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ABSTRACT
              Eight papers report on the project at Austin State
School, funded by a Hospital Improvement (HIP) grant, which used a
multidisciplinary team to implement socialization programs for
institutionalized mildly retarded persons exhibiting socially inept
behavior. Two papers consider social rehabilitation and the task of
trying to move residents out into community life. The third paper
tells how dormitory attendants can serve as teachers rather than just
keepers. The fourth and fifth papers report on a training and
education program for a group of emotionally disturbed girls,
applying a behavior modification model. A half-way house program for
stable working older women residents on the State School grounds is
described in the sixth paper. The last two papers deal with outreach
services to bring former residents and families back together again
as part of a therapeutic and rehabilitative program, and with social
work graduate training within the HIP project respectively. A
threefold increase in rate of discharges (residents able to
successfully make their way in regular society) over a previous
similar period of time is cited as evidence of HIP project success.
(Author/KW)

PROMOTING INTENSIVE SOCIALIZATION OF MILDLY RETARDED WITHIN AN INSTITUTION

A Collection of Papers
Developed and Written
by Members of the
HIP Staff
at Austin State School,
Austin, Texas

June 1965 to May 1970

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I

FOREWORD

As I think about the HIP project at Austin State School, now coming to a close, two mental images seem to recur. One is a picture of a ship moving forward through the water, but as the waters unite behind the vessel no trace is left to mark its passage. In line with this analogy, there is concern on the part of a staff which has worked conscientiously and with some measure of proficiency and some signs of achieving established goals, that the 'water' will close in after the passage of the HIP ship and no one will ever know that it went by. Will programs be pursued, adapted to the continuing needs of residents and staff at the institution or will they be dismembered and forgotten? Will there be a literal 'this too has passed' said over the remains of the project?

Or to follow the analogy of a human transplant, how can a new and lively organism, the HIP project, be implanted into an old and ongoing organism, an institution for the mentally retarded, and not be rejected? The experience at Austin was certainly not unique in that the project staff was forced to learn how and to what extent programs might be introduced with some measure of probability that they would not be sabotaged or dealt retarding blows by detractors. The response of the institution probably duplicated what many others have experienced where there has been wide variation in acceptance, degree of cooperation and ut' zation of findings.

Suffice it to say, the project is done. The reports are in. There are many postive programs and results to be discussed. The project was good to do and it was good to be permitted to be a part of it. The HIP staff has been able to see themselves in moments of detachment, and in perspective to know that several hundred young people have had a new life opened up for them through the project, that some other workers at the institution have taken a new look at the entire task of rehabilitation and the role of the institution for special children. For a time the lock-step of children and y' ig people moving in silent shuffle from building to building has been halted and many have moved out of this lethargy into community life.

That is the story reported here in part. The papers run the gamut from a theoretical consideration of the monumental task of moving people out of 'human warehouses', to arranging outreach services so that families and agencies will help prevent institutionalization or will provide back-up for discharged mentally retarded. The first two papers consider the task of trying to move residents or patients out into community life. The third paper tells how attendants who work with residents at their dormitories might serve as teachers rather than custodians and keepers. The fourth and fifth papers report on a special program of training and education for a group of emotionally disturbed girls, applying a beha/ior modification model as the method of choice. The sixth paper describes a half-way house program for older women on the campus of an institution for the retarded. The seventh paper deals with the task of bringing resident and family together as part of a therapeutic and rehabilitative program. The last paper reports on the development of social work graduate training within the frame-work of a HIP project.

1. **HOW CAN WE HELP 40,000 MENTALLY RETARDED GET DISCHARGED FROM INSTITUTIONS?** — Oliver E. Graebner, Ed.D.

2. A NETWORK OF RESIDENTIAL PROGRAMMING TO FACILI-
   TATE SOCIAL REHABLITATION — Ralph M. Scheer, ACSW

3. TRAINING ATTENDANTS TO BE DORMITORY TEACHERS
   OF THE MENTALLY RETARDED — Sharryl Hawke, M.A.

4. PROGRAMMING FOR EMOTIONALLY DISTURBED, RETAR-
   DED CHILDREN IN A BEHAVIOR MODIFICATION SETTING —
   Sharryl Hawke, M.A.

5. THE TREATMENT UNIT: A TOTAL TOKEN ECONOMY FOR
   DISTURBED RETARDATES — Robert Conrad, M.A.

6. POST OAK VILLAGE — CAMPUS HALF-WAY COTTAGES —
   Oliver E. Graebner, Ed.D.

7. OUT-REACH TO FAMILIES, A PROBLEM SOLVING PROCESS
   Mary Jo Weiland, ACSW and Corrolle Bell, ACSW

8. SOCIAL WORK GRADUATE TRAINING IN THE HIP PROJECT
   Ralph M. Scheer, ACSW

May I commend to the reader the papers here given, because they have
grown out of individual and collective struggles with many aspects of
retraining younger and older men and women for life outside the insti-
tution. The clearest mark of HIP project success is the record of discharges,
the number of those who are successfully making their way in ordinary
society, 197, which is three times the rate of discharge in a previous
similar period of time. The rate of failure has been 1%.

My gratitude to the staff who stayed with the project to its conclusion
and for their carefully written reports of philosophy and pragmatic pro-
gramming for the benefit of residents and staff.

Oliver E. Graebner, Ed. D.
Co-Director, HIP Project

PART I

How Can We Help 40,000 Mentally Retarded
Get Discharged From Institutions?

—Oliver E. Graebner, Ed. D.
Co-Director, HIP Project

A great push is now on to get residents out of institutions. On the one hand, a few very vocal and prestigious leaders are calling for a shut-down of all institutions. They contend that their very existence predisposes society to keeping thousands behind walls who should never be placed there, and that their very existence guarantees the perpetuation of all the limiting factors which surround those assembled under the institutional roof — flattened affect, lowered aspirations, emasculated risk-taking and the prevention of the use of gifts and talents. Unless we take extreme measures, say these leaders, to shut down all institutions for the retarded, we will be aiding and abetting those forces, public and private, individual and collective, formal and informal, which rob individuals of their birthright and contribute to a regimented life of unproductive dependency.

On the other hand, since the Kennedy phase of public awareness of the mentally retarded and the growing efforts for their rehabilitation (such as community action programs for the retarded) some professionals and many parents have organized during the 1960's to prepare as many as possible for productive life outside of institutions. Toward this end, they have actually moved many retarded from confinement to freedom, from rocking chairs to walking on their own two feet, from the status of indigent, helpless patients to lively citizenship. We predict that the debate over how and when to close institutions will be waged during the 1970's. But, what are the problems in moving young people out of institutions into the mainstream of American life, and how can we cope with these problems?

Granted that there are children and older people who will continue to require total hospital care because they are bed-fast, multi-handi-capped, or have extremely limiting factors which call for specialized medical care. Accepting the hypothesis, that for the 75% of those in institutions for the retarded for whom it would be better not to live in what some have called "these human warehouses" or even in well-appointed training centers, but scattered over the land, in private or group homes, in ordinary houses, on ordinary streets in Maine or Iowa, assuming these all should be moved as quickly as possible, there are still problems of logistics which no oratory will waive aside: living quarters, jobs, food, some minimal care by others, not to say, relationships with their families and neighbors and, not to be overlooked, the problems of family and community acceptance of those who were formerly living in institutions.

Now, let us get down to a current here-and-now problem; namely, how can we help the 40,000 mildly retarded move out of institutions, with some sort of defensible rationale and with some hope of success, once they are out? We believe that the answer lies in the complex of professional and lay community leadership, and in the jointly developed programming for discharge of residents (children, young people, middle aged). It lies, hopefully, in those programs which are planned and put into action through the efforts of those who work directly with clients, that is, the child-care workers, attendants and their supervisors who work at dormitories and cottages. These workers have the knowledgable support of the superintendent and his staff, (psychologists, social workers, physicians, vocational rehabilitation counselors), and the central office for the state's Mental Health — Mental Retardation services, and, outside the institution, the parent groups, business organizations, service clubs and churches.

The Parents

Some parents naively expect the institution to work a miracle with their child. They need only bring the child to the school or hospital and the good people will "make Mary well again." Perhaps a way of teaching, or some kind of pill or treatment will help Mary overcome her silly talk and her failure to read, spell or count numbers. While waiting for the miracle to take place, they are willing to have the institution keep their child.

Some parents, deeply disturbed or disappointed by the presence of their mentally retarded child, turn him over to the institution to keep him — to keep him for life, out of their lives (except at Christmas or birthdays, when he goes home for a visit). They insist that he stay there where he cannot really leave and where they are not always reminded of him. Rejected? Yes. Totally? Well, almost.

Some parents, not as calloused, not as rejecting, still sensitive to their child's needs, fear his return to their home and neighborhood for more than a day or two at a time. Their retarded daughter might make friends with boys living near — will they take advantage of her; how can she be protected? The retarded son was difficult to manage at 13; now he is 21, large and strong — who could manage to restrain him if he got out of hand or had one of his

"spells?"

Some parents really love their retarded child, and they are happy for his growth and development, his signs of self-care and the beginning of good work habits. They think and say, "How well he is doing, how much you have done with and for him! But you say we should take him home — after all these years? We should rearrange our lives and fit him in, permanently? That's a big order. Can we do that? How will he really fit into our lives?"

And, there are homes where only one parent is present, because divorce or death has broken the circle. Is it really feasible or wise for son or daughter to go home permanently and live there either without a father or without a mother to guide and care for him?

The attitudes of parents of retarded children are probably not different from those with normal children, but in each there is noticed varying degrees of acceptance and rejection, of love and hate, of sympathy and disregard, of fear and distrust, of guilt and self-pity in relation to their retarded children. Ask those who counsel with the parents as they first learn their child is retarded or as they consider bringing him to an institution.

If we set ourselves to the task of programming the discharge of our residents or patients, our first consideration should be, what resources does the home provide? What does he have to come home to? Who is there to help parents receive and properly guide the returning member of their family? Lacking a suitable home, will parents interfere with their son or daughter's life, once they have been discharged? Some selfish parents are glad to have their child home as long as he brings money into the household coffers, as long as he does well on the job. There are instances where parents have caused the visiting or discharged young man or woman to get into trouble so that they might have an excuse to call the institution and to send them back again.

The Superintendent

Without question, as in other organizations, an institution such as a school or hospital is the lengthened shadow of its dominant figure. Among schools for the retarded this is usually the superintendent, the top administrator who operates the institution, usually under a board of professional and lay people.

As thinks the superintendent, so will think, in time, his staff, especially if his tenure is longer than the usual year or two.

1. One type of superintendent conducts the business of the institution as an "old-line" administrator. He has grown to accept the institution as it is. He sees his job as preserving it and passing it on to his successor, intact, or at least, with as few changes as possible, with one or two improvements — preferably in physical plant. In his way of thinking he rules well if he can reward those who do not engage in "boat-rocking." In fact, he removes from office all the boat-rockers and innovators, because all they do is make trouble. They really do not know how to do their job." He views the institution as a kind of repository of sick bodies or minds, or both. One type of librarian may see her job as the protector of books and be most pleased when she sees the shelves well filled; in the same sense a superintendent may estimate his success by checking the AWOL list, watching how residents walk two-by-two in straight lines when out for a walk on the grounds, whether they greet him as "Mr. Superintendent," and, if they don't get pregnant. The worst thing that could happen is to find that a department head has signed form B instead of B17 to order ping-pong balls, or that the Nursing Department instead of cottage Life ordered band-aids.

2. Then there is another superintendent who *likes* boat-rocking, in fact, he is a champion boat-rocker, without keel or ballast. He listens to no one, and his idea of counseling with staff is to call them in and give them orders. He has a way of alienating the staff by giving them individual tongue-lashings while conducting general staff meetings for their failure to perform to his standard. Recently he has taken a personal interest in the statistics of discharge. He is so intent upon making a good record of discharges from his institution that he has in effect taken over those departments, social services, psychology, medicine, who are vitally concerned in each candidate for discharge. He insists upon pushing for the discharge of borderline and questionable cases; he applauds any action that holds the gate open for residents to move out, regardless of their current behavior record or their productive capacity and quality.

3. Occasionally, you will meet a superintendent who seems to operate on the rule, what will advance me? The office of superintendent rules the man, at

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the same time it must serve his personal interests. The progress of the institution is measured by how much he is advanced in prestige thereby. All efforts must in one way or another endorse and promote his rise to distinction. He watches carefully to identify the new method of treatment. If the current fad is to discharge as many as rapidly as possible, he will not be left behind. Or, if the current fad is to practice behavior modification in the treatment of undesirable behavior and to teach desirable conduct and skills, he will not be outdone. He will out-shape the shapers, if that were possible. Lacking discretion, without rationale or plan, he is too busy watching his own score on the great board of some central office.

As someone has said, "there is a little larceny in each of us;" and another, "he that is without sin, let him cast the first stone." Parents with a retarded child have a serious and difficult task on their hands. They need all the sympathy and genuine assistance we can provide. Likewise, the role and task of the school administrator is a lonely one. The pressures which impinge upon him from the "outside" can be shared at times with no one. He must carry on with optimism and hopefulness when there are few signs to support it. His is a round-the-clock vigil (on and off campus) of children and staff under his direction. His humanity is just as much on the line as that of parents and the people who man his programs and keep things running. He feels deeply the disappointments which dash the enthusiasm of a group who will not receive the funds to carry on a sorely needed improvement; he feels just as confused and frustrated as his staff when the press or a legislator or a neighborhood store-manager misinterprets the best efforts to train and treat retarded children with the means at hand. Anyone who has spent hours in the "super's" office has much sympathy with his post, its trials, its disappointments and its small glories. That person will be the first to say, more power to him, he needs and merits our best, our loyal support.

We have thus far observed that the two most important variables in moving residents or patients toward discharge are 1) the parents, and 2) the superintendent. The best laid plans of community and institution will fall apart and prove ineffectual if parents take a negative view of their son or daughter's discharge, if they reward his successes with deprecations or malevolently insure his failure on the job or in leisure time pursuits. Parents are crucial in planning for discharge.

The superintendent, on his part, holds tremendous discretionary powers over his staff and their activities. He holds control over the most important contingencies and thereby shapes the institution, contingencies like salaries, advancements, appointments to new positions, the development or deceleration of programs and services by applauding some while ignoring or playing down others. If the superintendent is convinced that the entrance to the institution looks decrepit and out-moded, he very likely will be able to locate the funds to beautify that gateway. If his concern is for the development of innovative programs for the benefit of the residents, first and foremost, this will be the main thrust and vital concern of his communications. His business manager will "get the message," and all others will catch the new perspective of the boss.

If many young people should not continue to live in institutions then we must consider those minimum conditions which must exist in order to have a reasonable assurance of success after discharge. Here are some of the more pressing needs and conditions, with emphasis for the moment upon our two favored characters, parents and the superintendent.

We can discharge with a reasonable hope for success outside the institution when the following conditions obtain: 1) Parents will operate within an attitudinal frame of reference, whether implicit or explicit, which includes a willingness to receive their son or daughter in their home and neighborhood. They have the attitude, as though to say, "we won't know what our Johnny or Barbara can really learn to do, at home or on the job, but, we will help open the door and let them try. We believe that with our confidence behind them they will go far. How far, we will let time tell." Parents will thus have reasonable expectancies of their child, with some understanding of their limitations and assets. They will expect successes and failures in keeping with the progress achieved. 2) Parents will move them insofar as possible into the mainstream of normal life experiences. They will provide contacts for the retarded with a number of agencies necessary for health and safety — police, fire department, doctor, nurse, minister-priest-rabbi, employer, bank, shopping centers, and the ability to use that vital link, the telephone. 3) Parents will utilize the services offered by their community for the social, economic, religious, and personal growth of their child. Where these are deficient or absent they will work to help establish or strengthen them. They will seek counsel regarding special problems. Shall my retarded son or daughter

marry? Who can predict the quality of life in their home, if they should marry? If marriage is considered, how shall the sexual problems, like reproduction, be handled? Will parents seek out good advice? Are there reasonably safe guidelines to aid in coming to grips with problems of sterilization, or the use of the pill, or injection? Is there help regarding the moral and legal aspects of marriage by the retarded?

Before the person is discharged, many events have transpired within the institution which aid or hinder him as he prepares for ''life outside.'' Here, as noted above, the leader of that organization, namely, the superintendent again looms as the dominant figure in the matrix of movement to the front gate.

1.　Preparations have been made before discharge. Under the leadership of the administration the institution has caught the new look — thinking and planning is along the lines of treatment, not mere custodial care, training and education, not regimentation and incarceration. The staff works in the confidence that residents can learn to be clean, well-groomed, quiet at times, good to have around.

2.　The staff is encouraged to develop a life plan for each resident, a plan which calls for as much movement as possible toward the one goal, independence, or semi-independence in discharge, with the skills and personal qualities which will make this possible.

3.　The best minds of the institution, regardless of title, training or rank, form a team to consider and give feedback to current short and long-term problems, with proposed plans and solutions. The staff is so organized that they can accept and implement findings and programs of the team. Parenthetically, it should be noted, that it is an error to think that work with the retarded requires the least intelligent people to be successful. Quite to the contrary, the best minds are needed to develop ingenious methods and programs to modify learning of all kinds, with the resultant improved behavior and performance. There is the further observation, based upon repeated experience, that when a child with an IQ 50 single-mindedly focuses his attention on what he can do to make the ''big people,'' professional included, do for him, he can in his own way out-perform all but the shrewdest.

4.　Finally, the superintendent has dealt with the forces of gloom among his staff, including the peddlers of doubt and those who forget their mission because they are so power-driven. Their signs of disruption and confusion-mongering are noted; they are given fair warning to cease and desist. They are invited to redirect their energies into constructive work with those residents who should get ready to move out.

How can we get 40,000 mentally retarded who are presently living in institutions discharged, with a more than 50—50 chance of success? May we describe two kinds of programs aimed to prepare for the day of discharge: 1) programs to de-institutionalize residents, and 2) programs to help prepare for living outside the institution.

After a person has lived in a traditional institution for a number of years, it is difficult for him to adopt the self-motivating and choice-making role of those who reside in the ordinary community. He has learned to be dependent upon others to answer all his questions (whether adequately or not) and to receive ready-made goals to strive for and a shove to get started. Therefore, before being released from an institution a beginning must be made to in effect, de-institutionalize them. This task is difficult because those who work at an institution are themselves caught in the same web of language, systems, procedures, paper work, and administrative gobble-degook which surrounds all who live and/or work there. Any program which seeks to prepare residents to get out of the institution must take into account the attitudes and usual management procedures of the attendants or child-care workers. If necessary they must be led to rethink their jobs. Are they primarily keepers and custodians? Do they regard themselves as substitute parents, as well as models of behavior, as leaders, trainers, teachers, guides? As they regard their role and task, so will they conduct themselves in vivo. All staff members, in short, should re-examine their tasks in the light of contributing to resident discharge.

The professional members of the staff also should consider the situation from their vantage point, how can they plan to assist the attendants, to the end that the residents become less conspicuous as members of the community? What changes in style of walking and talking, of dress and grooming will make them less noticed as they walk through the ''front gate?'' Together with programs to improve their appearance and manner, supported by learning self-respect because they are treated with respect, there will be needed training in acceptable work habits,

developed on the job. Training in marketable skills, using common tools, whether in the home or out-of-doors, will further the cause of rehabilitation by making them more valuable as potential employees.

We realize that there are many variables other than the two under consideration which influence the outcomes of discharges. Besides the parents and the superintendent there are community expectations, general and implicit, expectations by employers and by vocational counselors, as well as the taboos and mores of city and country neighborhoods which all who reside there, including the retarded, must learn to cope with and accommodate themselves. In the present consideration we are holding for

another discussion, problems which occur when parents are deceased or when there is no home for the retarded to return to, or, where but one parent is present, or where the socio-economic conditions preclude a favorable environment for even marginal support for a retarded member.

Steps Toward Discharge

The movement of residents toward release from life at an institution is described in Figure 1.

When has readiness for discharge been achieved? What are the significant marks of training and personal performance to be observed and checked?

Figure 1.

STEPS TOWARD DISCHARGE

From Institution to Community Life
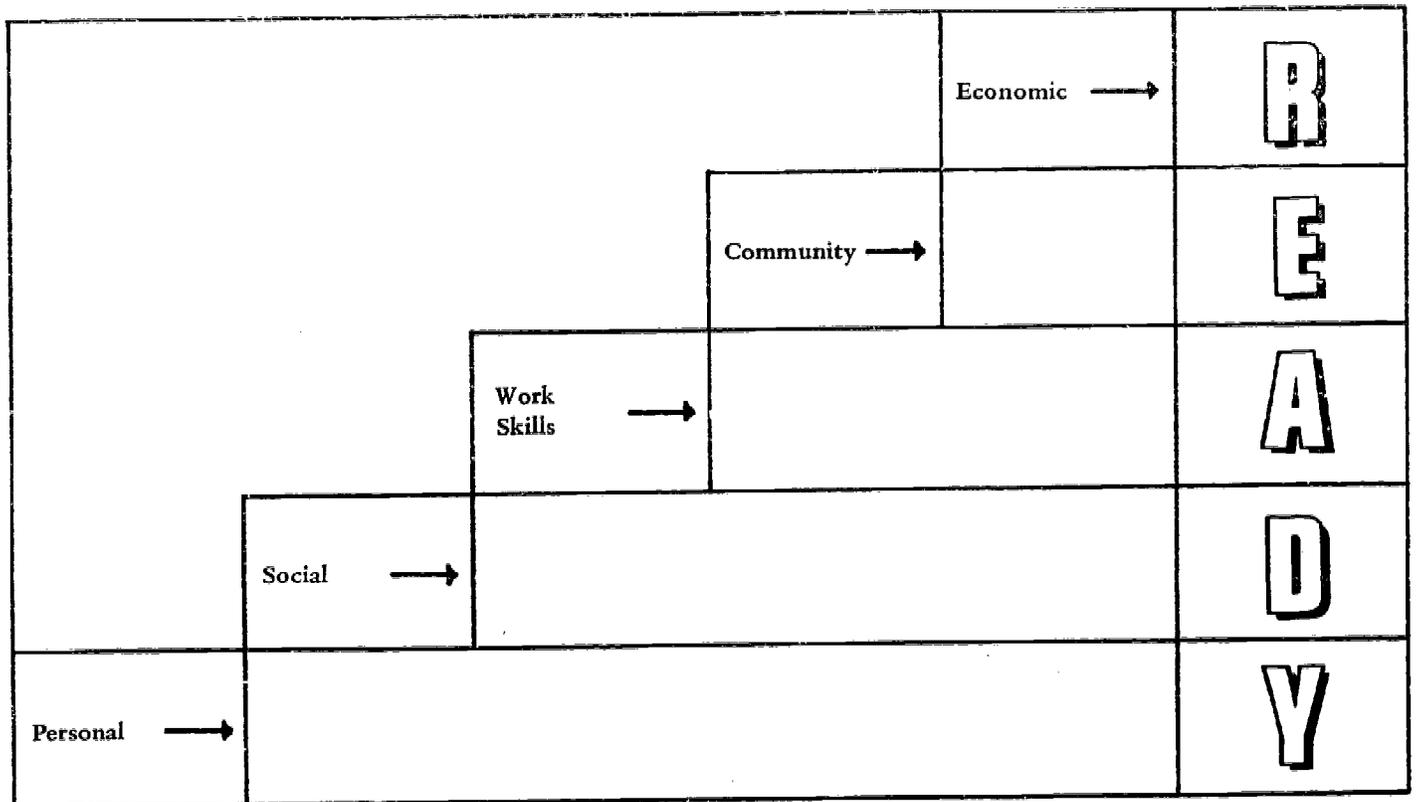
| Personal Development | Personal—Can and Wants Social Growth To Do a Good Job | Knows His Way Around Town | Can Manage His Money |

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Figure 1. postulates a five-step progression.

Step 1. ''Personal,'' covers all areas related to the person — physical appearance, grooming, dress, total self-care skills; also, acceptance of self and management of self; a beginning ability to use leisure time.

Step 2. ''Social,'' includes all inter-personal contact skills — appropriate communication, responsiveness to others, friendship formation, willingness to participate and contribute; growth in ability to use leisure time in the company of others.

Step 3. ''Work Skills,'' refers to generalized attitudes toward working under the direction of a stranger, readiness to follow the boss's directions regarding given tasks. It means the ability to remain at a task for sufficiently long periods of time in order to be productive, cooperation with fellow employees, flexibility in carrying out work assignments.

In addition to desirable attributes, it includes the development of marketable skills — cleaning house, washing dishes, doing laundry, serving food, servicing a car, changing tires, delivering messages, mending or changing garments, cleaning and pressing clothes, tending animals (pets, livestock), mowing lawns. All of these skills can be learned within an institutional setting.

