

Summer 1935

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### Recommended Citation

Edward H. Stullken, How the Montefiore School Prevents Crime, 26 *Am. Inst. Crim. L. & Criminology* 228 (1935-1936)

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## HOW THE MONTEFIORE SCHOOL PREVENTS CRIME

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EDWARD H. STULLKEN\*

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Every school system has many individual pupils who because of their behavior test the patience and ingenuity of teachers, principals, and other school authorities. Childhood should be an age of happiness, and yet many children are being blighted by nervous disease, by psychopathic difficulties or by problems of truancy and incorrigibility. Many others are out of adjustment to society to a less degree, but are none the less unhappy in school life. Too often through ignorance or lack of understanding these children are destined to discouragement, unhappiness and failure. School people cannot fail to reflect upon how inadequate is their knowledge and treatment of the behavior of these pupils.

One of the latest additions to the various services offered by the Chicago Board of Education to care for boys with such problems is the work of the two new special schools for truant and problem boys. The first of these, the Montefiore School, was opened September, 1929, and cares for the underprivileged and unadjusted boys of the north and west sections of Chicago. The school enrolls approximately 510 boys and is designed for those who need special attention educationally, psychologically and medically. The boys of the Montefiore School are from 10 to 17 years of age and in addition to school adjustment many need medical and dental attention. Transfers are arranged through the school authorities and boys are not committed to the school by court action. It is the intention to keep boys out of court if possible.

The Montefiore School is unique in that it combines many of the advantages of a child guidance clinic with those of a special school. The classes in the school are small, averaging not over 25 boys per class. With small classes and additional equipment the teacher is able to give the problem boy the individual attention he needs. Teachers are specially selected because of training and experience which fit them for intelligent work with problem cases.

The Chicago Board of Health furnishes the school with medical and dental services. A competent physician and nurse give every

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boy a complete examination in order to discover any physical impediments to his progress in school. The examining physician and nurse also confer with parents, visiting teachers, and others to recommend procedures and remedies in order to correct defects. An oral hygiene team examines the teeth of the boys in the school and a dentist furnished by the health department works in a well equipped office provided in the building. The Board of Education furnishes a psychiatrist part time who handles all the severe cases of behavior difficulty.

A full time psychologist is assigned to the school by the Bureau of Child Study of the Board of Education. The psychologist determines the mental equipment, detects any mental handicap, and attempts to discover the special aptitudes of each boy so that he may be most advantageously placed in the various types of work offered by the school. A special speech teacher works at the school correcting the speech of those with defects. Individual work is also done with groups of boys having pronounced reading and arithmetic disabilities. These have all been given diagnostic tests to determine their particular difficulties. The director of personnel work and the truant officers do the social work and secure the confidence and cooperation of the boy and his parents in order to make the home, the school, and the various interested social agencies mutually helpful to the solution of the problems. Special teachers are provided for recreational work in order that the boys may be taught how to play as well as how to work.

A manual training shop, an electrical and metal shop, a reed-weaving and rug-making room, all supplemented by work in mechanical and free-hand drawing, interest boys to work with hands and machines. A science room, a library, a music room and a special room for particular problems also furnish activities in addition to the work done in the academic classrooms. Books for the library are furnished in part by the Chicago Public Library. A shower and bathroom, with a matron in charge, makes it possible to bathe four or five boys every 30 minutes of the day. In addition to a small gymnasium, a gameroom has been installed and has much the atmosphere of a boys' club.

Work along several lines is being stressed. The staff is attempting to teach courtesy in word, action, and deed; cleanliness of body, mind, and speech; the fundamentals of an education; and the correction of physical and dental defects. The school is in session six and one-half hours daily five days a week and is open for all 12 months of the year. Every effort is being made to overcome re-

tardation, to remedy defects, and to bring all boys back to their normal grade placement. The small classes, the individual attention, the additional equipment, and the special services of medical, dental, psychological, psychiatric, and social workers make this possible. In the two and one half years that the school has been in operation it has served as a laboratory where the behavior of problem boys can be studied. The results have justified the school's existence.

The attendance of the pupils in the Montefiore School has been over 89% in spite of the fact that 65% of the boys were habitual truants before being sent there. Less than 18% of all boys enrolled have had to be taken into the Juvenile Court. Over 84% of those returned to regular schools have made good. There is no longer a waiting list for cases coming before the Juvenile Court. Approximately 500 boys have been saved from a court experience, and 350 boys have been saved from a parental school or institutional experience for each of the past five years that the school has been in operation. In this time 528 boys have been graduated from the 8th grade and have left school with a feeling of success rather than a sense of failure. This feeling of satisfaction is an important item when working with problem children.

