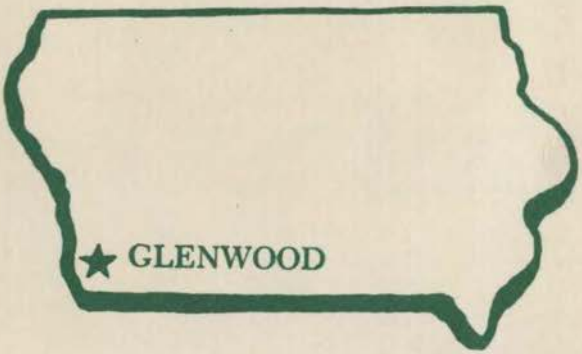
Glenwood State School

Established 1876



Specialized Training And Treatment For The Retarded

HISTORY

Glenwood State School, located at Glenwood, Iowa, the county seat of Mills County, is situated on a commanding elevation, three quarters of a mile from the business area of the town, overlooking the city and surrounding territory.

The Institution was created by the 16th General Assembly in 1876, when the session passed an act to provide for the organization and support of feeble minded children at Glenwood in Mills County, whereby these unfortunate persons were to receive care, support, training, and instruction.

The bill was drawn by the Hon. John Y. Stone of Glenwood and introduced in the House of Representatives by Hon. C. C. Horton of Muscatine. This act made provisions for the appointment of a Board of Trustees, consisting of three persons, namely Hon. J. W. Cattell of Polk County, A. J. Russell of Mills County (Glenwood), and Dr. W. S. Robertson of Muscatine. They held their first meeting in Glenwood April 26, 1876.

The property set aside by the State for the institution had previously been used for the Western Branch of the Iowa Soldier's Orphan's Home. At one time the famous Billy Sunday lived in this home and upon several occasions, in his busy years, stopped to visit the institution.

The property, consisting of about ten acres and a brick building, was in poor condition since it had been unoccupied for about a year and a half, after the Soldiers Orphan's Home had been transferred to Davenport. Resident trustee, Mr. A. J. Russell, was directed to have the building and property repaired in the best condition possible with the means at hand.

Dr. W. S. Robertson, in 1873, made a strong plea for some provision for the children who could not be educated in public school. He investigated institutions already established in the eastern states and with the help of the other members of the Board of Trustees contacted Dr. Charles T. Wilbur, superintendent of the Illinois Asylum for Feeble Minded Children, requesting him to visit Glenwood. With his efficient counsel and guidance plans were formulated for the organization of the new undertaking. Thus Iowa became the seventh state to establish a home and school for the mentally retarded children.

The first superintendent, Dr. O. W. Archibald, came highly recommended professionally and socially from the Iowa Hospital for the Insane at Mt. Pleasant, where he had been assistant physician for a year and a half.

The doors of this new institution were opened September 1, 1876, and the first child was received September 4 of that year. During this first year eighty seven patients were admitted, consisting of fifty two males and thirty five females.

At this early date the necessity of a school was recognized and a principal and two teachers were employed. Many operations of the institution were primitive, when compared with the conveniences of today. The food was prepared on an old cook stove and only a few loaves of bread could be baked at a time in the oven. The laundry and ironing were done by hand with the heat provided by room heaters. Kerosene lamps furnished the light, and water came from cisterns and from a well in Glenwood.

The Second Biennial Report of Dr. Archibald, October 1, 1879, recorded a change in trustees when Hon. Thrall, Ottumwa, and E. R. S. Woodrow, a pioneer resident of Glenwood, were made members. Mr. Woodrow was the treasurer. Dr. J. A. Donelan of Glenwood was employed as consulting physician for the institution.

The legislature had been asked for more funds for many needed improvements such as a better water supply, more farm land, a new main building and dormitories for children's living quarters. The grove of trees immediately in front of the building was purchased to be used as a playground. The board bought a Knabe Grand Piano at a cost of $500.00 (which is still in the Chapel of the main building).

When Dr. Archibald severed his connection with the institution May 24, 1882, a successor, Dr. F. M. Powell, was appointed immediately.

Dr. Powell was responsible for adding more teachers to the staff. He realized the need of more room and general increase of facilites as the population grew, and made the work more efficient by dividing responsibilities and for providing supervisors for departments. Two good sized cottages, a water tower, a small hospital and central main building were completed, after which a bake shop was provided where the bread for the entire institution was baked.

In October 1884 the eighth Association of American Institutions was held in Glenwood and then again in June, 1906.

The inmates were classified and placed in either the school or asylum areas, later known as the school and custodial departments. A building housing the patients was built to the south of the Main Building.

The various industries areas and activities included the farm, orchard, garden, and livestock departments. The capable inmates were given helpful training in these areas since it was felt that practical training would benefit them greatly when they left the institution.

During 1886, a band was organized, composed of eighteen boys. Nothing had been previously introduced that provided so much interest, entertainment, and pleasure. Since that time a band and orchestra has been maintained with both boys and girls as members. Some former male patients who have left the institution have participated in nationally famous musical organizations.

Mr. George Mogridge, a young Englishman, who had heard of the institution came to visit Glenwood State School seeking employment. Dr. Powell found him quite promising, gave him employment, and encouraged him to study medicine. He enrolled in Medical School in Omaha, known as the University of Nebraska Medical College, where he graduated and became Dr. Powell's assistant.

It is interesting to note that by July 1, 1899 the enrollment had increased to 815, making it necessary for more room and equipment. Consequently a new modern hospital was erected in 1899 in addition to an ice and cold storage plant, a fire building, a farm cottage for older boys' living quarters and boiler room equipment. New barns were added and additional land was purchased.

The law regulating the age of admission of patients had been concerned only with feeble minded between the ages of five and twenty one. For a time females were admitted up to the age of forty-five. Later the age limits were entirely removed.

Previous to this time the name of the institution had been changed from "Asylum" to the "Iowa Institution for Feebleminded Children" and during the 1940's it was changed to the present name "Glenwood State School".

On July 1, 1898 a law was passed that resulted in another interesting change when a Board of Control of State Institutions was created to replace the Board of Trustees. The first Board members were Hon. William Larrabee, Hon. L. G. Kinne, and Hon. John Cownie.

A training course of two years and nine months, had been organized for attendants, those passing a written examination at the close of the course, were given a diploma by the Board of Control.

A regular training course for nurses in the hospital was maintained for a number of years with graduates of this course eligible for registration.

Dr. Powell's superintendency extended over a period of time when it was necessary to "sell" the need of building and financing such an institution to the public. This he did quite successfully, as could be seen by improvements in the institution. After his resignation in July 1, 1903, his last report to the Board of Control stated in part, "During these twenty years, it has been my endeavor to keep the primary object for which the institution was created in the foreground in the duty of caring for the state's wards."

Dr. George Mogridge, who had been the assistant for a number of years, was appointed Superintendent. During the thirty-two years that Dr. Mogridge was superintendent many changes and improvements were noted. The patient population increased from 980 in 1903 to 1695 in 1935.

The acreage of the farm, garden, and orchard increased. Dairy and swine herds were highly developed, making necessary new barns and silos. A custodial building for boys, another cottage for working boys, an additional cottage for school boys, a cottage for girls, housing two hundred thirty, another for juvenile girls, a new power plant, laundry, and tunnels connecting the power plant with the various buildings were built.

A very desirable improvement was the railroad siding from the Burlington main line tracks to the power plant.

An annex to the general hospital for tubercular patients, an X ray laboratory, a new receiving store room, and industrial building were added. A resident dentist and psychologist were employed.

Dr. Harold B. Dye was appointed superintendent, July 1, 1935 to succeed Dr. Mogridge. Dr. Dye was a native of Iowa, a graduate of the Nebraska University Medical College. He had been a member of the medical staff of the school before being appointed superintendent. Dr. Dye continued the State School program making changes and improvements as the need arose. He was much interested in the psychological work being done in the State University Child Welfare Department and in collaboration with the State Psychologist did work along this line. He instituted the Canteen System in the Boy's and Girl's buildings, where candy, ice cream, and all sundry items were made available for the patients to purchase.