Step 4. ''Community,'' refers to all ordinary contact with a neighborhood — knowing his way around the immediate area on foot, and the larger community, via public transportation — taxi, bus, or directing the driver in a private car. It refers to experience in shopping for personal items as well as larger investments, knowing how to handle their own money, depositing and withdrawing from a bank, matters of personal security (identification card, whom to ask for help if lost, how to speak with police or other public service employees); having a rudimentary knowledge of their right under the law, knowing how to conduct themselves in public assemblies or meeting places — church, theater, restaurants, tours of fairs, museums, public buildings, swimming pools, amusement centers. ''Community'' means making a beginning of social contacts in the community, it means a dependable use of leisure time.

Those who would move out of institutions should be aware of their rights as citizens and should have learned how to live with and within these rights. Since in most institutions many human rights have

been lost, concerted effort needs to be made to insure their return to all mental retardates, including those who are about to join the world outside the institution. These rights include the Bill of Rights, freedom of movement, freedom from discrimination in employment, housing and services. Since in most cases MR's are naive and uninformed in most of these areas, they need careful and concrete instruction before they leave the institution.

Step 5. ''Economic,'' refers to all aspects of income and expenditures involved in living in an independent or semi-independent home. This includes the care and management of earned and gratuitous money, the ability to live within an income, the willingness to accept and follow counsel in financial matters; a growing sense of responsibility for all aspects of cost of self-care, both short and long-term. Personal safe-guarding of cash on hand, the use of banking facilities, investment in day-to-day as well as items of greater cost, the development of a rudimentary and minimum budget.

He needs a sense of responsibility and appreciation of wise use of income as the necessary base for all independent living. Some understanding of the process described as the willingness to exchange personal effort for wages; in the development of credit rating and a reputation for honesty and dependability in financial matters.

Who is ready to leave the institution? Learning to cope with the demands of life outside the institution is in many ways similar though in a reverse fashion, to learning to adjust to life within an institution when first entering. No one is prepared by himself to cope with all problems and situations which occur in normal living in a community; assistance is needed at times by the great majority of citizens. It should not surprise anyone that retarded young people who have spent months and years within the confining and restricting milieu of an institution should also require assistance in preparing to move out into society.

Readiness for discharge and independent or semi-independent life may be approached from the check-list which covers the five areas described above, Personal, Social, Work Skills, Community, and Economic preparedness.

How far has he progressed in self-care — how does he appear on the street, in gait, in dress, in public ''manners?'' What must he yet learn to

enable him to be more comfortable when moving about in the community?

Has he developed some of the ordinary social skills which enable others to accept and interact with him? Are there still important aspects of his social life which are seriously deficient or in which he lacks control?

How well is he informed about the neighborhood — stores, health and safety services, religious and recreational centers? Has he had experience off-campus, singly or with others?

Has he held a job off-campus? What is his work record, and what are the reasons for terminations? Has he learned any particular job skills? Are these feasible where he wants to live? Has he been de-sensitized against name-calling? Can he follow work orders and stick with the job until it is finished? Has he learned to live within certain monetary limits, can he live within a budget? Does he have access to a friend or trusted person who can and will guide the economic aspects of his life outside the institution? Has he saved money, what is his savings account or trust fund balance at the time of discharge?

Warning: A mentally retarded resident is not ready for discharge if:

1. He has no regular job off-campus.
2. He has no satisfactory living place.
3. He has no person who will aid him in the community.
4. He has poor work habits.
5. His parents do not want him at home and other plans have not been worked out.
6. The police are looking for him.
7. His current behavior is maladaptive in the community where he proposes to live after discharge.
8. He knows little or nothing about the community — transportation, banks, stores, churches, laundry, recreation.
9. He has not been off-campus by himsen, for work, shopping, recreation, or other activities.

Summary and Conclusions:

The rush toward the front gate of many institutions for the mentally retarded is well under way. An aroused citizenry, parents, legislators, heads of Mental Health — Mental Retardation Boards, and of institutions are seeing the beginning of a new era for mental retardates in the United States. Following the Scandinavian developed principle of normalization, inquiries are under way in some United States communities regarding the role and function of these ''human warehouses.'' Here and there across the land programs to train or retrain young men and women for useful life in their home town or in a suitable community are gaining momentum.

Two significant factors were dealt with, the parents of mental retardates and the superintendent of institutions where many mental retardates are living. In order to insure a reasonably good chance for a successful discharge and the movement of MR's to their home community, parents can substantially aid or hinder this event by their attitudes and conduct toward the retarded.

As chief and director of all that takes place in an institution, the superintendent likewise may significantly aid or hinder the preparation of the retarded toward discharge. If he is courageous and is convinced of the potential for a reasonably happy life outside the institution for about 20% of the population in his facility and if he leads his staff in their preparation, remarkable things can happen. If he is fundamentally opposed, whether out of fear or due to reports of some failures or to some a-priori judgment, his staff will act accordingly.

Finally, a hierarchy of preparation for discharge was presented, called, Steps Toward Discharge. It is proposed that unless the resident living at an institution for the retarded has made considerable progress along and up these steps — Personal, Social, Work Skills, Community, and Economic — he is ill-prepared and his release should be delayed.

The discharge of residents can be quickly arranged on paper. The institution, if organized toward meeting this objective, can effect a reshaping of many behaviors of the residents in preparation for release. When they have been trained or retrained, resocialized and reoriented, their successful discharge depends upon how they are received in the community, beginning with the place where they go to live, whether at home or half-way house, hostel or group home. In addition, how potential employers view the retarded, especially those workers who still show signs of institutionalization, how fellow workers regard and treat them, is of the essence.

It can be done. In some places in every state, selected men and women, young people are being dismissed from institutions with the good wishes of those who have worked diligently on behalf of their rehabilitation. Their record in the majority of cases is favorable. One program of intensive socialization in a Texas institution has resulted in the discharge of 250 men and women ages 18 to 35 in four years, with less than 2% return to the institution. Such discharges require no magic, although the results in some cases appear almost to be magical. It requires knowledge, and courageous, forthright action.

Some programs for discharge emphasize behavior shaping or behavior reinforcement, others are a combination of counseling and milieu therapy where the total environment is arranged to facilitate desirable conduct and performance. But in all cases, successful discharge results when a great many details are given attention by many people, beginning at the residential centers where the retarded live for a time and, after discharge, the attention given by concerned and sensitive persons in the community.

Figure 1 assumes that each of the five areas is equally important. Whether each is equally important for all people is a good question. For purposes of emphasis and in order to include all sig-

nificant aspects of life they are listed as equally valuable and as occuring in sequence. A trial application as a rating scale will illustrate its utility.

When the scale is applied to a given person or group of candidates who are being considered for discharge, areas of strength and weakness may be identified. Omissions or failures in development may be reviewed and appropriate steps taken.

For example, a given candidate, we will call him John Jones, rates high on the first four areas (Personal, Social, Work Skills, Community) but has just begun to develop a rudimentary grasp of money management. Can he be discharged? There is a relative in the same city who has offered to assist in monitoring John's finances. Discharge is agreed upon.

For each aspect of the candidate's life which has not reached a satisfactory level there must be provisions in the community to fill the gap. This too has its limitations. Self-care skills and the development of the social sense and of social skills appear to be *sine quae non* for anyone expecting to move out of an institution. These should be well-developed because they form the base upon which the other three will rest — community life, job skills, and money management.

READINESS FOR DISCHARGE SCALE

Directions: Consider how the resident has developed in each of the five areas of growth and experience. Make a check mark (✓) along the line from 0 to 20 for each area. Your check mark will indicate how far the resident has moved from dependence upon others to independence. If the resident requires total help, place your check mark at "0"; if he requires no or little help, place the check mark at "20". If his need for help lies somewhere between the extremes, place a mark where you think it should be.

MARK ALL FIVE AREAS IN THE SAME MANNER

	DEPENDENT Requires Total Help				INDEPENDENT Requires Little Or No Help
	0	5	10	15	20
1. PERSONAL Self-care					
2. SOCIAL Personal-Social Growth					
3. WORK SKILLS Can and Wants To Do a Good Job					
4. COMMUNITY Knows His Way Around Town					
5. ECONOMIC Can Manage His Money					
				TOTAL _____	

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PART II

A Network Of Residential Programming
To Facilitate Social Rehabilitation

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I. Introduction

Large state schools are designed to transcend such dimensions as age, sex, intellectual and social functioning levels. Few institutions specialize in treatment of severely or profoundly retarded; however, most are generic. This poses a great administrative dilemma. How it is feasible on the one hand to service a large population sometimes ranging between 2,000 and 5,000 persons and at the same time streamline program services to challenge each segment of the population. Unfortunately, management often has not successfully solved this problem. Ironically, the mil , retarded are the very group most hampered by the system. Rules and policies effecting the total living milieu are set up primarily with the more handicapped retarded in mind. For example, although a resident may work full time in the community, he cannot carry matches while at the School. He may drive his parents' car during Christmas vacation, but is not allowed to use the telephone at the institution. These paradox s in experiences and opportunities strengthen the doubts of self-worth which already exist on the part of the resident. The young adult retardate has concerns about marriage and family life. The staff paradoxically discourages even normal social contacts with the opposite sex. Often the resident matures in spite of staff efforts rather than as a manifestation of these efforts. What then can staff do to arm the retarded with arsenals of experiences which will equip them to be prepared for coping with society's expectations. Rather than focus on any one aspect of programming it is the intent to share with the reader a potpourri of ideas which reed to be intricately interwoven to provide a network of residential programming both in both in the institution and in half-way house placements.

II. Setting

The Austin State School, typical of scores of other State schools throughout the country, serves all ages and functioning levels and has ties to a custodial past. It likewise is an institution in transition. In the last several years soul searching has taken place in an attempt to rid itself of the limitations of custodial care and re-focus upon the challenge to re-examine its role. A Hospital Improvement Project grant was obtained. The task of this grant: ''to cope with the growing segment of in - stitutionalized, mildly retarded manifesting socially inept behavior through an inter-disciplinary team to

implement socialization programs.''

Ever so strongly let it be emphasized that this cottage endeavor is not one which could only be brought about by a specialized staff, elaborate equipment or anything else beyond the scope of any institution. This oft-used rationalization does not hold water .

This paper will focus upon the efforts made in the last two and one-half years in efforts to use cottage activities in a comprehensive treatment program.

A. Population

Thirty-one male residents live at a pre-discharge building — Juniper, No. 729. They are mildly retarded and young adults. They have been at the Austin State School for several years. Although most have in the past, or are currently holding community jobs, many are classified as behavior problems.

Walnut Cottage (No. 6–A) is a stepping stone to Juniper Hall. Here live 28 young adult mildly and moderately retarded fellows. Almost all re working in the institution. They intellectually or socially have not been exposed to the experien s of the No. 729 men. Also many behavior problem sidents reside here. Together these cottages sei as a bridge from custodial care to community re uss.

B. Facilities

No. 729 is a ranch—type building with its own kitchen, dining area, lounge area and bedrooms which sleep 3 to 4 persons each. It offers excellent outdoor recreational space. In general, it is quite a' quate for providing a sound living environment.

On the other hand, No.6–A building is much older. It has little outdoor area. It is located above the main institutional kitchen, which makes it quite hot during the summer. In many respects it fulfills negative expectations of an institutional facility. Few changes have been provided to improve the surroundings so it might provide a more adequate environment. This cottage is divided into bedrooms for 3 to 4 persons. An insurmountable program problem is the lack of out-door or in-door living space.

C. Staff

Both No. 729 and No. 6–A are staffed by one

attendant for each of the three shifts with relief being rotated between the two buildings. In total, there are 9 attendant staff, one supervisor, and one social worker, which make up the assigned staff.

III. Philosophy, Objectives and Goals

The strongest rationale for providing institutional services rests in the ability to offer a good residential program. The retarded person frequently is able to be served by the special education teacher, social worker, psychologist, or vocational counselor in the community. Then what is the institution's unique contribution? When institutionalization seems inevitable the decision would logically rest on the assumption that a residential milieu would offer something different. The treatment orientated living environment is the unique dimension which when properly used will hopefully expound and embellish the efforts of a variety of professional services. This process could not and would not take place if he were living at home.

The cottage cannot function merely as a place where he eats and sleeps while professional persons are "therapying" him. Instead, the cottage must function as a nucleus wherein he can develop characteristics which make him amenable to professional services. But even if this objective were fully realized, this would be insufficient. The cottage environment itself can and must provide a potent rehabilitation tool.

The objectives and goals for No. 729 and No. 6—A are in similar in nature. However, a great deal of individuality exists on each cottage. The main difference of focus lies with the position of each resident along the habilitation continuum. Walnut (No. 6—A) provides a "farm team" for No. 729. The primary objective is to furnish an on—campus living environment wherein residents can test out their emotional feelings, deal with new social situations, and advance those skills which are required in meeting life's demands, both at the institution and in the community. An especially high priority is placed upon vocational achievements. The program continually pushes toward the community rather than those activities at the State School. Leisure time activities, work assignments, peer and staff associations should all be directed toward helping residents to test social reality while here. Now is the time to "get the bugs out." A continuous push is made to help the residents broaden perspectives and interests, to engage

in decision making, handling conflict and taking responsibility, thereby moving in as rapid a pace as he comfortably can manage toward moving into the community and eventual discharge.

It is felt that even with those residents where the prognosis is poor for community living, the goal must be to increase their potential so that these residents can live full productive lives. Why must retardates be treated with less respect and dignity merely because they reside within a protected environment? For those who have failed in previous rehabilitation efforts, the goal is to help by providing opportunities so they can modify those characteristics or traits which have denied them success.

IV. Advisory Committee

At the beginning, it was quickly realized that of paramount importance were the attendant staff. It was evident that it was crucially important that the gulf that existed between cottage staff and professional staff be bridge. In order to accomplish this, daily "bull sessions" were held between the program director, the attendant coordinator and the attendant staff. As these cottage groups began to solidify in their identity, members of the professional staff were gradually added. This was a slow process since we attempted to avoid the attendants feeling out of place and consequently "claming-up."

Gradually many people dealing with the residents were participating in weekly meetings. These informal meetings gradually were transformed into a group known as the No. 729— No. 6—A Advisory Committee.

The Advisory Committee served as a staffing group to handle a variety of individual treatment needs of each resident. Secondly, the committee discussed program developments effecting groups of residents or the total cottage. In this capacity they thirdly reviewed cottage policies and helped modify the structure to bring it into alignment with therapeutic goals. By being involved in procedural modifications the committee was able to act as a sounding board to the total institution.

In most respects the committee has fulfilled its expectations. It has established itself as an organ of of communication between staff and has made it possible to engineer movement within the cottages.

V. Program

A. Staff Supervision

The most crucial factor in any cottage program is the efficiency by which staff norms and values can be made compatable with the program desired. This is particularly stressful in settings where on—going building coverage all but eliminates the opportunity for formalized learning. In the No. 729 – No. 6–A program to counter only one staff per shift it became essential to provide staff training through informal approaches. Attendants have been helped to counsel residents more therapeutically by joining with professional staff in joint counseling sessions with residents, especially in jointly handling crisis situations. The attendants serve as co—teachers in adult education classes. They participate in and share the role of advisor to student government groups. They actively help the residents plan and evaluate social activities. They take an active role in all facets of cottage programming. The cottage itself becomes the attendant's laboratory. A partnership is formed between the program director, the attendant coordinator and the attendant, wherein program responsibilities drift down the staff echelon as attendant staff becomes skillful enough to assume these tasks. When the attendant assumes full task responsibility the supervisor and the program director are always available for supervision and consultation.

It has often been said that the attendant should get involved in program areas; providing the opportunity for him, however, is frequently absent. This opportunity must include a milieu free from reprisals for making honest mistakes. Helping attendant staff to feel that their contribution is valued and relinquishing responsibility as skill deepens, is necessary to the ultimate success of any cottage program. This does not come quickly, but without it, the foundation put down is like bricks without mortar.

B. Intra—Institutional Programs

1. Adult Education

Usually several years elapse between the time the resident completes his formal education and when he returns to the community. During the interim unless a conscientious effort is made to avoid it, much learning is lost. In addition, special education classwork often by—passes many areas that the non—retardate picks up through every day life experiences.

The cottage staff, with assistance from a teaching consultant, have developed a series of courses designed to fill this void. Courses of four weeks duration have been held, with the young men of both cottages in attendance. Seven sessions are held using lecture, discussion, visual aids, field problems, etc. The course is terminated with a final examination given orally to each individual. Several weeks are allowed between courses to avoid this becoming a boring experience. The following courses have been completed: Personal Care and Grooming, Sex Education, Communication and Transportation, You and the Law, Current Events, Dating, Use of Leisure Time, Vocational Pursuits, and Money Management.

In all courses cottage staff serve as lecturers and discussion leaders. In addition, many small groups of 3 to 4 residents are assembled by the attendants and helped with table manners, signing signatures, learning to tell time, handling money and learning how to ride bikes.

These courses and activities are designed based upon their value in community living.

2. Student Government and Dormitory Meetings

Each week a compulsory meeting on the cottage is held with residents of each cottage. These dorm meetings are designed to discuss cottage and institutional policies, plan and evaluate social programming, and these meetings also serve as a solidifying instrument for residents and staff. Initially, rather than to establish a student government the intent was to provide a vehicle wherein residents could learn to talk in groups to each other and to staff in a meaningful way. Each cottage group expressed gripes, planned social activities, and in general, were exposed to a decision making process. As resident skills in these meetings increased they elected a chairman. After a time they decided to set up a cottage "kitty" with regular monthly social dues from each man. This soon led to financial independence from the institution for money for social activities and special programming.

Gradually as a back log of experiences developed they moved into the area of student government. They held elections and set up their own judicial system which is responsible for handling certain cottage

offenses. All too frequently administration promotes establishment of student government but soon become threatened when resident groups clamor for change. Thus, it is paramount that staff realize the consequences of setting up such groups. Some of the changes which cottage governments have been responsible for bringing about are: A set of ''rules to live by'' governing resident work responsibilities, destruction of property, wake up time, telephone use, downtown passes, town shopping, use of the Canteen, sick time, rules governing bikes, and policies allowing resident possession of lighters.

The involvement of residents in the various policies governing their lives has resulted in eliminating the feeling that they were without voice in respect to what happens to them. Today when a resident runs headlong into cottage policy, the staff is usually supported by the majority of residents.

3. Social and Recreational Activities

The men have been extremely active in social-recreational programming. The attendant staff has helped as chaperones and in providing resources such as transportation but financial costs have been borne by the residents themselves. Activities cover the spectrum of both on—campus and community pursuits. The men plan the activity, do the decorating, invite their dates, select their chaperones, make refreshments, do their shopping and pay their bills. The staff help the residents evaluate these endeavors. The resident's skill in this area has grown tremendously. Some of the activities have been: cottage dances, birthday parties, trips to Six Flags Over Texas, Hemisfair, a plane trip to San Antonio, camping trips, dinner trips, movie dates, Bar—B.Q. dinner dates, swimming parties, intramural sports and cottage open house.

In helping residents to plan programs, it is hoped that the experience will enhance self—esteem. This has certainly been the case and in many respects the cottages give an outsider the impression of a fraternity house, rather than an institutional dormitory. Although initially resisted by many tradition—bound—members of the staff, it is apparent that the inroads made at No. 729 and No. 6—A have liberalized the social experiences of residents throughout the institution.

Staff play an important role in helping the residents use social experiences in such a way that maturation occurs. These experiences must add to the resident's repertoire of skills in making a transition to the community. In planning, executing and evaluating social activities the total gamut of group dynamics are used. Decisions are made, leadership is assumed, conflict is handled and values are established; all invaluable social skills.

4. Community Responsibility

As the residents began to feel a sense of pride and genuine self—esteem they were able to assume the role of giver on occasion rather than continually demanding. This opportunity was particularly needed as there is very little built into the structure of institutions to allow residents to give to others. A high program priority for the No. 729— No. 6—A program has thus centered around the opportunity for community services. They have given Easter parties for younger boys, have built recreational equipment for other residents, and have served as volunteers in assisting the administration. The net result has been that they have felt that they had an opportunity to be a contributing member of the State School community. The next step is to go beyond the institutional framework and help them offer service to the Austin community.

5. Cottage Work Projects

Another tool which effectively is used in facilitating the transition to the community is the cottage building itself. The staff often create an inconsistency in how they view the resident as relating to his cottage. On the one hand they reprimand the resident for not taking care of the building by saying, ''this is your home, why don't you take care of it?'' On the other hand they allow the resident little, if any freedom as to cottage management. At both No. 729 and No. 6—A the residents and staff jointly have decorated the building. They have together done handyman fix-up jobs rather than calling the maintenance department. They have painted both cottages completely on the inside. The residents are encouraged to purchase furniture for themselves and for the building. The young men are assisted by the staff in constructively utilizing the physical plant according to their own needs and desires rather than those of the staff. In the yard they have repaired and painted lawn furniture, purchased flower seeds and taken total responsibility for the cottage gardening needs. Due to the staff trusting the residents it has not only saved the institution time and money, but more

importantly, it has served to teach the residents skills and responsibility. This joint partnership of residents and staff through tangibly doing together, has permitted a deepened understanding and respect.

6. Therapy Groups

Since the program began 2½ years ago there has been considerable mobility as the residents advance and leave the program. During this period, of the original group of 60 young men, 53 have left for the community, or have been discharged. Many new residents have been brought into the program to replenish the ranks. In order to help these make the transition a variety of ''therapy groups'' have been utilized. Some of these groups have been cottage orientation groups. One group has been set up for new residents moving to No. 6—A. Another group bridges the gap from No. 6—A to No. 729. The director has been assisted by the cottage psychologist in working with these groups. Frequently the attendant or cottage supervisor also attends sessions. Through rather unstructured free floating sessions, the residents are offered the opportunity to ''unwind.'' Generally the residents are encouraged to talk about their new environment, focusing on their feelings, pro and con. Often they find it of value to bring out material in the presence of others sharing the same experiences. These groups help bridge a particularly stressful situation and thus speed up their assimilation. Another group was set up several months prior to placing four young men to live independently in an apartment. The caseworker was asked to participate in joint meetings between the four men and the director. These meetings focused both on feelings around living independently as well as such tangibles as budgeting, cooking etc. This proved a valuable opportunity for the attendant staff to participate in a richly rewarding experience. Helping these men to leave the State School helped the attendants feel they had a purposeful job.

The use of small groups has proven its worth many times in areas where both individual and mass techniques have proven useless.

VI. Summary and Conclusions

The intent is to demonstrate that opportunities for creative cottage programming are limitless. With the help of the residents, the cottage can become a forceful tool for social-emotional maturation. With the assistance of other staff, the attendants can help residents learn many things about themselves, their building, their State School and about the world in which they live. The program at No. 729 and No. 6—A has just gotten underway. Many new and exciting activities for residents and staff wait. However, the staff must always be on guard to prevent "Stale, canned programming" dangerously out of step with the needs of the residents.

Many changes have occurred in the past few years. Many of these changes have been brought about by those working within cottage settings. One of the most important — is the change from custodial to residential treatment. Whether at a half-way house or at a State School the cottage program must be the nucleus of this change.

PART III

Training Attendants To Be Dormitory Teachers Of The Mentally Retarded

—Sharryl Hawke, M. A.

Language Specialist

There is a new flag around which institutional fervor is rallying — — the popular name is dormitory programming. Administrators call for its implementation; in-service training departments extoll its virtues; supervisory personnel pay lip-service to it, and attendant staff puzzle at its meaning. Under its banner falls every conceivable activity from toilet training to toilet cleaning; wall painting to finger painting; application of restraints to application of cosmetics. Few dormitories would admit to the lack of programming, but few can point to anything specific and planned enough to be realistically called a "program."

The interest in dormitory programming in institutions for the mentally retarded has, however, developed for good reason. In recent years some institutions have begun to undergo a change in function within society. With the development of more community diagnostic and treatment centers for the mentally retarded, institutions have begun to be relieved of the duty of long-term custodial care for MR's. Instead of being virtually required to provide "warehouses" for the confinement and concealment of the retarded, institutions are beginning to find themselves expected to be short-term treatment centers, facilities where MR's can be placed for the skill-training and behavior shaping which will enable them to return to families and communities and there function appropriately. This shift in function has required not only change in administrative philosophy but has necessitated a revamping of thinking and "doing" at the grass roots of institutions. At every level of institutional staff the question has become "how do we attain the goal of retraining and return ?" Institutions know how to institutionalized and confine —— the problem is how to deinstitutionalize and return.

