A History of the Durham Child Guidance Clinic: From Child Guidance to Child Development and Behavioral Health 1947-2006

Edward F. Lueth, M.S.W.

The Vision

Child Guidance Clinic

"In the opening early next month of the Durham Child Guidance Clinic this city experiences another progressive step in its total efforts at social service.

There has been in operation at Duke for some time a children's clinic that has served specifically those referred to the hospital. That service has continually cooperated with the local Family Service Society and the Welfare Department in handling cases coming under their observation.

The proposed Child Guidance Clinic will make available to all of Durham and this area the same type of referral service, plus what may be done by a trained psychiatric social worker devoting her full time to consultations with teachers, parents, and children to serve them in such emotional or personality problems as may develop.

Here is a specific instance of the value of the research studies of the Durham Social Planning Council. More than a year ago a survey was completed revealing a large number of children who could be helped by such a clinic. The Junior League has underwritten the project, and with the new director ready for service the clinic is to open early in April with offices in the Health Building.

Durham profits with every gesture that is made to meet its social needs. This newspaper is pleased that this has been provided to meet a specific demand here."[1]

Two years earlier before this Herald article was written, the Durham Social Planning Council conducted a survey of handicapped children and adults; the survey indicated that 575 children were known to be in need of the type of treatment that only a child guidance clinic was qualified to administer.

Concurrently, the Junior League accumulated a sum of money which that they wished to invest in a social welfare program that would provide maximum benefit to the community. A project committee was formed by the Junior League to determine the best way to invest the money. After a lengthy investigation, the committee concluded that the League project would be a child guidance clinic.[2]

The Durham Child Guidance Clinic project turned to Dr. Maurice Greenhill, M.D. of the Duke Neuropsychiatry Department for advice and guidance. Because of the expense required, the Junior League would attempt to operate the new clinic on a part-time basis only. The necessary staff would include a psychiatrist, a psychologist, a psychiatric social worker, and secretarial assistant. The die was cast and plans were made to open the clinic.

Why A Child Guidance Model?

The most important innovation in the field of child mental health in the late 1920s was the establishment of the Child Guidance Movement, initially in the United States. The model relied on inter-disciplinary collaboration by psychologists, psychiatric social workers, and psychiatrists. It was viewed as a new form of social service, in which the inter-disciplinary team cooperated to help parents and children resolve the difficulties they encounter in living together. Stated another way, Child Guidance 'conceived its task to be primarily that of adjusting the growing individual to his own immediate environment . . . rather than that of curing a mental illness or treating a psychiatric patient'.[3]

Consequently, the peculiarity of child guidance clinics is that they provided psychiatric treatment to children and social case-work to parents simultaneously. While theory has changed with the years, and a range of treatment methods have come in and passed out of favor, the single most important tenant is that psychiatric treatment of children must usually be accompanied by case-work services to parents.

Significant advances in the care of disturbed children continued after World War II. There was tremendous growth in out-patient clinics and in-patient hospital services. Moreover, there was increasing acceptance of the need for services for children and adolescents. The optimum method for service delivery, however, has always been an area of debate and uncertainty. Divergent models of service were provided by child guidance clinics, many under local educational authorities and others as health service-based child psychiatry services, led by psychiatrists, with a wider responsibility in caring for disturbed children in the general population.[4]

The Community and Duke; the Early Years

On April 15, 1947 the Durham Herald published an article saying that the staff was completed for the Child Guidance Clinic. The President of the Clinic, W.M. Jenkins, announced that through the cooperation of Duke Medical School, the Duke Psychology Department, and Duke Hospital the services of three psychiatrists, one clinical psychologist and one pediatrician were secured for the clinic.

The psychiatrists were Dr. Maurice Greenhill, Associate Professor of neuropsychiatry, who would serve as chief of the psychiatric section; Dr. John D. Bradley, Instructor in neuropsychiatry; and Dr. Reginald V. Berry, Fellow in child psychiatry. Dr. Katharine Mayl Banham, Associate Professor in the department of psychology, would serve as the clinical psychologist and Dr. Grant Taylor, Associate Professor of pediatrics at Duke Medical School, would be the clinic's pediatrician.

