

**70-PMO-RAJ**  
**RETYPED FROM ORIGINAL**

MEMORANDUM

March 6, 1970

TO: Dr. Fielding, Dr. Thompson, Dr. Bigelow, Dr. Zeller, Mrs. McConahey,  
John Grabowski, William Fullmar, Roland Griffiths, Joe Morgan, Eric  
Errickson

FROM : Roger A. Johnson, M. D., Medical Director

SUBJECT: Program Modification

We have had behavior modification and D.A.C.'s in operation for about one year now and made obvious gains in several buildings. However, in recent weeks, I have been developing a concern that we have "plateaued". In other words, programs that use to be new and exciting for both residents and staff are becoming "old hat" or even boring in certain buildings. If this is true, then we can soon expect that both residents and staff will feel that they are going nowhere.

In an effort to resolve this concern, I would like to ask you the following questions:

- 1) Is it your impression that any of the present programs are becoming stale:
- 2) If not, will any of the present programs become stale in the near future if we do not implement changes and initiate new and different programs?
- 3) In a general sense, what is a reasonable end point in training the retardates?

Allow me to illustrate what I mean by an analogy: the normal individual has a training end point upon graduation (e.g. from high school, vocation school, college, graduate school, etc.). That is, the institution (educational) has successfully programmed, trained and discharged those who graduate. In theory, the educational institution has than prepared its graduates to contribute to society and earn a living. Their job with those students is finished, and, now, new admissions can be programmed and trained. At what level of functional ability is the Faribault State Hospital ready to "graduate" the following types of residents:

- a) The profoundly retarded, ambulatory male or female:
- b) The high severe or low moderate retardates (SB I.Q. 35-50 with some verbal ability);
- c) Any others.

- 4) Can most of the profoundly retarded residents (i.e. Holly type, Dakota type, Maple type) be taught to do useful work with "routine" program push? I mean, can this be accomplished without intensive, expert, individual, extensive, etc. effort? That is, can the present resources of the Faribault State Hospital train profoundly retarded residents to do useful work?
- 5) What specific program changes can or should be made now at the Faribault State Hospital on which specific wards?

Thank you for whatever help you can give me with this concern. After some answers are in, perhaps we can get together and discuss plans for program modification.

RAJ:pk

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