



RETARDED CHILDREN CAN BE HELPED

ROBERT L. JENSEN

President
8107 Westwood Hills Drive
Minneapolis, Minnesota 55426

MARION P. SMITH

Senior Vice-President
1884 Oakdale Lane North
Clearwater, Florida 33516

WILLIAM G. ERVIN

Vice-President, Southeast Region
P. O. Box 906
High Point, North Carolina 27261

H. GILBERT JOHNSON

Vice-President, Northwest Region
3175 S. E. Camwall Drive
Hillsboro, Oregon 97123

FRANK J. MENOLASCINO, M.D.

Vice-President, North Central Region
c/o University of Nebraska
Nebraska Psychiatric Institute
College of Medicine
602 South 44th Avenue
Omaha, Nebraska 68105

JOHN K. STERRETT, Ph.D.

Vice-President, Southwest Region
1311 N. Iowa Avenue
Colorado Springs, Colorado 80909

MRS. LILLIAN WALKER

Vice-President, South Central Region
655 Cora Drive
Baton Rouge, Louisiana 70815

JAMES R. WILSON, JR.

Vice-President, Northeast Region
329 South Smedley Street
Philadelphia, Pennsylvania 19100

FRANKLIN C. SMITH, Ph.D.

Treasurer
c/o Stennes & Associates
First National Bank Building
Minneapolis, Minnesota 55402

MRS. HARRY R. CROSS

Secretary
125 Rodney Road
Dover, Delaware 19901

FRANCIS E. WHITE

Past-President
5 Rushmore Circle
Stamford, Connecticut 06905

MRS. GEOFFREY A. OELSNER

Member-at-Large
6646 Wenonga Terrace
Shawnee Mission, Kansas 66208

BOARD OF DIRECTORS

F. JOE BARNETT

JOHN D. BOWLING

ELWIN F. CABBAGE

OMER L. CAREY

MRS. KERMIT CHARRON

WALTER J. HANSEN

JEREMIAH HATCH

WILLIAM HESTER

EVA M. JOHNSON, Ph.D.

MRS. ROBERT KNIGHT

CURTISS E. KNIGHTON

A. LUDLOW KRAMER

AARON LAZAROFF

ARTHUR MCHUGH

GARY R. MARBUT

CHARLES T. MITCHELL, JR.

GEORGE O'DONNELL

MRS. GEOFFREY A. OELSNER

EDWARD C. O'KEEFE

KATE RODEN

BEN N. SALTZMAN, M.D.

KARL SCHMEIDLER

H. DAVID SOKOLOFF

LAMBERT K. WAI

MICHAEL WIEJACZKA, M.D.

National Association for Retarded Children

A VOLUNTARY ORGANIZATION DEDICATED TO THE WELFARE OF THE MENTALLY RETARDED OF ALL AGES

THE GREATER DALLAS-FORT WORTH METROPOLITAN AREA

P. O. BOX 6109
ARLINGTON, TEXAS 76011, 261-4961 Area Code 817

BARBRA STREISAND

National Honorary Chairman

May 11, 1973

DEPUTY SECRETARY
MENTAL HEALTH
MEDICAL SERVICES
PHILIP ROOS, Ph.D.
Executive Director

Robert P. Haigh

Executive Assistant for Programs

Department of Public Welfare

Health & Welfare Building, Room 308

Harrisburg, Pennsylvania 17120

Dear Bob:

Thank you for the opportunity to participate in the recent meeting at Polk State School. Even though the participants are not preparing formal reports, there are a few informal observations and comments I would like to make. Although I have visited Polk on two previous occasions, you must bear in mind that these comments are based on rather limited direct observations of the current situation at Polk State School.

The thing which seemed most obvious during our visit was an immediate and critical need to establish appropriate goals for this facility. Obviously the establishment of goals will include regular individual assessment and individual program plans for every resident. A random review of records would seem to justify the charge that Polk State School is a "custodial place".

The second major observation is one which has become apparent to everyone - the need for more effective delegation of administrative authority. While the line of authority from the Commissioner of Mental Retardation seems fractured and ineffective in terms of his direct responsibility for institutional programs, the administration within the institution is rigid and unresponsive to individuals. The cumbersome bureaucratic nature of the present system seems to prevent a rapid response to program needs. There is no doubt in my mind that a cross-disciplinary approach to program development is essential, but such a team approach could not function without greater delegation of administrative authority.

I was alarmed by the fact that members of the direct-

Twenty-Fourth Annual Meeting

Anaheim, California

October 31 - November 3, 1973

care staff seemed totally ignorant of the "off-ward" activities in which residents participated. In both educational and therapeutic programs it is essential that the staff members who spend the greatest amount of time with residents understand how to reinforce and implement these other programs. If the living-unit personnel are ignorant of the other activities, as they appear to be, it is evidence that they are not included in the planning process.

