Sept. 8, 1952

Jarle Leirfallom, Acting Director  
Division of Public Institutions  
Globe Bldg., 4th & Cedar  
St. Paul 1, Minnesota  

Attention: Miss Thomson  

Dear Sirs:

At the present time the ADD has the physical facilities to handle 75 patients. This is the capacity of the dormitory. Practically, to house 75 patients in the dormitory would result in overcrowding. Currently the patient population is 60 with about half a dozen on farm placement. The housing situation, therefore, is not now a problem.

The program for the young defectives who are management problems (six patients at present) is the same as that for the older defectives. This program is mainly custodial. The patients are often assigned to work details which are menial in nature such as potato peeling, housekeeping, gardening, farming, etc. They receive no specialized attention, but work alongside the regular inmate population. In the evening the patients are confined to their dormitory where they are allowed to engage in games, do hobby work, watch television, etc. The aspect of this program to be emphasised is that the patients do not receive any continuous counseling or case work. No staff whatsoever — with the exception of untrained guards — has direct responsibility for full-time work with this group. A specific recommendation is therefore made to the effect that the patient population at the ADD be furnished at least one case worker (psychologist or social worker) and at least one recreational worker or occupational therapist.

I personally do not believe that any verbal magic or planning, or any inspired charge to present institutional staff, will have effect.
upon the current status of the young defective who is a management problem. What is needed in this area is a provision for adequate diagnostic and treatment services. The consensus of the Committee, I believe, is that such services should be located in a central clinic near the university.

Following is a summary of specific recommendations in respect to the problems under consideration:

1. That a public information program be carried out with the objective of acquainting the legislature and general population with the need for better diagnosis and treatment of those juvenile offenders who are considered defective and who are management problems;

2. That the ABD be furnished at least one case worker and one recreational worker or occupational therapist;

3. That other institutions dealing with the group under discussion be furnished such additional staff and facilities as they may deem necessary to care for this group;

4. That adequate diagnostic and treatment services be provided for in a centrally located clinic.

Sincerely,

Carl J. Jackson
Superintendent

by Alfred J. Barron
Psychologist