose histories and psychiatric findings are quite different from the remainder of the experimental group and from the controls. These children seemed to be labeled "sick" by the community and are referred quickly, usually through medical channels.

In the remainder, the tendency is more that of considering the children "bad" and resorting to psychiatric referral only after other community resources have failed, or after an especially dramatic bit of acting-out behavior.

EDUCATIONAL TECHNICAL ASSISTANCE:
A Psychodynamic Approach to School Supervision*

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THE MAJOR CONCERN of the School Research Program is to develop methods of consultation and supervision most useful to school staff. We use the word staff advisedly, to express our conviction that a program such as ours must deal directly not only with the teachers but with the principal and with all other adults within the school setting. Our program is limited to training staff to deal with the various manifestations of emotional disturbance within the school, and the consultative process itself is the basic training device.

Our use of the term "educational technical assistance" implies that we believe there is something essentially new about our method. The program comes from outside the school system and is available only to those schools whose principals have requested such assistance on a regular weekly basis for a period of at least one school year. Of these, we have had to select only a few, as this is a pilot project with a limited staff.

Our method has many similarities to the Crisis Consultation process as Lindeman, Caplan and Bindman have conceived it. It differs significantly,

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