

Exodus of patients

in high gear at Willowbrook

By ELAINE BOIES

In the administrative bible of Willowbrook State School, "Exodus" precedes "Genesis."

There can be no light — for therapeutic programs, improved facilities, or creative staffing — until the patient ranks are thinned to a manageable level, according to Dr. Miodrag Ristic, the young Yugoslavian psychiatrist who has just taken over directorship of the school for mentally retarded.

So "Exodus," a geographical redistribution of the wealth of Willowbrook patients over the next two years, is now taking precedence over everything else.

The state Department of Mental Hygiene now has a school in each borough of the city and in Westchester, all of which are helping ease the critical wall-to-wall conditions at Willowbrook.

"On Aug. 25," the director said, as if noting a historic date, "we dropped below 5,000. By the end of the year we hope to get down to 4,000."

The ultimate population goal is 3,000, and admissions are definitely closed for the next two years, at least.

Interestingly, many parents who complain about overcrowding at the school have resisted efforts to transfer their children to smaller facilities closer to their homes.

Ristic has at least 100 letters from parents protesting the move, many of them pointing out how well their children have fared at Willowbrook, and requesting they be allowed to remain there.

In addition to "exodus," another aspect of the decentralization now going on involves sectioning the enormous institution into 10 autonomous units.

Residents will be assigned to each unit on the basis of their functional capacities with respect to IQ levels, physical and sensory problems, behavioral characteristics and age. In this manner, Ristic hopes to achieve a homogeneity of symptoms within each living unit that will benefit from group dynamics as well as from individual therapy.

Total responsibility for each unit is assigned to a "chief of service," who may be a medical person, a professional social worker or an experienced teacher.

A "team leader," under the chief of service, functions as the mini-administrator of a sub-unit (perhaps 100 residents). He may choose the kind of staffing mix he feels will be most beneficial to his unit — the number of teachers, nurses, therapists, etc. that can best serve the needs of his group.

Unitization, then, is the bridge from "Exodus" to "Genesis," a program of new beginnings in terms of rehabilitative therapy for those confined to Willowbrook.

"In theory," Ristic said, "a person who is mentally retarded doesn't have to be in a state school. Our patients are here because of some other debilitating condition."

He listed tremendous physical handicaps, lack of minimal self-help skills, and social behavior problems as conditions that necessitate institutionalization.

"A good, high-quality service should be a transient one," Ristic said. "I believe in admitting people for some rehabilitative purpose, or treatment, and then dismissing them when they have attained their goals."

Rather than the steady — but slow — change that would result from choosing transfer patients evenly from throughout the institution, Ristic has determined to bring one building to its appropriate population level as soon as possible.

WORST FIRST

Building 6, one of the first described in the Advance articles that precipitated a nationwide interest in Willowbrook, is among the first to experience the projected re-birth.

The population in "6" has recently been reduced from 250 to 200, and while Ristic admits it's still overcrowded, he sees some indication already of improved patient response.

But the "Exodus" now underway is of primary importance to the entire program, Ristic maintains.

"Whatever the biological endowment of a person, there is always a range; he can function at his best or at his worst. And, unfortunately, most of our patients now are functioning at their worst."

With the territorial imperative satisfied, the patients, who are now fighting for space, will be able to channel those energies into constructive activities for their own rehabilitation.