Dr. Thomas B. Lacey , a native of Council Bluffs, Iowa, was appointed superintendent on July 1, 1939. He had attended Cornell University and graduated from Creigton University College of Medicine. He was associated with the Glenwood State School thirty three years, serving as superintendent the last five years. A new building for custodial girls was added during this period, the old building was remodeled for an employee's cottage.

Dr. V. J. Meyer, a physician in Mondamin, Iowa, came to Glenwood State School as a member of the medical staff, was appointed acting superintendent upon the death of Dr. Lacey. On February 1, 1945 he was appointed superintendent, a position he held for twelve years.

During the past few years little building had been done. A building for canning factory purposes was erected, and funds were appropriated for a new school building which was completed in 1954. Repairs and general maintenance of property and building was a large item. Conservation of farm land with improvement of land management and crops have kept abreast with modern methods. The total acreage of land was 1185 acres, garden 85 acres, and 64 acres in the orchard. The student enrollment during the 1950–52 period increased from 1923 to 1977. During Dr. Meyer's superintendency, a forty hour week was inaugurated.

Alfred Sasser, Jr. was appointed superintendent May 1957. He initiated a program to help the individual with mental, physical, emotional, and social disability to attain his fullest potential, a program which included additional professional personnel as well as other personnel. Mr. Sasser gave over 300 talks on retardation throughout the state of Iowa and mobilized the state to recognize the retarded problem and in this respect, made an important contribution.

Dr. Peter A. Peffer was appointed superintendent on September 1, 1959. He had been with the Veterans Administration for thirty years, coming directly from the V. A. Hospital at Brockton, Mass., where he served as its manager. A great deal of re-organization took place involving both patients and personnel. The Nursing Department was completely reorganized, school memoranda and bulletins were initiated in order to enunciate policies. The entire institution was broken down into four areas and Therapeutic Teams were placed in these areas. New services were initiated. There was set up a Habilitation Ladder composed of five rungs, with the habilitation wards on the fourth rung and the institution of a new program, the Trainee-Employee program, occupying the fifth rung. The sterilization policy was re-installed in accordance with the state law. A motion picture selection committee was set up, with patients for the first time included on the committee. The volunteer program was re-organized and the Glenwood State School Volunteer Services committee was established. A germ and odor control program was instituted. A sanitary inspector was appointed from the medical staff. Personnel have benefited by the institution of orientation programs, tours, personnel physician, service bulletin board, superintendent-employee meetings, and salary step increases for all nursing service and other employees.

Dr. Peffer resigned September 23, 1961 and Dr. J. O. Cromwell, Director of Mental Health of Iowa, was appointed acting superintendent in addition to his other duties. Mr. Leonard Lavis, formerly Assistant superintendent of the Wisconsin Child Center and Northern Colony Annex at Sparta, Wisconsin, and recently Community Consultant for Glenwood State School, was appointed September 1, 1961 as assistant superintendent, and in the physical absence of Dr. Cromwell, to serve as acting superintendent.

In accordance with the desires of the Mental Health Director and the Iowa Board of Control to gradually reduce the population of 1350, Glenwood State School has adopted a new admission criteria.

A working relationship with the University of Iowa's Special Education Department has been established, which is a necessary step in order to implement the development of special education classes for the retarded in the Southwest Iowa area and to help develop educable and trainable classes in the regular school systems.

Glenwood State School hopes to continue to move forward in the care, treatment, education, and training of Iowa's mentally retarded, with the addition of professional and other needed personnel as finances permit these added services and employees.

PHILOSOPHY

Glenwood State School, an institution for the retarded, is attempting to bring to the retarded of the 51 counties for which it is responsible, the highest type of total retarded care. Within our institution we have adopted the following Therapeutic Community Principles:

FOR ALL EMPLOYEES
We support the idea of A:

Therapeutic Community

by

Endeavoring to apply in our jobs the principles of democracy and good community living.

through

Action .... by attitude, honesty, sincerity, thoughtfulness,

so as to

Maintain healthy relationships between patients, children, fellow employees and ourselves.

This we try to live by in every phase of our operations. We believe firmly that the problems of the retarded require a multi--disciplinary approach and because of this we have divided our institution into four areas and have assigned Therapeutic Teams to each area, hoping to bring a maximum of education, training, and treatment to each resident or child in each team area.

We have set up a Habilitation ladder which enables a child or resident to move upward, and eventually, within his ability, out from the institution as a better educated and well trained individual who can operate on his own in both job and social living.

Our criteria for acceptance of patients is "can we do anything in the way of education, training, physical therapy, or surgery for the patient or resident". If an applicant meets one or several of these criteria he is accepted and we carry through with our objectives. Some, who do not go all the way up the ladder but have met our criteria, will move out into County Homes, Nursing Homes, and Foster Homes, with continued follow-up care and observation, regardless of where they are placed. This is provided by out-patient personnel who live and work out of different areas within our 51 counties.

This, we think, is a dynamic organized program that not only produces results in the patients who leave us and are placed, but it keeps our admission list at a level where we can almost immediately step into any retarded problem that is presented to us.

We do not think that we have arrived at the ultimate of our aims, but do think we are well on the way and are hopeful that it will serve to the maximum the retarded problems of the 51 counties of Iowa which have been alloted to us.

PRE-ADMISSION EVALUATION

At Glenwood State School, an application form has to be filled out and submitted before we consider an individual as a prospective patient. In this application, we expect a social history of the patient and his (or her) family. Upon receipt of this application, the Social Service Department corresponds with the County-Welfare officials for more extended information and schedules the individuals for a pre-admission evaluation.

Usually only one pre-admission patient is seen per day, for the examination procedure is extensive. Three departments are involved in the following order of screening: Social Service, Psychology, and Medicine. Each of these departments has to interview and evaluate each and every prospective patient.

The Social Service Department begins the process and on the basis of the data already received in the application form and from County-Welfare officials adds, elaborates, and / or clarifies to formulate a rather complete case history. A major function of the social worker is to provide the family with information, to reduce their anxieties, and to allay their guilt feelings with regard to the prospective patient. Parents are also shown the institution grounds and various wards where their family member may reside. After the Social Service Department completes its conference and interview with the family, the prospective patient and his family are seen for examination and interview by the Psychology Department.

Tests and scales of intelligence (measurement and adaption), of achievement (primarily communication), and of personality (self-social adjustment) are analyzed and synthesized into a composite picture of the individual. Special tests are also utilized for the solution of specific diagnostic problems. The prospective resident's abilities and disabilities, strengths and weaknesses, and actual potential functioning in educational, vocational, and social areas are considered. The overall problem to be solved, however, is the determination of mental retardation. After the clinical psychologist completes his data-gathering, the prospective patient and his family are questioned and evaluated by the Medical Department.

A comprehensive physical examination is conducted with regard to the senses, skin, body organs, and the usual areas of medical inquiry. Laboratory tests are conducted to corroborate or elucidate problem areas. The physician also collects any medical history that is pertinent. Factors such as prenatal, natal, and postnatal growth and development, illness, and accidents are recorded. The more intensive ministrations of drugs, medication, and tranquilizations are also noted. All this data is collected to determine the etiological classification, and the primary and secondary characteristics associated with the mental retardation. This data also enables the physician to determine the applicant's present condition of health. The recommendations of the American Association of Mental Deficiency are applied in the recording of the medical, behavioral, social, and indentification data.

On the basis of the data collected, we can begin to answer questions about the

applicant and his total situation. For example: Is he mentally retarded? If so, to what degree? What caused or contributed, or is causing and contributing, to his retardation? Does he have a capacity to achieve personal sufficiency, interpersonal adequacy, and / or employment productivity? Would he profit more from education, training, and counseling in the community or at the School? What facilities are available in the community? Are there special education classes, vocational training centers, or guidance clinics? Could his needs be met by halfway houses, sheltered workshops, or foster homes? Are county or nursing homes, boarding home or similar facilities better equipped to satisfy his ability level? Are any of these facilities mentioned available in the community? Are they programmed to capacity, or is there room for the individual in question? Should he remain in the community but be programmed in the School on a daily, weekly, monthly, or special-project basis? Or should he be admitted to the School full-time in terms of the usual commitment proceedings?

