

Grandview Unit
Special Group Conference
June 30, 1969

PRESENT: Mr. Grabowski, Consultant Mr. Wentz, Dakota Program Coordinator
 Mrs. Anderson, R.N., U. P. D, Mr. K. Johnson, P. A. A.
 Mrs. Crosby, B.N. Mr. Larson, Special Education teacher
 Miss Newell, C. O. T. A.

The group met at 10:00 a.m. in the Unit Office Conference Room for the purpose of discussing programming in Dakota with the possibility of additional services and/or suggestions from other Departments in the Unit.

Mr. Grabowski: "As you know, because of Mrs. Anderson's efforts, there are D.A.C.'s in Dakota, and because of Mrs. Crosby's help, they are going quite well. We would like to see the help of the other services to augment the programs there. There has been much feeling for a long time that there wasn't much use in going to Dakota, and we believe this will change. What we would like to know is, "what can you offer in the specific programs that we set up and would you be willing to suggest things," as we are certain there are many more things that can be done."

"We are more interested in how much time the various departments could put in in Dakota, rather than how much time has been spent there in the past."

K. Johnson: "We spend approximately five hours a week with Dakota patients at this time."

Mr. Grabowski: "We would like to fit this in to augment programs that are in force now. There is no reason why other people couldn't be extremely helpful in helping carry out the programs going on in buildings. At this time, we are not quite certain how this has to be done. Mr. Larson, I believe you help those who have speech problems."

Mr. Larson: "Primarily this is done by the speech therapist."

Mr. Grabowski: "Some of these people could probably speak at one time and, with help, possibly could speak again. How much time could you various people spend down there?"

Miss Newell: "I could possibly spare eight to ten hours per week*"

Mr. Grabowski: "How could that be worked out — such as so many hours a day?"

Miss Newell: "It would possibly be best a couple of hours a day."

Mrs. Crosby asked if Miss Newell would prefer to work in the various Centers or if she would rather have specific patients referred to her and she indicated she would prefer working with the groups,

Mr. Grabowski: "Special education would most likely have to be worked out on a referral basis."

Mr. Larson: "My program is full now. I am not sure on what basis you will refer them to us. There is a question as to just what point a patient would have to be at before being taken in the Special Education group."

Mr. Grabowski suggested that possibly some of the special education staff could work with some of the technicians and offer suggestions of the proper way of working with patients with special problems.

Mrs. Anderson stated that Mr. Larson does not have a staff and is the only person that could work with patients.

Mrs. Anderson: "There are only two speech therapists in the institution and their primary function is to evaluate patients as to their capabilities and limitations,"

Mr. Grabowski: "Mr. Larson, would you be willing to talk to the technicians, such as one hour a week, and tell them what can and should be done to help these type patients? Since we have technicians working directly with patients, possibly you could reach more by teaching technicians. All I am interested in doing is getting as much done in Dakota as possible and I will appreciate as much of your help as I can get."

Mr. Wente stated that until now it has been more or less a voluntary basis of time put in in Dakota, Most of the Team staff members are involved in central activities, as well as building and unit activities.

Mr. Grabowski: "It has been mentioned that for a long time many people have made a point of avoiding Dakota because of the type patients, though I am sure you people are aware of the problems and the progress that has been made there. What we would like is as much help as we could get from you people, such as very specific proposals and programs."

Mrs. Crosby was asked if there are residents there who are capable of further learning. She stated that she feels there are. For instance, _____ has made great progress and though he cannot talk, it is felt that he is capable of progressing by working with special education group, etc. Mrs. Crosby also mentioned that _____ recently was _____ and he sorted them and put them together properly, indicating a certain amount of capability.

Mr. Grabowski suggested that the best thing possibly would be to have the special departmental people work with the technicians in teaching them proper procedure of teaching. Mr. Wente stated that some of the leaders have mentioned that they have gone as far as they can with a particular patient and would like more help by way of suggestions as to how to proceed from that point.