It was during this kind of examination that dormitories were singled out as crucial elements in the new orientation. Clearly dormitories are key influences in the lives of residents of all levels. For residents who attend academic school or work on jobs, dormitory life still influences the bulk of their day, but for residents not involved in such activities the dormitory environment crucially and dramatically defines the limit of their experience. The realization of the importance of dormitories seemed to be exceeded only by the realization of their untapped potential. Thus, the rallying cry became "dormitory programming."

Numerous problems arose from the very inception of dormitory programming. The principle question, of course, was what to do. Considerable analysis, writing and discussion has dealt with this problem. However, its companion question of who should do the programming has in some cases been even more difficult to solve and certainly less has been written on the point. Usually the increased administrative interest in dormitory programs was not supported with additional staff. Unless specific persons were designated, the area of programming didn't clearly belong to anyone of the regular institutional staff —— in most instances they already had too many duties.

By default, the responsibility for programs too often fell entirely on the shoulders of the already understaffed dormitory personnel. In too many cases they were poorly prepared for the tasks —— if there was preparation at all. Attendants were told to start a grooming program, for example, but were given no guidelines for the goals or direction of the program. Usually no extra money was released for the implementation of any programs. As might easily be predicted, dormitory programming suffered numerous untimely deaths and subsequently many resentful emotions came to be aroused by the very mention of the word.

It was during the early period of interest in dormitory programming that the Hospital Improvement Project at Austin State School began its five-year tenure. The staff of the grant was assigned dormitories and their populations for the purpose of intensive resocialization. To be resocialized, residents would need to improve in areas such as social skills, personal grooming, housekeeping tasks and specific occupational skills. To accomplish resocialization goals dormitory programs would be necessary, since dormitories were to provide the working base for the project . The grant was assigned no additional dormitory personnel so it would work within the limitations of traditional institutional personnel shortages. It was clearly the task of the professional staff to design and implement the programs they felt necessary to accomplish the goals of the grant, but it would be impossible for the professional staff to always maintain programs for all the expected population on a day-to-day basis. Incorporation of attendants into the roles of programmers seemed a practical alternative. The questions that had to be answered at this point were: (1) could attendants play a role in dormitory programs? (2) If so, how much of a part could they realistically be expected to play? and (3) What would need to be done to capitalize on the attendant's talents and use them to the best advantage in dormitory programs?

It did not take long for the HIP staff to agree that indeed attendants could play a part in dormitory programming. Attendants were the most universally available people in an institution; institutions cannot operate without them. Generally attendants are more enduring in their employment than other institutional employees. Professional staff tend to come and go but usually a sizeable core of attendants remain with an institution for years. With them there is hope for long term continuation of programs. But most important, attendants are the people within any institution who know the residents best. They are in closer proximity to the residents and establish day-to-day relationships which a professional can never effect by periodic visiting. As a result of their contacts, attendants have a knowledge of the residents and have the talents in directing students which offer much potential for dormitory programming. Thus the HIP staff concluded that attendants not only **COULD** but **SHOULD** play a key role in dormitory programming development.

Determining that attendants would be involved was easy enough —— determining how much they realistically could be involved was more difficult. The very practical consideration of time had to be dealt with first. As a rule, attendants are very busy people and they react negatively when asked to take on more responsibility. A second reaction is often one of inadequacy. Attendants have not traditionally been expected to be teachers or trainers (although this type of work goes on continually on an informal basis). As a result, they feel unqualified to take on a programming job. Many feel it would be impossible to change from their disciplinarian-custodian role to a teacher-trainer role.

Problems which are actually more difficult to overcome center on the ''real'' rather than ''felt'' inadequacies of attendants. Attendants have a wide range of talents, but because of lack of education and orientation they generally are not able to design and set up effective programs. They find it difficult to conceptualize curriculum design or the necessity of written program plans. They do not have time nor do they know where to go for materials and ideas to incorporate into a program. These inadequacies are real, and if they are not compensated for they lead to considerable frustration which inhibits the obvious skills of attendants.

Taking into account the various strengths and weaknesses of attendants, a number of different dormitory programs were implemented in buildings under the direction of the HIP grant. The populations served ranged from teenage educable, to young adult rehabilitation candidates, to severely distrubed, retarded girls. The ''programs'' were varied. Some programs were formal classes where specific skills such as telling time or sewing were taught; others were concerned with the development of self-government in the dormitory; others were programs to provide constructive use of time for severely disturbed residents, including academic work and arts and crafts projects; some were group therapy sessions to improve interpersonal relationships and social skills. In the development of these varied programs certain principles for training attendants to be teachers, trainers and therapists have emerged. The observations which follow are based on the experiences of the HIP staff in incorporating attendants into dormitory programming.

Most programs are begun at the initiative of a professional staff member. This is reasonable since the professional staff should have greater skills in analyzing and assessing the needs of a dormitory population. As an example, attendants can spot inappropriate behavior but professionals can better identify the specific behaviors which are amenable to change in a program of therapeutic social skill training. When the professional goes to the attendant with the initial suggestion for such a program, the chances of the idea being embraced are considerably enhanced if the opinions of the attendants are genuinely sought and attended to. This is more than an exercise in patronizing for the professional. Since attendants know residents and dormitory situations better than professionals, they can often spot an aspect of a program that is doomed for failure. However, if they feel the professional has already made up his mind and is not really interested in their opinions they will pay lip-service to even the most insane idea as a form of subtle sabotage. This type of problem arose at Austin State School when a professional staff member noticed the poor clothing selections made by a group of female teenage residents in their daily grooming. As a result, she came to the attendants with a proposal for a program to teach the finer aspects of fashion coordinating. The attendants passively agreed to a series of classes even though they knew that most of the girls involved had only three or four garments to wear, and therefore were not really in a position to practice fashion coordinating. Much time and energy was wasted before realistic goals were finally established. Thus, any dormitory program needs to begin with an honest exchange of ideas and suggestions between attendant and professional.

At this point both content and format of the program should be discussed. If the program is to be one of skill training, such as learning to count money, what will be taught and how the sessions will be scheduled need to be discussed. A program of student government would need to have the general goals outlined and a basic plan of procedure determined.

Based on the agreement to the general plan for the program, it then becomes the task of the professional to put meat on the bones of the idea. It is at this point that many programs fail. An idea for a program will be generally agreed upon, but no one takes the responsibility of getting the specifics on paper. Since this task is in the area of the attendants' least skill, it behooves the professional to make the specific plans for implementing the program. If it is a program of skill training, such as learning to cook, which requires materials to be gathered or made, the professional should do it or see that they are provided. If it is a group therapy program, then the professional should outline the specific goals of therapy and be able to indicate the goals and approach for each session. The crucial factor is that specifics of the proposed program be put down on paper. The original plans may well be changed, but something concrete is needed as a starting point. Examples of such written plans can be found at the conclusion of this paper.

With written proposal in hand, another meeting with attendants should be arranged by the professional. Again an atmosphere of honesty and genuine sharing is essential. With the ''nitty-gritty'' of the program before them, attendants can point out pitfalls and omissions which will be critical in the functioning of the program. They can evaluate the appropriateness of the content proposals, the adequacy of the dormitory facility for handling the program, and the abilities of the residents to meet the stated goals. When basic content is agreed upon, other details of timing, grouping, and implementing need to be worked out together. At the conclusion of such a session or sessions both the professional and the attendants will have much time and energy invested in the program. This kind of ''vested interest'' is often the best assurance of success in programming. People are reluctant to let programs fail or meet with only partial success if they have contributed to their creation.

Actual implementation of programs seems to

work out most effectively when the professional staff member takes the lead in teaching or guiding the beginning of a program. This is particularly true when the entire concept of programming is new to the dormitory staff. However, it is important that attendants be established as part of the program from its inception. There were instances of programs during the HIP grant in which a professional person took the entire responsibility for a beginning program with no involvment of attendants. Immediately the class, in one case a vocational readiness class, was identified as Mrs. X's class and later when the professional tried to work an attendant into the teaching role there was much reluctance. The attendant viewed the job as one requiring professional skills and therefore felt incompetent to assume the role. Conversely, in another program of adult education, attendants were included from the beginning as part of the teaching panel. At first the professional staff bore the main responsibility for directing classes with frequent contributions elicited from the attendants. Over a year's time the attendants developed into the mainstay of the panel and eventually assumed total responsibility for the program. The conclusion drawn from these and other experiences is that professionals need to assume the initial leadership of programs until direction and content is firmly established and until attendants are confident of their abilities. But attendants need to be a part of the program from the beginning. Through a gradual process, professionals can step into a supportive role and attendants will assume leadership with considerable confidence and sustaining interest.

Another important but subtle factor which comes into play at the inception of new programs is the relative importance of the program as perceived by the staff. As a general rule attendants have too much expected of them, and they must constantly set priorities for the work they do. Dormitory programming, because of its new and uncertain status, can easily take a back seat to more traditional tasks such as building maintenance. The professional should make clear, by word and deed, what priority he wants programming to receive. If he believes a certain class or group to be more important that mopping the floor the third time during a shift, he should so state. This statement of priority has then to be followed up by his actions. If he walks into a dormitory, finds the attendant teaching a class while the floor remains unmopped, he can make or break the program by his response. If he reprimands the attendant for the dirty floor he can assume that the

class will be ignored in favor of the floor the next day. However, if he commends the attendant for holding class and ignores the floor the attendant will feel secure in her choice of priorities. The importance attached to the program by the professional is often crucial to its success.

After a program is well-established and the attendants have assumed responsibility, the professional should continue to review and evaluate the program. If evaluative data are to be kept, the professional should be responsible for keeping it "collected"; if attendants do not see data assembled and used they feel it is a waste of their time and will discontinue their collection. In addition, it has been demonstrated that it takes enduring interest by the professional to assure that the program continues and adapts as necessary. Without an occasional pat on the back from the professional, attendant staff begins to devalue programs and they slide down in their list of priorities. Generally it only takes an occasional "look-see" to maintain a program, but this is crucial to its vitality.

One final factor which seems important to the success of all dormitory programming is the degree of support the professional is willing to give the attendants in defending the program to the administration or other concerned people when questions arise. This problem often comes to focus if a program has elements of controversy. For example, a dating program, where boys and girls are allowed to date within certain guidelines, is often controversial in an institutional setting. It can easily happen that even a carefully planned and agreed upon program will run into difficulties when the residents actually start dating one another. If, while under administrative fire, the professional throws the responsibility or blame for problems into the laps of the attendants he can be certain that attendants will have no part in defending such programs or in reinstituting the program later. As a whole, attendants are not exceedingly secure in their positions, and they will avoid programming rather than risk criticisms and controversy. Thus, it is essential that the professional be supportive of the attendant's efforts—especially when the chips are down.

Observationally, little difference was noticed between the reactions of attendants working with different levels of population when dormitory programs were begun. The advance preparation and general procedure for implementation seemed to be the same no matter what residents were being programmed for. The only significant difference in attendant attitudes was observed when a new dormitory was opened for emotionally disturbed retardates. In this situation where a dormitory program was built from scratch, the attendants were found to be more amenable to the whole idea of programming and more flexible in making continuing innovations. The conclusion drawn was that attendants who are put into a situation without an existing structure will more readily incorporate dormitory programming than will attendants who view programs as an addition to their regular work load. It would seem advantageous to have dormitory programming well pre-planned in newly organized dormitories so that attendants would view programs as a part of their job from the beginning.

Conclusion

It is the conclusion of members of the HIP staff that the fundamental question of whether attendants can be used effectively as teachers and therapists in dormitory programs has been answered in the affirmative. Not only *can* attendants be used, but given proper guidance, they bring many talents to a program situation and can function as effectively as many better-educated professionals.

It is the factor of providing guidance to the attendant-trainer that is crucial. The weakest skills of attendants are in the areas of originating, designing, and implementing. If a professional takes the lead in conceiving and getting the specifics of a program on to paper with consultation between himself and the attendants, the building staff will more enthusiastically greet the implementation of a program. Similarly, the professional needs to take the lead in the actual beginning of operation. But once the format is well-established and the attendants are comfortable in their role, they can take increasing responsibility and eventually total responsibility for the program. After that point the professional need act only as a reviewer and evaluator.

Underlying the success of any dormitory program is the value which is placed on it by the attendant staff as influenced by the professional staff. If the professional staff considers a dormitory program to be of importance, then they must demonstrate that value to the attendants by rewarding the attendants for their participating, even if it means overlooking other more traditional functions of attendants which may be less well done as a result of that participation.

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When the professional staff demonstrates a high regard for programming the attendants will assign it a high priority and the program will be on its way to much success. All will stand to gain—the resident, the attendant-teacher, and the professional.

Housekeeping Training Curriculum
HOUSEHOLD DUTIES — DAY 1

GOALS FOR THE DAY   (Example)

To teach correct procedures for preparing and washing clothes.
To teach the use of laundry cleaning materials.
To teach the proper use and care of a washer and dryer.

LESSON PLAN

(1) General discussion of what the class will be learning in the household duties class.

(2) Preparing clothes to be washed.
    a. Demonstrate the sorting of clothes into groups according to colors and fabrics.
    b. Demonstrate how to determine the right size of loads.
    c. Have the girls practice sorting.

(3) Discuss the purpose of different laundry cleaning materials and show examples of each.
    a. Detergent — to clean.
    b. Bleach — to whiten.
    c. Conditioner — for softness and firmness.

(4) Demonstrate how to use the washer.
    a. Loading.
    b. Setting dials.
    c. Readjusting the load if it gets unbalanced.
    d. Removing of clothes when cycles are finished.

(5) Demonstrate the use of a dryer.
    a. Loading — warn not to put certain kinds of fabric in the dryer.
    b. Setting dials.
    c. Length of drying time for different fabrics.
    d. Removing of clothes.

(6) Care of washer and dryer.
    a. Demonstrate how to clean both machines.

(7) Notebook Work.

Adult Education Curriculum
"You and the Law"

SESSION 4 — DUTIES OF THE POLICEMAN
                                     (Example)

Points for discussion:

I. Purpose of law enforcement officers.
    A. The main purpose of policemen is to help people.
        1. Police help people who are having trouble.
        2. Police protect people from other people who would cause them trouble.
    B. Even when police have to arrest a person, they do it to help that person by keeping him from committing a more serious crime.

II. Duties of a Policeman.

    A. Policemen have three main duties:
        1. Policemen help people when they need help.
        2. Policemen arrest people who have broken the law and bring them into custody.
        3. Policemen try to prevent trouble by looking into suspicious situations.
    B. Policemen need the help of all citizens in carrying out their duties.
        1. You can help the police by not breaking laws.
        2. You can help the police by reporting useful information to them.

III. What to do if you are stopped by the police.

    A. Policemen often stop people for questioning if they have reason to think that the people might be in trouble, or might be going to get into trouble.
        1. Usually the police will just question the person where he is.
        2. Sometimes if the police are not satisfied with the person's answers, they

will take him to the police station for more questions.

B. When police stop you they will ask these kinds of questions.
1. What is your name?
2. Do you have any identification?
3. What are you doing here?
4. Where do you live?
5. Do you have any money?
6. Do you have a job?
7. Where are you going now?

C. If you are stopped by the police, there are two things to remember:
1. *Do not run.* If you run from the policeman, he will automatically suspect that you have done something you should not have done.
2. *Answer the policeman's questions truthfully.*

When a policeman stops you, he is trying to find out what you are doing. Just because a policeman stops you does not mean that he thinks you have done anything wrong. So — answer his questions truthfully. If you lie, he will become suspicious of everything you say.

Conduct role-playing situations. Having students respond to policeman's inquiries.

PART IV

Programming for Emotionally Disturbed, Retarded Children in a Behavior Modification Setting

—Sharryl Hawke, M. A.

Language Specialist

Most institutions are designed to provide care and rehabilitation for a specific population. State hospitals can adequately serve the mentally disturbed and ill; state penal institutions deal with deliquency and criminality; state schools offer care and training for the mentally retarded. When a person's problem is singular rather than multiple, and when that person is committed to the appropriate institution, he generally received adequate care and treatment. However, if the person is institutionally misplaced through inappropriate commitment or if the multiple nature of his problems makes him inappropriate to any one institution, then problems arise. Both the resident and the institution become frustrated by the lack of suitable progress and a continuing game of ''move the resident'' (from dormitory to dormitory or institution to institution) is played with vigor.

One such population within schools for the mentally retarded is the group of emotionally disturbed, retarded who seem always to be found in state schools. A population survey at Austin State School in 1968 revealed that 5% of the total enrollment fell into a category of ''disturbed and disturbing''. In this category females out-numbered males by a ratio of 2 to 1. Thus, preparations were made to begin a special unit within the school to house and program for a small group of emotionally disturbed retarded females.

The facility, called the Treatment Unit, was opened in January, 1969. The designated I.Q. range for residents was 35 to 75. Primary consideration for admitting girls to the unit was that they display disturbed or disturbing behavior in their regular dormitory situation. Within a few months thirteen girls between the ages of 13 and 36 came to live in the dormitory.

From the outset it was recognized by the staff of the unit that its purpose was to modify the residents so that their behavior would be more appropriate and acceptable within their regular dormitories. The unit was not viewed as a permanent care center for problem residents. Neither was it seen as a rehabilitative dormitory with the goal of returning residents to live in the community. Instead, the Treatment Unit was a center to reshape behavior to be acceptable and manageable by institutional standards. This orientation was important to the program which was subsequently developed.

This unit was set up on an operant conditioning

model. Programming was structured so that appropriate behavior earned rewards; inappropriate behavior resulted in lack of rewards or in punishment. For the first nine months rewards were given in the form of checkmarks on cards. From this ground work a more sophisticated reinforcement system was begun in September. In the refined program residents were rewarded with ''poker-chip'' type tokens. Some tokens could be earned for specifically designated tasks such as housekeeping or grooming. During periods of the day when this type of task was not planned, tokens were awarded by means of a buzzer reinforcement schedule. Appropriate behavior between the approximate 20—minute intervals of the buzzer earned tokens.

The tokens earned by residents were used for both the necessities of daily living and for special privileges and treats. Residents were required to pay a specified number of tokens for each regular meal and for the opportunity to sleep in a bed in a regular bedroom at night. If sufficient tokens had not been earned the residents received a mixed plate (small amount of blended food) for meals and slept on a pad on the floor of a less attractive room at night. Also fines were assessed from tokens earned for clearly-defined inappropriate behavior. When the residents earned more than enough tokens during a day to pay for bed, meals, and fines, they put the remaining tokens into individual banks. These banked tokens were then available for specified privileges such as off-building trips and purchasing material ''goodies'' from the on-building token store. Thus token earning was essential to the daily life of each resident.

Staffing for the unit consisted of a psychologist, teacher-programmer, attendant coordinator and three assigned attendants per shift (two attendants on duty at any one time). It was housed in an older dormitory which in addition to semi-private bedrooms, had a dayroom and two classrooms which were available for activities. A serious handicap in programming was the lack of finances. There was very little money available for supplies or materials, so programming had to be done on a shoestring.

In planning the specifics of the Treatment Unit program, two primary considerations were made. First, what kind of programming would be effective and realistic in therapeutically occupying the day of a resident. It was clear that every hour of the resident's waking day would need to be considered

because total control would be essential in changing behavior. This was not to imply that an activity would or should be scheduled for every minute. Rather it meant that all time should be accounted for and observed. Further, programming should be realistic by standards of normal dormitory programming. If residents were placed in a situation drastically different from and superior to the dormitories to which they would return, the transition would be difficult, if not impossible.

Secondly, programming on the unit would have to be done in accordance with operant conditioning principles. Programming would work within a conditioning framework, thus a reward system needed to be established in the original design of the program. Programming would be planned to enact the theoretical principles of operant conditioning.

The following discussion describes the result of the program which was eventually established at the unit. There are basically six different kinds of activities that take place within any one day on the unit plus religious activities which are held once a week. The purpose of each of these activities and how they comply with behavior modification principles will be explored.

Household and Grooming Activities — While housekeeping details receive less emphasis in the Treatment Unit than in most dormitory situations, there is a certain amount of dormitory maintenance that is necessary. At five times during each day residents are scheduled to participate in housekeeping work. After arising, girls make their beds and tidy their rooms; before and after each meal, table setting and dining room clean-up is done; before retiring, a general dormitory cleaning is carried out. Along with housekeeping details, girls are also expected to groom themselves appropriately. After breakfast a personal inspection is held, to insure that each resident is suitably dressed and groomed for the day. These household tasks are not the central endeavors of the staff or residents, but they do provide a consistently followed routine around which other activities are planned.

For appropriate participation in housekeeping and grooming skills, residents earn a specified number of tokens. For example, if the bed is suitably made, the attendant rewards the girl with one token. If it is not suitably done, the task must be satisfactorily completed, but no token is given. In all instances of token witholding, if inappropriate complaints are

made by the residents about the witholding, the attendant has three alternatives based on the guidelines established for behavior management. 1) She can continue to withhold tokens in upcoming reward situations; 2) She can ''fine'' the resident a specified number of tokens for the specific infraction; 3) if the point comes when the resident no longer has tokens to pay for repeated fines, or if behavior becomes unmanageable by verbal exchange, the resident may be secluded or restrained using pre-determined methods.

The housekeeping and grooming activities are essential to resident's transitions both to and from the Treatment Unit. Because building maintenance is always a part of a dormitory setting, new residents to the unit adapt most quickly to this aspect of the program. Even more important, it is necessary that the residents continue to be required and encouraged to do housekeeping while on the unit since this will be an expectation of the dormitory to which she is returned. Improvement in her willingness or skill in housekeeping and grooming will provide evidence to her home dormitory staff that retraining has taken place.

Academic Activities — An aspect of the Treatment Unit program which is different from activities of other institutional dormitories is the academic program. Each morning for a period of two or three hours all residents in the unit ''go to school''. The purpose of this activity is not primarily to improve academic skills; the wide age and I. Q. range plus the degree of distrubance would make that nearly impossible. Instead, the individual goal for each girl is to improve her ability to concentrate on and stay with specified work and the group goal is to teach the residents to be able to sit and work together.

The general format of these classes has remained fairly constant even though there has been considerable change in reinforcement methods and behavioral management since the opening of the unit. Classes are begun after breakfast clean-up and personal inspection are complete; they continue until time to prepare for lunch. Classes are held in a classroom or in the dayroom and the girls sit around one or two tables. Classes are taught by the teacher-programmer who is a teacher by training, and one attendant. Students are allowed to talk freely and move about without permission, but generally behavioral control is maintained under the same standards as the rest of the activities of the day.

Finding appropriate materials for the academic classes has been essential to the effectiveness of this aspect of the program. Much experimentation has done through the months with materials for this group and two observations have proved helpful. First, for this heterogeneous group, material which looks alike, but which can be adjusted to individual abilities is most successful. Working with limited staff, there has not been sufficient personnel to hold the three or four classes that would be necessary for homogeneous grouping, so adapting the material proved and effective alternative. For example, a well-designed crossword puzzle can be used with some students to teach spelling, while other students can use the same puzzle to learn letter discrimanation. Spatial relationship exercises were used by some girls for their intended purpose; withdrawn girls used them only as coloring pictures.

Such material allows one attendant-teacher to manage the entire group. It is easier to adapt the same exercise to skills of each student than it is to have 13 different exercises to monitor. It has been observed that there is much less divisiveness in the group when all students are working on material which looks alike. Considerable jealousy is build into a closed situation such as the Treatment Unit and differences in class assignments unnecessarily irritate the always present problem.

Secondly, it is essential to provide material which can be completed in a short length of time—— 5 to 15 minutes. In the beginning of the academic classes the the teacher selected the amount of work she felt could be completed by most of the students during the morning, stapled it together and presented it to each girl. This method caused numerous problems because frustration developed when a girl could not get all the work completed; other girls finished the material too rapidly to do it correctly, and the teacher actually had little control over the pace of the class. To rectify the situation, the teacher began to distribute the work one page or exercise at a time. When the student completed that page she returned it to the teacher. At this time the teacher could check the work, require that needed corrections be made, verbally reward the student for the completed work and present her with the next assignment. This method has resulted in much more positive reinforcement, reduced frustrations and allowed the teacher to pace the students in their work. To make this system work best, material which is relatively quick to complete has been most effective.

To secure useful classwork, academically published books and materials have been searched for ideas. However in working with very limited finances it has been found useful to draw upon commercially published children's activity books for ideas. These books provide material which is sometimes more adaptable than the books which are published exclusively for academic use, and they are considerably less expensive. From such sources many kinds of exercises have been produced: discrimination, perception, completion, number use, vocabulary building, phonetics, basic reading, basic arithmetic, money use, time-telling, etc. Along with this kind of work, less academically oriented but good activity exercises such as coloring, cutting and pasting projects are included in a day's curriculum. During any one day, then, most students would complete seven to ten items of work including, for example, a couple of visual motor exercises, phonetics or reading activities, number skills, and a fun project or two.