The part-time volunteer professional staff would serve with Mrs. Jacqueline M. Lorber as the Clinic's psychiatric social worker and executive secretary. Mrs. Lorber had been recruited from New York and had considerable experience as a field worker with the New York State Psychiatric Institute. Mr. Jenkins stated the clinic was "very fortunate" in securing her services. "Trained psychiatric social workers are very scarce these days" he said, "and we were happy when Mrs. Lorber consented to come to Durham and take charge of the Child Guidance Clinic. We have needed such a clinic in our community for a long time."[5]

On April 21, 1947 the Clinic opened for business on the third floor of the Health Department Building in Durham. With Junior League contributions of $7,000.00 Mrs. Lorber announced the Clinic would begin immediately accepting children and families for services.

Not surprisingly, Mrs. Lorber reported to the Durham Sun in July 1947 that most of the children seen at the clinic during the initial demonstration period presented because of behavior problems. After physical causes are ruled out the patient was referred to the professional staff to determine diagnosis and course of treatment. "This is a point I want to particularly emphasize," Mrs. Lorber said. "At all times we keep the parents informed of what is happening to the child, and we make no effort either to be falsely optimistic of pessimistic."[6]

It was also reported in the Durham Herald that the new clinic would have an opportunity of serving many more children. In championing aid for delinquents, the Herald wrote, "Redeeming youth is one of the biggest tasks of social service. It is to be done not by the creation of new laws and their attempted enforcement. It is to be done through the intelligent and analytical handling of each individual who in any way shows a need of the counseling such a clinic can provide."[7]

On April 15, 1948 the board of directors for the Durham Community Chest (predecessor of United Way) met and voted to accept the Child Guidance Clinic as a part of Red Feather Services, effective January 1, 1949. The timing was important because the Junior League had announced it would "no longer be able to carry the full operational cost of the Guidance Clinic and wishes that the agency be admitted to the roster of Community Chest organizations."[8] The approved budget for 1949 reflected revenue from the Community Chest totaling $7,811.00 and from the Junior League totaling $3,000.00 toward expenses of $12,361.00.[9] This signaled the beginning of an enduring partnership that continues today.

In considering the Guidance Clinic's application for membership in the Community Chest, the budget committee of the Community Chest Board of Directors concluded, "It should be said that Durham is most fortunately situated with regard to the availability of psychiatric, psychological, and medical personnel to assist in conducting such a clinic. It is safe to say that no other community of this size, and only a few that are larger, have available to them the number and the quality of people so well equipped to render a service in this field."[10]

The Clinic Grows

In 1948 the Clinic moved to offices at $204^{1/2}$ Mangum St. in the center of Durham. This move more than doubled available offices from two to five and provided a temporary solution to space limitations in the Durham Health Department building.

In subsequent years, the Clinic was able to increase funding from the Community Chest, the State, and from the Departments of Psychology, Pediatrics, and Psychiatry at Duke University Medical Center. In 1949 the Clinic received federal funds as a result of the National Mental Heath Act of 1947. These funds were supplemented with community contributions and funneled to clinics by the State Mental Health Authority. The purpose of this funding was to help local communities develop and expand various mental hygiene clinics and child guidance clinics. The legislation also made provisions for training much needed personnel and for conducting research aimed at attaining a better knowledge of mental illness.

In September 1948 the Clinic secured the services of a full time salaried psychologist. Heretofore, all psychology, pediatric, and psychiatric services were made possible through Duke University and Duke Hospital. This appointment was envisioned as one position in an expanding program.

In 1952 the Guidance Clinic moved to 2212 Erwin Rd. in Durham. Duke University offered the new quarters without cost when the Clinic had again outgrown its space. This facility known as the "White House" was originally a farm house and was used by Duke as a nurse's dormitory and later for maintenance workers. Oral history has it that the

house was used as a kitchen facility to prepare and dispense meals to stone masons and construction workers erecting Duke Hospital in the mid-1920s. Duke gave the facility rent free for an unlimited time and repairs and alterations to the building were financed by the Community Chest. In 1956 and 1957, seven additional rooms were added to the Clinic building, making a total of 14 rooms. The "White House" was well suited to the operation of the Clinic because of cost, available parking, bus service, and proximity to Duke University Medical Center.

