

# 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.

# Education Programs

continued

## TRAINING ADULTS FOR COMMUNITY LIVING\* T.A.C.L.

A program written by Dr. Manny Sternlicht, Ph.D acting assistant director. The TACL program is an effort in student government. Males are separated from females in the adolescent age groupings. The program reaches 42 males and 34 females.

Skills are taught to the young adults (i.e. typing and home economics in conjunction with training requirements of the Office of Vocational Rehabilitation in Manhattan). To date 24 trainees completed the training and only three were placed in jobs. In addition 13 males are working in Willowbrook kitchens at a Grade 4, budget level with a starting salary of \$5,462.

A governing council was set up for the boys totaling 4 members one each from the four living groups totaling 40 males. Beginning in 1969, 2 Social Workers and 2 Psychologists were assigned to counsel and evaluate their progress. Every Tuesday night the groups would meet to discuss rules of living and discipline for infractions. The resident committee, under the direction of an attendant, would be allowed to make decisions on members who had violated any rules.

The female TACL group has ratings known as levels of achievement. These levels of achievement are balanced by a system known as "corresponding privileges." Girls are counseled on dating and if they are found off the grounds without escort they are referred to the TACL committee for disciplinary action. The first level works within the building at learning simple home skills. Girls in this group are not allowed to date or go off the grounds alone. The counselling sessions are directed toward a level of intimate dialogue.

Each TACL group is allowed to arrange their living quarters as they see fit. The indicated purpose is to allow the student to relate to the human and inhuman elements of his or her surroundings.

A committee oversees the male and female TACL groups. Dr. Sternlicht and Dr. Lou Siegel, acting head Psychologists, head a staff group from the different departments responsible for directing the program.

In addition to the Doctors there are: teachers, vocational trainers, social workers, psychologists, attendants and chaplains.

### MOBILIZATION OF ABILITIES AND POTENTIALS:

(Editor's Note: From an article in the Mental Hygiene News, August 3, 1971.)

"Conceived by Dr. Manny Sternlicht, Chief Administrator of Habilitation Services, the MAP program uses positive reinforcement techniques in an attempt to enhance the social development, psychological functioning and educational attainment of a group of boys who presented discipline and management problems."

"The boys are given special attention, including extra recreation hours in the gym, art projects, and trips. They earn extra spending money by organizing car washes." In addition, weekly evening meetings with social worker John Quinn, assistant and chairman of the MAP committee, give the boys a chance to discuss their common and individual problems.

Approximately 40 adolescents are under the supervision of 2 counselors, 1 recreation director, 1 psychiatrist, 1 social worker, 5 ward personnel and 1 educational director in the program.

It is maintained by some staff and residents that the programs are a tool for the administration to discipline and control anyone whom they feel opposes them.

In an interview held with three past participants in the MAP and TACL programs they claimed that they "went through a lot of Hell."

### Did you ever get together and report what was going on to the administration?

"Here, if a patient goes to building 1 they wouldn't do nothing about it. They would probably call the supervisor of the building and you would be locked up or put into the closet...stored away."

On Nov. 15th. an employee speaking to parents demonstrating made this statement: "Rebellious or individualistic patients are punished by isolation."

Dr. Sternlicht emphasizes that the TACL and MAP programs are geared to direct the participant through counseling and therapy. The Social Workers are closely involved with both programs and share with the attendant an important position if programs are to be successful. A Social Worker reveals that one girl in building 32, where the female TACL program operates, had been so heavily sedated by the doctor of that building, that she kept falling asleep while working. The building doctor, she adds, "has the last say and the ultimate power. Without the support of the doctor the programs will never work. In most cases the doctors view their position as one of power and do not wish to give any of it up."

When asked about their relationship to the Social Workers, the former TACL members answered:

Yes we have Social Workers. Well, if I was just to sit there they would let me sit there. But if I was to say, "I want to get out, they would deal into that more proficiently."