Being able to answer these questions provides a raison d'etre for the pre-admission evaluation. The data and information collated are essential for an understanding of the patient, his family, and his community. This essential information enables us on a local, county, or state level to program the applicant for treatment, education, and training.

ADMISSIONS DETERMINATION

The admission committee includes representatives of Social Service, Psychology, Medicine, Nursing, and Vocational Habilitation. On the basis of the data gathered, democratic voting decides the future of the prospective resident. The past, present, and future social-psychological-medical symptoms, dynamics, and needs of the prospective resident are considered before a decision is made as to his order programing.

It is not too difficult to determine whether an individual is mentally retarded and therefore theoretically eligible for institutionalization. But it is difficult to make a decision as to institutionalization per se. All the characteristics of the tentative patient, his family constellation, variables of community resources, and the factors of institutional treatment should be taken into account as factors. Suffice it to say that if an individual is not mentally retarded according to our psychological-medical-social evaluation, he is not accepted into our school. But, if he is mentally retarded and therefore theoretically eligible, should he be admitted? What about the priority of one applicant over another? There is limited space - not all can enter. Who needs us most? Who can profit most from our treatment program?

The Admissions Committee devised a quantitative evaluation form that appears to assess the needs of our prospective residents, their families, and their communities with regard to institutionalization. Points are given for various responses to the following admission-determination questions:

How is the physical health of the tentative patient? Does he need medical care or treatment?

On the basis of his composite IQ, is he mildly, moderately, or severely retarded? Is there a significant discrepancy between actual intelligence and potential intelligence?

What rating should the individual receive on the basis of his personal resources and internal strengths? His mental age considered, does he have an adequate self-image?

How does he get along with siblings, parents, authority figures, and people in general? Is his social maturity and adjustment in keeping with his mental age? Does he have adequate behavioral controls?

How long has his application forms been on file?

Is the health of the family a variable in the care and supervision of the prospective patient? Are the parents or guardians aged or ill? Are other members of the family in poor health, hence requiring the time and attention of the folks? Is the applicant's presence in the home causing or contributing to the medical problems of any family member?

What is the attitude of the family toward the prospective patient? Are there any psychotic or other retarded individuals at home? Is the applicant's presence causing anxiety, anguish, or despair in the home?

Are the parents or guardians financially solvent? Can they meet their short-range or long-range monetary needs? Do both parents need to work? Could they pay for the prospective patient's private treatment? Are they contributing sufficiently to his upkeep?

Is the physical environment of the home acceptable? Is there sufficient food and shelter? Are there adequate facilities for sleeping, washing, eliminating, and in general for living? Is there enough warmth in the winter and ventilation in the summer?

Is the family constellation suitable for emotional and social growth? Are the family members minimally understanding and positive? Do they work as a relatively intact group? Are some members always on one side or another? Are most of their differences solved without major battles? Can they forgive one another?

Does the applicant cause concern in the community? Is he a problem to neighbors, merchants, school authorities, or law enforcement officers? Does he misbehave in terms of the laws or mores of his society?

Is there a lack of community resources geared to satisfy his needs? Does he need special-education teaching, vocational training, or psychological counseling? Would a county home, nursing home, or foster home help him? Can he profit from a sheltered workshop? Could he seek and maintain employment? Should his work be overseen by welfare or habilitation counselors? Can institution out-patient consultants help?

Is there pressure from the community to institutionalize him? Are the various local, county, or state agencies pressuring for his admittance? Are the law enforcement officials, judges, welfare workers, or schoolmen trying to remove him from the community? Why?

The total number of points compiled enables the admissions committee to assess whether an individual should or should not be institutionalized.

Generally, our policy is to keep an individual at home with his family and with his community in so far as possible. The needs of retarded individuals, with regard to education, vocation, and counceling, should be provided for in the community as much as they are provided for everyone else. Once an individual is ostracized to a school for the retarded, it is much more difficult to help him back into the community. In fairness, every individual should have equal opportunity in terms of his own development, maturation, and learning. In this case the retarded individual should be no exception.

COMMUNITY SERVICES

The community services program coordinates the facilities of the Institution with those of the local communities. The community consultants are resource persons that can advise the communities with regard to problems in mental retardation. The fifty-one counties under the jurisdiction of Glenwood State School are divided into three geographic areas: south eastern, south central, and western Iowa. The consultants attempt to stimulate interest and cooperate in an effort to develop basic health, welfare, educational, and vocational services for the mentally retarded at a local level.

The consultants are involved in the pre-admission and admission planning. The specific needs of the mentally retarded are considered in the context of his community. Can he locally receive the education, training, and treatment requisite for development, maturation, and learning? Glenwood should be one choice of many for the mentally retarded, not the only recourse. As communities develop facilities for early diagnosis of mental retardation, special education classes, play therapy and psychotherapy, family counseling, habilitation centers, and substitute home placements, many children will remain in or near their homes and loved ones all or most of their lives. This will be emotionally and financially far more satisfying than institutionalization.

Glenwood needs the help of county officials. One major problem at the school is the lack of space for prospective residents. The Board of Control policy of the State of Iowa aims to reduce the patient population in institutions for humane reasons as well as efficient functioning. To do this will require moving out patients for whom we have completed services. Then, Glenwood will take any citizen who needs the care and treatment of its facilities and who cannot receive the required training, education, and therapy at home. Heretofore, applicants to Glenwood had to wait as long as two and one-half years for admission. This is no longer necessary; if some patients are returned to their counties, some prospective patients who need us can enter. Parents of retardates whose needs cannot be met locally won't have to agonize for years. The question of admission is decided individually, the prospective resident, his family, his friends, and his community are all considered before a decision is made. The pre-admission evaluations, admission determination, and community services help the retarded individual wherever he may be.

THE THERAPEUTIC TEAMS

At Glenwood State School there are four therapeutic teams. The approximately 1500 patients are divided into four distinct residential treatment areas. Each team presides over and controls it's own area. These therapeutic teams represent various services and departments: medical, psychological, social, vocational, educational, recreational, spiritual, nursing, and secretarial. Most of the departments have one voting member on each team. Nursing services, however, usually have three voting members on each team (two attendant supervisors and one nurse). Generally, then, there are about ten voting members on each team representing their departments and serving in specialized treatment bailiwicks.

The main difference between the Glenwood State School teams and other teams is that they are in offices in the patients building or with the patients and reflect American cultures and principles by having democratic voting privileges. Each member on the team has one vote. When there are differences in policy or procedure voiced and not resolved, a vote is taken (sometimes closed, sometimes open ballot) and the majority rules. The rationale is that all those involved in the administration, supervision, and enforcement of regulations and programs should have a representative deciding vote.

This democratic system works surprisingly well. Of course, if one person knew a lot about teaching, work-training, psychotherapy, physical health, and other areas of endeavor, he could logically run the show. But few persons seem to know a lot about many areas, so cooperation and coordination are essential. Having a group of individuals on a team also reduces the influence of personal prejudice and error. Ideas, reflected and refracted among individuals, tend to become clearer and more substantial. Perhaps it is true that the teams do not have to be so large but they should include more than representatives from psychology, medicine, and social work.

Investing all or most of the authority in one person or a few persons leaves many of the hours of the week uncovered. One hundred sixty-eight hours of the week must be considered for hundreds of patients; thus authority has to be distributed. In this way, any team member present at an emergency handles the situation if he is able. Later at a regular daily meeting, the incident is discussed and there is further planning. This is democracy in action.

