



STATE OF MINNESOTA  
DEPARTMENT OF PUBLIC WELFARE  
BRainerd STATE SCHOOL AND HOSPITAL  
BRainerd, MINNESOTA  
56401

January 13, 1967

Attention: Arthur J. Gallese, Ph.D.  
Chief Psychologist

Hazel F. Kandler  
Mental Health Nursing Consultant  
Department of Health, Education, & Welfare  
Regional Office VI  
601 East 12th Street  
Kansas City, Missouri 64106

Re: Overview of HIP Grant 1 R20 MHO 2444-01 "Intensive Habit Training of Severely Retarded Adults".

Dear Consultant Kandler:

We are responding to your request for information which we hope will be useful in the Review Committee meeting.

This project received its initial grant in June, 1966. The question concerning priorities on renewal application may occur in the near future, but is not applicable as yet.

What actually happened on the project?

The intent of our proposal is to apply operant conditioning techniques in a full program of training non-trained adults in the self-care habits of toileting, dressing, eating, washing and bathing, teeth brushing, and response to direction. The initial phases of employment of a project coordinator, selection of Technicians (nursing care personnel) and visits to neighboring projects was completed by August. A one month session in teaching the fundamentals of operant conditioning ended on September 14. Some modification of the ward chosen for the project was required. On October 11, 1966, the project was underway with the final selection of the first 36 resident-trainees. During the two beginning months, considerable illness among the Technicians depleted the on-duty personnel so badly that we could not function in accord with the project design. This has since been corrected. We began with an average of 20 wet beds per night. Through reward technique, this has now been reduced to approximately 1½ wet beds. Most of our trainees have now responded to toilet training during the day, and stay dry.



67  
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Hazel F. Kandler  
Page 2  
January 13, 1967

We have not had much success with the defecation problem. This was delayed by the incidence of shigella which struck 5 trainees and required emergency isolation procedure. Trainees now respond to their name, and come when called to receive their medications. Dressing training has improved, and some are now capable of dressing themselves, with the exception of tying a bow knot on their shoes. We have eliminated most of the food grabbing, and are now attempting to train in the habit of using flatware rather than their hands. All trainees have become accustomed to the daily schedule, and do not need to be called when it is their turn to engage in physical activities. Trainees also attend classes daily, which are geared to increasing their attention span, and developing creative interest.

Some interesting aspects of working with adult retardates rather than children has emerged from this study. Candy and foods with a high sugar content have not been effective motivators. Pretzel sticks or soda crackers are preferred. Many trainees respond best to praise alone, and refuse food rewards. Our major concern has not been the anticipated difficulty of bringing these individuals out of their shell of social isolation and resistance; on the contrary, they have accommodated with alacrity to the personal attention they had never received before. In becoming more alert and responsive, they have also become more demanding of attention, and react in frustrated aggression if they do not immediately receive it. Some of our staff have expressed the opinion that the constant training pressure is too great for some of the trainees to absorb with equanimity. These persons are now over-activated, and have difficulty in relaxation, even during the night. An increase in tranquilizers has been necessary. Since 95% of our Technician-trainers are mature females who work with fully developed ambulatory males, there has been some anxiety about their own safety when a muscular trainee becomes unmanageable. They are very adept in providing the maternal role of attention and training, but cannot also supply the authoritative paternal role which is occasionally required to maintain order.

What was its impact on the hospital?

Initial enthusiasm for the project was high among the nursing care personnel, when informed that our application had been approved. A considerable number of these assumed an automatic wage boost would occur with their transfer to the project, and consequently cancelled their application when told that this was not true. Those who remained were motivated with the goal of improving the level of behavior of the residents.

Administrative personnel seemed to assume a "wait-and-see" attitude, except for those directly connected with the project. Nursing Services was most directly affected by the sudden removal of nineteen Technicians from an acutely understaffed department ("You're taking our best ones!") and a negative, non-cooperative attitude began to emanate from the Registered Nurses.

Hazel F. Kandler  
Page 3  
January 13, 1967

They maintained that this was the consequence of inadequate communication in regard to their role with the project. Evidence of filtration of this attitude began to occur within the building which housed the project, and among other departments, where the project Technicians were treated as interlopers in a smoothly coordinated hospital system. Some resentment can be expected until the newness wears off, and the project becomes acceptable as a unit within the system. Within the past six weeks, Technicians on other wards have observed the results we have obtained, and are applying the same techniques. They see the effect, but don't understand the principles involved. Some have indicated their interest in learning these. In general, the project is gaining acceptance and stability. Its influence on modifying previous training techniques appears to be making progress.

How were the funds actually used?

Under the watchful eye of the Division of Procurement, and other administrative agencies of the State of Minnesota, there has been no deviation in expenditure from the plans presented in the grant application.

How is the project related (or not related) to state planning and to the Inservice Training Grant?

State planning recognizes the increasing pressure for more institutional provision for the mentally retarded, and the dwindling population of hospitals for the mentally ill. Toward a resolution of this condition, directives have been issued to hospitals for the mentally ill to serve both needs by establishing a unit for the mentally retarded. While no direct relationship is evident between this project and state planning, it may be indirectly useful in shaping the service and treatment accorded the mentally retarded in these institutions.

The project's relationship to the Inservice Training Grant has been to provide training films and lectures to nursing services trainees, rehabilitation personnel, and other interested employees, on the effects of operant conditioning training. It has helped to emphasize the greater goal of improvement in behavior and self-care among our residents rather than becoming simply a custodial agency.

It is my hope that the answers provided are satisfactory for your purposes.

Sincerely yours,



David Willenson, Ph.D.  
Co-Director  
Intensive Training Project

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