From the beginning of the class sessions the programming specialist and the attendants have worked jointly in the classes. Because the specialist was provided by Federal funding it seemed likely that there would not always be a professional available for the academic programming, so a specific effort was made to train attendants to be able to fill the role of teacher. Initially the specialist was completely responsible for designing and supplying all materials used in a class session. However, as the Federally funded staff began to phase out of the unit this responsibility was gradually shifted to the attendant-teachers. Sources of material were discussed with the attendants and the principles of class planning and material selection were demonstrated. Ideally this aspect of programming would always be done by a specialist. Attendants really do not have the time nor do they have the orientation and education to be the most proficient at this task. But because institutional personnel shortages will frequently dictate that the entire responsibility for programming fall to the attendants, it is crucial that they be given some instruction in the basics of curriculum planning.

Initially, the specialist also took the lead in directing the morning classes. She set the standards for behavior and did most teaching and assisting of students in their work. However, this function became more readily shared between specialist and attendant than did the material preparation because of the obvious talents of the attendants in working directly with the students. Once the attendants understood the goal of each piece of work, they were quite proficient

in assuming the ''teacher'' role. Because they had already established their disciplinary relationship with the girls, there was less behavioral ''testing'' than would have taken place with an off-dormitory teacher. On the other hand, being able to be a teacher for a period of each day also provided a new view of the attendant by the residents — a view which was positive and healthy. So as the months passed the attendants became excellent teachers and there was little reluctance by the specialist to leave them in complete control of the classes.

When the Treatment Unit was initially opened, reinforcement was given in the form of checkmarks on cards which could be exchanged for material rewards. Under this system, girls were rewarded in academic classes with a checkmark as they correctly completed each item of work. There were real problems with rewarding the students on the basis of correct completion; the most disconcerting problem being the wide range of disruptive behavior that could be displayed between periods of productive work which was not subsequently affected by the checkmarks.

Thus, when the checkmark system was replaced by the token system the reinforcement orientation of the academic classes was changed. Now class time is under the buzzer schedule. At approximately 20—minute intervals a buzzer sounds; girls who have behaved appropriately (i. e. done their work in accordance with their ability level and avoided behaving inappropriately) are given a token. If the girl has acted inappropriately no token is given. Thus, social and work behavior is rewarded or not rewarded simultaneously. The attendant-teacher has been made responsible for giving tokens. This ensures that the same behavioral standards apply during class time as during the remainder of the day. Along with token rewards, considerably verbal praise is incorporated into the academic classes. For this reason, ''school'' time is probably the most enjoyed part of resident's and staff's day and certainly is the period of least behavioral management problems.

Workshop Activities — Most of the residents of the Treatment Unit are beyond academic school age or have been disqualified for school because of their behavior problems. Therefore they are, in theory, eligible for campus work placements. In part, the girls who were admitted to the Treatment Unit were considered behavior problems because of their inability to successfully hold a work placement. When disturbed, often hyperactive, residents do not go to

school or have a job, they become bored and frustrated and do indeed become behavior problems. With this background the staff projected that one area in which the residents would need to show improvement would be in work skills reliability. If the girls could be trained to be suitable campus workers some of their dormitory problems would be resolved. Also, if a campus work placement could be maintained when the girl returned to her dormitory, it would serve as a good transitional device.

While the ultimate goal for selected residents was a campus work placement, the first step was to develop some work skills and, more important, work reliability on the dormitory. To do this a ''workshop'' project was begun. The work for the project was imported from other dormitories since residents of the unit were expected to do their own work for token rewards. Most of the work sent consisted of simple clothing maintenance; buttons to be sewed, dresses to be hemmed, rips to be repaired and shoes to be polished. Occasionally special projects were sent, such as embroidery work or wood sanding.

For their participation in workshop projects, the girls are rewarded with money, the most motivating reward of any. The money has been obtained through the fund from which campus working residents are paid. Instead of paying the students bi-weekly as is normal for campus workers, the workshop participants are paid by the piece for the work they do. The preset prices are minimal, a penny per button or nickel per hem, but this is the only source of income for most residents, so it is quite meaningful.

Workshop is held at a specified time during the day. At that time and only at that time may girls volunteer for the work. A few days of experience in letting the girls volunteer for the work at any time, quickly demonstrated that they would work at the money-making project to the exclusion of their other activities. Therefore, the specified time schedule was effected, and attendants retain complete control of the workshop. They teach the girls the necessary skills; they monitor the work; they pay the girls, and they take responsibility for seeing that the work is transported to and from the other dormitories.

The workshop project has been an important aspect of the total dormitory program. It has been a stimulus for some girls who are difficult to motivate into doing constructive work. It has provided some ''earned'' spending money. It has taught the girls some useful skills. And it may have helped develop some work

reliability, although this is not as easily transferred as the staff had first thought it might be. The reliability that can be developed in the workshop project on the dormitory is not always directly applicable to the campus work station where much more pressure to produce is present. Still, the workshop idea has proved an effective, practical way to encourage constructive work within the dormitory program.

Religious Activities — Generally within an institution, religious activities are conducted by the chaplain in a chapel designated for that purpose. Rarely are religious experiences incorporated into a dormitory program except for bedfast patients. However, in the locked building situation of the Treatment Unit where only one or two girls had off-dormitory privileges, it was necessary to "bring in" religious activities. As a result, religion became another aspect of the total dormitory program.

"Church," as it was called by the residents, was held once a week for one hour in one of the dormitory classrooms. The chaplain of the institution and his assistant were in charge of the services. Occasionally a Catholic priest held mass for the Catholic residents. Generally, no dormitory staff attended the residents unless there was special need. This arrangement allowed the girls the freedom of expression that they might not have had with attendants in the room.

The chaplain describes the format of the services as being partly worship and partly group therapy. A concerted effort was made to get all residents to participate in group singing and the praying of the Lord's Prayer. Beyond these activities the chaplain usually presented a story or thought on which further discussion could be based. Frequently these stories were biblically centered but had many implications for the residents' lives. During such discussions the girls were able to ventilate about numerous subjects and a considerable depth of feeling was displayed. This was the acceptable situation for the girls to "let down their hair." However, the chaplain never let it turn into a session for mere griping, either about the institution, families, or each other.

In accordance with the principles of the token program, the chaplain took the responsibility for awarding tokens on the buzzer reinforcement schedule. The criteria for earning tokens was "appropriate behavior" as determined by the chaplain. He also assessed fines for inappropriate actions. Thus, the chaplain never became an object for manipulation by the residents. When the girls earned off-dormitory privileges they were allowed to go to the chapel on Sundays in addition to continued participation in the weekly dormitory service.

The religious activity of the Treatment Unit added a vital aspect to the total program. Through the skill of the chaplain the services remained within the framework of the token economy while still allowing the girls some vent for their concerns with a person other than the regular dormitory staff. Because most girls had some religious exposure in their home life, the services continued their religious education and development. As a result, the dormitory church came to be a meaningful and therapeutic part of each resident's life.

Arts and Crafts Activities — The therapeutic qualities of arts and crafts activities for retarded and disturbed people have long been recognized. However, these activities are planned only on an irregular basis in the Treatment Unit program for two reasons. One, there simply has not been adequate funding to have regularly scheduled projects. The unit was not granted specific money for such supplies and materials. Second, in respect to keeping the activities of the Treatment Unit realistically in line with the activities of other institutional dormitories, it did not seem useful to accustom the girls to elaborate, expensive crafts. While occupying residents' time with appealing craft projects would make the Treatment Unit's management problems simplier, it was not an appropriate conditioning for girls who would be returning to less affluent dormitories.

Therefore, the emphasis in this aspect of the dormitory program has been learning to create functional items from discarded or inexpensive materials. Nearly everything that has been made could be practically used by the girls or could be used to improve the dormitory. Examples of personal items that have been made are curler caps, coin purses, and kleenex holders; dormitory improvements have included placemats, vases, and holiday decorations. Arts and crafts projects have also been used as a mode for encouraging the girls to do thoughtful acts for other people. At Christmas the residents made eye-glass cases for children in the infirmary. When illness or death occurred in a staff member's family the girls have each created their own greeting card to send. These have been concrete channels for stimulating the girls to extend themselves to others.

During periods of craft activities the buzzer schedule is in operation. If a resident is appropriately participating in the activity when the buzzer sounds, she receives a token. As in academic classes and workshop activities, work quality is not emphasized as much as work reliability. With these emphases, arts and crafts activities can be a useful part of a dormitory program without becoming unrealistically expensive and excessively ostentatious.

Physical Education Activities — The Treatment Unit is a locked dormitory situation. A few residents have earned the privilege of leaving the dormitory unescorted for specified reasons. Most residents, however, are confined to the building almost continuously. It is, therefore, essential to have daily physical education activities. Because of attendant staff shortages and the unavailability of a nearby recreational area, the physical education department has taken responsibility for arranging the regularly scheduled physical education activities.

For one hour each day a member of the physical education department comes for the residents and takes those who want to go (participation is not mandatory) to a recreational area. Activities have included hikes, swimming, trampoline, exercise equipment, skating, bicycling, and ballgames. During inclement weather the recreational therapist has directed exercises and dancing on the dormitory.

When staffing has allowed, attendants have also initiated recreational activities for the residents. They have participated with residents in dancing and exercises on the dormitory and have taken girls off the dormitory for walks and play in the park area. Such activities are good for both the morale and the physical condition of the residents who tend to be too sedentary and sluggish for their ages.

The necessity for physical education with disturbed residents is well recognized by the staff of the Treatment Unit. The activities that have been carried out have been useful and important to the residents. However, much more could have been done in this aspect of programming. Because of staff limitations and the lack of nearby outdoor recreational facilities, most of the physical education had to be left up to the physical education personnel. To enable more attendant flexibility in carrying out physical education activities, the Treatment Unit staff would strongly recommend the installation of an outdoor, fenced recreational area connected with the unit

building. It should be designed so that residents have a direct entrance from the dormitory, thus minimizing the runway problems. Some play equipment and chairs for sitting would be required. With this kind of facility attendants could effectively use outdoor physical recreation as a therapeutic activity when the need arose, rather than always on a pre-planned basis.

Leisure Time — It would be impossible to schedule an activity for every minute of the day. There is simply too much regular dormitory work and too many unplanned events arising that require some flexibility in scheduling. Even if it were possible to schedule planned activities minute for minute, it would be unwise. A common problem of all the residents referred to the Treatment Unit is the inability to use free time appropriately. Reports which came from their home dormitories indicated that the girls were usually manageable when they had something specific to do, but when left without a planned activity they managed to stir up trouble in some way.

Therefore, there are periods of time each day which are purposely left unscheduled, so that the girls are left to their own resources. There are many constructive activities available to the residents during these times; television, puzzles, games, cards, paper and pencils for letter-writing or drawing crayons, sewing materials, or just quiet sitting. There is also a small radio which can be rented for five tokens per half-hour and taken to another room for listening. (This kind of voluntary separation is encouraged with certain girls as it teaches them the therapeutic qualities of being alone, particularly when they are upset with others in the group.) While these activities are available to all the residents, no one is forced into any activity.

The attendant's role in the leisure time periods is important. Attendants' first responsibility is to observe carefully what each girl is doing and whether it is appropriate for that girl. For one extremely withdrawn child, just staying awake is considered good use of the time; for another hyperactive girl, appropriate behavior requires that she be playing with her toys or in some way entertaining herself. To insure that such observation does take place, leisure time periods are included under the buzzer reinforcement schedule. This structures the situation so that there is positive interaction between attendants and residents at least every twenty minutes. If the girl

is behaving suitably she earns a token; if she is misbehaving or merely sleeping she does not earn tokens.

In addition to the token rewards, attendants add much significance to the leisure time activities by liberal use of verbal praise for constructive use of time. Too often in regular dormitories residents are quickly reprimanded for inappropriate behavior but their appropriate activities go unnoticed. So in addition to the token rewards the girls are verbally praised for using time constructively. They are further encouraged by the actual participation of attendants in activities with them. Often the most motivating reward for a girl who is constructively working a jigsaw puzzle is to have the attendant join with her in the effort. This demonstrates to the residents that the attendant considers this a good use of her leisure time to—not just another ''state'' game forced on the resident.

Planning for ''unplanned'' leisure time may be as important in a dormitory for emotionally disturbed MR's as any other aspect of programming. The reality of the dormitory situation to which most will return is that there will be extensive periods of unplanned time. Until a girl can be trained to constructively entertain herself she will probably remain a management problem. It has been observed that improvement in a girl's use of her leisure time is generally a good sign of overall improvement in behavior. Thus, any program which expects to reshape and return residents to regular institutional dormitories should provide monitored experience for the residents in using free time.

Conclusions and Recommendations — A recognized method of modifying behavior is to operantly condition a subject to behave appropriately by rewarding suitable behavior and by withholding reward from inappropriate behavior. To accomplish such modification in the practical setting of an institutional dormitory, it is necessary to structure the environment so that there are opportunities for the residents to display appropriate constructive behavior. Modification of disturbed behavior is difficult in an environment in which appropriate behavior is defined mostly as passivity. Therefore, programming broadly defined here as the planning of daily resident activity is essential in a behavior modification model. Programming puts the ''meat'' on the ''bones'' of the theoretical principles of modification. Programming and conditioning techniques function jointly to produce the desired prosthetic environment.

The behavioral goal of the Treatment Unit for emotionally disturbed, retarded females at Austin State School is to modify the resident's behavior so that they might return to their regular dormitories, behave more appropriately and lead more productive lives. The corresponding programming goal is to provide an environment structured around therapeutic activities which will enable the principles of modification to effect change. To accomplish these goals an hour-by-hour program for residents of the unit was developed. Activities include housekeeping, academic, workshop, religious, arts and crafts, physical education, and leisure time periods. Resident behavior during participation in all these activities is rewarded or withheld reward according to pre-determined standards. Through the combination of operant conditioning technique and therapeutic, constructive programming, progress has been made in reshaping the behavior of seriously disturbed residents.

Based on the experience of the Treatment Unit staff the following programming recommendations for persons considering a similar unit seem justified. First, the initial step in planning a program should be to analyze carefully the resident's behaviors which are to be modified. Extreme behavioral problems, such as aggression, extreme self-mutilation or severe withdrawal will require considerably different program activities and techniques than only moderate emotional disturbance. For example, arts and crafts or academic activities which require the use of scissors or the potentially dangerous items would be out of the question for seriously disturbed students while they would be quite therapeutic for the moderately disturbed.

Similarly, the goal for the behavioral modification must be carefully considered in the program planning. If the residents are potential candidates for discharge from the institution, their program should be considerably different from that of the residents who seem likely to be long-term institutional placements. The emphasis for the former would be on de-institutionalization with activities directed toward reshaping behavior to meet community expectations. The emphasis for the long-term resident, however, would be on bringing behavior into compliance with institutional standards. Community and institutional behavioral expectations are not the same.

From an operational standpoint, a highly structured program needs a person other than the attendant per-

sonnel to take responsibility for programming. Attendants function effectively in carrying out program plans, but they do not have the time nor do they generally have the orientation and skills to take charge of planning the program. Therefore, someone other than attendants needs to be primarily responsible for planning the activities, securing the necessary materials, cutting through the inevitable institutional red-tape, overseeing and preferably participating in the day-to-day functioning of the program. Ideally, the programming specialist would be a professional with an educational background which lends itself to creative programming. However, if a professional is unavailable, a supervisory level staff member might be delegated. The point is that the ''buck'' for programming should stop with someone specifically designated for the job rather than be vaguely assigned or falsely assumed.

The third recommendation is that a proposed program needs to be allocated some special funds for its day-to-day operation. Money for dormitory activities is usually difficult to squeeze from an institutional budget, but if academic, craft, recreational, and workshop activities are to be effectively and consistently carried out, money is necessary. The maintaining of a token economy does itself incur regular expense, and the money to keep it operating must be forthcoming.

Programming is essential to the success of behavior modification with the emotionally disturbed. Given clearly defined goals, adequate personnel and sufficient money, a behavior modification program can help institutions for the retarded deal with their small but perplexing population of emotionally disturbed, retarded residents.

PART V

The Treatment Unit:

A Total Token Economy For Disturbed Retardates

—Robert Conrad, M. A.

1. The Problem of Overlap Between Mental Illness and Mental Retardation.

A. Incidence of Emotional Disturbance Among Retardes.

It has long been recognized that a significant number of the mentally retarded also exhibit signs of emotional and behavioral disturbance (Angus, 1948; Feldman, 1946; Pollock, 1945; O'Connor, 1951; and Walker, 1950). Many authorities feel that the prevalence of emotional disorder is higher among retardates than normals but some feel there have not been sufficient adequate studies to support this point (Garfield, 1963). Most studies have surveyed quite specific, non-representative samples. For example, Gorelick (1966) found that 10% of 886 EMR high school students in Los Angeles were noted to have emotional problems. Menolascino (1965) found 31% of 616 referred children (under 8 years old) to a diagnostic clinic as suspected MR's "were noted to display emotional problems of a nature and extent to warrant a formal...diagnosis." Koch (1969) found that 11% of 1,049 children seen in the Southern California traveling clinic project had either emotional disturbance or major personality disorder associated with mental retardation. Penrose (1954) found that 16% of institutionalized retardates showed some type of neurotic or psychotic behavior pattern. The incidence rate in MR institutions is probably an underestimate of disturbance in retardates as many of these individuals are admitted directly to hospitals for the emotionally disturbed. Martin (1969) found that 10% of the state hospital population in Texas could be classified as retarded. The vast majority of these individuals had never been in an institution for the retarded. He points out that the actual figures (which included borderline retardates) were lower than many of the hospital superintendents had imagined. The overestimation was probably due to the extreme management problems that many retardates present. Mercer (1968) points out that "severely retarded patients in a mental hospital present problems in individual treatment and in ward management far greater than their actual number suggests."

B. Difficulties in Diagnosing Emotional Disturbance among Retardates.

It is particularly difficult to assess the incidence of disturbance of the mildly retarded since such a low percentage of mild retardates are ever institutionalized. Those who do enter institutions rarely do so because of retardation per se. As Tarjan (1966) puts it, "On admission most of them manifest behavior

disturbances which originate in a neurosis-like conflict. Many other patients have super-imposed emotional problems." (See also similar comments by Kaldeck, 1959). Emotional problems also constitute a major cause for failures among discharged educable retardates (Stephen, Peck, and Veldman, 1968).

It seems clear that emotional and behavioral disturbances constitute a specific and significant problem in all levels of retardation. The problem is common to state schools and state hospitals as well as to non-residential facilities for the retarded. The problem is perhaps most acute with institutionalized mildly retarded.

There are considerable problems in the area of diagnosis of emotional problems of the retarded. Despite the fact that nearly all the major psychotic symptoms have been observed in retardates (Sarason and Gladwin, 1958), the AAMD Diagnostic manual (Heber, 1961) is extremely limited when it comes to the medical classification of mental disorders associated with retardation.

If the mental retardation is presumed to have caused the disturbance you have two classifications available:

Code No.
83   Psychogenic mental retardation associated with emotional disturbance.
84   Mental retardation associated with psychotic (or major personality) disorder.

If the emotional disturbance is not persumed to have caused the retardation, or if the emotional problem is associated with some cerebral pathology, one is limited to adding a "supplementary term." The AAMD terms for "psychiatric impairment" were lifted directly from the American Psychiatric Association diagnostic manual (1952):

Code No.
5X   With other psychiatric impairment but not further specified.
51   Behavioral reaction.
52   Neurotic reaction.
53   Psychotic reaction.

With this relatively limited number of alternatives you would think that categorizing individuals would be relatively simple. The problem lies in the differentiation of "behavior reaction" from "psychotic

reaction;" particularly in adolescents. In his factor analysis of adaptive behavior Nihara (1969) found that the personal maladaptive factors (neurotic and psychotic behaviors) and the social maladaptive factors (behavioral reactions) found in pre-adolescents, late-adolescents and adult retardates were merged together in early adolescence. Thus, the institutionalized adolescent educable retardate is likely to exhibit a diagnostically confusing combination of psychological disturbances and anti-social, rebellious behavior. Typically, such an individual will be labeled "mild cultural-familial mental retardation; with a subclassification of psychotic reaction" by a state school while a state hospital might diagnose the same individual with the same symptoms as "behavior reaction" — thereby absolving themselves of responsibility for treatment. If we were to more accurately represent the reality of the situation we might want to follow the example of the latest American Psychiatric Association diagnostic manual (1968). Under the new APA system, whenever a patient has both mental retardation and a psychiatric disorder at the same time he is given two separate diagnoses (Wilson and Spitzer, 1969).

C. Problems in giving services to the disturbed retardate.

There are numerous roadblocks to adequate treatment for disturbed retardates within institutions. First, the passive or withdrawn individual is rarely recognized by dormitory personnel to be a "problem", as disturbance is usually conceived of as behavioral rather than emotional. Individuals who are behaviorally disturbed may be frequently brought to the attention of the professional staff, usually in the hopes that the "problem" will be transferred elsewhere. In the author's experience, most psychological or psychiatric staffings have been oriented towards differential diagnosis and only rarely have specific behavioral recommendations been forthcoming. Diagnoses of psychotic, schizophrenic, or behavior reaction have little meaning to the attendant who wants to know what they can do when a residents attacks them or breaks a window.

At times, attendant level personnel fail to understand that "bad" behavior can be indicative of an emotional problem. Certainly within the social milieu of the lower and lower-middle class attendant, bad behavior is simply bad, not sick. The cure for badness is punishment. One occasionally hears the remark

that "all so-and-so needs is a good paddling". On the other hand, professionals tend to equate most, if not all, bad behavior with disturbance and thus view punishment as unwarranted, ineffective, or both.

Generally speaking, methods of physical control are taboo topics within institutions for the retarded. One rarely finds In-Service Training courses on the correct use of restriction or restraint. Most institutional procedures manuals spend more space discussing the consequences for disciplinary mistreatment than in outlining proper and effective methods. Most behavioral control techniques are taught informally and are handed down from employee to employee. The failure of administrative and professional personnel to contribute meaningfully to the problem of behavioral control is probably one of the most important causes of mistreatment of residents.

One commonly used technique of control is to transfer problem residents to buildings housing lower level residents. These buildings are frequently referred to by residents and staff as "drag" buildings. These buildings often become dumping grounds for bad attendants as well. Given inadequate employees and intolerable working conditions, the staff must depend on the larger, more intelligent residents to do the bulk of the work. Altogether too often these working residents are permitted to manage other residents with methods that would lead to dismissal if used by an employee. Administrators occasionally overlook incidents on "drag" buildings that would not be tolerated elsewhere.

When professionals and attendants do get together on cases, there still can be a number of barriers to impede effective communication. Many attendants feel that only those who have "worked a building" can understand what kind of problems exist and make meaningful suggestions. Another prevalent opinion is that some problem residents can only be handled with techniques that are not formally condoned. A common way of impressing these points upon neophyte psychologists and social workers is to turn the problem completely over to them and let them make fools of themselves. In other cases, attendants follow exactly suggestions that they think are ineffective with predictable consequence. An interesting account of this kind of interaction between attendants and professionals can be found in Scheffe (1964).

Often times there is an element of truth in these opinions. Many disturbed residents are exceptional

management problems. It is obvious that the typical custodial ward or dormitory is an inappropriate placement for these individuals. They constitute a defineable, multiple-handicapped sub-group with special needs and problems. Traditional counseling or psycho-therapy appr... es have shown numerous inadequacies and limit......ns (Gardner, 1967).

II. The Treatment Unit

A. Background.

During the summer of 1968 it became known that a large workshop and rehabilitation program would soon be initiated at the Annex Campus of Austin State School. Phase I of the Hospital Improvement Project (HIP) had consisted of programming for the residents of one male and one female dormitory at the Annex Campus. Since this programming overlapped the programs and goals of the rehabilitation program in many ways, it was felt that it would be appropriate to give responsibility for these two buildings to the incoming personnel and seek to meet pressing but unmet needs.

A survey conducted during the summer by the Psychology Department of the school had revealed that about 5% of the resident population could be considered to be seriously emotionally disturbed. Females outnumbered males by about 2 to 1. In August, the HIP staff submitted a proposal for a pilot project for for treating disturbed retardates. The administration approved the proposal, designated a building and made a small amount of money available for building renovations. A planning committee consisting of representatives from the HIP, Psychology, Social Service, Medical, P. E. Grant, and Student Life and Training departments was formed. This committee met a number of times over the next four months and various subcommittees held numerous additional meetings. From these meetings came the recommendations for building modifications, admission and discharge procedures, records, food service, the physical education program, school and workshop activities and the in-service training of building personnel. On-site visits were made to a number of local mental institutions. The week before opening, all personnel connected with the Unit participated in a one-week workshop held in cooperation with the Hospital In-Service Training Grant.

