

L. Wes
*J. Per*DEPARTMENT Faribault State Hospital

TO: Wesley G. Restad, Assistant Commissioner
Residential Services Bureau
Department of Public Welfare •

DATE: December 7, 1976

FROM: Charles V. Turnbull, Chief Executive Officer

PHONE: 102-310

SUBJECT: Self-Injurious Behavior Program - Fern, Ivy and Pawnee Buildings

As you know we have been working diligently to evacuate those buildings that were not suitable for renovation in terms of households. In addition the Self-Injurious Behavior Program has been somewhat successful but it, like many other similar programs, always pushes the problems of re-integrating the residents into another type of environment.

The attached material gives some background on what we have been looking at. It more specifically shows how we are developing a Self-Injurious Behavior Treatment Team--a team that will be charged with the specific responsibility of integrating the residents from our SIB Program into the other program areas. Hopefully we will be able to do away with a "special household" for self-injurious behavior and be able to handle and reduce the incidence of self-injurious behavior within normal settings (or at least the settings that we can reasonably provide). The whole project is being set up in a research design.

On November 16 we evacuated Fern Building. There were several problems, none of which were insurmountable. In January we will be evacuating Ivy Building and tentative plans indicate that sometime in March we should be able to evacuate Pawnee Building. These two buildings utilize 21 staff positions. The 10 staff positions you requested of me will come from these two buildings when they are closed. Three of the positions, in addition to two others from the SIB Project, will be utilized to set up our Self-Injurious Behavior Treatment Team. The remaining 8 will be used to build up our treatment teams. The treatment teams that I am talking about are the establishment of a base of 4 professionals in each residential building, i.e., the executive group for the

- development of individual programs and the monitoring of same with the residential living area.

The above and attached material is for your information so that when questions arise you will be aware of where we are coming from.

Thank you.

CVT:jn
Attach.

Office

Memorandum

TO : Executive Committee

December 7, 1976

DATE:

FROM : Charles V. Turnbull, Chief Executive Officer

PHONE: 310

SUBJECT: Self-Injurious Behavior Program

On September 30, 1976, Mr. Franz and Dr. Ochocki forwarded a proposal for the restructuring and development of the Self-Injurious Behavior Program. In an administrative meeting held on Friday, October 29, 1976, the following clarifications and administrative decisions were made.

1. The current SIB Program located in Cedar: This program has offered us an excellent opportunity to develop methodologies to be used in the intervention and treatment of the SIB process exhibited by some of our residents. The basic problem still remains, however, of, "How do you transfer a resident from a special SIB Program and generalize the results in the traditional institutional households?" Based on this dilemma it was decided that the current SIB Program located in Cedar Building will:

- A. Continue.
- B. Cooperate with a SIB treatment team (which will be described below.
- C. Be evaluated every six months in terms of appropriate staffing needed for the program.

Mr. McHugo will evaluate with Mr. Franz and Mr. Hall the appropriate staffing level that will be effective January 1, 1977.

2. SIB Treatment Team: Effective January 1, 1977, a SIB treatment team will be established. It will be comprised of five positions. There will be a team leader (or manager) and four other staff positions assigned. The basic responsibilities of this particular team will be to:

- A. Develop methods and approaches to successfully transfer residents from the SIB Unit buildings, and to develop the training, transition, and other factors needed to generalize the gains made by the individuals in the reduction of their self-injurious behavior.
- B. To develop the appropriate use and methods of some of the effective treatment procedures developed in our current Self-Injurious Behavior project for their use in other settings.

C. To be available and to eventually start the process of aiding and managing cases in those situations where individuals exhibiting self-injurious behavior in other households apart

from the SIB Project in Cedar.

In general this team will be responsible to develop the proper procedures to effectively answer the major questions that remain with our current SIB Project, i.e., how do we transfer and generalize .

the reduced self-injurious behaviorisms in a new setting for our residents? In addition, they will be charged with the responsibility of determining if we can use these treatment methods in the person's current household and in effect reduce the need for a special project.

