PROGRAMS AND PROGRAM PLANNING AT FARIBAULT STATE HOSPITAL

This report is really an outline. A detailed description of some key programs at Faribault will be drawn up within six weeks and will include details of needs in staffing and equipment as well as results and evaluation of several existing programs. The purpose of this monograph, however, is to outline briefly what programs are in operation, and what programs need to be introduced. One large obstacle in the way of program development is shortage of staff, and, to be sure, this is often a legitimate reason for lack of action. To assure that thi3 is not always used as an excuse for program failure, programs will be separated into the following three categories: 1) Programs in existence 2) Programs not effectively in operation but could well be started or given impetus with present facilities 3) Programs necessary but not feasible without additional staffing, equipment, etc.

I. PROGRAMS IN EXISTENCE J

4. Foster Grandparent Program.

Here members of the community sixty years of age and over and with an annual income less than $1600 spend time with retarded children. They are paid $1.60 per hour and work four hours per day, five days a week. Each foster grandparent sees two children for two hours. Generally, one child is spastic and the other ambulates normally. The idea is simply to give attention to the children; that is, to meet the patients' needs for recognition, love and affection. The results are difficult to measure except by citing specific examples. Yet, since such a program is meeting the basic human needs for attention and affection, it hardly needs statistically significant verification of its worthwhileness.

B. Project Teach.

This program involves the utilization of Federal Funds under Title I, Law 89313, "to provide extra personnel and equipment for training of children." The program involves teaching children to meet their basio needs; helping the physically handicapped retarded children to help themselves; providing more activities and attention for retarded children; and a number of other specifics aimed at helping retarded children. Project Teach has fine leadership and is unquestionably a large success. Presently two buildings are serviced, but the program is expanding to include other children's buildings.

C. Hospital Improvement Program (HIP)

This program involves the utilization of Federal Funds for behavioral rating and systematic recording of important data relating to patients on an addressograph. Information also is used for evaluation of program needs, evaluation of programs, research and administrative communication (e.g. how many mongoloids with cataracts have we, and how many have had them removed?) The information provided will be of use to this institution for years to come. Hence, whatever the benefits of this program are now, they can only be more so as time passes. Much more will be stated regarding this program in future communi-cations. But, before leaving this subject, it can be stated that plans are underway to utilize HIP money (a new grant; for attacking the problems of the profoundly retarded, hyperactive, ambulatory residents at Faribault.

D. Summer Camp Program.

Also financed under law 89313, the program provides summer day camp and swimming each year for several hundred residents.

E. In-Service Training Grants.

The program involves the utilization of Federal Funds for both on-the-job instruction of Technicians and the occasional leave-of-absence by professional staff to attend two-week courses.

F. An example of an Infirmary Building Program.

Of 100 patients in Seneca Building, about 25% of the patients ambulate to some degree, about 20% are partial bed patients and about 55% are total bed patients. Because of staff shortage, no organized effort has been put forth toward physical therapy; but still something has been done, and a few patients have learned a small amount.

Because of the nature of the problem, toilet training has been more effectively dealt with. Where eighteen months ago hardly any patients of the 100 in the building were toilet trained, 25% are now completely trained and 30% are partially trained. Similarly, where eighteen months ago 80-90% needed to be fed, now 50% feed themselves and six patients are partial feeders.

Also, in this building Microbac, a disinfectant, has been introduced with the cleansing agents to help clear the building of odor.

Murals, paintings, pictures, etc. and seasonal decorative items have been added. Some of the patients are able to help with the decorating, and, those who can't help, watch and enjoy.

Coffee breaks have been introduced for those who can profit. Cushion chairs are now being used. Also straws and nipples for teaching swallowing control have been used with some success. An effort to use pajamas instead of hospital gowns and to allow the patients to be out of bed and on the floor or grass (in nice weather) has been made. This is brief and there are other minor aspects to this building's programs, but, in general, the low staff-to-patient ratio blocks the real progress that could be made in the area of physical therapy. Many, perhaps most, of these bed patients need not have remained (or become) bed patients if adequate physical therapy were available.

G. Patient Council Programs.

In several of the buildings housing higher level patients, there are council meeting That is, the patients, under the direction of technicians, meet and discuss their needs and their building's needs. The requests are recorded and sent to the appropriate administrative personnel. This not only provides group activity but stimulates an attitude of independence on the part of the patients.