In 1953 Dr. John Fowler, a psychiatrist assumed his duties as Psychiatrist and Director of the Clinic. Under Fowler's leadership, the Clinic grew in five years from three to eight full-time staff. From 1956-1959 the Clinic provided regular consultation services to all of the city's elementary schools. This program recognized that the schools, second only to the child's home is the most important influence in a child's behavior and development.

In the spring of 1961 the first wing of a new Clinic building was constructed adjacent to the "White House" on Duke property; the wing was to be leased in a long term contract that was never executed. The first wing provided 19 offices and the second wing also provided 19 offices for a total of 38 offices. Funds for the building were raised through limited community campaigns, the North Carolina Medical Care Commission, Duke Endowment, and the Smith Reynolds Foundation. The Child Guidance Clinic was now a major mental health center.

Parallel Developments

In 1960 a Division of Child Psychiatry was established in the Department of Psychiatry of Duke University Medical Center. Prior to this, the Clinic had a closely affiliated relationship with the department, primarily for training advanced child psychiatry residents and general psychiatry residents. A formal division helped move the Clinic's expansion agenda forward in several ways: acquisition of leased land on the Duke campus and the construction of a new building; an improved teaching and training program for child psychiatry residents; an increase in overall funding; and improved services for emotionally disturbed children and parents in the Durham community.

At this juncture, the Clinic was one aspect of a larger Division of Child Psychiatry, though considered the most important with regard to direct service provision to children and families. The Division, however, provided access and use of all Medial Center facilities including pediatric and psychiatric inpatient services, pediatric outpatient clinics and the private practice of child psychiatry through the Private Diagnostic Clinic (PDC, the Medial Center's physician practice partnership). These resources were then available as discrete services in a larger community continuum of care which included: Wright Refuge, Juvenile Court services, and the Departments of Health and Welfare. Further regional integration included State facilities such as: the Cerebral Palsy Hospital,

Murdoch Training School for mental defectives, and the Residential Treatment Unit for emotionally disturbed children at John Umstead Hospital.

A key benefit to the Clinic with the establishment of a Division of Child Psychiatry at Duke was access to new funding. The North Carolina Medical Care Association provided funding for hospitals, clinics, nursing homes, and rehabilitation units and the Clinic's inclusion in the Division provided access to that important funding. Without Duke's cooperation the Clinic's building project would never have come to fruition. Key figures in the development of this aspect of the program were: G. C. Henricksen, John Dozier, Dean Davison, Dr. E.W. Busse, Mary Semans, and Dillard Teer.

The Division of Child Psychiatry also paved the way for revenue earned through the private practice plan to be reinvested in the Department and, consequently, in the growth and development of the Division. All of these factors made it possible to establish an 'Agency Budget' within Duke University. From this point forward, all funds received from any source e.g., United Fund, State, federal, Schools, County tax, Duke were channeled into one central budget.

Training

The training of child psychiatrists went through a major transition in the United States between 1953 and 1960. Prior to this period, the training of child psychiatrists was under the purview of the American Association of Psychiatric Clinics for Children (AAPCC), a body developed by the Division on Community Clinics of the National Committee on Mental Hygiene. The Division and the AAPCC replaced the work of the Commonwealth Fund, a foundation that made important contributions and direct support to child guidance clinics and the training of professional personnel in the field. While the AAPCC training approval required very high standards for all three disciplines (social work, psychology, and child psychiatry), the transition to the University approved Divisions of Child Psychiatry and the American Psychiatric Association with certification by the American Board of Psychiatry and Neurology occurred in 1959.