The therapeutic teams after their inception, as a first phase, re-classified and relocated patients according to their general abilities. Factors such as sex and chronological age, intelligence (e. g. MA IQ), school achievement, personality (e. g. maturity, adjustment), work record, and physical condition (e. g. size, mobility) --all and more were considered during the programing. The second phase consisted of setting up a positive disciplinary program so that we could have relatively adjusted happy patients and efficiently run areas. The third phase included organizing ward, small group, and individual programs so that patients could receive attention, training, and treatment from team members in their various specialties. These therapeutic team members have their offices

and work in the buildings and on the wards, lending their professional talents to patient welfare.

An extensive habilitation ladder has been developed at Glenwood to include the following levels:

1. Low functional
2. Middle functional
3. High functional
4. High functional with self-government, a trainee employee. operating both intramurally and extramurally.

Team members work with patients, through ward, small group, and individual planning and effort, to increase their adjustment and skill levels so that they can climb the habilitation ladder. What is actually done? What do the individually specialized team members actually contribute?

The physician is the chairman of the team and is responsible for the physical and medical health of the patients. Every working day he conducts dispensary and cares for their immediate health needs. He is also on call at other times. If a patient becomes acutely ill, he is transferred to a hospital ward and treated there by his own team physician until he recovers. A small percentage of patients are convulsive and need anti-convulsant medication. A small percentage are also destructive toward others or themselves and need ataractic medication. Chemotherapy, then, is useful for those in need. Electrotherapy is also used when necessary, but this is a rare procedure at Glenwood. The physician is the liaison for the medical needs of the patient, the medical department, and the collective team. Two consulting psychiatrists are available to assist team members. Other medical and surgical consultants are also available.

The clinical psychologist is a member of the team and concerns himself with counseling and guidance, play therapy, and individual and group psychotherapy. He attempts to satisfy and develop the dynamic adjustment needs of the patients. He works with emotionally disturbed, poorly motivated, withdrawn, aggressive, and other problem individuals. He contributes to the personal and social mental health of his children, adolescents, and adults. The clinical psychologist evaluates and interperts the phychological and behavioral needs of their students, and represent the psychology department on the therapeutic team.

The social worker on the team originally introduces the family to the new home of the prospective patient. He counsels to allay the parents' anxiety and guilt, especially during the critical period of separation. The social worker then becomes the family-institution correspondent. Follow-up letters are initially written a few times the first month to tell of the adjustments of the new student. His day-to-day and week-to-week activities are mentioned. Contact is then continued to determine and enhance family strengths so that eventually discharge planning may be considered. The social worker is a ready resource when the patient has specific problems related to his family. The social worker on the team presents

the social and community needs of the patient and acts for the social service department.

The vocational counselor on the team concerns himself with the work needs and potential of patients. He relates to vocational trainers and work supervisors in an attempt to give the proper training and experience to patients. He follows the dictum that a productive person has a better chance of being a happier person. At Glenwood, we have patients' payroll, and this also comes under the vocational counselor's jurisdiction. This payroll is often used as a motivational means to greater adjustment. Nothing is so important for mentally retarded adolescents and adults as work training and experiences. The vocational counselor is informed of the vocational abilities of patients, and he represents the vocational trainers and supervisors and the vocational department on the team.

The teacher on the team works with the educational needs of his students. He works with problem individuals, not the usual students enrolled in the regular school classes. His students have been either very inefficient learners or behavior problems. He sees them individually, or in small groups, for intensified training and teaching. The teaching-learning process is very important for mentally retarded children and juveniles. The teacher's classes include both trainable and educable students. He also supervises an adult-education program. The team teacher knows the educational records of his students and is the liaison with the other teachers and the special-education department.

The recreation worker on the team trains patients in physical coordination and teaches them the use of leisure time. Some activities are of the spectator type, such as rodeos, circuses, horse shows, races, wrestling matches, movies, ballgames, and county fairs. Other activities require participation such as sleigh rides, picnics, swimming, dances, parties, games, and intra-mural sports. The recreation team member may work in the buildings, on the grounds, at the institution, or in the community with groups of patients. He defines the leisure-time needs of his patients and is the delegate of the recreation department on the team.

The nurse, attendant supervisors, and attendants on the team are primarily responsible for the daily physical care of the patients. The wards are homes to our patients, and the attendants are substitute parents. The nurse and supervisors see that each patient's needs are being met insofar as possible: first; in terms of physical care; second, affection wants; and third, training in self-help, including toilet, dressing, washing, walking, and eating. The nurse further assists the physician in checking health, in the administrations of medications, and in immunization programs. The nurse and supervisors understand the physical needs and daily ward behavior of their patients and represent the ward parents or attendants, and the nursing department on the therapeutic team.

The team secretary keeps psychological, social, medical, educational, and vocational data on each patient. She is responsible for records of patients in her area and sees that information is also sent to central records and the wards. She works with and for all other team members. She takes and posts minutes, sends

notes to departments, answers the telephone, relays messages, and types correspondence. She is the sending and receiving station of the team. She follows up referrals to other services and keeps team members informed of pending engagements or events. She has an extensive secondary knowledge of patients. She contributes information of the past and present programming of each patient and is a representative of the registrar department on the team.

The voting team members mentioned then present their knowledge of the patients, and represent their departments at team meetings. These democratic meetings are held once a day for about an hour. Discussions run the gamut of individual, small group, ward, building, area, and institution problems. Specifically, such items as care and treatment programs; movement on the rehabilitation ladder, including selection of trainee-employees; rules, regulations, and discipline; sterilization, the consideration of which is required by Iowa law; county, nursing, boarding, or foster home selections; leaves and discharges; and special events and programs are considered and enacted. The needs of our patients, therefore, are being met better than before—though we still have a long way to go.

SPECIAL SERVICES

Medical Library
Switchboard
Community-Institution Liaison
Mail Distribution
Educational Tours
Sponsored Patient Program
Newsletter Publication
Newspaper Releases

The scope of the Special Service Department within Glenwood State School includes a liaison relationship between communities and the Institution in all aspects except direct parent patient relations. This department is responsible for news releases; for receptional and informational services. All Institutional gifts and contributions are received, distributed, and acknowledged through Special Services.

Incoming and outgoing mail for personnel, departments, and patients is handled at the switchboard area. Operators also issue visiting permits, and do all mimeographing for departments in the Administration Building in addition to regular switchboard operation which covers a 24-hour period each day.

Educational tours are arranged through the Special Service Department — provision is made for staff speakers, a musical program and tour leaders for ward visitations. High School and College Classes, along with Church and club groups, have toured the Institution. It is felt that the public should familiarize themselves with the Institutions in Iowa and one of the best means of public education is by touring. Anyone wishing a tour should contact the Special Service Department for available tour dates and confirmation of same.

There are many men, women, and children within the patient population of Glenwood State School who have no one to visit them or remember them on special holidays and birthdays. In certain instances, there are patients who do have parents, but for economic reasons, long distances, health and family situations, are unable to do the many meaningful deeds of everyday living. In view of this, a "Sponsored Patient" program has been established in the Special Service Department whereby interested persons are given names, birthdates, description charts and mailing instructions together with gift suggestions for such patients in need of a friend. These friends are known as "Sponsors" and through their remembrances, colorful cards, letters, visits, shopping trips, picnics, etc., much happiness is afforded lending to an atmosphere that someone cares.

The Hill Topic, published quarterly, carrying the Institutions programming and activities, goes to approximately 4,100 relatives, sponsors, all personnel, other institutions and hospitals, libraries, schools, and interested friends. This publication is the responsibility of the Special Service Department which works closely with a committee representing each department; meeting monthly to review past and forthcoming material in order to formulize an informative education. On a monthly basis, Special Services produces a Special Activity Program depicting daily recreational activities for patients, and Personnel Topics for all personnel, showing new employees, termination, birthdays, and personnel activities. A birth-

day card is developed in Special Service and sent daily to personnel celebrants.

Special Services assist with the Volunteer Program, Parent's Meetings, and In-Service training classes, and also arrange special programs (such as Open House, Awards Day) and in turn, serves as week-end Duty Officer.

