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New Willowbrook director:

Apathy is a major problem

Harold C. Piepenbrink, the newly appointed director of the Willowbrook Development Center, comes to Staten Island from the Tinley Park Mental Health Center in Illinois, where he held the post of director.

He replaces Dr. Miodrag Ristich, who resigned last year to accept a research position.

In the following interview, Piepenbrink discusses some of the facility's problems and what he intends to do about them.

Q: What had you expected to find at Willowbrook and have your expectations been met?

A: I heard very little about it, actually. But coming here has reinforced what I heard. I knew about the size, the budget, the staff, the freedom you might have in organizing or reorganizing.

My impression is that apathy is one of the strongest problems, and probably the lack of organization rather than the way the place is organized. I think the interest I have is in organizing the facility to try and get decisions made as close to the residents as possible. I'd also like to flatten the organizational structure so that all decisions don't come up to the top.

In some organizations, all decisions go to the top of the pyramid—to one person. A place this size cannot function effectively if that's true. Decisions just don't get made that way. One person can't possibly make all the decisions about all the issues that are involved, and particularly the issues relating to individual residents. They should be made close to the resident, by the people who know more about him. That's the ultimate goal.

Harold C. Piepenbrink

Q: What do you think causes the apathy you mentioned earlier?

A: I think there are many things that probably cause it. One relates to the way a place is organized, and one relates to the leadership of the people involved. And some of it I'm sure has to relate to the press this place has received in the last couple of years. It's a combination, probably, of many, many issues.

Physically, if you look around here, it looks as though nobody cares—that's got to change.

Q: What are the plans for depopulation of Willowbrook?

A: There is a plan, as I understand it, to reduce the population, but to my knowledge an exact figure hasn't been set. But this will probably take some time. If we're going to move residents into the boroughs that they came from or where their families are, community resources have to be expanded.

Q: Will you be initiating any staff changes?

A: I think that one thing that needs considerable beefing up is the whole idea of in-service training. People who are hired to work in a facility like Willowbrook particularly at the aide level, have very little knowledge of what that's all about. I think it's our responsibility, if they're going to be effective, to do a much better job of training these people so that they'll be able to change the behavior of individual residents. That is one of the first issues that I'd like to attend to, and I think it'll be one that we will not see the results of for quite a long time. This training will also help relieve the apathy problem.

I am not convinced that the staff is that bad. My guess is, from what I've seen, that there are a lot of good people here and a lot of resources that we haven't tapped in these people. And I think one of the processes will be to try and find out who these people are—who really wants to do the job, and what we can give them to do their job better. It's something that has to be started very soon, but we won't be able to see the results that quickly.

Q: What other changes would you like to see at Willowbrook?

A: I'd like to see individual plans made for the residents as to what kind of treatment they are going to get. I would like to be able to walk into a unit, for example, and if Johnny Smith is here find out what his condition is, what behavior he has exhibited, where he is in relation to training, and finally, what further plans we have for him.

The residents are taken care of, their physical needs are met, but I have not seen uniformly that there has been specific emphasis put on changing their behavior or raising their level of competence.

We would like to be able to humanize the place more—not to have such large empty spaces. You can't keep the same number of residents in, say, four-bed units as you can in 80-bed units. It's as if you

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tried to put 80 guys in private motel rooms instead of barracks.

We'll try to make the living quarters as close to the way you and I would want them. You wouldn't want to sleep in a room with 80 girls, right? You'd probably prefer a private room. But if not, you'd settle for two or four in a room. You'd like to have some pictures on the walls. You'd like to have some decent furniture. You'd like to have privacy in the washroom—that's the type of thing I'm talking about.

You've got to get the people on the staff interested in their jobs, which means interested in the residents. You've got to get some kind of a system where they see some improvement, which encourages them to do better work. Then we'll see some changes. The staff has got to be attended to. You can't sit up here in this office and meet with one or two people and look at papers and expect to improve things.

Q: Has your professional experience been in mental health treatment or management?

A: Mental health administration. I've been in it all my life, almost. I started out as a teacher, originally. After teaching in public schools for a short time, I worked in Illinois in a large department that had many services including mental health. I was a teacher in a rehabilitation center for the blind, which was a relatively small facility where we were able to give individual instruction.

And from that place, they decided to try to promote a clinical person to an administrative job,which is how I got into this business in the first place. I became business manager at the rehabilitations center and then went to graduate school in hospital adminstration.

In that system, when you move to a larger facility, they're usually mental health facilities.

So I moved up the business route in the state mental health system....

After that I went to D.C. General in Washington—I was only there a few months when I was asked to come back to Illinois to help staff, plan and build a new mental health facility—which I did, and I was ready to leave again.

They asked me what they could do to keep me in Illinois. I was told they could make me a superintendent, which is what a director is called there. I thought they wouldn't do it, and that I could leave gracefully. But they called my bluff.

In Illinois we developed two different programs for the mentally retarded. They involved the building of new smaller retardation facilities. We brought in staff and residents from the big state facilities, approximately 100 at a time. We trained the staff, and then that staff and the residents became the new facility. We went that cycle twice.

Q: How are your relations with parent groups so far?

A: I have met them and intend to work as closely with them as we can. I would hope to get them to join us rather than oppose us in what we're trying to do. To do that I think we need to establish better lines of communication with them, so that we don't do things that they only find out about later. If we have plans we will discuss them openly and honestly with them. We will give them our rationale and hopefully gain their support rather than their opposition.