H. Building and Unit Meetings.

The appropriate staff get together to discuss ways and means of improving programs and facilities for the patients. Although there art times when these meetings are programs

in themselves, in the main, they are a necessary part of the Job and not really programs.

I. THE SCHOOL PROGRAM.

Headed by a director of rehabilitation and training and providing services in six special areas, the school program is spread thinly in an effort to reach all children and some adults. The six special services are vocational, clinical therapies, recreation, library services, education and special programs (Project Teach) . Each special service is subdivided to meet special needs. For example, special education has one music teacher, two physical education teachers, one speech teacher, one homebound teacher, one teaching the deaf, one teaching the educable, four teaching the trainable, and one adult special teacher. A more complete examination of this program will come in a later report.

J. Industrial Therapy Program.

This is part of the school department, but functionally such a large operation at this institution that it deserves separate mention. Basically, this program places patients in work assignments where they, hopefully, will develop skills that will lead to their placements in the community. This program needs augmentation by a vocational training program, which we do not have.

K. Parent Groups Program

Several buildings have organized meetings of friends and relatives of the patients. These groups provide better relations between the State Hospital and the community, an opportunity to interest more people in the problem of mental retardation, and an exchange of worthwhile ideas. Also, some groups devote time and purchase special equipment.

L. In-Service Training Programs.

The Technicians are given six months of on-the-job training when beginning work. After this, they periodically will have opportunities for training in areas of special interest. Nursing education also attempts to instruct technicians, who have been here many years,in newer techniques. A problem does exist here because a different type of teacher is needed to train the new than is needed to train the older technicians. Certain other types of employees, for example, the social workers, have weekly sessions but some professional groups are lacking this type of program.

M. Religious Programs.

Three full-time clergymen with the help of volunteers conduct Monday night religious education programs. Ninety-eight classes are conducted simultaneously in a Sunday-school-like manner as opposed to the church congregation setting. Also, the Chaplains conduct two Sunday services for the patients (Protestant at 8:45 a.m. where 800 attend and Catholic at 10:15 a.m. where 300 attent) . Visual aids and music are used on Sunday. The Chaplains also participate in all unit team program planning and do occasional counseling of the patients.

The Chaplains see all seriously ill patients and notify relatives of deaths. This works

very well at Faribault Institution, since the clergymen often know the family better than the physician. Naturally, the relatives may speak with the doctor if they wish. The Chaplains make initial contact with the relatives and ministers of all new admissions in order to communicate religious records and needs. Our Chaplains also leave the institution occasionally to speak elsewhere. This is another method we have to communicate with the community. Also, on occasion visiting clergy will work with our patients.

N. Recreation.

A detailed outline of this department's programs will be provided later. For this report, suffice it to say that the recreation people participate in both Unit Team programs and separate programs such as dances, hikes, pool tournaments , etc.

0. decorating

Most is done routinely by institution maintenance. A great deal has been accomplished by Techs, Nurses, and other staff pitching in; bringing old drapes, lamps, rugs, chairs, etc, from home; and through painting and decorating. A little has also been accomplished in this area by volunteer groups from outside the institution.

P. Independent Living a

A few capable patients work off the grounds part-time and have their own room with a great deal of freedom to come and go as they please. Naturally, there is continued staff planning and supervision. This is sort of a "one-quarter-way house."

Q. Community placement:

Utilizing facilities such as sheltered workshop, congregate care homes, nursing homes, work placement, etc. to place our patients in a more advantageous environment, or who no longer are in need of institutional care.

a. Off-Campus Privileges:

Many patients have the freedom to go to the local neighborhood store or downtown with one or two other patients at certain specified times of the month. This privilege is based on past show of responsibility. Other patients have only campus privileges; some only building privileges.

S. Programs for

Essentially left up to the building personnel. Although there have been successes in such buildings as Maple and Dakota, much more help is needed to effectively deal with this problem.

T. Programs under Volunteer Services:

Self-explanatory and what's being done is being done well. But, the community is an endless resource for manpower and money; hence, the job is never finished for volunteer services.

U. Humane practices program.

Meetings are held regularly to discuss ways and means of improving patient care and treatment. Specific examples of improvements through this program will be provided in

a more detailed report.