Arrangments are made through Special Service for patients attending extra-mural activities and for guest programs on the Campus.

A large and important project is the Christmas package room — under the direction of Special Service — where all December gifts are acknowledged and channeled to the patient population.

Child Welfare Departments within National, State, and local organizations, together with all interested friends are welcome to contact this department for suggested projects in behalf of the patients. A Mentally Retarded Fund is in operation in Special Service for gratuities to be used in behalf of the patients. A very worthwhile and rewarding experience can be developed in helping the Mentally Retarded.

The wants and needs of the Mentally Retarded are many. If the realization of the aims and goals are to be met, public education — bringing the communities into the Institution, and bringing the Institution into the communities, becomes, a necessary factor.

— Gifts for Patients —

Webster's definition of the word "Special" – contribution to the advantage of another – "Service" – an office of devotion. We, at Glenwood State School, like to think our Special Service is a department of devotion to bring a bit of added happiness to our patients within the Institution and to contribute to the welfare of those capable of habilitation within communities.

The Medical Library is another sub-division of this department. It contains several hundred volumes consisting primarily of textbooks, periodicals, and monographs in the field of health sciences. It is a source of reference material for employees on a variety of topics, including hospital management, mental hygiene, nursing arts, and administration. A library committee reviews requests for purchases of books and periodicals.

VOLUNTEER SERVICES

Orientation and Indoctrination
Adoptive-Ward Program
Shopping Help
Community Excursion
Letter Writing
Occupational Therapy
Relationship Stimulation

Volunteer workers in mental health and mental retardation programs belong in a new era of service. The mental hospitals and schools for the retarded realize the necessity for volunteers in their total therapeutic program. They bring patients the little things that make the big difference in institutional living.

To have a successful and well coordinated volunteer program is very important. Leadership and cooperation of the top members of the administration is needed. At Glenwood there is coordination, cooperation, and leadership in the volunteer program.

An Orientation and Indoctrination Course is given to all new volunteers. This provides them a basic understanding of mental retardation, the philosophy of the Administration, and the goals established for the institutional staff and for the volunteers. Refresher courses are given volunteers periodically so as to keep them abreast with current treatment and Therapueutic procedures.

Volunteers serving in Glenwood State School make two major contributions to the welfare of patients; first, direct, unique, and valuable service as representatives of the community and its concern for patients; secondly, they contribute indirect service to patients as the School's public-information ambassadors to the community.

Patients Shopping with Volunteers —

Positive relationships are the keynote of volunteer services. The volunteers at Glenwood are considered members of the overall therapeutic community. They work on wards, in recreation, or in special activities. They keep close contacts since the continuation of patient-family contacts are very important. Helping with attendants and other team members. The volunteers visit many words and building areas to achieve a better understanding of patients.

Volunteers are not used to compensate for an inadequate staff, nor are they used as substitutes for any other treatment program. They are unpaid members of the School treatment program and make a unique and supplementary contribution to the welfare and improvement of the patients.

It is imperative for the volunteer to understand that it is not the recreational activity or the teaching of a skill that is important, but that the benefit to the patient lies in his relationship with the helping persons. This ranges from working with an individual to working with a ward.

At Glenwood there is an adoptive-ward program, wherein volunteers sponsor all kinds of activities, e.g., ball games, parties, dances, and discussion groups. Letter writing is a regular but never routine phase of a volunteer's endeavors patients with leisure time activities in the form of occupational therapy also pays munity excursions, e.g., sightseeing, and shopping tours are very stimulating to our patients.

These techniques and programs coming under the volunteer services are excellent for increasing the interest and motivational levels of patients. It is very important to let patients know that someone cares. Our volunteers do their part.

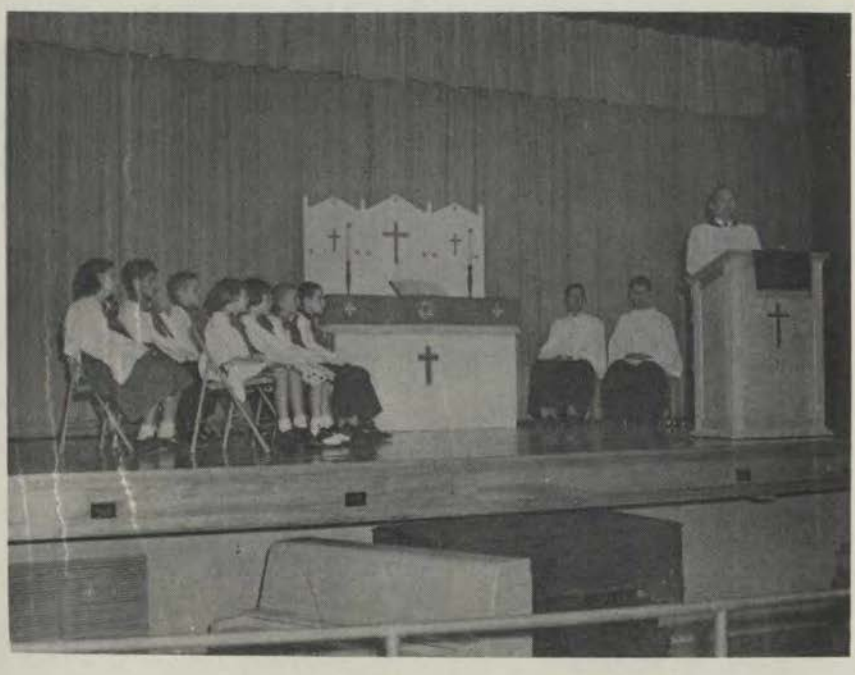
Volunteer work must bring satisfaction to the volunteer as well as to the institution. It must give a feeling of personal worth and usefulness, a recognition as a member of an organization with an objective of service, and continual day-by-day recognition and appreciation from the institution staff. This is essential in order to keep a volunteer program effective and the volunteers stimulated.

CHAPLAINCY

Personal Counseling
Group Guidance
Worship Services
Religious Education

The chaplain's service at the Glenwood State School is considered a vital part of the total program of the institution. Services and classes are conducted regularly under the direction of Protestant, Roman Catholic, and Jewish chaplains who seek to meet the spiritual needs of the residents.

Worship of God is considered one of the most important areas of religious expression. Great care is given to create beautiful and meaningful worship at the non-denominational Protestant services and the Roman Catholic Masses each Sunday. A Rabbi is also engaged to minister to the needs of the small Jewish population. Patients are encouraged to participate in the services as much as they can. They usher, handle the lighting effects, lead the singing, read the Scripture, provide various types of special music, and many other things commensurate with their abilities. All functional levels are welcome and encouraged to attend the services. Divisions in services are based on mental and chronological age so the patients may receive maximum benefits from all programming.
express acceptable adjustment.



— Chapel Service —

Because of the great value of small group instruction and the importance of religious education apart from the more formal worship services, the chaplains engage in many and various religious activities. These are held in the school building as well as on the wards, in order to reach the entire population with the best program possible. Every effort is made to meet the needs, understand the feelings, and resolve the problems of each patient because no part of the total life of the individual is beyond the interest and concern of God. Only as a person establishes a satisfactory relationship with God and his neighbors does he actually

Visiting and volunteer religious workers are under the direction of the chaplain. Visual aids of all kinds are used freely by these workers and by the chaplains themselves. These teaching aids include colored filmstrips and pictures, music, object lessons, records, dramatizations, and flannelgraphs.

The chaplains work closely with the professional staff and teams at all times, but specially in the handling of specific problems. Personal counseling as a part of religious therapy is a positive force in the patient's adjustment and development when it is led by someone the patient has grown to trust through religious services and other frequent associations. The setting chosen for guidance situations will seldom be in the chaplain's office, but will be where the surroundings are most natural and familiar to the individual and which will result in the greatest exchange of thought between the counselor and the counselee.

