

Education Programs

Housed at Willowbrook are 20% of all the institutionalized retardates in the State of New York.

Housed at Willowbrook are 2% of all the institutionalized retardates in the United States.

The statistics compiled by the state for 1963 to 1971 record a rise in profoundly retarded from 27.2% to 40.7%, with a drop in the mildly retarded and borderline from 19.6% to 7.6%.

The major criticism of programs at all State institutions usually is based on accusations of "tokenism." That is, they are often accused of operating solely pilot or experimental projects with no regard for institution-wide programs. Imported help and special grant monies are often used rather than training in-service help and the experimental nature of the projects often leads to very restricted patient volume . . . and very restricted goals.

In the same issue of the American Institute for Mental Studies Bulletin that Willowbrook Drs. Sternlicht, Siegel and Deutsch submitted an article on one of the school's motivation programs, Ernest Maddock, Ed.D. (Chief of Educational Services, Training School Unit, of AIMS) claimed:

"Studies on administration of educational programs for the mentally retarded are so few as to impose strict limitations on the development of a basic special training program format."

Speaking on the President's Report on Retardation, he concludes: "Certainly the report should convince even the most practical minded whose primary concern is economics that the dimensions of contemporary training programs for institutionalized retardates are too often mere token services for second class citizens."

Maddock also summarizes a report by Younie of Columbia University done in 1964. Younie has pointed out that, although many institutions use the word "school" in their official titles and support the philosophy that education is of value to the retarded, none of the participating facilities were responsible to a "State Department of Education." In conclusion:

"Men with backgrounds in education have little or no control over final policy making. In the institutional setting, instructional and training services are the responsibility of the departments of Recreational Therapy, Occupational Therapy, and Industrial Therapy rather than a single Department of Education."

In a 1970 series of articles in the Register, a former assistant teacher in one of Willowbrook's "model" programs described the inadequacies of teaching in an education program controlled by medical personnel:

Case 1: "A teacher asks why she has to teach transportation to children who can't understand. She thinks there might be a better way to educate retarded children. She is told the "experts" who understand the children's needs, have devised the program.

Case 2: "When Joanie, who had not benefited from physical therapy, learned to walk in the classroom, her teacher was ecstatic. He thought his supervisor would be overjoyed. His answer was, "Mr. S., that's highly unorthodox. Have you checked with the building superintendent?" It's frustrating that the children are slow. But that the administration refuses to acknowledge progress is unbearable."

A "Title I" grant of \$530,353 supports the additional needs of the educational department. The "Title I" program is run year round and supported by a staff of 51 persons who are in addition to the budgeted staff. With this added income the school now has a library and an audiovisual department.

The "Title I" Budget	Staffing Pattern
Total Cost—\$530,353	1 Psychologists
Salaries—\$355,000	1 Educational Supervisor
Fringe benefits—\$103 *rated at 29.2%	2 Teacher I
School Library—\$1,367	1 Electrical Equipment Rep
Audio-Visual—\$4,901	1 Senior Account Clerk
Other teacher supplies—\$8,498	3 Motor Vehicle Drivers
Pupil transportation—\$23,410	1 Assistant Clerk
Equipment—\$17,642	1 Senior Stenographer
Teachers—\$8,293	40 Teacher Assistants

The State spends \$1,341,000 for home-care at a monthly rate of \$150 a patient per month. Willowbrook now has 96 in the program. The inability to get more persons placed is laid at the low number of social workers at the school. There are 9 for the 5,268 residents.

It is the social workers responsibility to evaluate and recommend residents; evaluate and recommend family homes.

The institution is to provide clothing and medical service. A social worker states that the question of clothing is a sore point at the school because of the cost of clothes. The state guidelines provide each resident in home-care with clothing in accord with what any normal person that age would wear.

The state allows \$35 a year to be spent for each resident on

clothing. Originally the clothing allocation was \$52, but it suffered with the other budget items.

Social workers report that they may end up with a request for \$100 to clothe a resident in home-care. The business office after some pleading for restraint gives in to the request.

Ernest Palsic complains that, "we know when we give that much to one we are taking from another - what are we to do?"

Willowbrook's budget ending March 1972 is for \$24,381,439. After computing the itemized budget for Personal Care and Maintenance they total \$4,207,566. The remaining \$20,173,933 is presumably for personnel.

WILLOWBROOK PROGRAMS

Mental retardates who are placed in institutions as a rule will receive only custodial care and a minimal of the therapy necessary to change them from non-existence to existence. Why then do people turn to the government sponsored institution? Government has the resources, the administrative organization, and the technical staff to provide for basic services in the areas of prevention, diagnosis, treatment, education, rehabilitation, care and management.

Willowbrook, faced with an enormous resident population and a small staff, has to design programs around those factors. Before we describe the program now being used we must first understand the character of the retardate.

Mental Retardates are placed into four classifications:
 Profound with an IQ below 20 —population at WSS 2181
 Severe with and IQ of 20-35 —population at WSS 1876
 Moderate with an IQ of 36-52 —population at WSS 774
 Mild and Borderline with IQ of 36-52 and 53-68 —population at WSS 1099

The profoundly retarded have considerable nervous system impairment, and organic pathology. They are marked by blindness, epilepsy, and gross physical handicaps. . .incapable of some training and education.

The severely retarded have some of the same characteristics as profound, yet to a lesser degree. They do respond to training in self-help and will function under highly supervised workshops.

The mildly retarded have fewer handicaps and only those with organic brain damage will show objectionable behavior. They develop self-help skills and social awareness. The third grade has been recorded as their average school level. Frequent supervision is needed in personal, social and economic problems.

The moderately retarded are the largest on a national scale and at

WSS account for 1178 of the resident population. For them there is no demonstrable pathology of the brain.

Willowbrook operates without program designs from the department of Mental Hygiene. Dr. Manny Sternlicht, PhD., and acting assistant director, also chief of habilitation services, explains in an article for The Training School Bulletin, August 1971 the value of the programs for patient and attendant.

"The potential values of the program for the mentally retarded are twofold: first, the retardate would benefit from being able to relate in a useful and meaningful way to his human and nonhuman environmental surroundings (in terms of adjusting more effectively to institutional living, being eligible for community placement and more amenable to psychotherapy.) "The attendant's understanding of his charges would increase greatly, with a significant boost in his general morale."

After an evaluation of a program within 3 months, Dr. Sternlicht concludes: "Most effective was the social alertness and response to environmental surroundings. The attitudes of the motivator-attendants during this period of time were exceedingly positive. It is difficult to ascertain, however, the degree of reliability of these motivator's reports, owing to their ego involvement in the program, which may very well have created a positive 'halo' effect in their verbal reporting."

To establish where patients can best be served the therapy programs are divided into two large areas, the educable, the trainable. The educable are sent to a school housed on the teachers grounds until they are 21. When asked why residents over 21 are not in school Dr. Steinlicht replied, "the State requires that persons under 21 be sent to school."

Trainable residents are placed in the Occupational Therapy classes within the building they live. Here they are taught to develop their motor skills and to build co-ordination. The moderate to borderline resident may often be placed under the supervision of a department within the institution (i.e. maintenance, kitchen) to develop their social abilities; to learn to accept authority, and to develop a sense of responsibility.

All departments are officially considered a part of the "motivation" and "habilitation" program. These departments are: Psychology, Social Service, Education, Physical Therapy, Occupational Therapy, Recreational Therapy and Ward Service.