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Faribault*

DEPARTMENT. PUBLIC WELFARE - Medical Services

Mrs. Karlins
STATE OF MINNESOTA

Office Memorandum.

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

DATE: January 4, 1967

FROM : Arthur J. Gallese, **Ph.D.**
Chief Psychologist

SUBJECT: Psychology Department - Faribault State School and Hospital
Shakopee Home for Children

Personnel

The Psychology Department is composed of two full time psychologists and two women who are employed specifically for the collection and processing of data associated with Faribault's HIP grant.

Arnold Madow, chief psychologist, completed all requirements except for the dissertation in the Ph.D. clinical psychology program at the University of Indiana before he joined Faribault State School and Hospital as chief psychologist 15 1/2 years ago. He is now appointed at the Psychologist III level. Mr. Madow is a member of **the** Minnesota Psychological Association, the American Psychological Association, the American Association of Mental Deficiency, other professional associations, and he is certified as a psychologist by the State of Minnesota. Mr. Madow is exceptionally well qualified as a psychologist in the field of mental retardation by virtue of his education, training, and broad experience and interest.

Tcong-He Koh, Ph.D., is employed as a staff psychologist at the Psychologist TIT level. She obtained her Ph.D. in social psychology in 1960 at Boston University, and has been with the Faribault State School and Hospital for six years. She is a member of the Minnesota Psychological Association and the American Psychological Association, and is a certified consulting psychologist in Minnesota. Although Dr. Koh does not have a broad clinical background, through her work at Faribault she has developed considerable competence in diagnostic and consultative work with the retarded, and is considered by Mr. Madow to be a valuable member of his department. She has some difficulty with the English language which is most apparent in her formal written communications which requires that Mr. Madow edit her reports.

Miss Eunice Walter and Miss Ruth Dunn have B.A. degrees in psychology and sociology, are classified as Social Workers I, and have been assigned to the psychology department to obtain, compile and interpret data on the behavior rating scales used in the HIP project from which funds they are paid. Their work involves interviewing psychiatric technicians, filling out behavior rating scales on patients, and interpreting the results of statistical analyses to other staff of the institution. Mr. Madow thinks that they are very capable workers on whom the progress of the HIP project has largely depended. Miss Walter will unfortunately terminate her employment this month, and this will cause further delay in the progress of the program.

A secretary is available to the psychology department to perform general duties in conjunction with the KIP project which provides her salary.

About 1 1/2 years ago, there were two additional psychologists, Dr. Santos and Mr. Dansinger, but efforts to recruit replacements for them have failed.

Physical Facilities

At the present time the department occupies two offices, one for each psychologist, in the administration building. There is an additional office used for testing and interviewing in one of the patient units (Skinner). These facilities are adequate, and Mr. Madow has been assured that additional office space would be made available on the units when additional staff are hired.

The department has ample materials, supplies, and equipment. A number of professional journals are under subscription and books may be purchased without difficulty. Mr. Madow reports no problems with respect to physical facilities, availability of equipment or materials, or funds for special purchases or services.

Functions

The department provides diagnostic psychological evaluations on new admissions and special referrals. However, because of the large population, almost 2800 residents, and the staff shortage, these services tend often to be limited to cursory examinations, with brief testing, interview or history reviews. There is little opportunity for thorough study of most patients, follow-up on treatment programs and patient progress, or direct, close contact with therapeutic programs or activities.

Dr. Koh is responsible for testing or interviewing newly admitted patients and those who may be referred by various staff members of the resident units. She is assigned specifically to the Adult Female Unit which consists of 400 to 500 persons with some prospect for rehabilitation. She provides testing and therapy services to these patients and functions as a psychologist member of the unit team. In addition, Dr. Koh provides services to the school program which includes about 400 children. She attempts regular re-evaluations of these children at two year intervals, and otherwise functions as a school psychologist for special educational evaluation and program consultation.