At this point it is useless to consider the question of low staff/resident ratios since that is only used as justification for continuing the status quo. Individualized program plans are essential for a legitimate justification to increase the number of staff. I will not comment at length here on the obvious need to disperse a major portion of the resident population at Polk; you are already alert to that need. It would be of enormous benefit to the school and to the Department of Public Welfare for the institution to immediately begin the self-study phase of the AC/FMR Accreditation process. The results of that study, with or without a follow-up site visit by the accreditation survey team, would provide very specific information regarding areas which require change. ??

The third major point I wish to make relates to the total institutional situation. My observations of many different institutions have resulted in the firm conviction that the prevailing value system must be confronted before appropriate programs can be implemented. The staff at Polk evidenced very little conceptual awareness of any need for change or understandings of why developmental programs are necessary.

It is apparent that the initial step necessitates a firm philosophical and programmatic commitment by top administration to a developmental model of service delivery. To be effective this commitment must come from the Department of Public Welfare in Harriburg as well as from the superintendent's office at Polk State School. The commitment must be written in simple behavioral terms and then distributed to the entire staff, to parents and to the community. A simplistic commitment "to go forth

and do good" is hardly what I have in mind. The statement needs to be one which firmly presents the Commonwealth's philosophy and position regarding services for its mentally retarded citizens who may require residential programs for some greater or lesser period during their lives.

When a formal written commitment has been made (one which can be understood by everyone) then the overall goals for Polk, or any other institution, can be easily written. The next step is to institute a staff development program designed to transform some basic attitudes of staff members about themselves, their peers and especially those attitudes which govern their interactions with the mentally retarded residents.

Unfortunately, the majority of Inservice Training programs have focused upon task-oriented skills which were either irrelevant to the developmental needs of the population being served or were in open conflict with the institution's prevalent value system. During the past six years I have given special attention to the way in which Inservice Training projects have functioned and it is impressive to note the general failure of these projects to secure long term changes in the delivery of program services.

In my opinion most staff training programs have centered upon two major strategies which are doomed to failure since they are antagonistic to the basic nature of human development. The first of these can be labeled Curative Strategies.

The historical evolution of institutional management explains in many ways why so much energy and resources have been placed in efforts to cure or ameliorate developmental disabilities through medical intervention. The magical expectations centered on the various therapies and the heavy reliance upon drugs has, over time, resulted in awesome frustrations and a predictable sense of helplessness among both professionals and direct care personnel. While one cannot question either the ongoing need for appropriate medical intervention or for necessary hygiene,

these efforts frequently result in little more than "custodial sanitation" if the personnel view the situation as developmentally hopeless. It is this atmosphere of hopelessness and the overwhelming sense of impotence which causes program failure. I have written at some length of the consequences inherent in a "medical model" and have enclosed reprints of those articles.

The second staff training approach has been a focus upon Control-Oriented Strategies. It can be hypothesized that the general sense of hopelessness has, in part, been responsible for teaching personnel to use controlling strategies on what they perceive to be a deviant and de-valued population. Most control strategies inevitably degenerate into highly punitive responses in the long run. The reason for the long term program failure is related to the fact that these control strategies are unnatural and developmentally inappropriate.

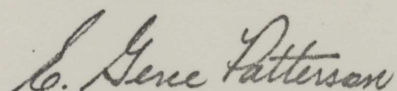
A constructive approach to staff development is essential if we are to break the institutional stereotype. The traditional inservice educator, has, unfortunately, been rather ignorant of the principles of adult education. Adults cannot be successfully taught by the traditional techniques of pedagogy and it is high time we recognized the limitations we place upon staff training when we ignore this fact. The Department needs to invest its concern in providing a sound approach to staff development.

It appears that the situation at Polk State School is an opportunity for the Department of Public Welfare to take immediate constructive action to assure future program success. The institution is currently undergoing a confrontational crisis and is therefore more subject to change at this point than it will be after the crisis has passed. The literature of crisis intervention should serve you well at this point. Hopefully the Commonwealth of Pennsylvania will use this unique opportunity wisely.

Page 5

Thank you again for the privilege of involvement and please be assured that we stand ready to offer whatever assistance we can to aid you in this effort.

Sincerely yours,

A handwritten signature in cursive script that reads "E. Gene Patterson".

E. Gene Patterson
Consultant, Program Services

EGP:mt

cc: James Wilson
Stanley Meyers
Patricia Clapp
Eleanor Elkin
Peter Polloni
Philip Roos
Brian McCann