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State Inst - Ferholt
September 20, 1960

Faribault Stat School & Hospital

Dr. David J. Vail, Medical Director
Department of Public Welfare

Dr. E. J. Engberg, Superintendent

Reply to questions listed in the attached document on
institution work programs (your memo of June 29, 1960)

In my memo of August 5 I suggested that the institution work program be a subject for the next Inter-Institutional Meeting. In it I commented that I agreed with the splendid presentation Dr. Behrendt gave at the meeting of superintendents with you on July 29 of her opinion of work programs but that I believed that these become more truly "work" programs in institutions for mentally retarded than for mentally ill. I elaborated on that when this question came up for discussion at the Inter-Institutional Meeting. However, as you indicated then that you would like our reply to the various questions you had raised originally, I desire to answer them and in the order in which you had listed them:

1. What are the factors of a given work situation which make it therapeutic?

The attitude and instruction given by the employee supervising the patient helper can be of very definite therapeutic value through developing emotional stability by properly meeting difficulties in the work situation. The supervising employee can make the work done by the patient serve a therapeutic purpose by bringing about or increasing the realization that helping others, especially so in rendering service to those physically handicapped such as help in feeding, pushing of wheelchairs, helping aides lift patients, etc., is worthy.

2. Assuming that therapeutic goals can be expected to vary (i.e., return to the community as against useful hospital citizenship) is there a corresponding difference in critical therapeutic factors or the therapeutic "set" of the work situation?

No, necessary work well done is equally important, and should be equally satisfying, whether in or out of the institution.

3. What are appropriate hospital work areas where participation is in actual fact "therapeutic?"

Assisting in the direct patient care areas is particularly "therapeutic" I believe. In other areas work will have little or no therapeutic value unless the supervising employees refer to the work being done

by patients as indirectly helping all patients and by expressing real appreciation for work when well done by the patient.

4. Are the basic goals different among mentally ill as against mentally retarded patients?

Yes. It is primarily a work training program to prepare for a return to community life of those having such capabilities. For those whose life will in all probability be spent in an institutional setting, the program is at first educational, to whatever extent that is possible in a school setting, then training in various areas of simple work and ultimately a work assignment where they can function best and most happily.

5. Is the concept of "industrial therapy" feasible as regards geriatric patients? What modifications in goals and techniques would be realistic?

Ordinarily this question would not arise as elderly patients ordinarily would not be admitted and such as would be present in the population would have been handled as indicated under 4 as long time residents in the institution.

6. Should patients be paid? How much?

Our patients who perform anything from the very simple tasks to those which may be regarded as real work are paid from \$.05 to \$1.00 a month. I believe that this plan is of value to us here and would like to see it continued. There are patients who should be paid more than \$1.00 but to put such a program into effect would be difficult without creating a great many problems. Increases in rate of pay occur with the concurrence by ward personnel of recommendations in work areas to the placement officer.

7. Are there adequate safeguards against exploitation either in or out of the hospital?

I believe that we have adequate safeguards against exploitation within the institution but am not in a position to know whether they exist out of the hospital. We have reason to believe that they do not exist in all instances as occasionally patients returning from vacation appear to have been taken home primarily for the work that they could do and not for their welfare and happiness.

8. Are industrial programs geared to the half-way house concept, or patient-employee programs (similar to those in R.I., VA., etc.) feasible in Minnesota?

I believe that industrial programs geared to the half-way house concept might very well be feasible in Minnesota. However, I do not believe that patient-employee programs similar to those in R.I., VA., etc. are

feasible here as th Minn sota program provides coordination and cooperation between welfare boards and institutional staffs functions in the placement of patients as state wards who are no longer in need of institutional treatment and care.

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