STATE OF MINNESOTA

DEPARTMENT of Public Welfare

Office Memorandum

TO : David J. Vail, M.D.
Medical Director

DATE: December 27, 1966

FROM : Ardo M. Wrobel, Chief
Rehabilitation Therapy Programs

SUBJECT: Rehabilitation Therapy Department Services at the Faribault State School and Hospital

During the past several years repeated efforts have been made to get the Education Department and the Therapeutic Activities Department under a single departmental structure so that services would be better coordinated, staff better used, duplication of administrative effort reduced and all services focused on the treatment of patients through educational, vocational and therapeutic activities.

Just recently the Faribault State School and Hospital established a plan to combine these two departments, employ a director and establish a Vocational Services Unit. Mr. Wayne Sidinger, Director of Rehabilitation Therapy, has been employed; and efforts to coordinate and improve services in the various treatment units are going along fairly well.

The frustrations in bringing about major improvements in programming on practically all levels cannot be attributed only to size of the institution. The orientation and attitude of staff takes on a rather conservative, protective flavor which becomes the official modus operandi from the medical director on down. No one seems to have authority to make the decision, because various levels of staff have to clear and get the approval of Dr. Engberg and Mr. Krafve. Dr. Engberg, in turn, wants the full approval of all concerned before decisions are made, so the round of decision making and action is carried out by endless meetings, conferences and committees. This is where the creative efforts of staff often get bogged down.

There is evidence that the institution is able to employ and in some measure retain fairly well qualified staff, and such staff seem to be having an influence on at least two important persons—Mr. Krafve and Mr. Madow. Both seem to have the most influence on Dr. Engberg, and they have been very helpful in bringing about recent changes and improvements.

Establishment and development of the treatment team units has placed additional demands on the Rehabilitation Department and has pointed up a need for a wider variety of services from the department. There are some problems within the structure of the treatment teams, because the principle of general agreement still seems to apply; therefore, team meetings produce a high degree of agreement on such peripheral problems as administration of the unit and procedural problems but little, if any, treatment planning or programming for the patients. As near as I can determine, patients are still being "case conferenced" and, in at least one unit, it is estimated that it would take about ten years to case conference each patient. Although size is one important factor in that there are three- to five-hundred patients in each treatment unit, lack of imagination on the part of the unit coordinators and staff seems to be a rather major problem.

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The Therapeutic Activities and the Education departments have functioned in this conservative, protective environment for many years and have taken on some of its characteristics. However, they have been able to recruit fairly well qualified staff in both departments, and the supervisors of each have been able to provide some extremely effective educational and therapeutic programs for the patients. For example, the occupational therapy section has developed a ward feeding program for the extremely regressed patients involving ward personnel and rehab staff. While the quality of the programs has been rather good, several factors are evident: 1) There is an unusually high concentration of educational staff on a relatively small segment of the population (The school works with approximately 250 patients under the age of 21.). 2) The various kinds of activities conducted by both departments do not seem to have any kind of treatment continuity or any relationship to a treatment plan for individuals or groups of patients. As a total group of services they just don't seem to hang together. 3) The Education Department conducts a nice little red school house program replicating all of the more or less traditional approaches of a public school program but showing little evidence of imagination or creativity in its efforts to establish realistic learning situations for the patients. 4) The Therapeutic Activities Department is responsible for services to the remaining population.

On analyzing the two departments, I would say that each is involved in providing elements of therapeutic, educational and vocational services, the main difference being patients served. The Education Department provides classroom instruction in reading, self-help skills, music, physical education, prevocational skills and the like. The Therapeutic Activities Department conducts occupational therapy, recreation, music in central clinics and on the wards. The recreation section has been especially strong on ward programs, but it spread far too thin to do any more than activate patients once or twice a week. Relationship with the Nursing Service has been fairly good; however, strong departmental organization tends to fragment efforts of each.

The industrial therapy service is a farce, because it is neither industrial nor therapeutic. This program, under the supervision of the Therapeutic Activities Department, operates under the philosophy that if the patient can work on a job for a long period of time this is therapeutic and somehow related to the pride of the average person in staying on a job for many years. Therefore, there is very little, if any, specific training content in the program, and it is at best a placement service for institutional benefit. Recent establishment of an extramural work program has resulted in several good training placements in local nursing homes, automobile garages, etc., preliminary to discharge and employment. This is a rather good program with good cooperation between the industrial therapist and the Social Service staff, but apparently it has not influenced the general quality of the institution's placement program.

Recently the Education Department has begun to develop vocational education classes (e.g., manual skills, assembly, dexterity, etc.), but these efforts seem to have no relationship to the industrial therapy program. Just one more example of many similar fragmentations of programming is the employment of two professionally trained music teachers. One is under supervision of the Activities Department and the other under the supervision of the Education Department.

