

# 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 nutrition, 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.