The chaplains are at the service of all employees to help them in their adjustment and work with the patients. The patient is better served when those who care for his immediate needs are free from anxieties. The emotional stability of the attendants affects the relations and attitudes of the patients. In like manner, but perhaps to a lesser degree, the chaplain is available to give guidance and advice to parents in the solution of problems growing out of their having a mentally handicapped child.

As a larger number of the patients anticipate outside placement, the chaplains give their particular attention to the final counseling experiences. Not only is there an effort to relate them to a church of their choice in the area they will be working, but there is a concerted effort to develop a sense of morality and ethical conduct in these and all residents within the limits of their respective potentials.

The inclusion of the chaplain's services in the program of the institution is as complete and effective a "home-away-from-home" for these individuals as the state can provide.

SOCIAL WORK

Pre-admission correspondence
Pre-admission evaluation
Community consultation
Family-Institution correspondence
Initial Family-Ward contact
Counseling Parents
Follow up

The Social Service Department is composed of a director, out-patient consultants, and in-patient workers. The in-patient workers are assigned to therapeutic teams. The out-patient consultants are directly responsible to the director for program development and execution.

The Department's function is basically similar to the social work function in any setting. It is to help people with an immobilizing problem to use the services of Glenwood State School and their own ingenuity in such a way as to resolve or reduce the problem.

Specifically, the social worker helps in pre-application and pre-admission planning, admission and intra-mural adjustment, and discharge plannig.

The parent exploring or seeking admission of his child to Glenwood needs and deserves the most skilled type of understanding. He comes to the social worker asking help which, if given, is usually extremely distasteful. It is the social worker's responsibility in working with the parent at this time to learn why the parent wishes to place his child in Glenwood. The social worker needs also to let

Counseling with Parents

the parent know what Glenwood probably can and cannot do for this child, so that no parent leaves a child at Glenwood with unrealistic hopes and aspirations. It is the social worker's job at this time to help the parent find and use any facilities other than Glenwood which may keep the child in his own home, or at least in his own community. In carrying out these activities with the parent, the social worker needs to impart acceptance of the parent as a parent even though he is trying to place his child. The social worker needs to let the parent know that if Glenwood accepts his child, its professional staff shares his burden of responsibility by also believing that this is the best available place for the child. The social worker's degree of success in this phase of service may make the difference in whether the family continues a close positive relationship with the School after the child is admitted.

Admission is usually far more difficult for parent and child than completing the application. The social worker who admits the child must again be prepared to help the parent feel we share his decision in bringing the child to Glenwood. He must be reassuring to the parent about the care the child will receive, and yet he must guard against being overly reassuring. He must establish himself as the personal, ongoing link between parent and child in an otherwise large, impersonal institution. Throughout the child's stay at Glenwood, it is largely the social worker's responsibility to see that the parent maintains his interest in his child. This he does by arranging visits between parent and child, by letting the parent know of the child's physical and other needs, by discussing the child's progress with the parent and by otherwise being available to help the parent understand Glenwood's program, his child, and himself more fully.

Discharge planning or extended leave planning are the shared responsibilities of the in-patient and out-patient workers. The in-patient worker needs to be constantly aware of patients who might be placed back in community facilities or their own home after Glenwood has completed its services. The out-patient consultant needs to be aware of community facilities which might help a specific patient or a specific type of patient. He also needs to be available to help resolve problems that occur after the patient is placed.

The out-patient consultant program extends beyond these specific services for specific cases. Glenwood's most highly trained social workers are assigned to the consultant program to help communities evaluate broad areas of need for service to the retarded. As areas of need are defined, it is the consultants' function to help the communities find ways and means within their own leadership and other resources to meet the need.

PSYCHOLOGY

Psychodiagnostics
Counseling and Guidance
Individual Psychotherapy
Group Psychotherapy
Play Therapy
Research
In-Service Lecturing and Teaching
Employee Screening
Pre-Admission Examination
Out-Patient Clinic Examination

The basic principle in the care and training of a child is to see him as a whole and as he really is, to recognize his particular needs and strengths and to understand and appreciate his limitations. To this end, it is necessary to obtain full and accurate knowledge of each individual. Part of this knowledge can be gained through careful and adequate psychological examination and evaluation.

This Department has the responsibility of determining whether or not any child *is* mentally deficient or retarded, and the degree of such deficit. Since, by virtue of his special training and technical skills the psychologist is specifically charged with this responsibility, he must be extremely conscientious and careful in discharging this duty. The psychologist *may* be of help, in particular cases, in determining the etiology of the deficiency, but that is not his specialty and therein he serves as an adjunct and not as a prime.

So as not to categorize any child as retarded unless positive such is the case, and to avoid institutionalizing those who do not need such, a pre-admission evaluation is scheduled for all applicants for admission to the institution. The child is brought to the institution for this examination by his parents or guardian and

— Psychological Examination —

is given a complete examination by the Psychology Department, Social Service, and the Medical Department. After the examinations are completed, the Admissions Committee collates all information on the child and decides if and when to admit him, and notifies the parents to that effect.

The first step in the psychological evaluation of each child is the administration, scoring, and interpretation of a battery of intelligence, education, aptitude, and personality tests. This is done with all new admissions and after the child has been here long enough to overcome the initial shock of a strange setting. Periodic re-examinations are necessary to detect major changes in abilities or personality due to maturation, learning, emotional adjustment, etc., and to proplateaux in learning, onset of special disabilities, etc. Not all psychological factors require re-evaluation at each time of re-examination – sometimes it may be intelligence, or personality, or learning, or achievement, or motor development, or memory, or etc., and sometimes, a complete battery of psychological tests will need to be utilized, depending on the problem presented or the individual case. Also the functional level of the individual will be a factor in determining the need for re-examination, although, even with those of lowest intelligence, changes do occur.

vide a scientific basis for making changes in the child's program.

The need for periodic re-examination is due to maturational factors, personality changes, behavior problems, senility, re-programming, school achievement,

Our re-examination schedule which we are trying to reach is as follows:

Ages 0 to 5.0 re-examine yearly
Ages 5.1 to 10.0 re-examine every 2 years
Ages 10.1 to 16.0 re-examine every 3 years
Ages 16.1 to 20.0 re-examine every 4 years
Ages 20.1 to 30.0 re-examine every 5 years
Ages 30.1 to 50.0 re-examine every 10 years
Ages 50.1 to 65.0 re-examine every 5 years
Ages over 65.1 re-examine every 3 years.

After these various tests are evaluated, a complete psychological report is written on each child, and this becomes the basis for staff and individual conferences on ward placement, training, education, job assignment, discipline, recreation, and adjustment in each case. Without this psychological evaluation no adequate understanding of the child is possible, nor could adjustments be made in each individual's program to achieve the maximum in development of his capacities for happier living.

This Department is concerned with the total habilitation of the individual patient by raising the level of his achievement physically, mentally, emotionally, and socially. Such special techniques and skills as the psychologist possesses (test administration, test date interpretation, personality evaluation, appraisement of special abilities and disabilities, psychotherapy, aids to emotional adjust-

ments, etc.) are to be directed towards that end. This is just as important for the training of the lower functioning patients in basic self-helps such as walking, toilet-training, etc., as it is for the higher functioning patients in learning the three R's, attaining good emotional adjustment, acquiring job skills and work habits, and in successful placement outside the institution. The dictum that "a happy child is a good child" is partly predicated on the fact that the more the child learns to do for himself the happier he is. This is helpful both to the patient and to the institution.

Through these psychological tests and techniques many children with problems are discovered. For those, two programs are established and carried out by the psychologists assigned to the four Team areas. For those under 13 years of age, individual or group play-therapy is instituted depending on the nature of the problem and its severity. For instance, children who are withdrawn, fearful, or constricted, are helped to act out their feelings and emotions through group play and free interaction with other children. Or those who are aggressive or antagonistic are aided in working out their hostilities and frustrations on inanimate objects such as unbreakable toys, finger-painting etc. For those over 12 years of age, indvidual psychotherapy (counseling) is established on a regular or periodic basis, depending on the type of problem and the need. This counseling provides the individual an opportunity to "talk out" his problems in confidence, without fear of recriminations, reprisals, or lecturing, gives him an opportunity to release pent-up emotions and helps him in developing more acceptable attitudes and behavior. Where simple "talking-out is not sufficient, more directive therapy is undertaken, such as a change in job, ward, or school assignment, arranging home visit, etc.

