

Six Broad Mental Retardation Programs

Therapeutic, Educational, Vocational Services

I. Child Activation (Non-ambulatory pre-puberal children)

The primary physical needs of these patients with gross central nervous system dysfunctions and physical abnormalities are met by intensive medical and nursing programs assisted by Mayo consultants and Rochester State Hospital facilities. Special equipment, including tilters, walkers, orthoses, is provided with PT-OT consultants. Under OT supervision, Facilitation exercises are carried out by Psychiatric Technicians to improve motor ability and control as part of the six-step Self-care sequence of feeding, transfer, toileting, ambulation, dressing and bathing. Mental health needs of developing autonomy, trust and affective responses are supported by ward personnel, volunteers and family. In the educational area pre-school and special sense training programs are begun as well as music and entertainment. Appropriate chaplaincy services are provided.

II. Child Development (Ambulatory pre-puberal children)

This is a heterogeneous group whose primary therapeutic needs may be physical or psycho-social and require continued medical and nursing supervision of milder congenital defects and personal hygiene in addition to providing for the development of mental health. Relationships based on behavior therapy and group activities are established. Patients are entered in the trainable school curriculum and reevaluated by the school psychologist for further placement which may be Owatonna State School in some instances. Classes for religious instruction and basic activities for future vocational training are begun.

III. Teen-age Program (Ambulatory)

This is another very heterogeneous group which requires the variety of basic treatments as those in the Child Development program. Many types of group work are required, daily living classes and social skills are introduced. The trainable school program continues until the limits of benefits are reached and pre-vocational training is begun. (Some patients become eligible for local school enrollment and opportunities in the new Faribault Vocational School are contemplated.) All capable patients are enrolled in industrial arts or home economics under the Rehabilitation Department. Recreation is extended to dances and parties.

IV. Adult Activation Program (Non-ambulatory)

The therapeutic needs of this group closely resemble those outlined in the Child Activation Program with the age differences requiring more use of prostheses and wheel chairs and also the control of metabolic and degenerative disease processes. Personnel must meet needs for acceptance and self-esteem assisted by volunteer workers. Crafts and hobbies are important and some patients would benefit by Adult Education curricula.

V. Adult Motivation Program (Ambulatory)

Most of these patients are regressed, passive or withdrawn but there is a significant sub-group of hyperactive residents who require specialized facilities and staffing. Closer medical and nursing supervision is required to meet these two extremes of behavior with emphasis on RT, OT and remotivation techniques. Community experiences are often appropriate and many can participate in institutional services and sheltered workshops. Volunteer workers can contribute much in improving awareness and relationships. A parents' group is making a pilot effort in one building which may result in gains to patients, staff and themselves.

VI. Adult Social Achievement Program

These are patients with potential ability to make a desirable adjustment in the community but must overcome problems of dependency, dys-social behavior, personality disorders or poor habits in social and work relationships. In order to solve these problems and acquire the necessary skills for successful community life, various psycho-social therapies involving counseling, group work and rewarding institutional social and work experiences. Community privileges, independent group living, independent individual living, social skill classes are provided in connection with vocational training and local community day work programs leading to community work placement. When necessary the assistance of a DVR counselor will facilitate this procedure.

In this group are some chronic defective delinquents who formerly would have been at the Annex for Defective Delinquents and also a very few epileptic patients of normal intelligence having serious behavior disorders. These latter two types of patients present difficult problems in programming and necessary controls must be provided for their safety and that of others.