

THE ADLERIAN AS CONSULTANT IN THE GENERAL COMMUNITY¹

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The mental health world is entering a new era. The psychoanalytic model is no longer the dominant mode of treatment. Overintellectualizing is quickly giving way in many of our young psychotherapists to relating with various kinds of people in developing a sense of community. This approach stresses the importance for professionals of various orientations to work together in demonstrating their own high degree of community feeling or social interest. The present paper deals with attempts at integrating suitable Adlerian approaches with the general therapeutic community. We shall discuss three situations in which Adlerians work with others of different orientations, two in a non-Adlerian setting, and the third in a primarily Adlerian setting.

A PSYCHOANALYTICALLY ORIENTED TREATMENT CENTER

Several years ago, the Central Baptist Children's Home in Chicago was converted from an orphanage into an intensive residential child treatment facility. As is typical in the Chicago area, the program was directed by psychoanalytically trained social workers. For various reasons, they were without a psychiatric consultant for several years. Initially they requested a flexible, psychoanalytically oriented consultant. However, the principle author was known as a psychiatrist in their area and they decided to interview him. When the author identified himself as an Adlerian, they asked what that was. After he had explained, an agreement was reached to work together for a trial period.

At first the psychiatrist and the staff seemed uncertain of each other. But this changed quickly. The staff were generally bright and flexible. The psychiatrist did not act superior to the staff and avoided a hard-sell manner of promoting his views. Instead, he simply used

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Adlerian concepts wherever they were applicable. Rather than showing an antagonistic, negative attitude to Freudian concepts, he attempted to translate the staff's ideas into Adlerian terms, and showed how new perspectives could be developed by looking through the lens of the teleological approach.

For example, children were typically placed in the center by the court, after they had suffered severe deprivations. These deprivations were, of course, considered by many of the staff as the primary cause of a child's behavior problems, be they fighting, lying, withdrawing, or whatever. However, when the goals of the children were examined, it could be shown that although deprivation was common to all, some sought power, some sought to be "supergood" to gain attention, and some just sought to evade the demands of others. Rather than get into a senseless argument as to whether deprivation or faulty goals "caused" the problem behavior, the psychiatrist and the staff agreed not to respond to socially useless goal behavior and instead to acknowledge and encourage socially useful goal behavior. The staff was instructed in methods to avoid power struggles and inappropriate and ineffective interpretations. Indeed, they were shown that by avoiding these traps, they could enjoy the children more, accept them readily as human beings, and encourage them to think for themselves, despite past deprivation.

The psychiatrist acted as a psychiatrist first and as an Adlerian second. His knowledge of general as well as child psychiatry, was critical to what he was doing. This included an ability to recognize a true psychiatric emergency, and help the staff to deal with it. It also involved knowledge as to which children needed medication, and which needed medical referrals, recognition of what behavior is age-appropriate and what is not. Only when the first author succeeded in establishing himself as a competent child psychiatrist, could he begin to establish himself as an Adlerian child psychiatrist. In the final analysis, the staff did not care whether the consultant was a Freudian, Adlerian or whatever, as long as he could help them. But they did insist upon a competent professional.

Eventually, the director of the program began reading the works of Adler and asked for the psychiatrist to give a formal lecture on Adlerian psychology, since it seemed to be quite helpful to her staff. The consultation relationship is now nearing the end of the first year and can be considered a success.

A SPECIAL EDUCATION DISTRICT

Special Education Districts in the Chicago area typically have people of various orientations, from behavior therapists to psychoanalysts, with a few Adlerians, usually in the education department. The critical problem is to develop a total team approach in which people of such a multiplicity of orientations can work together. This is especially true in the area of mental retardation and learning disability, where professionals work with both the child and the family.

Adler's theory of organ inferiority was found to be particularly useful. The child has a real or perceived organ inferiority. He and/or his family can either use it as an excuse for avoiding the life tasks, or they can proceed to encounter life to the best of their abilities and strive to overcome the inferiority. This theory facilitates a pragmatic way of discussing the life problems of the handicapped with the child and his parents. It also offers an effective means where, if used tactfully, a consultant can cement working relationships between people of various orientations. For example, the behaviorist can be comfortable with the goal-oriented aspects of the theory and psychoanalytically oriented people can feel comfortable with some of the cognitive aspects of the theory. Thus, we see here that Adlerian theory can be utilized to unify a team, rather than to split it.

AN ADLERIAN CHILD PSYCHIATRY CLINIC

An Adlerian-oriented community child psychiatry clinic is located at St. Joseph's Hospital, Chicago. It is three months old, and consists of an Adlerian psychiatrist working with several social workers of both Adlerian and humanistic orientations. Psychological testing is done by Adlerian psychologists. The chairman of the department, under whom the clinic operates, is an Adlerian. Here we are beginning to combine Adlerian child guidance techniques with traditional procedures. Parent counselling is a standard part of the initial interview. An Adlerian parents' group is currently functioning, and an adolescent group is being developed under a therapist with a humanistic orientation. Short-term intensive one-to-one psychotherapy is being conducted with the orientation depending upon the individual therapist.

Referrals are being made to agencies within the community which can provide services and resources not yet developed within the clinic. Joint community staff meetings are held with representatives from

these agencies, to which persons interested in learning and observing Adlerian theories and techniques in action are invited. These staff meetings often serve as excellent teaching vehicles.

Since the clinic provides counselling for parents as well as extensive diagnostic services to the retarded and/or learning disabled children, Adlerian techniques and theories can be integrated through a wide gamut of services. Significantly, the clinic with its pronounced Adlerian orientation increasingly provides consultations and evaluations to a wider segment of community agencies which operate under different orientations. The acceptance of the Adlerian Child Psychiatry Clinic within the community, and as a service to other medical clinics within the hospital itself, provides a concrete example of an Adlerian agency successfully operating along with other agencies and resources toward the common good of the community.

CONCLUSION

Through the experiences related, the authors feel that some basic guidelines for implementing Adlerian approaches within various community setting have been established, and, although modest in scope, will help in developing a growing appreciation for the effectiveness and usefulness of Adlerian psychology as a mode of treatment in child psychiatry.