B. Physical Facilities.

The building was originally built for use as em-

ployee's housing. It consisted of about half of the second floor of the school warehouse. The unit had two wings. The short hall or east wing, had two bedrooms, two offices, two bathrooms, an isolation room and a restraint room. The long hall or south wing consisted of 7 bedrooms, the attendant's office, 2 classrooms, the dining room, the dayroom, and 3 bathrooms. The bedrooms in the short hall differed from those in the long hall in that the doors could be locked and had one-way observation windows. The short wing was separated from the main hall by a locked door as was the main hall from the stairway leading outside. Some, but not all, windows were covered with hardware cloth screens. All areas were repainted to a color code according to the appropriate activity for the area. Bedrooms were painted blue; bathrooms, white; classrooms, green; dining room and playroom, pink; the offices and other off-limits areas, yellow.

C. Population

The population of the unit was limited to trainable and educable female retardates who were toilet trained and had all self help skills. In addition, they had to show some signs of a positive prognosis. Their ages ranged from 14 to 37. Their diagnoses were many and varied, ranging from childhood schizophrenia to personality disturbance associated with epilepsy. Several girls were primarily sociopathic. Over half exhibited violent outbursts of aggression from time to time. One was an elective mute; another was largely non-verbal.

D. Daily Programming.

1. Initial Checkmark System

The behavior shaping program originally instituted on the Treatment Unit was considered only tentative at the time. Program changes were made whenever it seemed necessary. In its original form the program resembled reinforcement programs such as described by Hewitt (1968). There was no extensive use of fines or token withdrawal for purposes of punishment. Miron (1966) reported that aversive conditioning with the severely retarded compared unfavorably with positive reinforcement. Hamblin, et. al. (1969) found that the introduction of a fines system into a token program for highly aggressive pre-school boys resulted in incidences of aggressive behavior returning to the pre-program level. The incidence level dropped to that of normal pre-schoolers when the fines were dropped. Experience with other token programs at Austin State

School had shown that retardates occasionally inter-
pret fines as vindictive behavior on the part of the
attendant personnel. At times, this interpretation may
well have been accurate.

The Treatment Unit program was originally based
on checkmarks which are marked on cards. There were
three different checkmark cards. Each card was asso-
ciated with particular behaviors and reinforcements.
As much as possible, the reinforcements were similar
to those associated with the behaviors in ''real life''
(i. e., other areas of the school). Figure 1 shows the
''Housekeeping and Grooming Work Card''. Each resi-
dent had one of these cards for each 24 hour period.
At the end of each day the number of checks were
totaled and publicly posted on the resident's chart.
The checks were then exchanged for living and sleep-
ing accomodations for the next 24 hour period. These
checkmarks expired daily and couldn't be saved or
or hoarded.

The ''Activity Work Card'' (Figure 2) covered all
academic-type activities as well as games, puzzles,
arts and crafts, and physical education activities. In
any 15 minute period not more than 5 checkmarks could
be earned. Starting an activity earned one mark. Con-
tinued effort towards completion gained an additional
check as did completion, regardless of the quality.
The other two checkmarks were supposed to have been
quality bonus checks and were to be used to shape
progressively higher levels of performance. The Ac-
tivity Work Cards had no exchange value until all 25
squares were completed. At that time they could be
spent or saved.

The third system covered the on-dormitory sheltered
workshop. Contracts were obtained with other build-
ings and departments to do jobs that would have been
economically unfeasable to do in one of the other
workshops on campus. All work was done on a piece-
work basis and performance was exchangeable for
cash at roughly the same rate of pay as any other cam-
pus job. The cost was charged to the department pro-
viding the work. The specific goal of the work-shop
program was to prepare residents for placement in the
campus workshop or other on-campus jobs.

The Unit began with a relatively unstructured
frequently changing activity program. Through a trial
and error process in the subsequent months, the staff
came to agree on a clearly defined daily routine. With-
in each twenty-four hour period a series of activities
was planned for and observed. A description of each

of these activities follows.

Household Activities - From the beginning, house-
keeping details received less emphasis in the Treat-
ment Unit than in other dormitory programs. Our pur-
pose was not primarily to clean the building but to
involve the girls in constructive work. To accomplish
this purpose and to meet basic maintenance require-
ments, residents were scheduled to participate in
housekeeping work five times during a day. After aris-
ing, girls straightened their bedrooms; before and
after each meal certain housekeeping was done; be-
fore retiring, a general dormitory clean-up was carried
out. Along with housekeeping details, girls were ex-
pected to groom themselves appropriately, each ac-
cording to her ability. For housekeeping and grooming
activities girls were reinforced with checkmarks which
they could exchange for a regular bedroom and special
furnishings such as curtains, chest-of-drawers, etc.
If a resident didn't earn sufficient checks she slept
on a mat on the floor in a relatively un-attractive
''free'' room.

An elaboration on the household check cards was
made early in the project. It was felt that the motivat-
ing value of the checks could be enhanced if daily per-
formance was publicly displayed. Individual bar
graph charts were made and posted in the hallway.
Each day every girl's total (checks earned minus
checks lost) was posted. The wall charts became as
important to the girls as the check cards themselves
because of the social reinforcement they received from
visitors and staff who saw the charts. The graphic
display also made it easier for the staff to tell at a
glance the general progress of the residents.

Academic Activities - Academic activities were an
important aspect of the Treatment Unit program from
its beginning but considerable experimentation and
revision was done in the format of the morning class-
room period. The purpose of this activity was never
primarily to improve academic skills. Rather, the
goals were to improve each girl's ability to concen-
trate and work on specific tasks and to teach the res-
dents to be able to work together in a group situation.

Participation in class work was rewarded with
checkmarks on ''Activity Work Cards''. Girls who
had campus jobs away from the dormitory also earned
checks on Activity Cards for doing well in their em-
ployment. When a card was filled with checks it
could be used to purchase ''goodies'' including items
from the checkmark store (such as cosmetics, food and

personal items) or trips to the canteen. Over the months the canteen trips became more important than the other reinforcers. Unlike Housekeeping check cards which were used up daily, Activity check cards could be saved for future use. To facilitate record-keeping and to analyze what each girl values, check card purchases were recorded on the back of the cards at the time of spending. This allowed the staff to account for checks spent as well as checks earned.

Workshop Activities - The purpose of the workshop was to teach the girls useful skills and to develop good work habits. By arrangement with the Student Life department, selected work projects from other dormitories were brought to the Treatment Unit. Included were shoes to be polished, garments to be hemmed, repaired or have buttons sewn on, items to be embroidered, and special projects to be completed, such as wood sanding.

Specified times were scheduled during the day when students could work on the workshop projects. These girls were reinforced with real money - the most motivating reward of all. They were paid by the piece at set prices. The money came from the institution's student work fund.

Arts and Crafts Activities - Arts and crafts activities were scheduled only on an irregular basis. There were two reasons for this. First, there was never adequate money to have regular projects; secondly, because the girls would probably be returning to even less affluent dormitory situations, it did not seem profitable to have them accustomed to elaborate, expensive crafts. Nearly all craft activities were designed to be functional. Girls made items for themselves, such as curler caps and coin purses, or items for the dormitory such as placemats or holiday decorations.

The emphasis in these projects was on learning to work with one's hands and to create useful items from discarded or inexpensive materials. For their participation girls were rewarded with checks on their Activity cards.

Physical Education Activities - Residents in the Treatment Unit engaged in daily physical education activities. These physical activities were thought to be especially important in view of the locked dormitory situation. The physical education grant staff took the girls from the dormitory daily for walks, swimming, exercise, bicycling, etc. In addition, attendants frequently took the residents to a park area for outdoor exercise or involved the girls in dancing and games on the dormitory. Participation was reinforced by checkmarks on the Activity cards.

Leisure Time - It would be impossible to schedule an activity for every minute of the day; it would probably be unwise to do so even if it were possible. A common problem of all the residents in the Treatment Unit was the inability to use free time appropriately. Thus, there were periods of time each day which were not scheduled, leaving each girl to her own resources. There were constructive activities available to everyone: Television, puzzles, games, cards, paper, pencils, crayons, sewing items or just sitting.

While these alternatives were always available, the residents weren't pushed into any activity. Careful observation on the use of this time was noted. Improvement in leisure time use was usually a good sign of general progress. For appropriate use of free time girls were to have earned checks on their Activity cards. However, it was difficult to establish standards so there was inconsistency and neglect in rewarding this activity.

This initial checkmark program, in various forms of modification, lasted for 39 weeks. It can be broken down into three phases:

Phase 1 (Before the seclusion room)

It was soon found that adaptive and deviant behaviors were not mutually exclusive. Some of the most disturbed girls earned the most checks for positive behavior. In an attempt to reduce the frequency of certain deviant behaviors, checkmark fines were introduced about three weeks after the program started. Initially, charges were levied for daytime sleeping (5 checks for 15 minutes), going into off-limit (yellow) areas (5 checks), and directly disobeying an employee (10 checks).

Several staff members felt that the absence of token fines constituted an intermittant reinforcement schedule where non-reinforcement was misinterpreted by the residents as meaning that the deviant behavior was acceptable. Fines, even when not particularly harsh or aversive, do contain informational feed-back.

The fines proved to be useful for behaviors which were too serious to be ignored but not so disruptive as to call for isolation from the group. When it became

apparent that the individual token charts were a highly effective form of feedback and source of social reinforcement, it was decided that token fines should be subtracted from tokens earned before posting on the charts. After that it was possible to establish specific requirements for certain reinforcers. For example, access to clothes and trips to the canteen were made contingent on three or more days with 55 or more checks.

Because the goal of the Treatment Unit was therapy rather than research, no empirical evaluation of the effectiveness of the token fines was undertaken. The staff, however, is in general agreement that they have proved useful as a means of social control.

There still existed other behaviors which demanded more serious consequences. These included fighting with residents and staff, stealing, running away, property destruction, and self-mutilation.

Probably the most immediate and serious of these problems was physical aggression. It was hoped that consistent behaviorally contingent isolation or time out would prove sufficient to modify or control these more deviant behaviors. Three problems were encountered:

1. We didn't have a seclusion room. Bedrooms on the short hall were lockable but the rooms were not physically strong enough to prevent escape and they contained beds, sinks, and radiators.

2. The professional staff was not particularly adept at the physical manipulation of agitated or disturbed residents.

3. Attendants were reluctant to use the techniques of physical control they had used on other buildings because of the presence of the professional staff.

During Phase I, the professional and attendant staff became relatively desensitized to each others presence. When this had taken place, the staff was able to develop rudimentary techniques for handling aggressive behavior which were reasonably effective and humane. Fines were introduced as a consequence for misbehavior. After nine weeks one of the bedrooms on the short hall was converted and reinforced for use as a seclusion room. At that time the population on the building had increased to a total of nine.

Phase II (Implementation of stimulus control)

From the 10th to the 19th week the staff concentrated on implementing the check program. With a seclusion room available, building damage was quickly reduced to a bare minimum. A restraint bed was constructed for use with those individuals who showed little response to seclusion or could not be secluded because of tendencies towards self-mutilation. The use of the restraint bed led to some controversy among professionals not associated with the project. This controversy came to an abrupt halt when one of the girls went on a rampage in front of a number of professionals and administrators and they could see for themselves the methods in operation.

During Phase II there was significant shift in philosophy concerning aggression. Previously the staff had assumed that making seclusion or restraint a programmed consequence for aggression would lead to a decrease in frequency of aggressive outbursts. It became apparent that the act of aggression is itself a powerful reinforcement for which negative consequences are a limited deterrant. As much as possible the staff shifted to preventing the aggression before it happened. Girls frequently gave ample verbal and/or behavioral warning that they were about to lose control and "go on a rip". If prevention were not feasable, efforts were made to decrease or eliminate the reinforcements associated with taking the girl to seclusion. As was practical, the professional staff avoided participating or even being seen. This approach led to a dramatic decrease in major behavioral distrubances.

Phase III (Checkmark program)

The next 19 weeks were quite stable. Both subtle and obvious improvements were noted in most of the residents. A program of aversive shock (after Lovaas and Simmons, 1969) was developed and implemented for the one serious case of self mutilation. This program proved to be highly effective with no side effects but led to some controversy and was discontinued at the request of the superintendent. Air conditioners were installed on the building. Towards the end of Phase III the staff began to put less emphasis on the check system and thought was given to possible alternatives or improvements. This led to the establishment of a token reinforcement program during the 40th week.

2. The Token Program

During the latter part of the project daily activities were organized within the context of a total token economy. By that, we meant that nearly all aspects of the environment which were thought to be reinforcing to the individual and that could be brought under control were included within the programming (Ayllon and Azrin, 1968; Lent, 1968).

Most positive reinforcements were dependent on the earning of tokens. The specific ways and means these tokens were earned are outlined in Appendix 1. During the day all tokens earned were kept in an apron which had each girl's name embroidered on it. These tokens were used for their meals, for their rooms, and for paying fines for misbehavior. Tokens were handed out for a variety of specific as well as non-specific events. During periods of the day when there were no programmed activities, or when the programmed activities varied a great deal from day to day, we used what we called the buzzer schedule. The buzzer schedule was a fixed interval 20 minute timer which set off a buzzer. When the buzzer rang all those who had been engaged in adaptive or neutral activities in the period of time since the last buzzer received one token. At the end of the day, any tokens left over after paying room and board and fines were deposited in a token bank. These tokens then became available for a variety of special privileges such as trips to the canteen, coffee and visits with professional personnel. The amount of tokens earned in each day (minus fines) were posted on a wall chart similar to the checkmark chart. All those who had 21 tokens or above for three or more days were eligible for certain additional privileges. Likewise, those with three weeks of good behavior were permitted additional freedom such as ground passes and the right to attend off dormitory social events like dances, movies, and parties.

The girls were divided into two groups, a high group and a low group, based on our previous experience with them. The high group was differentiated by privileges such as nicer bedrooms and better tables in the dining room, but had to, in turn, pay more for room and board.

In addition to formal reinforcements, there were a wide variety of informal verbal and social reinforcements that occurred spontaneously within the context of the environment.

a. Aversive Consequences

Token Fines - The bulk of deviant behaviors resulted in token fines. These fines led to loss of meals, a bare, unfurnished bedroom and restriction to the building. These were four categories of token fines. The lowest category was a 2 point fine. This was for minor offenses such as being in the office without permission, pestering guests, etc. Five point fines were assessed for aggressive acts towards other residents. Aggression toward staff or destruction of property led to a 10 token fine. All tokens were lost when one ran away or stole someone else's tokens. Except for the last two offenses, token fines resulted only in loss of tokens from the aprons. The banked tokens remained untouched as an incentive for future good behavior.

Time Out — Time out from positive reinforcement was used in a variety of different ways. First, for minor offenses that didn't appear to warrant a two point token fine, the individual missed receiving a token at the next token handout when on the buzzer schedule. Certain specific behaviors automatically resulted in a time out period in the quiet room in addition to whatever token fines were applicable. These included fighting, chronic refusal to mind, and becoming highly agitated, etc. A resident secluded in a time out area had to remain at least 15 minutes and miss at least one token handout. If a resident appeared to be likely to injure herself or damage the building, she was transferred to the restraint bed or chair. Continued agitation, screaming, kicking, and similar behavior frequently was stopped through the contingent use of lights out.

b. Specific Remedial Programs

Regular academic classes continued to be held on the unit for about 2½ hours daily.

Workshop projects continued to be solicited from other dormitories and departments. The girls were paid cash for their work as well as tokens on the buzzer schedule.

All housekeeping chores on the building were performed by the residents. There were no residents from other dormitories assigned to work on the building.

Whenever possible, outside placements in the workshop, the trainable school, or on-campus jobs were utilized to bridge the gap between the unit and the home dormitory.

When it was felt needed, volunteers and foster grand-parents provided one personal relationships on a regular basis.

Personal counseling, usually on an informal basis, was provided by both professional and non-professional staff.

Last, but perhaps more important, considerable emphasis was put on constructive use of free time. Free time constitutes the major activity of the typical dormitory in most institutions for the retarded. Since most of these girls had a major part of their difficulty in handling unstructured situations, we programmed as carefully as possible the reinforcement of adaptive behavior during free time periods through use of the buzzer schedule.

3. Transfer of Treatment Unit to Special Therapy Unit

During the last few months of the HIP Project the whole institution was reorganized along a Unit basis. One of these units, the Special Therapy Unit, was given the responsibility of programming for all the disturbed on campus. The leader for that unit worked with Treatment Unit staff for a number of weeks. In February 1970 the total responsibility for the unit was transferred to him. The HIP staff has continued to provide consultation whenever needed. The token program has been maintained with little or no alteration although a slight increase in population is planned.

III. Results

From the beginning attempts were made to collect data that would be suitable for program analysis. Many of the conclusions, however, are based on sub-jective impressions. Frequently important variables would be noticed only after it was too late to quantify our observations.

Relatively early in the program we decided that frequency of time out periods represented the most significant indication of management effectiveness. With increased success, however, time out became more frequently used for behavior that represented little or no management problems. For this reason all time out records were categorized as to major or min-or according to the degree of difficulty they presented the staff. Major incidents included AWOLS, serious fights between residents, building damage, self muti-lation, attacks on employees, etc. Minor incidents included chronic pestering, hitting another resident,

going into offices without permission, not having to-kens to pay fines, verbal power struggles with staff, etc. Major and minor incidents had an insignificant correlation with each other (r=equals—.01) which shows their independence as constructs.

Other measures of program effectiveness included mean checks 'tokens earned and mean fines. Like se-clusions, these variables vary considerably in mean-ing from time to time.

1. Major Behavioral Incidents

Major incidents are probably the most accurate measure across programs. These incidents could nev-er be ignored and hence records are the most com-plete. Table 4 shows the frequency of major incidents per resident per week for the entire project. The fig-ures for Phase I are spuriously low since there weren't adequate facilities available. When facilities became available things got much worse (Phase II) and then dramatically better (Phase III). During Phase III the incident frequency remained stable despite a steady increase in population (see Table 3). Switching to the token program led to a better than 50% reduction in major incidents.

2. Minor Behavioral Incidents

The minor incident frequency (Table 5) is mean-ingless for Phase I of the checkmark program. During Phase II, however, there is a definite uphill trend. This is probably due to both an increase in actual fre-quency as well as differential enforcement of conse-quences. Phase III shows the same initial dramatic drop as seen with major incidents but is followed by an uphill trend. Again this is probably due, at least in part, to differential enforcement. The token program is associated with a downhill trend leading to the low-est frequencies of the whole program.

3. Building Damage

As a cross check to behavioral incidents, the num-ber of building repair orders was collected (Table 6). Excluded from this table are repair orders for things such as burnt out light bulbs as well as damage caus-ed by residents of other buildings. Again we see the same downward trend during the check program with another significant drop associated with the switch to tokens.

4. Checks Earned and Lost

Table 7 contains the checkmark data. Initial figures for checks earned run high because of the liberality of the staff during the initial weeks of the program. Phase II shows a downhill trend in earnings and an uphill trend in fines. Phase III is characterized by a small but steady increase in earnings but considerable variance in fines. A good percent of these fines represent checks lost for sleeping. During the test phase, 85 checks were "given" every morning to all participating residents. Fines continued to be levied on the same basis as before. Making checks non-contingent on adaptive behavior led to the highest level of fines in the program. After the test was discontinued neither checks earned nor fines regained their former levels.

5.   Tokens Earned and Lost

The token program (Table 8) showed considerably more stability than the check program. Fines remained very low with little variation while earnings crept slowly but consistently upwards.

Summary — The checkmark program was successful in reducing maladaptive behavior and increasing adaptive behavior, but the token program resulted in considerable additional improvements.

IV.   Conclusions and Recommendations

It is evident that disturbed behavior among retardates is subject to environmental manipulation. Many of the techniques developed with lower level retardates and with non-disturbed higher level retardates can be adapted for use with the disturbed.

It seems critical that the locus of control, both real and perceived, must be shifted completely from the child to the staff. Then, control can be returned to the resident within an operant framework. Before control can be established, the staff, and physical facilities must be able to handle physically anything and everything the residents are capable of doing.

Punishment can be good, necessary, therapeutic, etc., if used fairly, consistently, and in combination with positive reinforcement. There must be some rational for using punishment other than your own hostility and frustrations (Watson, 1967).

Most residents got worse before they got better. Typically, they would test all the limits of the environment to find out whether we were really serious about the program and would carry it out as promised.

It was easier to deal with a problem child as a whole than it was to work piecemeal on eliminating specific symptoms.

We had very little luck eliminating behaviors through extinction procedures. We are not sure why. Perhaps institutionalized retarded individuals interpret no feedback or the absence of aversive consequences as being tolerance or approval. It could also be that we didn't completely eliminate positive reinforcement and that an intermittent reinforcement schedule was in operation.

Positive reinforcement of adaptive behavior was not incompatable with deviant behavior. We observed girls who could emit a wide range of both positive and negative behaviors within the same time period. For positive reinforcement programs to be most therapeutic, it appears that deviant behavior must be held at a minimum.

Aversive consequences such as electric shock appeared to be the only successful techniques for certain extreme behaviors such as self mutilation (Bucher and Lovaas, 1968; Lovaas and Simmons, 1969; Hamilton and Standahl, 1969).

It is unethical not to treat problems such as self mutilation when known techniques are available. If one declines to treat such cases because of fear of controversy, one must face the ethical responsibility for the child's condition.

A strict program of positive and negative consequences produced a happy and relaxed dormitory environment, contrary to what some had predicted.

Many deviant acts appeared to be self rewarding. In other words, simple manipulation of consequences didn't always alter the emission rate. In cases such as this, it was necessary to predict and prevent that behavior from occurring. That is not to say, however, that the consequences of a behavior such as this didn't have secondary reinforcement value.

Rehabilitation and return to the community or home dormitory were not realistic goals for a large percentage of these residents. What was needed was a prosthetic environment (Lindsley, 1964) that enabled the individual to function in as happy and productive a manner as possible. To expect them to continue their good behavior in a typical warehouse type dormitory would be unrealistic; as unrealistic as to expect an amputee to walk because he has had the use of a wooden leg for a period of time.