V. Adult Education Program.

Presently this consists of evaluating daily living skills of the patients who will soon be leaving the institution to live independently (or nearly so). The areas of weakness then receive coaching.

W. Example of a unit programming.

In Skinner Unit (adult ambulatory females with all levels of retardation) numerous programs are in operation simultaneously. To do justice to the progress and accomplishments accrued over the years by this team would require much more detail than is appropriate for this outline. The programs range from self-feeding and proper bathing techniques for the severely retarded to programs like the telephone and its uses for the moderate and mildly retarded. In between, there are programs in effective communication, grooming and hygiene, reading and writing and even films regarding the change from little girl into adult female to explain the menses and proper self-care to girls intelligent enough to understand.

PART II: PROGRAMS NEEDED THAT COULD BE STARTED WITH EXISTING FACILITIES

Program A: Head Bangers;

List has already been drawn up of self-abusive patients. This now needs to be followed up to determine how many patients are still self-abusive and, specifically, still head banging. This could be done best by having a speoific team (or perhaps, only one person with a physician as a member. A general outline could be followed in each case of self abuse. (E.G. 1) Search for physical pain. 2) Search for immediate emotional stress. 3) Search for chronic emotional stress (i.e. extinguish the conditioned response of head banging). 4) If all these fail, probably the self abuse is attention getting and essentially the only answer to this is give the attention. This team could be called upon by any unit with a problem self-abuser.)

B. Research and Publication:

This institution is a goldmine of problems (medical, psychological, nursing, social service, etc.) that need investigation and publication to communicate results of efforts. Some of this is being done now but much more could be, especially with more professional staff to share the "spade work" and free some hands for research.

C. In-Service Training:

Some is being done already as mentioned above, but certain professional disciplines are especially delinquent in this area. Bore could be done along the lines of guest expert speakers, films, and other facilities from outside the institution.

D. Staff Utilization:

Future programs can be better implemented by everybody "getting their hands dirty." One of the chief reasons why Alexander the Great was so successful was not the size of his army but the fact that he lead his men into battle instead of ordering them forward.

Also, many people employed at the institution have special talents that could be utilized. As was recently stated at a Central Office meeting, maybe even the Medical Director can blow a bugle.

E. Communication With Other Institutions:

It should not be left entirely up to Central Office to get the various state institutions together. Individuals should take the initiative to write other institutions, instate and out-of-state, regarding problems of the retarded.

F. Adult Education:

It's not a good philosophy to exclude someone from the services of a teacher simply because the patient is over twenty-one. Much could be done in the areas of utilizing teachers to train technicians in some of the fundamentals of teaching. Adult education would be more worthwhile if aimed toward the practical aspects of living rather than the "ABC's."

G. General Sanitation:

Odors could be more effectively cleared in certain buildings by the use of microbac some such substance during cleaning time. Also, fans pull odors out more effectively

than when they push air into a building.

The tunnels should be rid of oats and rats. Although most of the problem has been solved, the most reasonable plan would be to exterminate the rats first. Also, although mask of the roaches have been exterminated, there seem to be too many roaches in a few buildings. Perhaps the exterminator could visit more often.

H. Overcrowding of Severe and Profoundly Retarded Patients:

These individuals dig, scratch and pick at each other to a greater degree than other patients. Scabies, pinworms, abscesses, etc. spread like the proverbial wild fire amongst these patients when they're overcrowded. Pawnee building is the worst. It's bad enough to overcrowd mildly retarded individuals, but many of them leave the buildings during the day; hence, overcrowding doesn't really exist for most of the waking hours. The profoundly retarded seldom leave the building.

I. Decorating could be carried out to some extent by interested members of the staff and community.

J. There could be buildings with both little boys and little girls in them. This is a closer approximation to normal childhood experiences.

K. There should be freedom for showers and bathing in the higher level buildings. If a mildly retarded person wants to take a bath every day and can do it himself, he should be allowed to do so.

L. Program of Technician Questionnaires:

Accurate information regarding building and patient problems could, in many oases, be more effectively communicated to these in authority and able to do something about it. These questionnaires could go directly to the Medical Director and Hospital Administrator without anyone else seeing them first,if need be.

M. Program should be introduced by Unit Directors to set up friendly competition amongst technicians (e.g. How many did you toilet train this year?)