During this period, the federal government's impact on training began to be felt. Funds appropriated by congress became available as new and amended legislation on a national scale promoted the general welfare. The National Institute of Mental Health's Training Branch reported in 1962 that in a given year its training stipends will account for the financial support of between 25 and 30 per cent of all psychiatry residents in training in the United States.[11]

These changes had a direct impact on the Clinic and the Duke Division of Child Psychiatry. As the Durham Herald reported, the Clinic received $210,134.00 from the National Institute of Mental Health to support service and the training of child psychiatry residents.[12] The Clinic Board of Directors actively sought guidance from the Departmental Chairmen of Psychology and Psychiatry in professional staff recruitment

and, in the beginning, courtesy faculty appointments. It was a collaborative effort and partially funded by Duke. Partial training of social work students, psychology students, and psychiatric residents that took place on an intermittent and selective basis now became institutionalized by regular rotations. Teaching expanded to medical students and consultation services expanded full time to pediatric inpatient services. Behavioral Pediatrics was born with a private foundation grant so that the teaching staff now consisted of 5 child psychiatrists, 5 behavioral pediatricians, 7 social workers, and 2 psychologists. For the next decade this arrangement proved beneficial and progressive to all parties because NIMH training and research funds easily exceeded community funding. However, as federal funding gradually decreased and community funding steadily increased during the next two decades, difficult obstacles emerged with regard to utilizing service funding for training and research purposes.

Community Mental Health

In his 1963 address to the 88th Congress, President Kennedy proposed "a national mental health program to assist in the inauguration of a wholly new emphasis and approach to care for the mentally ill."[13] Having personal experience with mental disability in his own family, Kennedy was very interested in taking action on recommendations put forth by the Joint Commission on Mental Illness and Mental Health, a study commission established by the Mental Health Study Act and charged with providing for "an objective, thorough, and nationwide analysis and reevaluation of the human and economic problems of mental illness."[14]

Kennedy emphasized community involvement and ownership of the program. Services would be comprehensive, coordinated, of high quality, and available to anyone, ranging from the severely mentally ill to children and families and adults suffering the effects of stress. Where this country failed to establish a comprehensive national health service or insurance system, Kennedy was now proposing exactly that for mental health systems.

The original legislation required centers to provide inpatient and outpatient services as well as consultation and education, day treatment, and crisis services. Amendments in 1968 added alcohol and drug services and in 1970 added children's mental health. The 1970 amendments also stipulated federal funding for 8 years rather than 4 set at 75% for the first 2 years, 60% for the 3rd year, 45% for the 4th year, and 30% for the remaining 4 years.[15]

In Durham, the County Commissioners were asked to consider the creation of a local mental health authority to coordinate county programs with the State Department of Mental Health. John Fowler, M.D., Director of the Clinic, was requested to discuss the implications and necessity for such an authority.[16]
By 1966, Durham did not yet have a local mental health program. In the Durham Herald of May 6, 1966, the editorial stated, ". . . it (Durham) has more services and facilities to contribute to such a program than any other county in the State. It is important, therefore,

as the local Mental Health Authority sets up the program, to set it up in such a way as to use the services and facilities already available, as Watts Hospital's limited inpatient psychiatric services, the John Umstead Hospital at Butner, the Duke Hospital Psychiatric Unit, the Durham Day Care Center of the John Umstead Hospital, the outpatient services of the County Public Health Department, the Child Guidance Clinic, Family Service, the Wright School, the local society on mental retardation, and the Veterans Hospital." The editorial went on to say, "Obviously, it would be most desirable to set up a program which would make use of all these facilities. To take advantage of the federal Comprehensive Community Mental Health Centers Program requires such use, for it provides that existing services and facilities may not be duplicated in the local program."[17]

In the 1970's, while community mental health centers continued to proliferate across the country, the Clinic was well situated to provide expertise and services for the newly formed Durham Mental Health Authority and, for the next two decades, to provide the vast majority of outpatient child mental heath services in the community. In recognition of its new and broader role in the community, the Durham Child Guidance Clinic was renamed on March 11, 1975 to "Durham Community Guidance Clinic for Children and Youth, Inc."