Housekeeping and Grooming

Work Card

Name: _____ Date: _____

Appropriate Night-time Behavior (up to 10 pts.)					
6:15 Get Up					
6:30 Dress					
7:00 Clean Room					
7:30 Breakfast					
7:45 Clean Up (Dining Room)					
11:15 Clean Up (Activity Rooms)					
11:30 Lunch					
12:00 Clean Up (Dining Room)					
5:00 Clean Up (Activity Rooms)					
5:30 Dinner					
6:00 Clean Up (Dining Room)					
6:30 Dorm Meeting					
7:00 Clean House (up to 10 pts.)					
9:00 Prepare for Bed					

FIGURE 1. Housekeeping and Grooming Work Card

ACTIVITY

WORK CARD

Name: _____

Date Issued: _____

FIGURE 2. Activity Work Card

Number of Residents on Building

TABLE 3. Population Flow

TABLE 4. Major Behavioral Disturbances

Phase I Phase II Phase III Phase IV
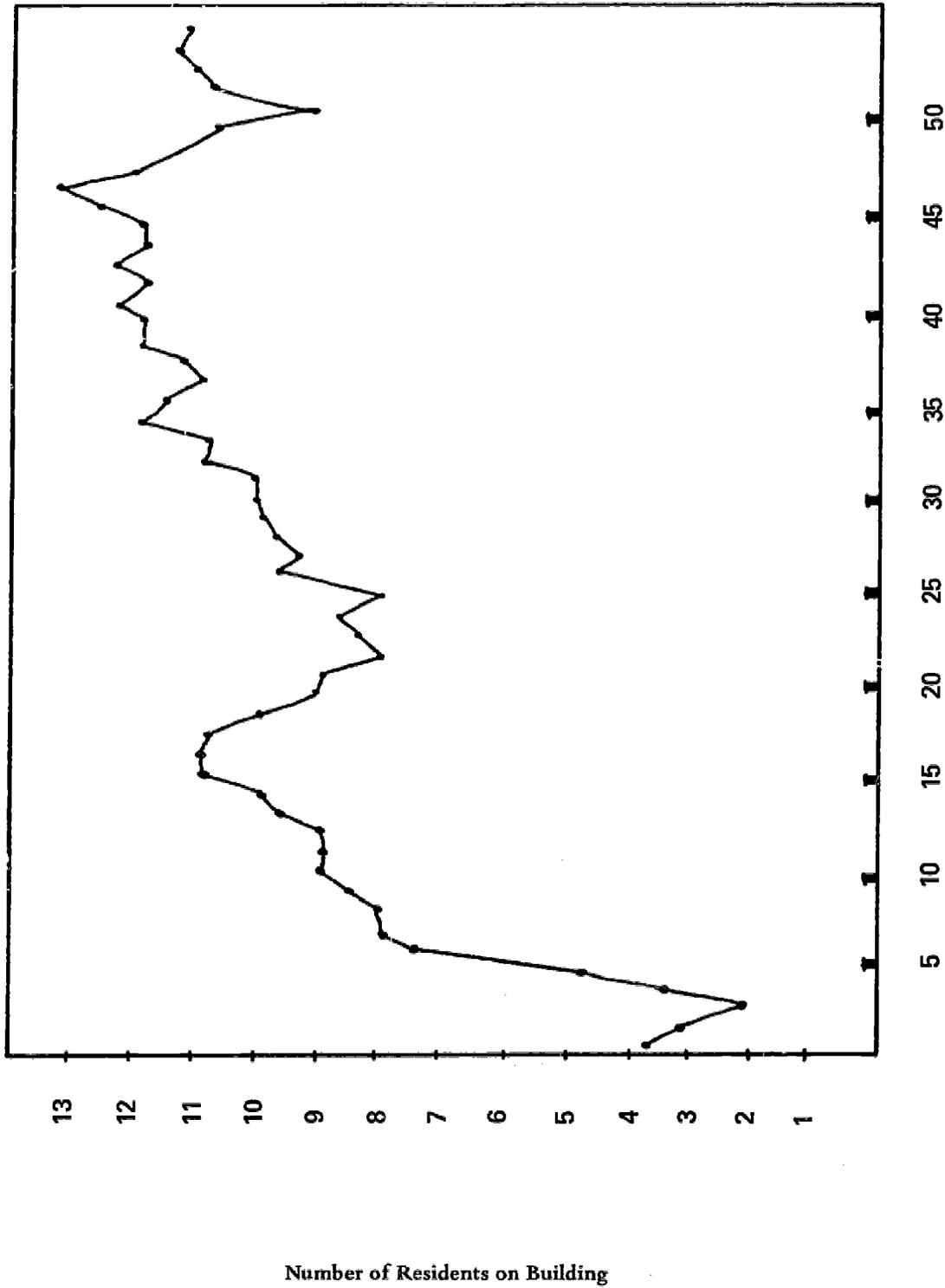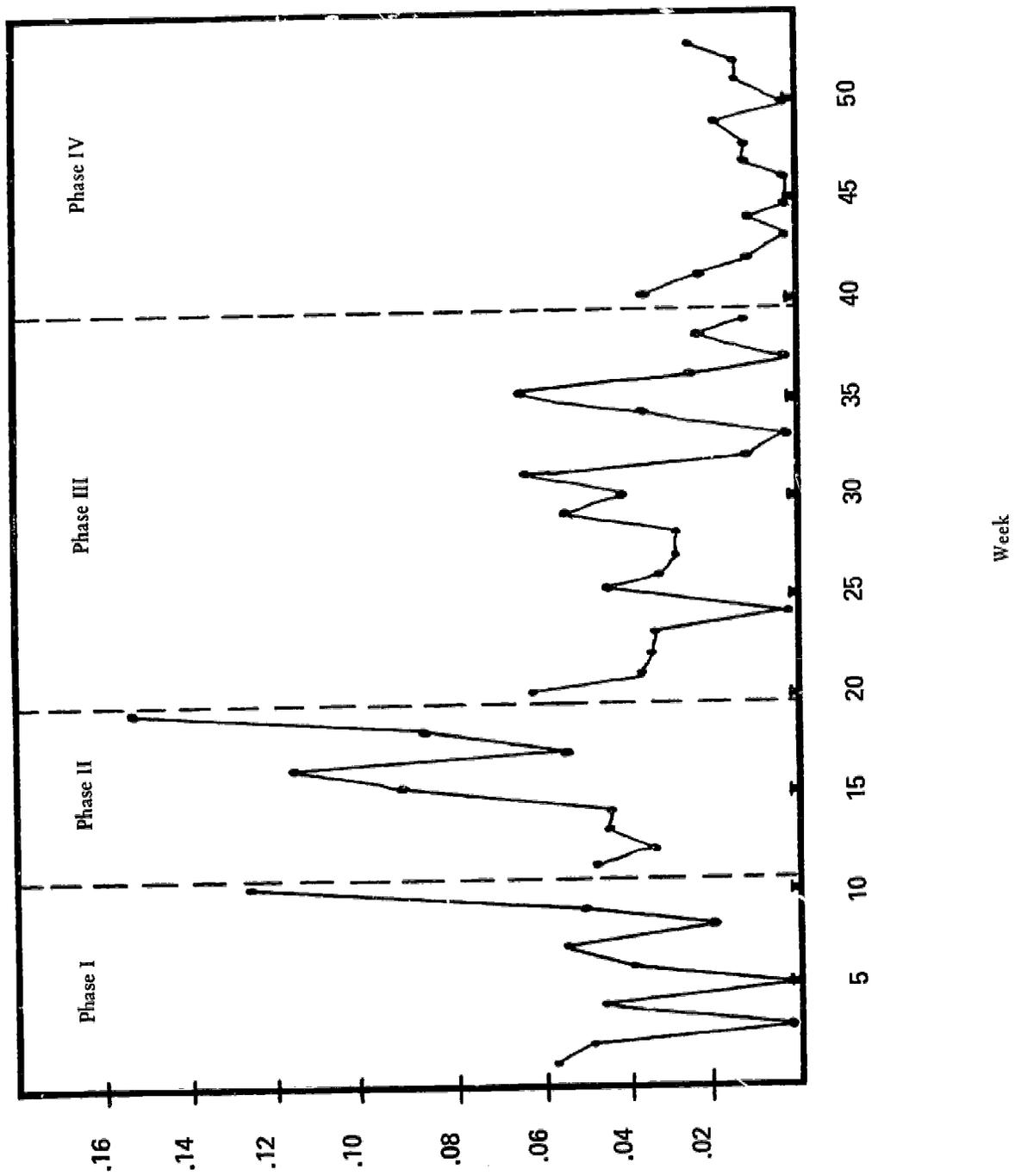
Week

Mean Daily Frequency of Time—Out
Periods for Major Behavioral
Disturbances Per Resident

.16 .14 .12 .10 .08 .06 .04 .02
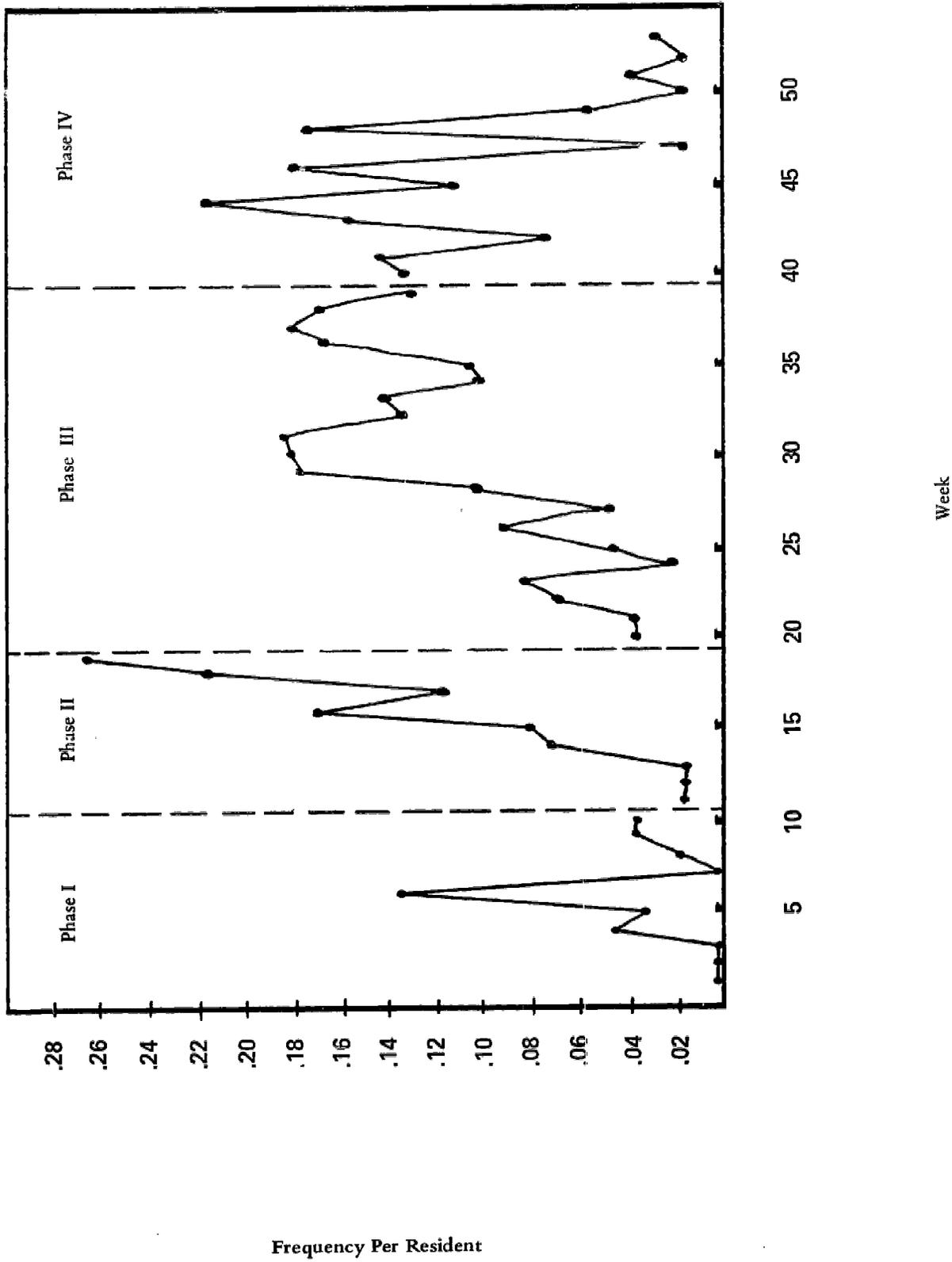
TABLE 5. Minor Behavioral Disturbances

Week

Frequency Per Resident
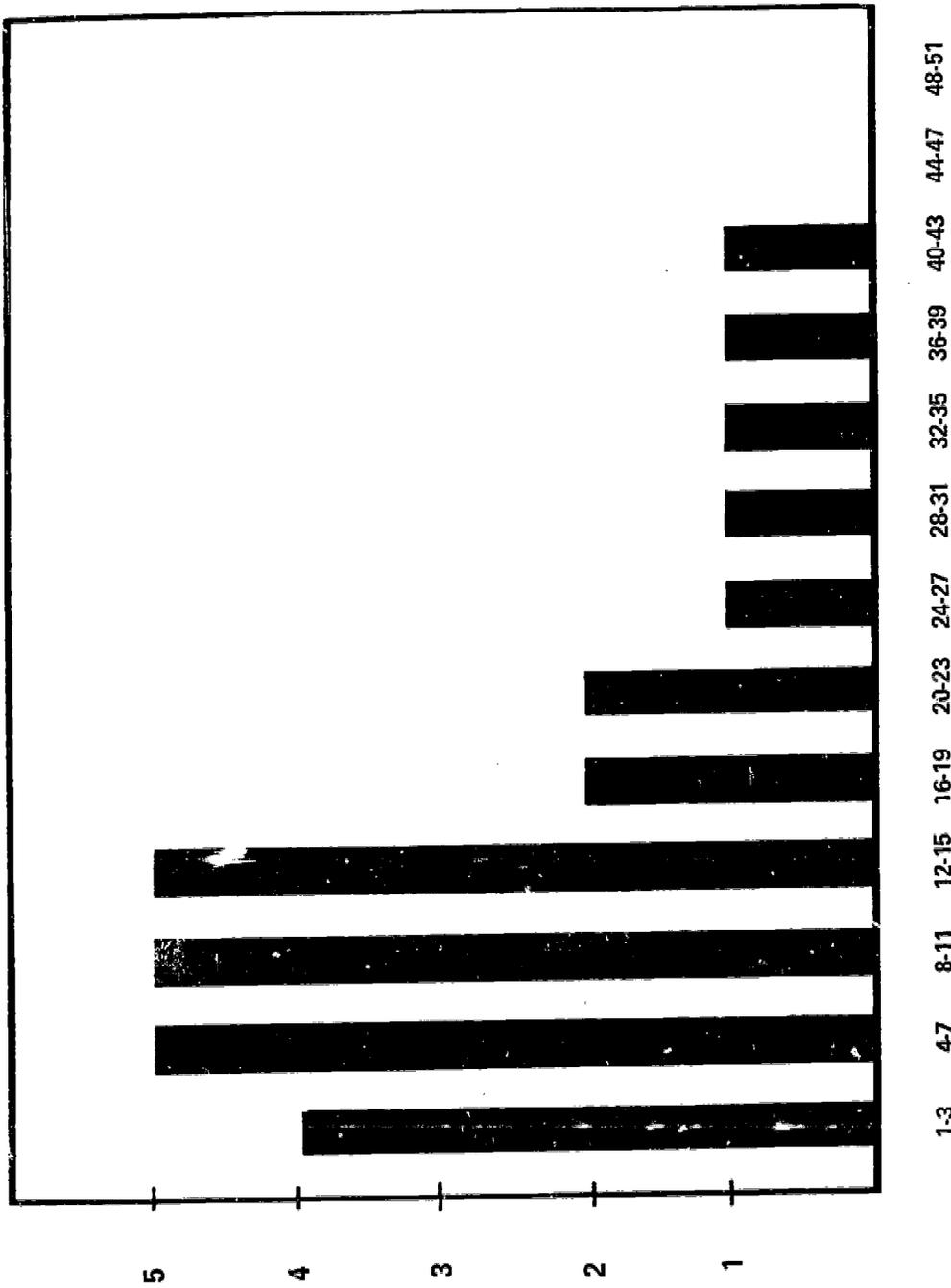
Number of Work Requests

Four – Week Period

TABLE 6. Building Repair Requests

Number of Checks Per Resident Per Day
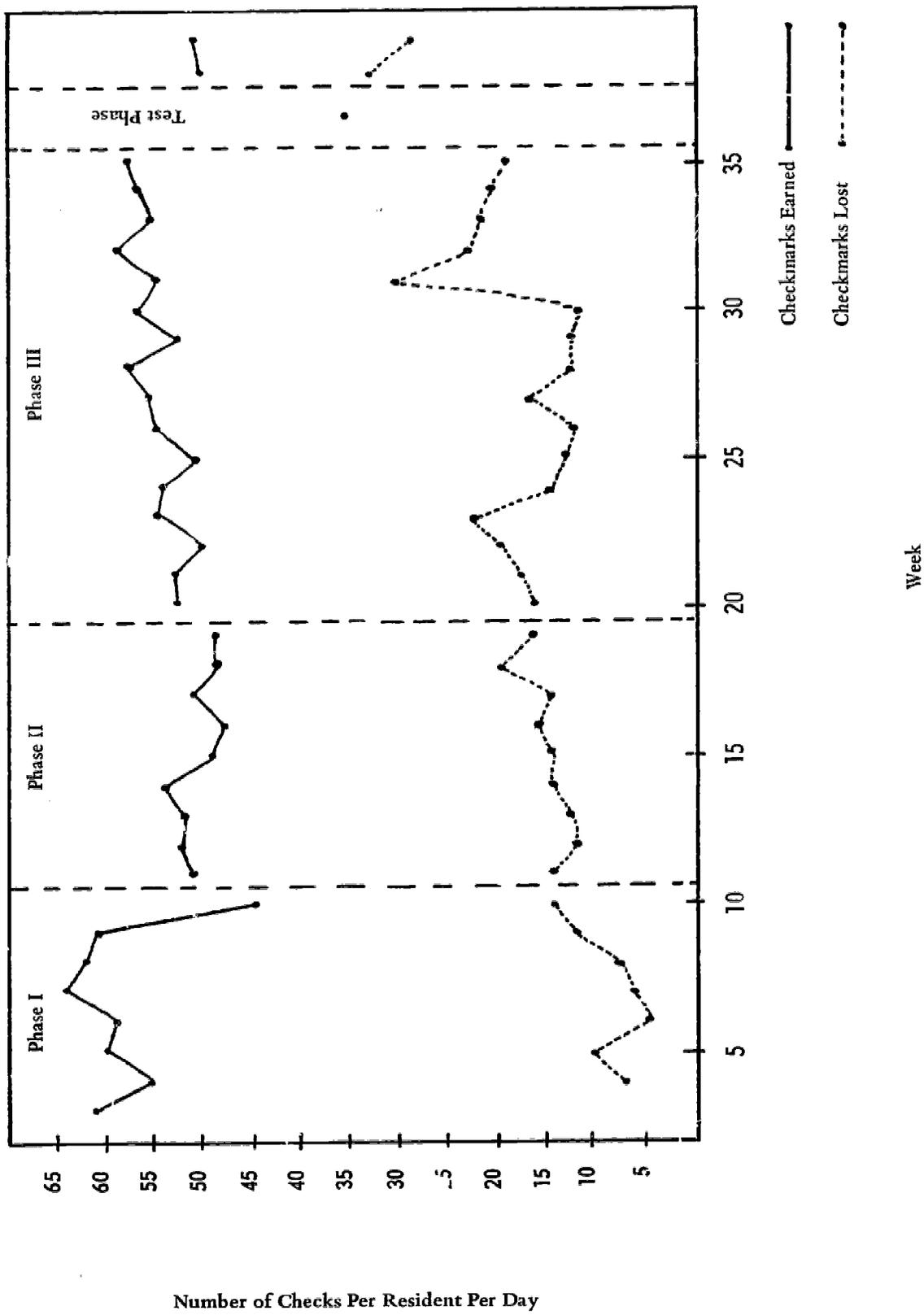
TABLE 7. Checkmarks Earned and Lost
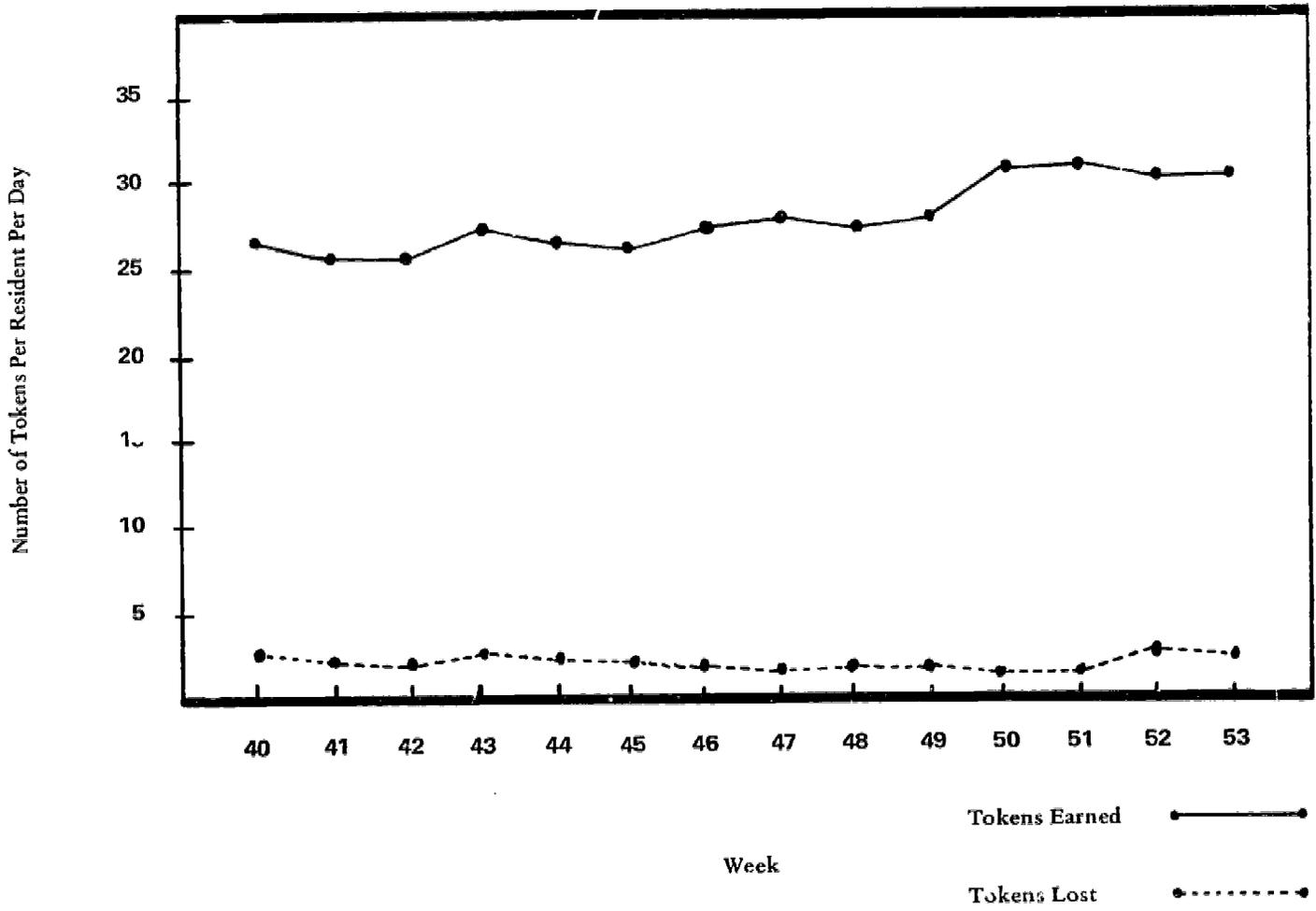
TABLE 8. Tokens Earned and Lost

Appendix 1.
Token Reinforcement Program

Part I — Behaviors to be Rewarded

11-7 Shift

No tokens are to be earned during the night.

5:45	1.	Getting up (maximum of 2)	a.	1st call earns (5:45)	2
			b.	2nd call earns (5:55)	1
			c.	3rd call earns (6:05)	0
6:30	2.	Room inspection (maximum of 4)	a.	bed not wet or soiled	1
			b.	dress self unaided	1
			c.	Make bed unaided	1
			d.	pick up room	1
6:45	3.	Helping with breakfast (maximum of 1)		Bringing in the food, helping set table, etc.	1
				taking out laundry	1

Note: Only the above tokens may be used to purchase breakfast

7:00   **BREAKFAST**

Breakfast for **high group** costs **4 tokens.**
    This group sits 4 to a table, eats on dishes,
    and is provided with extra ice water and extra
    coffee (breakfast).
Breakfast for **low group** costs **3 tokens.**
    This group sits at long table and eats on trays.
Those without sufficient tokens must miss breakfast.
Those on weight program may not have seconds.

7—3 Shift

7:15	1.	Take medicine — must be voluntary and without protest; or not having to take medicine.	1
7:30	2.	Brush teeth unaided and put well rinsed toothbrush in sterilizing solution.	1
	3.	Dining room cleanup (includes taking things back to cart and No. 4).	1
	4.	nitory cleanup — doing regularly assigned task, (covers trash, halls, bathrooms and day room).	1

8:00	5.	Personal inspection, (clothes, breath, nails, hair, underarr., etc.)			
		(maximum of 2)	a.	good	2
			b.	O.K., needs improvement	1
			c.	unacceptable	∩
		Note: Those with "unacceptable" rating must clean up but won't receive any tokens.			

8:30 — 11:30	6.	Off dormitory school or work assignment, (maximum of 8). Given upon return to building.	8

8:30 — 10:00	7.	On-dormitory classes; **buzzer schedule**, (maximum of 5; on average of every 20 minutes).	4 to 5

10:00 11:00	8.	Break and free time; **buzzer schedule**, continued, (maximum of 3; on average of every 20 minutes).	2 to 3

11:00		Discontinue buzzer schedule.	

11:00 — 11:30	9.	Helping with lunch; bring in the food, helping set tables, etc. Maximum of 1.	1

Note: Any tokens earned up to this point may be used to purchase lunch.

11:30	**LUNCH**

Lunch for **high** group costs 8 tokens.
    This group sits 4 to a table, eats on dishes,
    and may have seconds.
Lunch for **low** group costs 6 tokens.
    This group sits at long table and eats on trays.
Mixed plates cost 1 token. They must be eaten away
    from the table (i.e. in the corner of the dining
    room, in the hall, or in the quiet room; depending
    on the emotional state of the girl involved). The
    quantity of mixed food should not exceed one normal
    sized serving.
Those on weight program may not have seconds.