In addition to those individuals who come to the attention of the Psychology Department through routine examinations or re-examinations, many are referred to this department by other departments such as Medical, Social Service, Nursing Service, School, Psychiatric Clinic, and the Teams, for special examinations in problem areas such as personality, etc.

Since the most complete information and understanding of each child is of little value if unused, it is one of the prime responsibilities of the Psychology Department to pass along this information to other departments and personnel who work with the particular child. This is done through both written evaluative reports and individual and staff conferences, where the psychological evaluation of the child is interpreted and discussed as the basis for better understanding and an aid to his happiness and development.

Because parents are naturally concerned about their children, they frequently discuss their child's problems with the Psychology Department. At such times much valuable information is obtained from the parents which helps the psychologist not only to understand the child better, but to suggest changes in his program which may benefit the child and perhaps alleviate the concern of the parent. At any rate, this conference is a two-way proposition.

— Psychological Counseling —

Another very important function of the Psychology Department, and perhaps from the overall viewpoint the most important, is the psychological screening, evaluation, and selection of new employees for the institution. Through the use of psychological tests and techniques, employee applicants with major personality or mental defects are screened out, and only the best of those who offer themselves are employed. This has a most direct bearing on the welfare and happiness of the child.

One final activity of the Psychology Department, is the operation of an outpatient Psychological Clinic. Since diagnostic facilities in the south-western part of the state are either completely absent or very limited, this Department has offered its services gratuitously to parents, physicians, schools, and welfare agencies in this part of the State. This service has been actively utilized during the past three years. However, it has been confined so far to psychodiagnostic examinations, since our staff is not yet large enough to give psychotherapeutic treatment to any, other than our own institutional patients.. With the further development of Area Mental Health Programs, however, treatment facilities will need to be considered.

Members of the Psychology Department serve on various Institutional Committees such as Admissions Committee, Disposition Committee, Sterilization Committee, Records Committee, etc. Also selected members of the Department assist in the "in-service" training program of the Institution by giving lectures, demonstrations, work-shops, etc. All staff psychologists lecture to visiting groups. Department carries on a rigorous training program for its own staff so as to improve their professional skills and competency.

MEDICINE

Pre-admission evaluation	Medical and Physical Examination
Dispensary	Chemotherapy
Electrotherapy	Hospital
Radiology	Medical Technology
Physical Therapy	Dentistry
Pharmacy	Consultant Services

An important function of the physician is the pre-admission evaluation. Together with social service and psychology, the medical department evaluates all prospective patients. The physician conducts a physical examination, schedules laboratory tests, and collects medical history. All this data is necessary in determining the primary and secondary characteristics associated with the mental retardation.

Medical services are provided for the in-patients at Glenwood. Minor ailments are treated by the team physicians in their areas, either on the wards or at the dispensary. When the patient's condition requires more extensive treatment, he is transferred to an acute hospital ward. We have three such hospital wards at Glenwood.

The first is the baby hospital where there are infants and children who need special nursing care. Included are severe feeding problem, severe hydrocephalic, and severe convulsive patients. There are also patients who are too young to be placed on any other wards. Their ages are usually below three years. Most of these children are permanent residents of the hospital, although some are carried on the lists of other wards. None of these children are able to care for any of their needs. Most of them are able to sit up in chairs for at least short periods of the day. Many of them enjoy mobiles or other bright toys suspended above their beds. They need and enjoy having people talk and pay attention to them, as all babies do.

The second is the hospital ward for medically ill males. Upon the recommendation of their doctors, boys and men are transferred to this hospital. Usually fifteen to twenty patients are enrolled and they stay an average of five or six days. A few reside here permanently because of their severe medical problems, but they are carried in name on other wards. Active tubercular patients stay in isolation rooms or the day room located off the ward. The patients that feel relatively well have access to television or they may read or write, depending upon their functional levels.

The third hospital ward is for females. Medically ill girls and women come to this ward from all areas upon the recommendation of their doctors. Usually there are fifteen to twenty patients who stay an average of five or six days. Several reside here permanently because of their severe medical problems, but they are carried in name on other wards. The hospital patients have access to television if they feel well enough to be up. They may also read, write letters or visit, depending upon their functional levels. No major surgery is performed at Glenwood State School. Those requiring such treatment are sent to the State Iowa University of Iowa Hospital in Iowa City.

The pharmacy or drug room at Glenwood State School is in reality a combination of both. A pharmacy in the sense that we do put up prescriptions for individual patients, and a drug room in that we also put out drugs in bulk supplies to the wards. The pharmacy is operated this way actually out of necessity. Since the drug department is open only twenty hours a week, it is impossible to fill all prescriptions on an individual basis, and likewise, there is a need to have a supply of drugs available in different areas during the hours the pharmacy is closed.

The various fields of medical laboratory work, which we make use of at the State School, are haemotology, blood chemistry and bacteriology.

In haemotology, at the request of the doctors, we do complete blood counts, wintrobe hematocrits, and sedimentation rates. In blood chemistry, the following tests are run when the doctors' request them: cholesterol, glucose in blood (for spinal fluid), serum alkaline phosphatase, spinal fluid protein, thymol turbidity, urea nitrogen in blood, Van Den Bergh (or billirubin), icteruc index, chloride in serum and urine. In bacteriology: Various smears and slides are taken, stained and look at through the microscope, and some culturing is done. Also, many complete analyses of urine are made.

Our x-ray unit is completely equipped and modern. We have a Westinghouse 300MA.—125KV. machine with a ceiling mounted tube stand. This makes it much

easier to x-ray an injured p.rson with a minimum amount of shifting the patient. The new equipment, having faster exposure time, makes it possible to take a fine quality x-ray film eliminating the possibility of movement on the part of the patient during the exposure.

We have a thermostatically controlled developing tank, which keeps solutions at a constant temperature. This not only eliminates the possibility of spoiling films but also makes it possible to reproduce a film of equal quality as one taken several weeks or months previously. All types of radiographic work is done in our department.

We also provide electroencephalographic service and are equipped with a Grass eight channel electronic instrument.

The role of the physical therapy department at Glenwood State School is one of aiding the physicians, nurses, and attendants at the School to achieve the following goals: to combat the cumulative disabling effects of prolonged physical or mental illness or retardation; to minimize residual physical disabilities--by the use of the various modalities offered by physical therapy, we hope to train the patient to use those muscles which he can control in a more efficient manner; to

– Hospital Ward –

help return the patient to optimum living within his capacities; to hasten convalescence and reduce time spent in the School Hospital area; to contribute to the comfort and well being of the patients.

In an Institution such as Glenwood State School, the Physical Therapists can and do contribute to the emotional-mental as well as the physical well being of the patients; ie: maybe we only have to take an "extra minute" to say "Good Morning", maybe help one of them into or out of a chair or bed, or listen to a problem which may be only minor to the "normal" employee but may seem major to the patient until he or she has an opportunity to express himself to a sympathetic listener.

We also have a dentistry unit and the work consists of general checkings, extractions, fillings, tartar removal, prophylactic treatment, flouridation, and diagnostic x-rays. Dentures, crowns, anl bridges are made for patients who are able to wear them. The same dental care is given for patients on work placement.

For teeth extraction a local or general anesthesia is given, depending on the condition and the mentality of the patient. For major dental surgery, for which we do not have the facilities here, patients are sent to the State University Hospital Dental Surgery Department, Iowa City, Iowa.

Besides the services of our regular medical staff, we have the consultant services of psychiatrists, a chiropodist, a dermatologist, a radiologist, orthopedist, a pathologist, and an optometrist. We try to provide good physical and medical care at Glenwood.