3. The research aspects of the above proposal are basically threefold:
 - A. Summarization and updating is needed on what has happened and where we are at at the current time in our SIB Project located in Cedar Building. Mr. Franz and Mr. Hall shall be responsible for doing this.
 - B. The special treatment team shall be responsible for developing the proper research techniques so that their work can be properly accounted for (their work in this case being the success, or lack of success, they have in transferring and generalizing the gains as a person is transferred from one setting to another).
 - C. The third area of research will have to be the most significant area, and in the long run will have a bearing on whether we need a primary treatment area such as our current project offers, or whether we can learn to effectively treat individuals for self-injurious behavior within their own living environment. What is needed here is for the current SIB project to continue a research emphasis on their in-patient population and the potential for return to the general settings. The SIB treatment team will have to keep accurate records and develop the proper data in terms of the treatment of individuals with self-injurious behavior within their own households.

In stating the above, the data developed in "1" and "2" above will be much of the data used for a rationale for a separate project. The real question, however, is, "Can we in fact disband completely a special household or project and utilize the treatment techniques within the Individual's on-going place of residence?"

In general what is being created is the continuance of our current primary treatment area located in Cedar. It is being coupled with a separate treatment management team--one that has a primary emphasis on relocating residents in the appropriate households, and one that will develop the proper procedures for generalizing the progress made.

It has been proposed that the generalization process will be started by the special treatment team in the day program area, and then be extended to the resident living areas. The five staff, within 30 days, should be working with four residents on the generalization of behavior program. As one resident has been successfully integrated into our regular households, they will move to a fifth, then a sixth person, etc. The estimated time frame for completing the process in our current project is one year to eighteen months.

It must be noted, however, that this process may be speeded up at the point in time that we in fact have a much reduced population in the unit, and can direct some of the current staff in that unit to facilitate the process. Therefore it is conceivable to see the termination of the current SIB project in six to twelve months. This determination will not be arbitrarily made, however--it will be based on data and recommendations coming from the above mentioned research.

The Project Director for the residential program and the Treatment Team Leader (manager) will have to work closely together in terms of research. I will expect them to work cooperatively with Mr. Peters to make sure that date considerations are properly stressed.

The SIB Treatment Team Manager will be Mr. Gordy Michaelson. Mr. Michaelson will report directly to Mr. Madow. To reiterate the purpose of the Treatment Team, they are:

1. To develop methods so that residents can be integrated into other residential settings from the current SIB Program located in Cedar Building. One approach that has been recommended is to start with Structured Program Services and then move into the buildings and households that the residents will eventually live in.
2. To develop methodologies and means of utilizing those methodologies to evaluate self-injurious behavior of residents who currently reside in the households who have this type of behavior, or to be able to help intervene if new cases arise.
3. Other related behaviors, if appropriate, once we accomplish "1" and "2" above.

To establish the five member Self-Injurious Behavior Treatment Team which will be headed by Mr. Michaelson we will do the following:

1. Borrow a position from Psychology or Social Service.
2. Utilize two positions from SIB effective January 31, 1977.
3. We will utilize two of the six positions that will become available when we close Ivy Building in January. It must be noted that on February 1 and March 1 five positions on each of those dates will be transferred to the Department of Public Welfare. To cover those ten positions the four Ivy positions that remain, and one other one to be designated, will be deleted from our complement. The five positions that have to be deleted on March 1 will come from Pawnee Building when that is closed. At that time we will be able to return the one position that we borrowed earlier from Psychology or Social Service. Once the above factors have happened, we will still have eight positions available for building up our other teams.

Mr. Michaelson is to review the attached material and within the next two weeks develop some tentative ideas and review those ideas with the Executive Committee and SIB Project Directors. He will have the responsibility for calling the meeting. It should be in the month of December.

CVT:jn

Attach.

cc: W. Restad (with attach.)