11:45	10.	Take medicine — voluntarily, without protest; or not having to take medicine.	1
	11.	Dining room clean up (includes taking things back to cart and No. 4).	1

1:15 — shift change	12.	Afternoon activities, (free time, arts and crafts, workshop projects, etc.); buzzer schedules, maximum of 5.	4 to 5

Note: Workshop projects will continue to be paid in cash in addition to the above tokens.

Note: Physical education activities, dormitory workshop services and any other programming involving off-dorm people should be reinforced at the same frequency as the buzzer schedule (one per 20 minutes). They should also collect the same fine.

3—11 Shift

Shift change — 5:00	1.	Afternoon activities (free time, arts and crafts workshop projects, etc.); buzzer schedule continued, maximum of 6.	4 to 6
5:00		Discontinue buzzer schedule.	
Shift change — 5:00	2.	Work assignment off building, normally 5 but give 6 if she comes in too late to help with dinner. Given upon return to building.	5 to 6
5:00 — 5:30	3.	Helping with supper; bring in the food, helping set the table, etc.	1

Note: Only tokens earned before this point can be used to purchase supper.

5:30 **SUPPER**

Supper for high group costs 8 tokens.
Supper for low group costs 6 tokens.
    Otherwise, same rules apply as for lunch.
Mixed food costs 1 token, same rules apply.

6:00	4.	Dining room, dormitory, and bathroom clean up, (includes everything except bedrooms). (maximum of 2)	a. several jobs or one job well done	2
			b. Several jobs done poorly (worker attitude) or one job done adequately	1
			c. jobs done poorly or done with pushing	0
6:45	5.	Brush teeth unaided and return well rinsed brush to sterilizing solution.		1
7:00	6.	Dorm meeting (or other specific activities such as a walk outdoors, movie, etc.) (maximum of 2)	a. attend and participate	2
			b. attend, no participation	1
			c. absent or disruptive	0
7:30	7.	Take bath unaided without messing up bathroom or walking nude in hallway.		1

| | 8. | Rolling hair, polishing shoes, mending, ironing, etc. | 1 |

6:00
6:00
   10:00   9.   Work assignment off building.

Note: No tokens given for anything after
dinner for those with off dorm work
assignments.   7

8:00   10.   Take medicine, voluntarily, with no protest, or not
having to take medicine.   1

11.   Activities, T.V. and free time (or to bed early
at own request).   No tokens
given during
this period

12.   Dormitory room assignment (to free bedroom, regular
bedroom or pretty bedroom according to tokens left-
over and permanent room assignment).

13.   Banking of tokens. (Any tokens remaining after room
assignment must be banked and recorded or they will
be forfeited.)

14.   "Free" bedroom will cost however many tokens the
resident has left at the end of the day.

Part II - Punishments

1.   Token Fines

Note: Token fines must be collected for the following
behaviors, unless the resident has no tokens in
her apron.

A.   Inappropriate questions (manipulatory rather than
psychotic).   2
        Includes: 1.   Asking the same question over and
over.
                  2.   Asking 2 or more employees the same
question.
                  3.   Asking professional staff questions
that should be answered by an attendant.
                  4.   Asking a question when you already know
the answer.

B.   In unauthorized (yellow) area without permission   2

C.   Changing clothes without permission.   2

D.   Hanging over office door.   2

E.	Pestering guests (collected by attendants or staff).		2
F.	Wetting, soiling, vomiting, or seizures (real or fake).		

G.	Stealing (money, cigarettes, etc.).		5
H.	Bopping, pinching, striking, or fighting another resident.		5
I.	Sassing or directly disobeying an employee.		5
J.	Failure to pay token fine when directed.		5

K.	Hitting, fighting, or biting an employee.		10
L.	Destroying property (windows, dishes, tokens, etc.).		10

M.	Going AWOL	Loss of all tokens
N.	Stealing or counterfeiting tokens.	in apron as well as in token bank.

2. **Time Out In Quiet Room (or Restraint), plus above fines if applicable**
      AWOL, fighting (resident or employee), including bopping, chronic nagging, chronic refusal to mind, becoming highly upset.

3. **Aversive Conditioning**

    Self mutilation only.

Part III - Reward Prices

	High Group	Low Group	
Breakfast	4	3	
Lunch	8	6	
Supper	8	6	

From Apron

Babyfood or diet drink		1
Pretty Bedroom		8
Regular Bedroom		5
Free Bedroom		0—4

Trip to canteen	10
Writing a letter (for paper, etc.)	2
Cup of coffee	2
Talking to social worker	5
Talking to priest or minister (other than at services)	2
Talking to psychologist	2
Going off building with volunteer	5
Going off building with foster grandparent	5
Party, slide show or moving on building	5
Off dorm trips or events	10
Use of canteen book	1 token per 10

From Bank

Church — off building	10
Dances and movies off building	10
Borrowing portable radio	5
Borrowing record player	5
Trip home or furlough	20
Watching T.V. after bedtime (with permission)	5
Nighttime snack or treat	2

Part IV - Rules

1. All tokens must be given at the time that they are earned. Don't get behind!

2. The dormitory residents will be divided into two groups: A "high" group and a "low" group. Don't give tokens to the group that you are not responsible for unless the other attendant is unable to be physically present and has turned her apron over to you.

3. Make sure that all girls understand exactly why they are (or aren't) receiving a token.

4. Eating meals is not required, but voluntary absence from a meal costs the same number of tokens as the meal itself. No charge is made for meals completely missed for bad behavior or sleeping.

5. Tokens may be kept only in the aprons or the token bank. All loose tokens found on the building should be confiscated.

6. Loss or destruction of tokens does not entitle a girl to replace tokens.

unless you actually observed the incident and are positive that the loser was innocent.

7. No one can earn tokens while in the quiet room. They may, however, purchase mixed plates while in the quiet room.

8. You are permitted some leeway in standards for the lower level girls but never help them do something you know that they can do unless they understand that it means not earning tokens.

9. Anyone caught stealing tokens must be put in the quiet room, must lose all the tokens in her apron, and (if this is a second offense) must forfeit all tokens in her bank.

10. The order of the activities listed may be shifted around when necessary so long as they all are actually done.

11. Never give tokens for an activity that is not actually done.

12. Girls going on furlough bank all the tokens in their aprons and start over again when returning.

13. Do not make any changes or exceptions to this program until you have cleared the changes with the supervisor.

14. Keep all tokens in the office under lock at all times.

15. Special tasks and errands are considered privileges — not events to be reinforced.

16. Girls sent to the quiet room must miss at least one token handout.

17. Weekend schedules are the same as weekdays. The buzzer schedule is kept on for all activities including T.V., records, dancing, etc. Reinforcement is given for any appropriate behavior exhibited before and during the buzzer.

18. Anyone may go to the quiet room or into restraints at any time they request so long as they are willing to take the natural consequences.

19. Anyone who sleeps overnight in the shorthall must mop the room they used and the short hall the following morning.

20. Anyone who wets or soils must clean up and mop the area themselves before they can return to normal activities.

21. Tokens in the aprons are to be used only for food, rooms and fines. Left over tokens are banked. Bank tokens are used only for purchasing the rewards or privileges listed in Part II. They cannot be used to pay fines (except for AWOL, token stealing or token counterfeiting).

22. If any girl misses more than one meal in a day, you must report it to both the physician and the psychologist.

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PART VI

Post Oak Village — Campus Half-Way Houses

—Oliver E. Graebner, Ed. D.
Co-Director, HIP Project

When the HIP Grant came to Austin State School in the summer of 1965 under the superintendency of Dr. Philip Roos, a wind of change was beginning to sweep over that institution. The new HIP Project purposed to develop a program of de-institutionalization for educable retarded young residents who seemed to have the potential for community living. Simultaneously, other programs were at work changing the institution from a custodial to a training and treatment orientation. Paraphrasing an old saw: "You can take the child out of the institution, but you can't take the institution out of the child." Yet this was the objective of the HIP project, to de-institutionalize the child. A program was initiated to make them less conspicuous. They were taught appropriate dress, gait, speech and general behavior. At the seven dormitories assigned under the project patterning of acceptable behavior was programmed, involving approximately 200 residents.

The staff became oriented to the usual expectancies and conduct of residents and noted the effects of institutionalization: depressed affect, lowered self-esteem, and limited accomplishment. It was then determined to build poise and self-confidence among residents by ego-building attitudes from staff. They would treat the residents with respect, consideration and confidence. The young people were encouraged to exercise choice-making in areas at once reasonably safe and secure for themselves and others. They were supported in learning to behave appropriately with reference to time and place and to the condition or situation.

Others needed to be aroused from institutional lethargy, the dulling effects of long-term residence in a restricted and restricting residential center. First the HIP staff, then the residents questioned the established routines for everyday life. After re-formulation, the new patterns were discussed with appropriate persons from the superintendent to the business manager, to head cook, to cottage life supervisors, to recreation therapists, to the chaplain. All routines were questioned and a few changes were gradually instituted. The role of attendants began to change on the HIP buildings from that of watchers and keepers of children to teachers, counselors and helpers of young people who were regarded as temporarily out of the main stream of life but with the potential to return to community living. In any event, they were worthy of humane and equitable treatment.

Opportunities were provided, both on and off campus to practice the new freedom. Slowly, rules about segregated activities began to give way to a more relaxed yet prudent programming for contacts between boys and girls. Attendants were called upon for their suggestions and their planning ideas for the management of behavior problems as well as for positive work and recreation programming in their respective dormitories. There were many struggles; there was much resistance; and at times there was confusion. But gradually many changes have been made. None were won without administration support and close cooperation and attendant involvement. The best and most notable progress occurred where staff and residents worked jointly, with some degree of equality, regarding ideas and programs.

Now, four years after the start of the HIP project and under Mr. Bill Doggett, Superintendent, the struggle between the new look and the old ways, (the custodial versus training and treatment) is still going on; but a healthy new look is emerging. Two hundred young people have been discharged from HIP buildings with less than 2 per cent returned to the institution because of failure. Some were discharged to their families; others to semi-independent life in the community under the benevolent eye of one or another agency staff member; others discharged by themselves to a full-time job and independent living; a few have gone to the military; and others to training programs in various communities.

The HIP staff has long been aware of a number of emotionally disturbed young people who were included among the residents, both within and outside the HIP population. Some boys and girls were more disturbed Some were so disturbed, despite medication, that they could not function in a group of ordinarily retarded young people who were in training programs. Local mental hospital facilities declined to admit these residents except for short periods of seclusion, and then usually to be returned to the State School after only a week or two. With the inauguration of the geographic unit system at the Austin State Hospital during the summer of 1968 all former retarded residents from Austin State School were returned to that institution. In this emergency situation the HIP staff proposed the establishment of a unit for the treatment of emotionally disturbed girls at Austin State School. With the full coordination of the medical department, who continue to supervise the chemotherapy program, a program was inaugurated utilizing behavior shaping techniques based upon the reinforcement model to a group of emotionally dis-

turbed girls.

Searching on campus for a living unit where such a treatment unit might be established, the focus fell upon one of the HIP buildings where 38 older "girls" were living. Closure was established by and within the HIP team for two ideas. The first was to transfer the 38 girls off of their building to other facilities and thus make room for the treatment unit program for the emotionally disturbed girls. The second idea occurred when three apartment units located on the State School grounds, but separated from residential dormitories became available. Constructed in 1949 to house employees, these small, one-story apartment units were being phased out of their former use. Under the close support and cooperation of the superintendent as well as the business manager of Austin State School, both programs, the treatment unit and the apartments for working girls, evolved simultaneously. These have proven to be the best double spin-off of the HIP project to date.

The Treatment Unit is now operative since January, 1969, for 10 to 15 severely emotionally disturbed girls, 13 to 18 years of age. Post Oak Village, a group of 20 small one-story frame apartment dwellings, housing 2 to 3 persons each, is being developed for stable working female residents. To date, 12 women, 18 to 50 years of age. occupy five units.

Rationale of the Village

The establishment of Post Oak Village in large part follows the rationale of the "Normalization Principle" of Bengt Nirje:

"My entire approach to the management of the retarded,—and deviant persons generally, is based upon the 'normalization' principle." This principle refers to a cluster of ideas, methods and experiences expressed in practical work for the mentally retarded in the Scandinavian countries, as well as in some other parts of the world . . . . . As expressed by N.E. Bank-Mikkelsen of Denmark, this principle is given in the formula, "to let the mentally retarded obtain an existence as close to the normal as possible. Thus, as I see it, the normalization principle means making available to the mentally retarded person, patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society."

Young women at Post Oak Village are given an

opportunity to move out of the benign but restricting milieu of a well-run dormitory setting into semi-independent living in small apartments. They are surrounded by a selected group of fairly stable and self-supporting girls, living on the edge of the campus, near a shopping center whose access is readily available through a near-by gateway. Living under a distant supervision of activities, they function largely on their own in the ordinary day-to-day life within their own units. They are free to decorate and add comforts to their living unit as they choose. There is a greater sense of privacy. They hopefully grow in self-concept and in self-worth through the development of responsibility and trust.

Criteria for the selection of residents

Since the focus of the Village program is to help each woman function as independently as possible within her own capabilities and thereby grow in personal and social effectiveness, criteria for choosing women are as follows:

Age, emotional maturity, stability, employability, and the ability to function with a minimum of supervision. Residents were chosen who have demonstrated the ability to hold employment and to function with a minimum of supervision, both on and off campus. The objective of the Village program is to stimulate independent life and action, thereby promoting their growth into a more mature and wholesome adulthood. There is also held the possibility to move them entirely away from the campus into community living.

It is easily recognized that in a residential center for mental retardates, women, in general, require greater protection and guidance so as not to be disadvantaged by the predatory elements of society or to fall victim of their own social-sexual impulses. The first ten women selected for Post Oak Village were 30 to 50 years of age, who had good behavior and work records and who would be dependable and trustworthy. They would provide a fairly safe corps to begin with. Several had been restricted by long-term institutionalization. Though they held off-campus jobs, they would probably always be in need of a home within the protective setting of an institution. Others were less institutionalized but had not had the opportunity to move out of the usual dormitory life. These, it is hoped, will over a period of 6 to 24 months grow in personal and social control skills so that they might eventually relocate into an independent life and work setting in the Austin or other city locations, and be

discharged from the institution.

Post Oak Village Opens, December 1968

After ten girls had been selected by the HIP team, they met with one of the HIP supervisors. Mrs. Krenek; the social worker, Mrs. Carolle Bell; the community work specialist, Miss Mary Jo Weiland; and the project director, Dr. Graebner: in a series of sessions regarding life at Post Oak Village. There is continual guidance from members of the HIP team. A close working relationship is also maintained with the Vocational Rehabilitation counselors, who continue to care for employment placement.

Course Work

Women moving to the apartments have all taken courses prepared and taught by the HIP Language Specialist, Mrs. Sharryl Hawke, which were focused on preparation for community life, covering such areas as hygiene and personal grooming, socialization, communication with employers and employees, eating out, shopping, using a laundromat, and the telephone.

Group meetings were conducted by attendant staff and the social worker to discuss rules for apartment living. These group sessions provide opportunity for the women to discuss problems and feelings arising from their more independent style of of living and to develop more effective communication skills. Shortly before the first group moved into the apartments, discussions covered safety rules regarding smoking, the use of gas heaters and appliances. They attended a regular session conducted by the In-Service Training Department regarding fire prevention and a demonstration in the use of fire extinguishers. This was the first time residents had ever attended a training session as invited participants.

Apartment Facilities

The apartments are composed of one or two-room units, with separate bath and shower, but no cooking facilities. Village dwellers join the girls living at Azalea and Begonia (rehabilitation dormitories also in the HIP project) for noon and evening meals, but may prepare breakfast at their own apartments, where they have small appliances, coffee-maker, toaster, electric irons.

In order to encourage personal involvement, each girl purchases her own linens and bedding. In addi-

tion they have invested considerable time, energy, and money in making each apartment home-like and attractive by painting dressers and other items of furniture, and hanging their own curtains or draperies.

Open House

On January 20, 1969, the women of Post Oak Village held the first Open House, to which staff from all levels and programs were invited so that they might see what had been accomplished. The results were positive and rewarding to the girl.

Family Contacts

By their attitudes, families can either assist in furthering the growth of residents and the success of apartment living, or hinder such movement. Therefore an interpretive letter is written to each family of a woman moving into an apartment. This is followed, where feasible, with a home visit. Again, where feasible, planning is in process with the family regarding eventual moving out of the apartment into their respective home community. Exploration of other community resources is undertaken by the social worker while making home visits.

Summary and Conclusion:

Austin State School was ready for innovations. The climate was ripe to consider new ventures within the regular framework of its corporate life. The administration was alert and sensitive to the needs of residents first and foremost and had in essence adopted the ''normalization principle.''

The staff of the Hospital Improvement Program (HIP) was sufficiently established and in touch with the needs of residents and the pragmatics of institutional life to make its way in new programming. The administration cooperated and supported to extend the boundaries of the HIP operation as doors were opened. The time was ripe for the introduction of a treatment unit for disturbed girls, and for semi-independent, on-campus living units for working girls.

After five months of operation, Post Oak Village is a well-run unit within the general rehabilitation program at Austin State School. Located on the campus of a multi-disciplinary and multi-faceted general institution for all levels of mentally retarded, Post Oak Village offers, at this writing, semi-independent living for 13 women, ages 18 to 50. Since the inception of

the program, 14 women have been moved in to the program, one failed and had to be removed to another unit, 3 have moved from apartments to off-campus work and living situations, one moved to a half-way house in another city. Beginning with three apartments, there are now five in use. As other units are vacated by their occupants (employees), they become part of Post Oak Village and receive more working girls. In time, the 20 apartments will be occupied by working girls, a total of 45 to 50.

The latest sign of independence occurred when permission was received to have telephones installed in two apartments which will be paid for entirely by girls living there. These are not tied-in with the institutional switchboard but operate independently as any other "normal" telephone in a home.

While the staff listens to the small day-to-day questions and problems of the girls, no serious incident has taken place since the beginning of Post Oak Village. There have been no instances of invasion by male residents nor running away of the apartment dwellers. The campus has taken Post Oak Village in stride, with minimal fears of pregnancies or other unscheduled activities.

PART VII

Out-Reach to Families, A Problem Solving Process

—Mary Jo Weiland, ACSW

and

—Carolle Bell, ACSW

Out-reach is a new word for an old procedure in social work; that of the social worker going into the home of the client to discuss problems presented by the client and to work with him in an attempt to solve them. In institutions, use of a social worker for home visits has several different functions, all of which lead to problem solving. One function is to gather information concerning the resident and the family situation. Secondly, and of major importance, is the goal of opening lines of communication between institution and family in order that energies of both can be focused upon the treatment of the family member in the institution. Much depends upon the opening of sound lines of communication; mutual distortions of family and institution can be clarified, distortions between the family and the institutionalized relative can be dealt with and hopefully, the competition between the family and institution can be resolved through free and meaningful communication.

In all types of institutions where people are placed without freedom of choice, a form of competition appears. The family may or may not wish to have the relative at home, but they do usually wish to be first in his affection and to be considered the authority of what is best for the relative. On the other hand, the institution so frequently views the family as a disrupter of institutional routine and as a negative influence upon the resident. The institution feels they know what is best for the resident and often question why the family could not have handled the resident's problems more adequately. Staff members may frequently fail to understand the lack of resources of the family, both emotional and material, and may, therefore, be unduly critical, particularly when the family is reluctant to have the resident at home or in a half-way house. The family, on the other hand, may fail to understand the potential of the resident or feel more comfortable if the resident continues in a helpless and dependent position. The family may feel the institution therefore is shirking its responsibility in wishing to place the resident on furlough or in a half-way house, particularly when it has been so difficult to arrange institutionalization in the first place.

It was with some recognition of the need to bring institution and family together in a constructive relationship that the HIP project at the Austin State School hired a social worker with a title of Community Work Specialist in 1966. The HIP program was a 5 year Federal grant which began operation in September 1965. Its express purpose was to "cope with the growing segment of institutionalized, mildly retarded with socially inept behavior." There have been 3 phases of the program. Phase I was socialization programs for 62 boys and girls, ages 13 to 16, who had behavior problems, but also had pre-vocational potential. Phase II was that of individual socialization, educational programs for 100 vocationally rehabilitation candidates. Phase III was socialization and re-motivation program for 2 dormitories for 60 male and female residents each, ages 25 to 50 years. This then was the population served by the Community Work Specialist who worked by referrals from the staff, working with the individual resident. The staff of the project consisted of the Co-Director, who is a Psychologist, a Research Psychologist, a Teacher, a Social Group Worker, a Social Worker, and 3 Coordinating Supervisors. All information regarding home visits was freely shared with the staff of the project, both by means of written records and direct discussion. The major number of home visits were made in the company of the caseworker from the Social Service Department who was assigned to the HIP project.

The majority of the home visits were conducted in the San Antonio and Houston areas, although a few families lived in rural areas. With the exception of a small number of families from upper middle class backgrounds, the families of the HIP residents were predominantly from minority groups, living in slum areas, where the rates of delinquency, illiteracy and health problems were very high. Many of the families were severely disorganized and could be classified as hard-core problem families. Many of our residents had long standing records of delinquent behavior or severe emotional problems. The families themselves were poorly equipped educationally and intellectually to know how to make contact with the institution. Many had children placed in the institution against their wishes when juvenile authorities and the welfare department would intervene in delinquent behavior.

Because of these circumstances and previous disinterest on the part of the institution, special concern was given to feelings and rights of the families. An attempt was made to view the retarded family member as a part of a total family situation; therefore, concern and interest was shown about all the family worries and problems. Generally the families responded in a positive way to the visits and many were impressed by the fact of the social

workers traveling a long distance to see them. The effort involved in making the home visit held much positive meaning to families.

The following cases illustrate the use of outreach or home visits to modify situations or attitudes:

Clarification of basic facts concerning the institutional program frequently brought about more positive feelings between institution and family and gave each a more realistic picture of the other.

Mary M. is a 28 year old mildly retarded girl who was placed in the institution at the age of 18 by her father. He died several years prior to her being placed in the HIP program. According to the step-mother and paternal uncle, the father's death bed wish had been that his daughter never leave the institution. This prominent, upper middle class family had already lived through Mary's two pregnancies out of wedlock and the violent death of her mother at the hands of the father. They felt no more scandal or serious behavior problems could be tolerated. For more than a year the institution and step-mother carried on a polite battle by mail, the step-mother refusing to consent to Mary's working off campus and the institution building for itself a picture of Mrs. M. as the traditional, rejecting, unfeeling step-mother. After M. was transferred to the HIP project, a home visit was made by appointment. The step-mother responded quite positively to the show of interest on the part of the institution. She was gracious and welcoming and she arranged with some difficulty for the paternal uncle to be present. They both had many pertinent questions to ask, not only about Mary, but about mental retardation in general, and the institution. It quickly became obvious that the rather routine letters from the institution had been quite inadequate in explaining careful preparation leading to an off-campus job placement.

The family's questions regarding possible sexual acting out were frankly answered and the family was told that Mary could become pregnant at the institution without even leaving the grounds to go to work. This open acknowledgement of possible problems, together with the careful explanation of Mary's programs and abilities, and liabilities, led to the family giving consent for off-campus job placement. As a result of this visit institutional staff could begin to view the family in a more realistic and positive light and as staff dealt with their own negative

feelings toward the family, they could then help Mary deal with her negative feelings toward the step-mother. Since the institution staff, the step-mother and Mary all began to have more positive feelings toward each other, communication of course improved and Mary and the step-mother for the first time now have an affectionate, more open relationship. Mary is still not ready to move out of the institution, but when mutual distortions on the part of all concerned were clarified, the institution and family could become part of a unified treatment process and work together for Mary's well being.

The case of Diana C. was illustrative of the use of a home visit to reevaluate family resources and to reduce the alienation that had taken place between family and resident. It also reduced the mother's feelings of rejection and disapproval from the institution for her failure as a parent.

Diana was admitted to the Austin State School on October 6, 1965, at the age of 11, at the request of the Bexar County (San Antonio) Juvenile Court. She had been involved in prostitution in the San Antonio area and her mother had the reputation of also being involved in prostitution and was quite limited educationally and emotionally. Living in a little better than an unpainted wooden shack, the family suffered from severe physical and cultural deprivation and lived on welfare payments. There was no consistent father figure in the family. Mrs. C. had opposed Diana's admission to the Austin State School and her hostility was increased when visitation rights to her daughter had been restricted at the request of the Court. Her contacts with Diana were sporadic and tenuous.