The 1980's saw a shift in federal policy toward the community mental health centers. In January, 1981 President Reagan recommended a cut of 25% off the top of the CMHC funding to take effect immediately and another 25% a year until it disappeared. The omnibus budget passed in August of 1981 eliminated funding for many if not all of the federal initiatives since the inception of community mental health. With reduced federal funding states were forced to build their mental health systems on the newly available Medicaid fee for service revenue model that provided substantial federal financial participation. During this period the Clinic grew its fee for service revenue while maintaining a significant contractual relationship with the Durham Mental Health Authority.

Managed Care, Mental Health Reform, and Merger

With concern about the growing cost of state operated Medicaid programs, new initiatives began to emerge. Community mental health centers were pressured by state and local government funding sources to prove they were really doing what they said they were doing. Many states, North Carolina included, looked for ways to curb costs. In the mid 1990's the Durham Area Mental Health Authority actively planned with all of its partners, implementation of a capitated Medicaid waiver program. While this never came to fruition, this and other factors contributed to the Durham Community Guidance Clinic for Children and Youth's merger with Duke University Medical Center.

The early 1990's were a difficult period for the Clinic. Problems associated with embezzlement by the business manager and a lawsuit prompted a thorough review of

solvency issues including insurance, financial reserves, debt management, and business viability. These problems, though not insurmountable, brought into bold relief a significant exposure of liability for the Clinic. Of tremendous concern was President Clinton's Health Security Act that was before the Congress. While there were many questions regarding the magnitude of changes ratification would have upon the system, it was touted as the most important piece of social legislation since the Social Security Act. Among its many provisions, universal coverage regardless of ability to pay and a single payer system of reimbursement for providers of health care were very prominent. In addition, it was widely held that large accountable health care alliances were better suited to working with large populations rather than small specialized providers like the Clinic. In discussing the merger issue with the Clinic governing Board, Edward Lueth, Clinic Director wrote, ". . . In a system that envisions universal coverage regardless of ability to pay, coverage of the poor and unemployed through government subsidies, the elimination of most of the Medicaid program and transfer of those recipients into private care, and the creation of corporate health care alliances for large populations, it becomes evident that CGC and Duke are more alike in many ways than not." He went on to say, "Such an integration, as a practical matter, probably would not have significant effect on Duke's existing liability for patient care activities at the CGC. This is based on the fact that Duke currently owns the property, employs all of the individuals working at the CGC, employs all the clinicians providing service at the CGC, and provides general oversight through the Department of Psychiatry."[18]

Larger environmental issues also contributed to the discussion of merger. The Durham Area Authority had taken on a more direct role in service delivery. Consequently, the number of the Clinic's contracted programs diminished. Federal legislation, PL 99-457, mandated that states, through local education administrations, provide programs and services from birth for infants, toddlers, and preschoolers with disabilities. This policy resulted in the defunding of the Clinic's Therapeutic Preschool by the Durham Area Authority. Duke had decided to close Teer House, a day treatment program and the adolescent and children's inpatient services because reimbursement for them could not keep pace with cost.

In the end, the board's decision regarding merger came down to one thing: Duke's commitment to the Clinic and its community mission. In addressing this, William Donelan, Vice Chancellor for Medical Center Administration and Chief Financial Officer wrote, ". . . , I am convinced the best way to achieve the mutual goals of the CGC and Duke is through a restructuring that integrates the CGC into the Medical Center. In this way, the CGC would become part of a larger accountable health plan and its present liability concerns would be resolved. While the CGC would need to operate within the Duke systems, it would be our intention to sustain the ability of the CGC to serve disadvantaged individuals in the community."[19]

With Duke's commitment and input from other community constituencies there was one last concern, United Way. It was important to the Clinic Board that this legacy, since 1949, would continue. In addressing this issue with Lueth, James Russell, Executive Director of the United Way wrote, "Although it is virtually impossible to gauge the

response of future allocations committee members to a new alliance for the clinic, all indicators at this time would seem to predict a positive one. I do not see any legal technical problems with the affiliation since Duke University is itself a 501(c) (3) organization."[20]

With this final piece in place, the board voted to dissolve the corporation and merge with Duke. On July 1, 1994, and without a name change, the Clinic was merged with Duke University Medical Center.

