

66-IFR-MEK
State Inst-Farib^o

Faribault State School & Hospital

David J. Vail, M.D.
Medical Director

April 25, 1966

M. E. Krafve
Assistant Superintendent

Institution-Family Relationships

We are enclosing reports that you requested. We shall certainly appreciate receiving your comments.

MEK:jn
Enc.

DEPARTMENT:

Faribault State School
and Hospital

TO:

Mr. M. E. Krafve
Assistant Superintendent

DATE: April 25, 1966

FROM:

Social Service Department

SUBJECT:

Institution - Family Relationship

1. Routinely Bringing Families in upon admission of relative

This casework practice is invariably followed. In fact the family is asked to visit in advance if possible and weigh carefully the program here, as well as community facilities. The County Social Workers know of this policy and advise the relatives to see the institution in advance. The same practice is followed upon admission, except that interpretation is given to the family in respect to the treatment and procedures relating to their loved one. In return additional information is sought from the family about the patient. A rapport is established which is very valuable in future relationships. This policy is undertaken by social service, but it may be broadened to include other staff members if indicated.

2. Actively engaging relatives in actual treatment program: OT, RT, IT. (Includes school department).

Many relatives have visited with the Association for Retarded Children groups and have seen the programs in operation in Rehabilitation and School Departments. They have had an opportunity to talk with the staff involved, and become familiar with the treatment program for their own family members. They have also been invited for occasions such as special events, scouting ceremony, and school award ceremony. By means of becoming a Volunteer, many parents come regularly to the institution and participate in a particular assignment directly with the patients.

3. Observing family and patient interacting and helping them to get a better understanding of each other by visiting and working with hospital personnel on all levels.

The most frequent contact with the families is naturally the psychiatric technician who is directly in charge of the patient. However, the Social Worker, the Nurse and the Physician are always ready to see the family and to help in anyway, to supply information, and to work out problematical situations. On several occasions, meetings have been arranged with the families and the members of the team to sit down together and to plan for the patient. For example, a retarded young man who was also mentally ill, was a source of great concern to his parents. A meeting was arranged with the staff members, including the technician, to interpret to the family his need of treatment and the program which was being tried.

3. (Continued)


Many other families are referred by the County Social Worker to discuss their problems with social service and any staff members in order to develop a mutual understanding and to participate in the final plans for placing the patient, when indicated.

4. Evaluation of the role of nursing in institution and proper preparation of personnel to fulfill this role - inservice training in Family Therapy. Orientation and In-Service training courses include Family Therapy.

5. Family coming to Hospital to visit overnight or longer - meals and lodging.

There are no facilities for a family staying overnight, and in general, the families and the patients enjoy an outing away from the institution. However, in the event of a serious illness, the immediate family may stay in the hospital throughout the night.

A canteen is being opened by Volunteers at certain times, so that families may have refreshments on the campus with the patient.


By: Miss Caroline Perkins
Social Service Supervisor

CP:nb

COPY