In August of 1968 when Diana was recovering from a psychotic episode during pregnancy, the staff decided that Diana could benefit from contact with her mother. Numerous efforts to contact the mother by mail proved to be unsuccessful and therefore it was decided to make a home visit. The first visit to the home was made in the company of a Spanish speaking juvenile court worker. Initially the mother refused to come to the door, and it was necessary to converse with her in Spanish through the children who served as messenger and interpreter. After some 20 minutes of conversation in this manner, Mrs. C. felt sufficiently reassured that all we wanted to do was talk to her, and therefore reluctantly admitted us to the house. We told Mrs. C. about Diana's present situation and condition, and she asked no questions, neither did she show any

interest. The visit was extremely brief. Shortly after this visit, however, Mrs. C. did write to Diana, and much to our surprise, she also contacted the social worker concerning Diana's general welfare. Five months later a second home visit was made. This time we were immediately admitted to the house and Mrs. C. spoke to us in English. She was less hostile and showed some interest in her daughter, asking several pertinent questions. In contrast to her apparent disinterest on the first visit, she showed some concern because Diana had not written as frequently the past two months. She expressed interest in the plans that had been made for Diana's baby, and showed concern that she had not been included in the planning. As a result of the home visit, it was possible to establish some contact between mother and daughter. Contacts were considered valuable in the treatment process, as they relieved some of Diana's feelings of rejection and desertion. The home visits helped Mrs. C. to re-establish communication with the institution and she continues to correspond with both Diana and the caseworker. In addition, she has sent her daughter some money and other personal articles which represent real financial sacrifice on her part as there are a number of children to be supported on a very limited income.

We feel that without the home visit the mother would not have re-established contact with her daughter and with the institution. The benefits of the visits extended to the institutional staff for they for the first time could see the mother in a somewhat more positive light and as perhaps a help rather than a hindrance to the treatment process. Of equal importance is the fact that information received from the visits have helped Diana to know some of the realities of the family situation, rather than having the family only as objects of fantasy.

In the case of Luther E. a home visit enabled the social workers to share with the rest of the HIP staff a vivid picture of the serious pathology that existed in this family. To know that 2 of the 6 children in the family were schizophrenic and that one of them had been hospitalized for nearly 20 years, was quite different than going to the home and seeing the parent's rigidity and over-concern. To have the interview interrupted by one son recently released from the psychiatric hospital who kept banging large potted plants down on the porch because he was angry about the interview, and seeing the family's reaction to this, gave many more clues as to the family's concern about their son, Luther. Prior to coming to the institu-

tion, this man had been arrested in the community on numerous occasions for being drunk and also had married a woman whom his father described as a ''fallen woman''. The family was refusing permission for this man to go to a half-way house in Houston because they felt there was ''more mischief in a large city.'' The focus of the social workers in this interview was to acknowledge what difficult problems the parents had through out the years with their children and to deal with concerns for Luther in a very serious way. Assurances were given that the family did not have to make a final decision at this time, and they were encouraged to talk the situation over with a son and daughter who were functioning quite well in the community. With this concern on the part of the staff during this visit the family was enabled to make further cautious and rather suspicious inquiry into the half-way house programs that existed. After another long and detailed conference which took place at the institution, at the family's initiative, the parents rather grudgingly gave permission for placement in a half-way house although they did stipulate that placement must be in a half-way house in Austin, rather than in Houston. It was felt the initial home visit in which concern was shown for all of the parent's problems was probably the key factor in this family being able to finally tolerate their son's move into more independent and responsible behavior.

Home visits frequently reveal the family's expectations of certain behavior on the part of the resident. It occasionally gave some indication that perhaps the disturbed behavior of the resident was learned behavior.

This was true in the case of Lupe G. who has spent approximately 20 years in one or another State institution for the retarded. At times she had what appeared to be a psychotic episode and she would become violently angry, would throw things and threaten staff and residents. In the first home visit made to the mother in at least 5 or 6 years, she described Lupe's father's behavior quite vividly. He would have violent temper tantrums, threaten to kill himself and in general, frighten everyone in the family. The mother's expectations were quite obviously that Lupe would be like her father and would be somewhat ''queer in the head.'' This information gave the staff some new insights and led to consideration of new ways of working with this disturbed young woman. This is not to say that Lupe no longer has disturbed episodes, but there is a better understanding of some of the things which have led to her present adjustment.

It cannot be said that all home visits were successful in accomplishing their purpose or in building a meaningful relationship and communication between the institution and the family. Frequently both the staff of the institution and the family have continued to view each other in a negative and hostile way. The staff still frequently feels that the family must consent without undue delay to whatever the institution proposes for a particular resident; that if they do not care to do this, then they should remove the resident from the institution. The family on the other hand often continues to be fearful about the resident being in the community and creating difficulties. The family is afraid if re-admission is necessary, it would perhaps take some months and years such as was necessary to accomplish institutionalization in the first place.

If visits to families are shared freely with institutional staff and if the social worker can view himself as an intermediary, helping institution and family to understand the position of the other. then a freer flow of communication can result so that a mutuality of interest can be established that will be for the benefit of the resident.

PART VIII

Social Work Graduate Training In The HIP Project

—Ralph M. Scheer, ACSW
Social Work Specialist

I. Introduction:

Prior to the mid-fifties there existed few close bonds between mental retardation and social work graduate education. The reasons for this gulf were many. First, most services for the retarded were centered in large state supported institutions which were custodial in philosophy and practice. These institutions were set up based upon the medical rather than the psychiatric model with the role of social workers being rigidly or poorly defined. Secondly, there then existed prevalent beliefs that service to the retarded was a ''futile endeavor'' wherein little satisfactions could be derived from becoming professionally involved. Educators in schools of social work were frequently in agreement with many of these prejudices regarding the retardate. Consequently, social work education offered little, if any, attention to a cognizance of the social work challenges existing in providing services to retardates and their families. Usually the only classroom exposure to the problem of mental retardation offered students was thumb sketched in a single case study record. (The Rose Stein case). Although social work students and professionals frequently came into contact with retardation in meeting their responsibilities in many settings such as public welfare, school social work, neighborhood work and family counseling, they devoted little energies per se to the study of mental retardation as a family and/or social problem.

During the mid-fifties a social awakening regarding the retarded occurred. In the 1930's parents demanding a variety of educational, vocational and recreational services for their retarded children formed local chapters of Associations of Retarded Children. These began to spring up as a grass roots movement and eventually led to the creation of the National Association of Retarded Children. This organization by 1950 had over 60,000 members; both parents and professionals. By 1954 there were over 600 chapters in the country. Gradually, as institutions were responsive to parent demands to up-grade services social service departments became an established and valued part of institutional services. The creation of these social service departments as professional services staffed with trained social workers made possible the placement of graduate students. Prior to this time it had been virtually impossible to find qualified social work supervisors in these institutions. Previously the milieu within these institutions were not conducive to the standards required for social work education.

The 1950's witnessed a social propulsion toward a recognition of the mentally retarded as a group which needed and deserved to be served by the social work profession. Social work educators began to develop work shops, institutes and seminars to put this needed recognition into practice. In 1959 an institute entitled, ''Mental Retardation Content in the Social Work Curriculum'' was presented at the University of Utah Graduate School of Social Work. This pioneer institute addressed itself to three questions: (1) How best to apply basic social work principles to the problem of mental retardation, (2) What content regarding mental retardation should be emphasized and how should it be incorporated into the basic class and field curriculum of the school and, (3) What are the most effective methods of teaching students in the field and classroom positive attitudes and sound philosophy in this area?

As the 1950's can be labeled a period of parent interest in the mental retardation, the 1960's can be labeled a period of governmental involvement. During the presidency of John Kennedy, the federal government recognized the urgency of the need to become actively involved in planning, training staff, conducting research and up-grading services to the retarded. The President's Panel on Mental Retardation of 1961–62 made public, ''A Proposed Program for National Action to Combat Mental Retardation.'' This monumental work delineated through the reports of a number of task forces many of the existing gaps in services and recommended a comprehensive plan of action. From the work of this panel came the establishment of such governmental groups as the President's Committee on Mental Retardation, The Secretaries Committee on Mental Retardation, and the Mental Retardation Division of the Social and Rehabilitation Service. As Washington provided the lead each state and local governmental structure followed suit.

As money for traineeships became available in a variety of disciplines social work scholarships in retardation became numerous.

In the 1950's there existed a small handful of social work graduate students being placed in mental retardation settings. By the late 1960's almost every school of social work had graduate students affiliated with MR services in either a casework, group work or generic sequence. In 1962 the University of Texas, School of Social Work, began to use the Austin State School as a field placement.

In 1966, report by the American Association of Mental Deficiency, Committee of Social Work Education, discloses the following findings:

1. 336 full-time students, or 5.6% of the total enrollment of schools of social work is placed in mental retardation programs.

2. Of 55 schools responding, only 16 had no students placed in mental retardation, and of these 16—10 were developing programs for 1966—67.

3. Of the 57 student field units, 30 were in residential institutions.

4. Of the 57 units currently operating (as of spring, 1966) 42 were developed since 1962.

Thus, it is quite obvious that in the last 5 years there has been a tremendous upsurge of interest by the schools of social work in the care and treatment of the mentally retarded. This has in large been spear-headed by the many federal grants which have flowed in this direction. This can be clearly seen in the funding sources for the 57 student placements. Thirty-eight of the field placements have been funded by Federal agencies, while only 14 have been funded by the participating agency and only a scant 4 placements have been founded by the schools of social work.

II. Placement of Students within the HIP Project

Dr. Philip Roos, former superintendent of the Austin State School, in outlining the HIP grant proposal suggested, ''Professionals in training such as graduate students in psychology and social work would also be assigned to the project on a rotating and/or part time basis.'' Thus it naturally followed that as soon as the grant became operational that overtures were made regarding the feasibility of offering the HIP grant as a training program for social work education.

Initially, The University of Texas was contacted since their physical proximity made that school the logical choice. However, due to several factors — (1) the already established existence of a student unit with a full time field instructor at the Austin State School; (2) the primary commitment to casewo.' services of the School of Social Work tended to create a reluctance to develop a placement where a heavy focus would be centered on group services. Thus,

it became apparent that although The University of Texas was interested in cueing into the HIP project in a collateral and consultive relationship, nevertheless, the assigning of graduate students to the HIP project for the field assignment seemed unfeasible.

The Worden School of Social Service at Our Lady of the Lake College in San Antonio, which had a long history of interest in group services, was approached regarding their interest in utilizing the HIP grant as a MR training placement. Preliminary conferences were conducted during 1966 both at the Austin State School and at Our Lady of the Lake College in preparation for beginning of placement of students. On January 3, 1967, the first two students were assigned to the HIP grant with Mr. Ralph M. Scheer as field instructor.

Many schools of social work have been able to hire full time facility personnel to serve as unit field instructor. These university employed facility persons are placed in the agency to supervise graduate students and yet by the administrative structure are responsible for bridging the gap that exists between classroom and field instruction. However, many schools of social work still rely heavily upon the agency ''practitioner-supervisor.'' An agency supervisor must serve in a dual capacity; the needs of the agency and also those of students. This additional supervisory responsibility usually results in longer work hours, additional work responsibilities and rarely any additional salary. Why then do many professionals relish the opportunity? Many factors are involved — professional growth and status, intellectual stimulation, and the opportunity of having students who force the professional to take time away from day to day routine practice and to take a fresh perspective as to where he has been, where he is, and where he is going. Nothing can sharpen a professionals motivation for practice competence than being forced to serve as a role model for students.

III. Value of an MR Student Placement

When a student is placed at the Austin State School he is immediately challenged in his learning on three different fronts. First, he must learn social work; social work which is applicable to variety of settings: public welfare, neighborhood centers, housing projects, wherever social problems exist. Secondly, much of what the student needs to learn is

basic to an understanding of mental retardation as a personal, family and social community problem. Thirdly. the Austin State School being an institution has a social dynamic environmental force. In order for the student to be able to gain proficiency in professional practice. all three areas must be covered simultaneously and incorporated in an education network predicated upon knowledge skills and values.

Certainly, much of what is generic to successful social work practice is also incorporated into placement in a residential program for the retarded. Interviewing, intake, counseling, development of resources, group work are all vital parts of an MR placement. However, it would appear that an MR student placement in addition offers something unique. Few other settings offer the student the opportunity to test out quite as sharply basic concepts of social work. How does the social work student deal with the concept of self-determination in settings wherein self-determination is unknown in dealing with residents? How does the student demonstrate respect for the rights of the individual when conformity is the rule. (It is not the author's intent to chastize the institution. but rather merely to point out that often this social system is entirely in contrast to principles being taught as basic social work ideology.) No other group in society has been devalued to the extent that befalls the retardate. Once again the student is faced with the necessity to put to the test his feelings about people. Does the social work principle of respect for the dignity of each human being apply in equal measure to those still referred to as sub-normal? The placement of the student at the Austin State School hopefully allows the graduate student not only the opportunity to develop his competence as a technician, but far more important, the placement has created a stimulating milieu wherein he was required to focus his attention inward toward himself as a social thinker.

IV. Educational Objectives and Goals

A recent study (Begab 1968) ''The effect of Differences in Curricula and Experiences on Social Work Student Attitudes and Knowledge about Mental Retardation'' has indicated that only 4% of the students interviewed listed services to the mentally retarded as their first preference as a client group. Most students without previous exposure to the mentally retarded demonstrated unfavorable attidues toward this group. In keeping with the recognition that few social work students initially seek

out a field placement in MR voluntarily the following global objectives for the student program were outlined:

1. A developing appreciation for the mentally retarded as a social problem group deserving of social services.

2. An ability to appreciate the necessity of utilizing a problem solving approach to practice and in keeping with this recognition the development of professional skills and knowledge in a variety of social work methods, including casework, group services, and community development.

3. The ability to work profitably in a multidisciplined setting with a recognition for the contribution of each profession. Through concrete learning experiences to cue into the knowledge base of a variety of these approaches, i.e., behavior modification, etc.

4. The student was expected to demonstrate an awareness of the institutional milieu and to thereby assess the influence of that milieu in the rehabilitation process. The student was also expected to learn how to function as an environmental engineer in helping to bring about positive milieu changes where needed.

5. The student was encouraged to intellectually develop through written material while in placement since frequently material read in relation to concrete practice tends to be most meaningful.

6. The placement, it was hoped, would help the student have an opportunity to explore his own personal and professional philosophy and goals so as to lead to clearer self definition of both their expectations of social work practice and their contribution to social work practice.

7. Although not emphasized to the extent necessary it was intended that the field placement should help the student to learn professional responsibilities toward writing, record keeping, reporting and research as professional obligations which are service based and inter-related.

Because of the past stereotype social service to the retarded as a ''dead-end'' setting with very little personal or professional glamour, the field instructor attempted to demonstrate through field

practice experiences that social services to the mentally retarded indeed offered an enriching challenging educational experience.

The goals for the placement were essentially:

1. To prepare the students for entry into the social work profession with the necessary qualifications to practice in a variety of settings.

2. To provide the students with an exposure to mental retardation which would allow the student to feel adequately prepared to offer service to the retarded or their families even though in the future they might not be affiliated with an agency whose specific concern was MR services.

3. To encourage students to investigate the setting of MR as an area of specialization. Thus, to move into professional practice within this setting.

V. Students Characteristics

Between September, 1967 and January, 1970, 4 field placement semesters transpired. Each of the semesters the students were placed at the Austin State School for a period of 16 weeks. They were responsible for working a 40 hour week, or approximately 650 work hours per student per semester. In all, 7 social work students were affiliated with the grant. Two students were in placement in 1967, 1 student in 1968, 2 students in the spring of 1969, and 2 students in the fall of 1969.

Of the 7 students served, 2 were first year students and 5 were second year students. Six of the 7 students were women. Three of these students were nuns. Two of the students had previous full-time paid social work experience and another 3 had gone into graduate school with prior teaching experience. Only 1 of the students had in the past worked directly with the mentally retarded or their families.

VI. Student Orientation

Since work with the mentally retarded is a new experience for most students initial exposure tends to be of paramount importance. Usually a student views a MR placement with considerable anxiety and feels that he has little commoninity with his clients to be. Louis Dexter in his book, "The Tyranny of Schooling: An Inquiry Into the Problems of Stupid-

ity" addresses himself to the strong biases which exist particularly in the educationally oriented culture regarding stupidity. Therefore, the field instructor must first break down negative bias which may have been nurtured from infancy. In addition to the problem involved in placement relating to the retarded themselves the student must also face the additional and sometimes even more difficult task of cueing into an institutional milieu. The largeness, the impersonableness is often over-powering. Thus, complicating the normal anxieties facing any social work student in placement, the students placed at the Austin State School faced several anxieties unique to the setting itself. However, much can be done to counter-balance these anxieties and to help the student feel more at ease. The usual orientation approach itself, introductions, record reading, and case study can be greatly modified and improved. For new students to quickly come face to face in a relaxed social encounter with a "real live retardate" does much to remove the anxiety. The field instructor going with the students to the Canteen and letting them take part in a "bull session" between the instructor and one of his retarded clients can help get things off on the right foot. Since students invariably come directly from a classroom setting and are book focused, some light reading such as Pearl Buck's, The Child Who Never Grew, or Carvel Lee's, Tender Tyrant, might prove of value in helping the student make the transition. Above all, the field instructor must not lose sight of the initial shock usually involved when a person for the first time attempts to enter a state school setting.

VI. Direct Services

A. Group Services: Due to the past experiences and training of the field instructor, group services undoubtedly played a predominant part in the total field instruction experience. Over the 4 semesters, students worked with 19 different groups of residents. In all, 163 residents were served in groups. As should be the case, groups were not formed merely from within the HIP project, but rather residents from 10 different cottages were involved in these group experiences. Although by their very nature, each of these groups were socialization groups in focus (as this is the primary function of residential placement) each group's specific approach was individualized according to such factors as age, rehabilitative programs in which the resident was involved, and immediate programming goals. Each group was formed based not upon agency need but rather first priority

was allocated to the educational needs of the students; thus a divergency in age, functioning level and sex was sought in assigning groups. Each student had either 2 or 3 group assignments. These groups met either weekly or twice weekly predicated upon that group's particular needs. The student took direct responsibility of selecting at least one of the groups for which they were to take responsibility. Each student was responsible for program planning, direct work with the group, counseling with individual group members when needed, communicating their services to the resident's home dormitory, and evaluating group progress through both verbal conferences with the instructor and record keeping. All groups to a varying extent made use not only of verbal content, but of concrete program experiences. With the institutionalized retarded it was considered particularly important to allow the group members an arena in which to test out social reality through concrete program activities and to thus use group sessions to deal with feelings around these program experiences. A trip to a department store, for example, resulted in several sessions devoted to what people think of the retarded, and also the teen-age group members animosity regarding institutional staff members lack of trust.

B. Case Work: Naturally, each student, in addition to group assignments, also carries a number of cases for which he was responsible. Each student was assigned between 3 and 5 cases. In all, 31 residents were seen in casework situations. Cases were again often selected by the student themselves with the agreement of the field instructor and predicated upon their learning value. The very nature of the casework relationship created problems in assigning a student caseworker for a short 16 week period that usually did not exist in a group work relationship. The field instructor attempted to select cases that would offer learning value for the student. (All too often in state schools cases are selected as "solely supportive." Frequently these cases do not offer the student an opportunity for successful conclusion and therefore they may prove frustrating to the student and the resident as well.) To avoid this pit-fall, cases were selected during strategic developments for the client. Loss of employment in the community, preparation for community employment, a pending transfer between buildings, preparation for a half-way house placement, a family crisis, all tended to be crucial times for casework intervention. Probably the most dramatic instance was a case assigned of a psuedo-retarded young man which

eventually led to his acceptance into the Army. In the provision of casework services the student was expected to work not only directly with the resident clients but whenever feasible to intricately involve their families. This was often not possible to the **degree** desired, by either the student or the instructor, due to the geographical distance from Austin of many families. The social work student was expected in all direct services to view his service not as an isolated programming endeavor but instead to dovetail his energies into the total Austin State School staff rehabilitation effort. In this way the student was able to form a meaningful understanding of the function of various discipline contributing to the rehabilitation process. Likewise, the student was expected to interpret his direct services as well as social work concepts to both sub-professionals and professionals.

C. Supervision of Staff: During the last 2 placements the students were offered an opportunity to work in a supervisory-consultant capacity with attendant staff. It was hoped that this experience would not only provide the social work student an opportunity for learning to supervise (a function which many social workers find themselves immediately assigned to after graduation) but that this experience would also help the student to more fully appreciate the effect of the residential cottage milieu upon the resident; likewise, the problems inherent in molding this milieu along therapeutic lines.

D. Cottage Involvement: In an institution many times there exists a gulf between the world of the professional and that of the attendant in the cottage (Polsky 1964). Professional services are often undermined by the attendant (and vice versa) because of a lack of recognition of each others contribution. The field instructor feels that the most successful way to counteract this destruction to the rehabilitation effort is by the professional physically involving himself into cottage programming. Each student therefore was expected to devote 5 hours per week to cottage involvement. This included such things as helping plan or chaperone a cottage dance, taking residents shopping, or crucial activities such as having "bull sessions" with the attendant staff. The students success in these cottage related activities could in large measure determine his success in casework or group work services.

VII. Other Activities:

A. Program Exposure: As was implied earlier an institutional placement can and should be an enriching experience. In large measure this is predicated upon the interest, creativity and motivation of the student and should be encouraged and promoted by the field instructor. At the Austin State School students were offered the opportunity and expected to take advantage of many diversified learning opportunities. The students engaged in training sessions with members of various disciplines and a variety of specialized grants. They were exposed to, among others, vocational rehabilitation, psychological services, a foster grandparents grant, adult education, a physical education grant and social service functions.

B. Community Field Trips: The students were likewise not expected to limit their exposure to the institution. Since the purpose of placement was to train social workers and not MR specialists, the students were expected to avail themselves of community learning opportunities. Each week the student selected a community program for a field trip. They visited, among others, such places as a special treatment unit at the Austin State Hospital, a senior citizens activity center, a behavior modification program for children with learning disorders, a residential school for the emotionally disturbed, an agency for unwed mothers, and a residential year round camping program for delinquents.

Students also were encouraged to develop their professional identity through attending sessions of the local chapter of the National Association of Social Workers and the Texas Social Welfare Association.

C. Committee Meetings: An important part of and placement is the learning which takes place by students being accepted as an integral sharing member of the host staff. The HIP staff attempted in varying degrees to offer the students this type of acceptance. The HIP staff was composed of persons representing various disciplines. This had the effect of creating less of an investment in the teaching of social work students than is usually the case when the host agency is a social work agency with all professional social workers who themselves have experienced field placement. Nevertheless, students did participate in staff meetings, committee meetings, and the internal problems and affairs of the grant staff.

VIII. Supervision:

A field placement offers 2 basic values. First, the setting and the experiences which are inherent in the milieu. Secondly, the skill and interest of the field instructor as manifests itself in the supervisory relationship. In most instances (with all due immodesty) it is believed that a productive teaching relationship with the students was developed. This relationship helped the students to take advantage of the learning opportunities which existed in the placement. Various formal and informal devices were used to bring the effective use of supervision into being. In addition to formal individual and group supervisory conferences, the field instructor attempted to make himself available at all times for informal drop-in "bull sessions."

Such activities as inviting the student over to the supervisor's home for dinner and going out to lunch together tended to humanize the relationship. It is firmly believed that the supervisor will himself set the stage regarding how the student perceives working at the State School. The supervisor must attempt to be enthusiastic and be able to communicate to the students both the challenges and the frustrations of the job.

IX. Conclusions:

The institution during the last 4 semesters has offered 7 graduate students an opportunity to enrich their professional education. Basically, the institution has been positive and appreciative of the efforts made by the students. Five of the 7 students have completed their education and are now employed as professional social workers. The other 2 will complete their education in June. The 5 students who have graduated are employed in a variety of agencies, one works with drug addicts, one directs a children's home, another works as a supervisor at another children's home, one is doing missionary work in the Islands, and the last is a supervisor at a Association of Retarded Children.

A. Recommendations:

Serving in the capacity of field instructor during the past several years, it would seem that many of the staff and administration have not recognized the potential that graduate student training has to the

Austin State School. In speaking with students in both units it would seem that much "nit-picking" still occurs needlessly. Students often fall in a never-never land between volunteers and professional staff where no role guidelines exist. Hopefully as students continue to be placed at the Austin State School the administration will gain a greater appreciation of their contribution, not only regarding direct services during placement, but equally as important for their value in public relations for the retarded and for the Austin State School in the years ahead. Considering that The University of Texas is the largest university in the south, it would appear that opportunities for student placements in many disciplines have been completely neglected. Speech and Audiology, Sociology, Special Education, Social Work, Psychology, Vocational Rehabilitation, Undergraduate Education, Public Welfare Administration, Nursing seem to all be fertile ground for the development of extended educational experiences in internships or field placements. Possibly a student trainee grant could be submitted to create a position to work in this crucial area.