Mr. Madow's duties and responsibilities are much broader and more diffuse than would be expected as department head. He, of course, supervises Dr. Koh, reviews her reports, consults with her regarding her activities, and makes assignments for services to the overall institution. He does very little direct testing, therapy or case consultation, however. Mr. Madow serves principally in a developing, coordinating and consulting role with respect to broad institutional programs. He is a member of the cabinet group composed of service chiefs who lay down broad institutional policies. • He serves on the weekly case conference meeting which reviews all new admissions, makes diagnostic formulations, and assigns patients to units. He serves on the discharge committee which does final screening of all patients considered for discharge. He serves on the industrial training committee which sets up guidelines, reviews individual cases and general problems, and makes industrial placements of patients. He is on the patient program committee which concerns itself with the development and progress of unit programs. He is also on several other institution committees and quasi-institutional committees such as the State Advisory Committee for Foster Grandparent Programs which are directly related to the state school and hospital's services. He provides general consultation with respect to programs, policies and procedures to administrative staff, service chiefs, department heads, program chiefs, etc. In addition, he carries a major part of the institution's public education and public relations responsibilities.

Mr. Madow is also program director for the HIP project which involves the development and use of a standard patient census schedule and a behavior rating scale. This is a major undertaking which, when complete, could provide the foundation for a most sensible development of treatment programs at the institution with readily accessible, up-to-date, relevant and complete data for initial patient evaluation, program assignment, progress evaluation, and follow-up. The direction of the project and supervision of the staff occupies much of Mr. Madow's time.

Mr. Madow has also been called upon to prepare the proposals for the federal inservice training grant, the foster grandparent project, the federal 89-10 education program, and related projects.

Impressions

It is apparent that the overall quality of patient care and treatment at Faribault needs much improvement, except for small clusters or groups of patients and for some special programs. The problems seem to be, in my opinion, primarily the result of over-crowding, inadequate physical facilities, marked under-staffing, and the persistence of policies, procedures, and philosophical undercurrents that are at once anachronistic and to some extent imposed out of the necessity to choose between administrative, custodial goals which are attainable, and rehabilitative program goals which can be only poorly approximated with the facilities available.

I am impressed with the sound judgment, effective unofficial leadership and inspiration that Mr. Madow has provided in the institution. I believe that much of the progress that has been made is attributable to his efforts. He has been very receptive to ideas, suggestions and recommendations from the central office staff and cooperative in helping to inaugurate and develop programs which have been promoted by the Division. In a sense, Mr. Madow has functioned more as an assistant to the superintendent than as chief psychologist.

With respect to the psychology department itself, it is obviously understaffed and therefore unable to provide the quality and quantity of services needed by the institution. The work it does, it does well. However, it is impossible to imagine that minimally adequate diagnostic services or vocational, education, social, and psychological evaluations, or psychological consultation with respect to treatment, rehabilitation programs, admissions, discharges, and research can be provided by a department with so few members.

Mr. Madow believes he needs at least eight more psychologists to extend coverage to each program unit of the institution. I agree with this estimate. Apparently the current problem is not availability of funds, but suitable recruits are not to be found. Both Mr. Madow and I intend to step up our recruitment efforts, and we hope the proposed salary increases for psychologists will attract job seekers. In the meantime, I believe that the psychology department is operating with optimal efficiency and effectiveness under the circumstances.

Addendum - Shakopee Home for Children

No psychological services have been available to the children or institution since the Bureau for Psychological Services was discontinued. Prior to this, children were seen for psychological evaluation, but this consisted in the main of the administration of an intelligence test and the reporting of a score. Most of the children have not

been evaluated for years. Psychological consultation has never been utilized by the facility. This is reflected in the nature of the program which seems to be little more than the provision of custodial care of a poor quality with scheduled periods for an opportunity to play, sometimes referred to as play therapy by the staff. The physical facilities are woefully inadequate and inappropriate for these children. I think the program needs revamping from the ground up with the introduction of modern concepts and techniques for evaluating the children, designing and developing programs and services for their care and treatment, and evaluating their progress.

As a first step, I think that a thorough study should be made of each child to determine the nature of the institution's population. I will attempt to hire a part-time psychologist for this purpose, since we cannot spare any of our present staff from their regular institutional assignments. Once this study is completed, a decision must be made regarding the nature and purpose of the facility, provision must be made for programs and services, and the children should be properly reassigned. Quite frankly, I think the Home needs a clinical director who is knowledgeable with regard to retardation and program development. As it stands now, it is a monument based on good will, hope, platitudes and bromides, and bolstered by efficient administration, but with little substance in terms of specific professional knowledge and skill.