1994-2005: The Decade of Financial Survival and Realignment

After the failure of the Clinton initiative to develop a single payer system, the federal government seemed to vanish from the health policy arena. With ever increasing concern on the part of employers paying for health care plans and states paying for Medicaid plans, managed care was embraced as a way to curb costs.

The indemnity plans that typified private employer sponsored health insurance plans quickly gave way to managed care carve-outs. Coverage was drastically limited with more of the financial burden shifted to the consumer. Parity with medical insurance, though long a goal of the American Psychiatric Association and the National Alliance for the Mentally Ill, seemed farther from realization than ever. In the public sector, many states opted for mental health reform to stem the explosive increase in funding Medicaid fee for service. Most of these experiments were disastrous, with consumers and competent providers absorbing the brunt of the failures.

North Carolina opted for a reform initiative that envisioned regional service delivery systems, staffed with private contract providers and managed by public local management entities (LME). This model relegated area authorities to management entities responsible for provider recruitment, contract management, service planning, utilization review, care management, monitoring, and payments. Moreover, the plan relied on the reduced use of the State psychiatric hospitals to help finance programs that could sustain chronically mentally ill populations in their local communities. As the plan was implemented, it became clear that less State funding was available; and, despite that, State hospitals were admitting record numbers of patients.

With these unsettling environmental changes the Clinic opted not to renew its contract with the Durham Area Authority in June, 2003. With lack of clarity regarding the financing of contractual programs, Mr. Lueth, the Director of the Clinic, determined that the program could forego public sector contract funding and remain viable as a clinical enterprise serving the local community population. This by no means meant the abandonment of community services. The Clinic served a large Medicaid population and had established services in a number of school-based health clinics. In addition, the Clinic had established collaborative relationships with two large primary care clinics, major settings outside of specialty care where services are available to a greater number

of children and where improved quality of care could be coordinated between a "specialty provider" and the "primary provider".

In the ensuing months, the transition from being a predominately contract provider to wholly fee for service provider was a difficult one. Increasing financial concerns, lack of interest in children and clinical services, and the threat of closure from the Duke Department of Psychiatry and Behavior Health led the management of the Clinic to approach the interim Chairman of the Department of Pediatrics, Dennis Clements, M.D., Ph.D., to explore the feasibility of a merger.

Though this potential hybrid relationship was uncommon if not unprecedented in academic medical centers, it made both financial and programmatic sense. After all, the Department of Pediatrics had a primary commitment to children and the Clinic and the Department already enjoyed a mutually beneficial collaborative relationship. This included the mental health provider team at Duke Children's Primary Care, a training relationship in the behavior and development field, and the Clinic's management of Pediatrics' Child Development Unit.

After months of due diligence, a plan started to unfold. The Clinic would merge with the Child Development Unit. Both entities served infants, children, and adolescents. The services provided by both were not widely dissimilar and there was opportunity for reorganization of service delivery methods and greater economy. The arrangement would improve access for consumers and more resources for patients as well as provide a more comprehensive training opportunity for pediatric and child psychiatry residents. Lastly, there would be significant economy of scale with elimination of redundant infrastructure and better use of space.

On February 1, 2005, the Clinic was officially merged with the Department of Pediatrics with a commitment to add the Clinic as a priority with its development and philanthropy unit invest development funds in the Clinic infrastructure and ". . . to continue these community-based services and possibly expand them where possible."[21] Later that year the name of the Clinic was changed to the "Durham Child Development and Behavioral Health Clinic".

Epilogue

The history of the Clinic is a microcosm of the history of child mental health services in the United States over the last half-century. The ups and downs of the Clinic directly parallel distinct periods in the evolution of the field: the Child Guidance Movement, the Community Mental Health Movement, and the Era of Cost Containment (Managed Care and Mental Health Reform).