N. The program to impress the proper attitude on employees of the institution who do not deal directly with patients could be improved upon. Be he truck driver, repairman, or laundry worker, every person should have the philosophy that toe is there for the patients needs and not vice versa. The philosophy that we are all working together for the benefit of retarded persons could be further promulgated.

PART III: PROGRAM NECESSARY BUT NOT FEASIBLE WITHOUT ADDITIONAL STAFF, EQUIPMENT, ETC.

PROGRAM A: Physical Therapy:

This is of highest priority. We have many physically disabled patients and bed patients, It has been amply demonstrated that most of these individuals need not be relegated to a life in bed if correct physical therapy is introduced early enough. If sufficient number and qualified staff and equipment were provided now, in ten or fifteen years we would have considerable less total care patients. To begin with, we need a physical therapist and consultation from a Doctor of Physical Medicine. Essentially, it's a public disgrace that even this rudimentary beginning is not provided. To provide it, we need energetic recruiting and higher salaries than are provided in the cities. To interest qualified PT personnel, we need to do more than Just match salaries in the metropolitan area. Also, this program cannot adequately meet the needs of our population until around twenty Physical Therapists are employed full time at this institution.

PROGRAM B: Seed for a Public Relations Officer.

Our two personnel officers are already overworked. Many professional persons employed here must take time from their daily duties to recruit. This should not be. A qualified person should be employed full time for this and also act as public relations officer and recruit equipment from private sources.

PROGRAM C: Program for Overcrowding:

This, of course, has been given close and expert attention and the transfers to M.I. institutions will help us immensely. Yet, a possible problem requiring further planning is foreseeable. If the several buildings that are old and inadequate are demolished, we will remain just as overcrowded even after transferring 700 patients.

PROGRAM D: Remodeling:

We need buildings that have smaller rooms and are more home-like. We especially need smaller buildings for younger children. we should, as much as possible, dispose of the large dormitories and playrooms and replace the nursing setting with a home atmosphere.

PROGRAM E: Intensive Effort with the Profoundly Retarded.

Toilet training, self-feeding, self-clothing, general improvement in behavior, etc. can only be effectively imprinted on these patients by close individual attention, such as a 1-to-1 or 1-to-2 staff-patient ratio at least until the desired goal for a patient is met and maintained.

PROGRAM F: Special Equipment.

This is vague and needs to bo itemized and justifications provided for each item. But, in general, we have neither enough special Physical Therapy nor recreational equipment. As examples, we need more exercycles, pullies, relaxation chairs, hoyer lifts, standing boxes, adaptation spoons and plate guards*

PROGRAM G: Staff Development:

We are extremely short of psychologists, doctors, clinical therapists and technicians. Some of the problem could be met by better recruiting and doing away with archaic entrance

examinations, Most of this problem cannot be solved without increasing salaries. It is harder to hire persons at $350 per month in southern Minnesota than in the northern part of the state.

PBOGRAM H: We need programs for the hyperactive and hypoactive, but most of the job can't be done without much more staff, especially at the Technician level.

PROGRAM I: Program to personalize the grounds. People react to their environment. When a place looks like an institution, the patients have a greater tendency to consider themselves inmates and act as inmates.

PROGRAM J: Program for patients' Storeroom:

A Hospital Auxiliary has been found to make available the Canteen two nights per week. Despite this, what is needed is a larger facility than we have and set up more like a cafe with tables and a soda fountain. Benches to "wait your turn on** promote the feeling of being an inmate.

PROGRAM K: Further Building Programs.

An example drawn up by Mr. Herman Hormel is here provided.

PROGRAM I: We need a specialist in laws and how to get federal, local and private money with which to introduce new and imaginative programs.

PROGRAM M: Improved Dress:

Wherever our residents go, they are easy to spot and label "inmate" or "feebleminded." Why? Hot only because of old and ill-fitting clothes, but also because of the inappropriate wearing of suits with white shirt and tie.

PROGRAM Mi Further Consultants:

Hot only in the medical services and public health area, but in engineering and architecture to help us plan for the future.

PROGRAM 0: Affiliation:

Many of our medical, psychological, educational, recreational, etc. needs would be facilitated by affiliation with the University of Minnesota or perhaps Mayo.

PROGRAM P: Patient Counseling:

Many of the patients' needs such as general enhancing of dignity, love, praise, acceptance, recognition, correction, direction, reassurance and encouragement are inadequately met because of lack of staff.

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