### What did you do when you decided that you wanted to leave?

As the years went by and I got tired of just staying here I talked up and I told them, "If they weren't going to do anything I would leave on my own." They said, "Look we are going to try to help." Then they started jiving around, but I came down hard and serious and they got me out. They weren't doing anything before that.

### When you say they were not doing anything what did you think that they should be doing?

They should be looking into my case, to see if I'm well or what. But they saw that I was well and capable of doing what any person on the outside could do and they should have dealt with that. They took their precious time.

The IUA has started a tutorial program with 17 of the boys, some of which are still at Willowbrook. The IUA and the S.I. Urban League office have raised money for teachers to bring the boys up to a level enabling them to get better jobs and to score higher grades on their tests for diplomas.

A social worker involved with the MAP program believes that the IUA has boycotted the program within the institution. He did not, however, say that he felt that this was so. There are 5 attendants assigned to work closely with the program. The boys talk about the attendants.

### Were you treated as a juvenile or as a patient?

Well, it was half and half. One day the attendants would treat you as a juvenile, and the next as a patient. You know, the attendants have funny ways. They had their own mind when they came in.

Building 5 is classified as a bright building. This classification is based on the IQ rating of above 50. The boys in question are classified as delinquents because they come from broken families and are placed in the institution by the courts. They do not necessarily belong in a building with retardates. However, at Willowbrook they are.

### Will you tell us what is going on with the patients in Building 5?

They are going through the same situation that we went through when we were small. Some attendants are fair with them but most of them see that they (residents) can't make it so they tell them, "ain't no sense in you trying. Why don't you stay here. Outside isn't for you." The brothers keep that in mind and that holds them back. They want to be taught so that when they get out they know how to deal with the problem. But nobody teaches them.

"Honor cards," which allow the recipient to go anywhere on the grounds at Willowbrook without supervision for two hours in the morning and afternoon and four hours on Saturday, are given to those boys whose behavior is rated satisfactory by the MAP committee.

The MAP committee functions as does the TACL committee. Staff personnel work and counsel the group members in their collective and individual problems. The MAP committee consists of recreation director, counselors, psychologists, social worker, ward personnel and educational director.

## YOUTH OPPORTUNITIES

Statewide program sponsored by a \$1 1/2 million grant from the state, and supported by an additional \$400,000 from the Dept. of Labor. The department of Mental Hygiene has attempted to attract more people into state service and to help people of "low motivation" stay in school.

Under the direction of A. Fontaino and D. Setaro, 37 trainees are now enrolled at Willowbrook. They receive \$1.85 an hour for 20 hours a week. Students work in all areas of the school, with the hope that they will become interested in a career in mental hygiene.

Students are recommended from the community by homes, police and other counseling agencies. The program is in danger of being stopped due to budget cuts. To date there is an interest in keeping it alive because of the positive response from the students.

The Willowbrook census figures show that there are 2149 patients over 21. Willowbrook follows the law and removes anyone over 21 from school. In Building 7 there are 280 males who are ambulatory and classified from profound to severe. Only ten are in school, leaving the remaining 270 without a formal education program. 62 are attending the Occupational Therapy class in the building. The remaining residents participate in the S.C.A.D. program (stimulation, coordination, and development) under the direction of John LeFevre, psychiatric supervising attendant, and the ward service staff.

The program, begun in March 1971, is not supported by any additional funds and is operated by the staff allocated to the building.

It is broken into three areas: grooming, rhythm and song, exercising and games. The age range in one of the wards is 20 to 30 and most of them are toilet trained, self feeders and dress themselves. The program diagram states that they lacked motivation with which to improve their living habits and social development.

Through SCAD the men are able to learn to share and to participate with each other. One of the problems holding back the SCAD program is that attendants have to do all the cleaning and storing of laundry. This has seriously hampered their efforts, according to the information pamphlet on the program.