It was pointed out by Mrs. Anderson that though there are patients that cannot write, count, color, etc., those same residents have learned various things such as self-feeding, self-dressing, etc., which also is indication of progress that has been made.

Mr. Grabowski: "If Mr. Larson could spend some time talking with the technicians, individually if not as a group, he might learn of certain patients that could benefit from special help."

Mr. Larson: "Have any long-range goals been established for these patients!***"

Mr. Grabowski: "Many of the patients might well be prepared to go to congregate care centers before too long, with the aid given by special departments. Others might be taught to speak or possibly even to read. The first step might be of just going over and looking at things and getting an idea of what is being done and could be done. Maybe we are being too optimistic in asking for your help in whatever you think is appropriate in trying to help these patients so that some might eventually be ready for placement. Occupational Therapists might develop manual dexterity such as working with crayons, scissors, writing things with pencil, working with clay, etc, Mr. Larson, my impression is that your idea is more along the educational line such as numbers, reading, etc. Different skills are taught by different departments and there will possibly be an overlap, which is fine. If you could just see what you think about it, I will see you sometime next week."

Mr. Larson explained that he has been working with some of the best patients in Elm and it is only now that they are ready for a book. Mrs. Anderson pointed out that this is really a very short time, considering that some of these boys are old fellows and have never learned any of these things before; this really is a big improvement.

Mr. Wente pointed out that we are not even sure that many of these patients in Dakota are not capable of some of these skills, as they have never been given an opportunity to Drove their capabilities.

Mr. Larson stated that he feels at this time that he can do more by consistent communication to the other staff members, letting them know what he is teaching the patients.

Mr. Grabowski: "Many of the residents are not as retarded as has been thought and they have not ever been given a chance to learn anything or prove what they actually are capable of." He stated that Recreation staff members could do many things with the patients as many have just not developed manual dexterity. When taking a grouts out walking, he suggested they work with one patient basically, such as to throw a ball, and then gradually include the others to the point where they can throw the ball to each other. It is this sort of thing that really needs work. He stated that he doesn't think there is any question that many of these patients in Dakota could benefit from this type of attention.

It was pointed out that some of the Dakota patients have never been asked or shown how to help others and this could possibly be worked out through programs with Recreation staff. If Mr. Johnson thinks of activities that might help, let Mr. Grabowski know and he will write it up in program form.

Miss Newell was asked what particular things she would be interested in working with and she stated that she would like to first work with groups of patients. Mr. Grabowski suggested that a system be set up that she work with one or two groups a day. It was suggested using homogenous grouping. However, Mr. Grabowski preferred that they be taken by D.A.C. groups because it seems that those leaders who are doing a good job should have the opportunity of having the services of other departments. This isn't a problem right now, but should a technician not be working as hard as others, he shouldn't have the advantage of extra help. In other words, this is sort of a reinforcement to the technicians. This should eventually be fully on this basis, but should be on a scheduled basis at first.

The reasons some patients prefer working with one staff member rather than another were briefly discussed. It was suggested that this should not always be interpreted as a personality conflict, though it is, no doubt, that at times.

Mr. Wente asked that Mr. Grabowski explain to Dakota technicians, when meeting, that special department staff are being asked to help them in some areas where help would seem useful, as group services can often be beneficial.

The advantage of getting Dakota residents into activities involving residents from other areas was discussed. Campus attitude toward Dakota still exists in spite of the fact that much progress has been made there.

Mrs. Anderson stated plans are under way to have an open house within the next few weeks, not only in Dakota, but in Grandview inviting people from other areas. It is expected that there will be much interest in viewing the changes in Dakota.

It was suggested that 2:30 p.m. is a good time for Mr. Grabowski to meet with the technicians, as they have a little more free time at that time.

It was also mentioned that Mr. Grabowski has a movie camera available, and it is felt that it would be advantageous to have a movie of some of the activities in Dakota.

The meeting was adjourned at 10:50 a.m.