Careful study by teachers and psychologist discloses that boys in the school make much greater progress than is ordinarily expected. All of the school subjects show improvement and when measured on the basis of the school as a whole, improvement in the school subjects is 132 per cent. Individual cases of boys having almost a total reading disability when they came show as much as three and four years progress in one year.

These facts seem to indicate that special education and special attention will prevent truancy and delinquency. Possibly the outstanding accomplishment of the school is the improvement in pupil conduct and in development of character. The school is more important in the lives of these problem children than in that of ordinary children because it is not only an educative force, but also often the only agency giving them an opportunity to adjust to the world in which they live.

One of the lessons learned in working with problem boys in this school indicates that the education of the past, which has frequently been concerned with a narrow, intellectual development, has failed to take into account that problem children need adjustments—such as developing their personalities, securing emotional stability, developing a sense of security—more than mere intellectual development. The mental hygiene movement has done a great deal toward de-

veloping this broader viewpoint of education. It has resulted in deflecting the emphasis of the teachers' work from the routine of intellectual discipline and drill to the more important task of training the child to meet the real problems of life. One of the psychiatric contributions to education has been the creation in the school of a mental hygiene viewpoint on the part of teachers, principal and others rather than in keeping psychiatry as an external and clumsy corrective to all that is unpsychiatric in the school's activities. It is much more important that teachers view the behavior of their pupils in an intelligent way so that they may prevent their becoming problems than that they secure expert clinical services for them after they have developed into behavior problem cases. Furthermore, the teacher is the person who eventually must apply any treatment carried out by the school.

The need for a psychiatric point of view in the special school for problem children is self-evident. Behavior, either good or bad, has usually a purposive value for the individual, and behavior that appears pathological or abnormal may be found to be quite logical and normal when the sequence of causes is known and when the entire history of the child's behavior has been studied.

From the study of behavior difficulties in these boys it is quite evident that by the application of mental hygiene principles to classroom problems the teacher in any school can go a long way toward clearing up all behavior difficulties that may interfere with the individual child's development. Truancy, misbehavior, and petty delinquencies must be viewed as symptoms of something wrong in the life of the child in relation to society rather than as abnormalities of his nature. So called behavior difficulties among children are the symptom-picture of underlying conditions, the roots of which may be found in the family life, the economic and social environment of the child, the school situation, or in the biological and psychological aspects of the personality of the individual child. The Montefiore School in its work with problem boys tries to be careful that defects of environment are distinguished from constitutional factors. The truant, the child who misbehaves, the child who doesn't get on well with his fellows is considered as a case for special study rather than as an object for punishment.

It has been found that an important means of treating behavior difficulties is to readjust educationally the pupils presenting such difficulties and to prevent maladjustment in school learning. Many children become problems because they are mentally retarded and because the regular school work does not meet their particular needs.

The mentally defective child learns with difficulty, but it is even more difficult for him to unlearn, and consequently bad habits once formed are almost impossible to reform. Mental adjustment consists in a balance between the energy capacity of the individual and his opportunities for spending that energy. In the case of the adult if his energies are blocked in one direction he can turn elsewhere for outlets or if he is bored or surfeited he may seek new experiences. The child in school, however, can usually take no such liberties. His tasks are set and his outlets rigidly prescribed, consequently, maladjustment may be expected and behavior difficulties may arise unless the routine of school work is made more elastic and offers more generous and varied curricula to give opportunity for the child to express himself in other channels than through ways that are anti-social to the school group. The work of the teacher in charge of the special room for subnormals in the Montefiore School indicates that new methods, new curriculum materials and progressive ideas in handling this type of problem case will succeed where older methods and meager materials have failed. Mental capacity cannot be supplied, but these unfortunate children can be given a real sense of security and with understanding treatment will develop into self-respecting, useful and reliable citizens.