# Education Programs

continued

Three programs have been written by WSS professional staff: HIP, TACL and MAP. The HIP program was written by M. Sternlicht, Ph.D., J. Hammond, M.D., Martin Deutsch, M.A., M. Jacobs, M.D., A. Frey, M.S., L. Siegel, M.A., and B. Tesse, M.D. A \$100,000 a year Mental Health Hospital Improvement Grant, made available by the U.S. Public Health Service, supports the HIP program and is evaluated every three years for refunding. This program has been at Willowbrook since 1966 and involves 450 residents.

## H.I.P.

A program designed for stimulation for maximum potential of residents within the toddler age range (6-12).

"Exploratory effort to habilitate a group of severely retarded, extremely unmanageable and highly dependent toddlers" (in terms of mental development).

This program was started in 1966 as a trial effort using a group of 50 residents, severely retarded, with IQs 20 to 49. "These toddlers were essentially unable to care for their daily personal needs, such as feeding, dressing and toileting, and they were so overactive, disturbed, and destructive as to be unable to participate in any kinds of meaningful socially active group interactions."

"These children were selected because they are the types of residents who usually are excluded from participation from most institutional programs."

The program is funded by a federal grant amounting to \$100,000 yearly and is evaluated at the end of three years. The program is staffed by a total of 18 persons, who are hired as civil service workers but not carried on the Willowbrook budget staff sheet. The staff positions are: Supervising Nurse, Staff Nurses, Stenographer, Medical Personnel, Psychiatric and Psychological assistance, Attendants, part-time Pediatric and Dining Room Attendant.

Dr. Manny Sternlicht, in his evaluation of the program states: "But the retarded child's disadvantage is compounded by a number of unfortunate realities of life in an institution. Where the twin problems of overcrowding and understaffing combine to create a seemingly inescapable atmosphere of depersonalization, understimulation, and general emotional impoverishment. An ironic situation thus evolves in which those who need nurturance, stimulation and psychological enrichment the most receive it the least."

However, a social worker and a dining room attendant both familiar with the program give another viewpoint:

"The children selected for this model program are not the profound cases as stated, but are children who are of a higher grade and easier to work with. This enables the evaluations to look good when refunding time comes around."

"Building 77, that building is just as nasty as any other building. There is s— from the door to the back wall."

In the Register article of April 1970, the former assistant teacher talks of her experience in Infant Therapy - which, in theory is a separate unit. However, people familiar with Willowbrook firmly state that there is no difference in practice. Presumably, that worker's experience in Infant Therapy is experienced in HIP.

The ward set-up has its worst effect on the kids emotionally. They have to fight to survive. Fight for love, affection, recognition, and even food."

"In an atmosphere where only criticism is sacred, depression sets in soon. Perhaps that accounts for the fact that 4 teachers and assistants have left in the last month. Those who left didn't have to. But they were tired, discouraged. The supervisor wouldn't hear their calls for help. Their only recourse was to request a transfer from infant therapy."

Dr. Sternlicht cites the figures on staff as being: 450 children in the program and one dining-room attendant; seven ward attendants split into three shifts; and the nine social workers (for over 5,000 residents) must make their evaluations. There is no time to individually work with each child as the program design suggests. Mathematically the seven attendants for three shifts have a ratio of 1-150 to 1-225 patients. In the manual explaining the Infant Therapy, Dr. Sternlicht explains the attendant to patient ratio theory as follows: "The daily program of training and stimulation called for the assignment of a specially-trained attendant to each group of 10 toddlers."

Program goals and aims: To develop skills and abilities in severely retarded. Disturbed younger patients; to prevent deterioration and regression; to develop new methods in treatment and training; to develop attendant skills to be used throughout the institutions; to change the institution from a facility for chronically ill to a unit for treatment and habilitation.

Two pre-fab buildings have been constructed to house the first and last phases. The first phase is in Building 77. Building 78 is used as a follow-up area. In this building there are private rooms and a general "homey" atmosphere.