

PROGRESS SHOWN AT WILLOWBROOK

Patient Care and Conditions
in Other Areas Improve

When the Willowbrook State School for the Mentally Retarded was ordered by Federal Judge Orrin G. Judd in Brooklyn to improve its patient care and other operations, he described the condition of the Staten Island institution as "inhumane and shocking."

That was last April. Today, most of those conditions have been changed and other revisions are under way through a program begun by the school through the New York State Department of Mental Hygiene with the United Cerebral Palsy Associations of New York State. Under a one-year contract signed with the palsy group the school has received initially the help of two small rehabilitation teams of trained personnel to give instruction in patient care to the staff of the school.

"Willowbrook has probably the worst problems in the country, and maybe in the world, because it has the worst cases," said Dr. Miodrag Restich, director of the school.

Teams' Work Cited

"Whereas similar schools have a ratio of 50-50 between the 'heavily and profoundly retarded' and the 'mildly and moderately retarded,' Willowbrook has a ratio of 75 per cent to 25 per cent for the same categories of our roughly 4,000 residents, which means greater pressure on the resources and the staff," he added.

The introduction of the first two therapy teams, each having a physical therapist and a registered nurse, and the subsequent addition of more personnel to these teams have been one way of alleviating the situation.

"The school has been getting a lot of adverse publicity of a sensational nature," said Floria Antel, who is controlling the palsy group's program at Willowbrook. "We hope to bring in some change for the better."

Recruitment to supplement the initial two teams with 15 more physical therapists and 15 nurses has been started. Thus, where there was one physical therapist before April, there are now at least seven.

Most of the new therapists are working with the original teams, in demonstrating new patient care methods to the resident staff members.

Assignments Due

The teams select those buildings from among the 27 buildings that comprise the school, which have patients who are both mentally and physically handicapped. Normally eight patients are selected and demonstrations are conducted on how best to improve their mental and physical condition. The resident attendants watch.

After each training period, the team moves to another building. By next month, when all the palsy teams are working, one team will be left permanently assigned to each of the eight or so buildings the palsy group will be working in.

"Many new therapists were turned off by old institutions like Willowbrook" said Susan Scheer, the supervisor of the teams. But with the "cross-modality" approach, where every member of the team works with and learns from every other member, the training becomes more interesting, according to Barbara Wiener, a speech therapist.

Changes Visible

"We aim to make everyone a developmental therapist this way," Miss Wiener said, adding that she had joined the team because she found the work "exciting and a growing experience."

There are visible changes in Building 14, the children's block, which received a lot of adverse publicity for its lack of cleanliness and care facilities last year. The wards are cleaner and the patients, children below their teens, are said to be responding well to the new form of care.

A major change in terms of physical development of the patients under this new form of care has been in the ability of the patients to use their bodies for the first time since they were admitted to Willowbrook. Retarded children who could do nothing but lie on their backs have been taught to sit up and can do so after they have been treated by the new therapists.

Changes Are Difficult

Similarly, in the men's ward, a 22-year-old man who had never been able to sit up in his 15 years at the school, can now do so. Once they can sit up, in their specially designed chairs, the patients can learn how to use their bodies better than in their rigid lying posture. Once this is accomplished, further progress becomes a possibility.

The changes were not easy to bring about. Many nurses, some of them are foreigners and new to the country, found it difficult to alter their approach to child care, according to Mary Jackson, a ward attendant.

Sheila Lynch, a nurse with the palsy team, found "there was fear initially—as if we were here to inspect them."

"After some time when they saw the change in the patients' condition, this disappeared" she added. "There have been no problems since."