Special subject difficulties, uneven development of children constitute other factors, which if not cared for, lead to behavior difficulties. Approximately ten per cent of the boys enrolled in the Montefiore School as problem cases were found to be almost total reading disability cases. They were not necessarily boys of low intelligence, but boys who because of faulty teaching, neurological defects or other reasons have failed to respond to regular instruction in reading. Most of them suffer from an inferiority complex which discouraged them when working in regular classes and developed in them a decided distaste for ordinary school work. Others have become problems in school because of similar difficulties in arithmetic. In either case when given special help and when their particular difficulties have been overcome, they cease to be school problems, cease to play truant and make satisfactory adjustments to school and home environment,

Another result of the work with this group of problem boys has been the recognition that the selection and diagnosis of cases of behavior difficulty is a baffling problem with an almost hopeless interrelating of causes and effects. Generalized statements applied to behavior cases in groups are difficult to formulate and of very doubtful value when applied to individuals. Cases of behavior problem difficulty may be selected by one of two groups; first by staffs of experts

consisting of psychologists, pediatricians, psychiatrists, psychiatric social workers, etc., or secondly by teachers, principals, parents and others. The types of cases considered to be those with behavior problem difficulties when selected by one group differ radically from those selected by the other. For example, pupils who disturb the teacher and disrupt the discipline of an entire schoolroom may be found by the experts to offer no fundamental psychological or psychiatric problem. Nevertheless, such cases may be real problems to a teacher and to a school. On the other hand, the child who is quiet and of retiring personality may be a serious potential case in the opinion of the psychiatrist and yet by reason of causing no disturbance in school will be considered a model child by his teacher. Educators must be willing to be guided by the suggestions of specialists in the matter of handling behavior problem cases. On the other hand a staff of experts, even though their scientific examination may disclose no basis for diagnosis or study, must be willing to set up a general preventive program in practical terms which teachers and lay educators may be able to use in overcoming difficulties that face the harassed classroom teacher. The Montefiore School can make no greater contribution than to bring about a mutual understanding on the part of teachers and psychiatrists in the recognition of cases for special study.

The work in the Montefiore School also indicates that the diagnosis and treatment of the case should often be carried out simultaneously. In the Montefiore School treatment is started when the boy enrolls, his confidence is gained and he is given an interesting program which may be changed from time to time as conditions indicate. The fact that the school has many of the advantages of a clinic, these features being an integral part of the whole school program, makes it possible to do this. Furthermore, it has been found that many a problem case recovers without the luxury of an expensive diagnosis by a psychiatric child guidance clinic. It is much more important to make a friend of the problem boy than to question him concerning his failures and it may even be a mistake to search too closely for the cause of his troubles. The school should deal with the assets of the child's life rather than dwell upon his liabilities.

The relation of physical defect to behavior difficulties is in general not well defined. In the case of the more common physical defects, the causal relation is easy of belief because of their very frequent association with behavior difficulties. In the Montefiore School the examining physician found an average of more than four physical defects per boy, and 93% were in need of dental care. Comparing these figures with those of a control group examined in a

regular school, the problem group showed an average of more than one physical defect per boy more than those found in the regular school. This array of physical defects in a group of problem children infers a relation of contributing cause at least. Reaction to physical discomfort as to any other unpleasant condition or situation is conditioned by the type of individual. Even though the physical defects may not have initiated the misbehavior, there is little question but that they exaggerate and are a factor in its persistence. An aggregate of four physical defects can induce a handsome aggregate of irritations in a naturally irritable individual.

It should be pointed out that any program to prevent crime in our large cities will be faced with the problems arising out of the heterogeneous population, the struggle for existence among the poorer classes and the complicated life for all children which intensifies the problem of rearing and educating them successfully. This situation is aggravated by the tendency in many cities to have the schools in the poorest regions most overcrowded and of providing the most meager school facilities in the very place where conditions are the hardest. An examination of the homes of the 438 problem boys in the Montefiore School showed a total of 331 poor family situations, 175 being entirely dependent upon charities for existence, 184 needing some help from outside sources while only 75 were self-sustaining and only 4 were characterized as being in very comfortable circumstances. The school, therefore, when it attempts to deal with problem children must make compensations for such poor home surroundings. While it is in general true that behavior patterns of the child are shaped in the child's early experiences of the home and may even be well established before his school life is begun, yet the school has the child for approximately twelve years during which it may use every opportunity for reconditioning and reeducating him. All conditions which tend to increase the peace, satisfaction, economic and social status of the people and to develop justice, honesty, industry and good citizenship in the community atmosphere fit into a program of crime prevention. Its influence must reach far into the field of parental education and into a proper understanding and guidance of the emotional life of the child.

In brief such a program will involve the application of good psychology and good common sense; it will involve a return to many of the truths formerly taught by the Church and its religious teachers; it will involve practicing the mental therapeutics often used by the old family physician; all of which will bring a peace of heart that must precede any achievement of the mind.