This kind of duplicated effort has to a large degree resulted in less patient activity than is ordinarily expected. Recent development of treatment units has pointed this up. This problem, together with other problems (e.g., difficulty in retaining professional therapist staff in the Therapeutic Activities Department and lack of a Vocational Services Unit, etc.), has influenced the decision to combine the two departments and employ a director. As a result, a third section of the department will be created by transferring certain staff from the two former departments in order to establish a variety of vocational services which would include industrial therapy, home economics, industrial arts, vocational training and counseling, extramural work and close liaison with DVR counselors.

Although this recent combination of the department has not yet significantly increased services to the patients, it is clearly intended to do so, and I am rather confident that they are on the way to becoming more effective from a treatment point of view. If the treatment team organization of each unit would take more active hold in planning treatment programs and getting these services to hang together for the treatment of patients and if the administrative staff would put more premium on creative innovation, I feel that the Rehabilitation Department would be more effective.

The fact remains that there are far too many patients whose lives are being spent in total isolation of any learning experiences. This is a sad commentary on institutional programming, but it is nevertheless true.

Since coordination and cooperation between the Central Office and institution staff has improved during the past two years or so and since a sizeable amount of money is available through the Elementary and Secondary Education Act (Public Law 89-10 and Public Law 89-313), we were able to plan an extremely exciting program with the new Rehabilitation Therapy Director and his assistant, Ray Roach. Based on our efforts to establish the first of such projects at the Cambridge State School and Hospital, a Project TEACH is likely to be started at the Faribault State School and Hospital for approximately 250 of the most severely retarded children under 21 years of age.

Project TEACH is a simple idea of providing concentrated learning experiences on a one-to-five or one-to-six patient-employee ratio for the most severely retarded, bottom-of-the-barrel patients in the institution. Under cooperative supervision of a professional therapist or teacher and ward supervisors, part-time persons from the local community will be employed to carry out learning experiences over a long period of time and adapt them to the patient's level of learning. If the patient needs to be toilet trained, taught to sit at a table, use utensils, dress himself, play simple social games, walk, learn simple words, etc., the project activities will be organized accordingly. The project supervisors will have to plan a series of such activities, organize the part-time employee's work, coordinate with the team, evaluate project effectiveness, etc.

Source of employees employed on a part-time availability basis for Project TEACH will be the local community. For example, if a mother can work anywhere from two to six hours per day and three, four or five days a week, she can be employed under special arrangements with the Department of Administration, Civil Service and the Central Office. The whole idea is to not compete with the psychiatric technician market. It

is intended to employ such candidates at the local level and at the going competitive salary rate of part-time employees. Results of Cambridge State School and Hospital's recruitment efforts are very encouraging.

The Faribault State School and Hospital's project application is expected to be in by the first of the year after it is cleared with several committees at the hospital.

The Project TEACH seems to have several good possibilities--1) that the Nursing Service and the Rehabilitation Therapy Service will cooperatively carry out a project for the most difficult and most retarded patients, 2) that this may become a recruitment source for full-time aides, nurses and therapists, 3) that this may be extended to employing part-time workers through salary savings (savings from unfilled psychiatric technician jobs) if the project should expand and 4) that this could become a valuable source of employing part-time people from the community providing that they are employed in an organized project program. On the other hand, it is felt that employing such part-time people and assigning them to meaningless cleaning and drudgery jobs would likely dry up the resource.

Recommendations

1. Reduce the population of the institution by discharge to the community and transfer to other state institutions.
2. Establish more activity areas and classroom space in cottage areas so that more therapeutic and educational services can be conducted on the wards with severely regressed patients.
3. Establish a Program Coordinator position and evaluate the effectiveness of the present treatment team coordinator.
4. Encourage creative innovation of staff with clear-cut responsibility for developing programs for all levels of patients.
5. Encourage development of Project TEACH.
6. If necessary, expand Project TEACH by employing part-time employees through salary savings, but such employees should have joint program supervision by the Rehab and Nursing staff.
7. Establish a Vocational Services Unit for the evaluation, training, counseling and placing of patients.
8. Include Adult Basic Education in Educational Services and extend Educational Services to all levels of patients, including severely retarded.
9. Employ teacher aides to carry out a wider range of educational services both in the school and on the wards.
10. Encourage Mr. Sidinger to proceed with his ideas with regard to program services, modifying and integrating these services, coordinating with ward personnel and reorganizing the department, for they seem to be realistic and sound. This, however, will be difficult if everyone at the institution has to agree to any and all changes, because their "don't-rock-the-boat", "keep-staff-happy" policy has killed many good ideas and prevented staff from being innovative and creative.

AW:r
cc: Medical Policy Committee
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