Though the story of the Clinic may be minor in comparison to the discussion of child mental health services on a national level, it nonetheless illustrates the difficulties associated with the vagaries of government policies and the consequences of those

policies. By far, the most noteworthy aspect of policy implications is the gap between resources and need. The effects of reduced federal funding and cost containment have resulted in many high functioning well respected organizations closing with many children and families hurt immeasurably by service disruption. Likewise, there is a huge unmet need for mental health services that cut across all socioeconomic and racial groups with a large percentage of families with a child in need claiming financial barriers as the reason for not getting any mental health care.[22]

Despite the effort, the good will and collaborative relationships among the Durham community and Duke University, the Clinic could not overcome the shifts if federal and State policy toward community mental health. The conservative trend in the United States ushered in by the Reagan administration in 1980 has been fundamental to the loss of funding for services. Fortunately, the newly reconstituted Durham Child Development and Behavioral Health Clinic, under the auspices of the Duke Department of Pediatrics, is committed to a health service-based clinic model that will continue to serve the neediest children and families in the Durham community.

Addendum

Directors of the Clinic

Jacqueline Lorber, M.S.W.	1947-1948
Maureen LaBarre, M.S.W.	1948-1949 part time
John Malloy, M.S.W.	1949-1953
John Fowler, M.D.	1953-1965
William Anderson, M.D,	1965-1984
John Fowler, M.D.	1984-1986
John Looney, M.D.	1986-1992
Edward Lueth, M.S.W.	1992-2005

References

1. Durham Morning Herald, March 24, 1947. Editorial.
2. Mrs. Tyler's report to the Social Planning Council, October 1946.
3. Keir,G., Symposium on psychologists and psychiatrists in the child guidance service. III. A history of child guidance. British Journal of Educational Psychology, 22, 5-29.
4. Parry-Jones, William. Annotation: The History of Child and Adolescent Psychiatry: Its Present Day Relevance. Accepted manuscript received May 31, 1988.
5. Durham Sun, March 21, 1947. "Stage is Set for Opening of Child Guidance Clinic".
6. Beiles, David. "Child Guidance Reports Most Cases Behavior Problems". Durham Sun, July 1, 1947.
7. Durham Morning Herald, April 29, 1947. "Aid for Delinquents".
8. Durham Morning Herald, February 13, 1948. "Child Guidance Clinic is Seeking to Participate in Collections of Durham Community Chest Drives".
9. Jones, Nat. "Sums Allotted to Agencies Reported by Chest Head". Durham Herald, September 24, 1948.
10. Report of the Budget Committee of the Community Chest Board of Director, Recommending the Admission of the Clinic as a Participating Agency, April, 1948.
11. Report of the Conference on Training in Child Psychiatry, "A Brief History of Training in Child Psychiatry in the United States", Chapter 2 in "Career Training in Child Psychiatry, Washington, DC, 1963: Published by the American Psychiatric Association, 1964.
12. Durham Morning Herald, July 21, 1962. "$210,134.00 Grant Awarded Durham Guidance Clinic".
13. Kennedy, J.F., 1963. Message from the President of the United States Relative to Mental Illness and Mental Retardation (88th Congress, 1st Session, Doc. 58). Washington, DC: U.S. Government Printing Office.
14. Appel, K.E., and Bartemeier, L.H. Action for Mental Health: Final Report of the Joint Commission on Mental Illness and Health. New York: Basic Books, 1961.
15. Cutler, David, L., et al. Four Decades of Community Mental Health: a Symphony in Four Movements. Community Mental Health Journal. 2003:39(5): 381-398.
16. Fogleman, Paul, Durham Morning Herald, September 14, 1963. "County to be asked to Create Authority over Mental Health".
17. Durham Morning Herald, May 6, 1966. "A Local Mental Health Program". Editorial.
18. Lueth, Edward, F., Memorandum to Durham Community Guidance Clinic Board of Directors, April 8, 1994.
19. Donelan, William, Letter to the Durham Community Guidance Clinic Board of Directors, June 14, 1994.

20. Russell, James, Letter to the Durham Community Guidance Clinic Board of Directors, May 10, 1994.
21. Pediatric planning notes for discussion with Psychiatry, December 8, 2004.
22. Ringel, Jeanne, S., and Sturm, Roland, National Estimates of Mental Health Utilization and Expenditures for Children in 1998. Journal of Behavioral Health Services and Research. 2001:28(3): 319-333.