SPECIAL EDUCATION

Educable
Trainable
Nursery
Kindergarten
Primary
Intermediate

Physical Education
Recreation
Music
Adult Education
Vocational Training

The major part of the work of the Special Education Department is designed to lead the children to a degree of development as close to their maximum educational capacity as is possible. Therefore, for special education purposes, the children are divided into four unit levels; nursery, kindergarten, primary, and intermediate. The two upper levels are further divided into classes for the educable, the trainable, and the emotionally disturbed, or behavior problem students. The teaching and training personnel of these children have, as their objective, to provide our patients with the optimum education and training to which they are entitled, but were deprived of in their home communities. Actual emphasis and implementation of the program is learning by doing.

The goals of education of the children in our school do not differ from those formulated by the Educational Policies Commission of the National Education Association for all American children, namely: self realization, human relation-

— Educable Class —

ship, economic efficiency, and civic responsibility. The means of reaching these objectives differ, however, from those in regular public because of the unique individual problems of our population.

On the nursery level are children three through eight years of age. Children are admitted to this unit regardless of their I.Q., mental age, auditory impairments, mild physical disabilities, visual deficiencies, etc., provided they are toilet trained and physically able to attend school and participate in the school activities designed for them. If, after a period of observation, a child shows a readiness for kindergarten, he is transferred without delay. Those, who after reaching the chronological age of eight are not ready for kindergarten, will be transferred to the trainable section of the kindergarten unit. There is also a kindergarten section for the emotionally disturbed and behavior problem children.

The kindergarten level is composed of children who show readiness for this unit. Each child is observed closely. Any time he shows genuine readiness for more advanced training, he is transferred to the primary group immediately. Children reaching eleven years of age and who have not shown readiness for the primary unit are then transferred to the Pre-Primary or "The Trainable Child Unit." There is also a primary section for the emotionally disturbed and behavior problem children of this age.

The upper chronological age of the primary unit is thirteen. Children may be transferred to the intermediate unit upon showing readiness for this advancement. This movement will be decided by the team which is responsible for that particular child's activities. There is no chronological age limit to the intermediate unit.

The classes for the trainable and emotionally disturbed are just as important to us as classes for the educable. They are geared to meet the needs of the child who may spend the rest of his life in the institution, however, it is the teachers' utmost ambition to work with the trainable children as skillfully as possible in order that some day they may be transferred into a class that could lead to outside placement or back into a normal community.

Each unit has certain objectives with specific activities to meet these objectives. This is very important, as they serve as a guide for all teaching and training personnel to use, in order that they will better understand what the child has accomplished in preceding classes. This is necessary here the same as it is for the teacher in a normal school setting, for the various grades are used to show achievement.

In addition to the so-called academic classes, the children have a balanced program of physical education with special stress on corrective exercises, music, chorus, home economics, and general shop classes for boys and girls. Art, handcraft, and vocational training in shoe repair, printing, and custodial activities are also taught.

Adult education classes enable the patients to choose and participate in many leisure time activities that enhance their habilitative program and make it more complete and effective.

Rhythm Band

The progressive music program of the school is designed to provide a creative media through which the general objectives established for the boys and girls of the school can be attained. The well balanced music program includes vocal music which provides the child with an opportunity to express himself in a creative manner; instrumental music, mostly through the band and orchestra, but also in some ensemble and solo work; rhythm activities which help develop finer coordination between the visual, auditory, and motor processes; creative musical expressions; and listening sessions which will develop greater pleasure and interest in music. The whole program is based on the premise that music will do much for the children and not primarily on what the children will do for the music department as such.

At Glenwood State School, the recreation department and the physical education departments have separate and distinct responsibilities and activities. The recreation program seeks re-creation of the individual through activities that

bring immediate satisfaction and the opportunity for the individual to choose his leisure activities voluntarily. Special parties and dances, picnics, races, horse shows, sleigh rides, and swimming are but a few of the many activities of this department. Visiting celebrities such as Roy Rogers, Dale Evans, Edgar Bergen and Charley McCarthy will not soon be forgotten by the patients. Scouting, writing clubs, dramatics, and intra-mural programs are part of the active program. It is the recreation department that chaperones and presents the movies each week.

Numerous kinds of activities ranging from individual to group participation, and from stunts to competitive sports help them attain their goals. The physical education department gives special instruction in grooming, health, and posture. Physical education is a part of the total education program and curriculum of the child. All physical and mental disabilities must be taken into consideration, as adequate activities are offered to both boys and girls.

VOCATIONAL HABILITATION

Vocational Training
Vocational Counseling
Day Placement
State Division of Vocational Rehabilitation
Work Placements
Patient Payroll
Trainee-Employees

The function of the Vocational Habilitation Department is an evaluation of the vocational potential of patients through reported observation of the individual patient on a job, in a training program, in social situations, in developing suitable objective measurements of the vocational potential of individual patients, and research for determination of the most suitable training program for the institutionalized mentally retarded.

To aid in this programing, the therapeutic teams set up an habilitation ladder encompassing five rungs. They include patients that are low functional with self-government operating intramurally; and high functional patients with self-government who operate intramurally and extramurally. On the fourth rung are the patients or children assigned to the vocational habilitation wards. On the fifth rung are the patients assigned to the trainee-employee program. This program is under the direct charge of the Vocational Habilitation Department, even though they have charge of the trainee-employee program, will still discuss with the referring team any problems that may arise.

We have prepared a check list on training objectives for the 5th rung level and a check list for the 4th rung level. These have been published separately and are made available to the employees working with patients in these areas and to the patients themselves so that they know what is expected of them before graduation from the Program.

In the past, when the habilitated patient had been brought to a level where it was thought he might make a work and social adjustment extramurally (outside the institution), placement was made. With the trainee-employee program, we are refining this aspect of our habilitation program as follows: When a patient has ascended the habilitation ladder through the fourth rung, he will then be placed on the fifth rung as a trainee-employee who will operate under the jurisdiction of the Vocational Habilitation Department. Trainee-employees will receive salaries of $8.00 per week and will live apart from patients, the males in the Industrial Building and the females on the fourth floor of the Administration Building. They will work a regular 40 hour work schedule and have the same employee holidays as other employees. They will take their meals in the employees' dining hall. They will be entitled to full medical and dental care and only in this respect will differ from other employees. They will be on their honor to conduct themselves in a manner befitting ladies and gentlemen and have full access to events held on the Institutional grounds, but will seat themselves in the balcony of the theater as other employees when not on duty. However, since we are attempting to prepare these patients for extramural functioning, it is hoped they will find their entertainment outside the Institution. Just when they are allowed to leave the Institutional grounds alone, will be a decision made by the Vocational Habilitation Department.

Trainee-employees will be divorced from all patient functions such at school band etc., when they go on the program. Occasionally, such association might be in order, in which case the Vocational Habilitation Department and the team from which the patient came will make the decision as to participation.

Trainee-employees will attend personnel orientation programs the same as other new employees, but will be excused from the tours. They will receive employees identification cards. There is no limitation, commensurate with ability, as to what job a Trainee-Employee might be assigned.

This program has been observed very closely by the staff personnel as to the benefits of this type of program in a school for the mentally retarded. The one big value to the patient is the advancement in social situations. This has come about by living with employees, eating with employees, and the field training trips to Council Bluffs and Omaha. On these trips, different points are made. A check list has been prepared of over seventy different things they would not come in contact with while at the school such as, how to order from a menu, transportation (busses, taxis, ect.), use of leisure time (shows, wrestling matches etc.). During this time, no work placements have been made away from the school. It has been generally agreed that the person going on job placement in the future will be better prepared to meet situations in the community.

The over-all primary aim here at Glenwood State School is to bring to each of our children or patients training and education within their own ability to grasp

– Woodworking Class –

At Glenwood, we have a patients' payroll. There are always between 775 and 800 patients who are working on the grounds. An average of 50 transfers from one training area to another are made each month. This includes several counseling sessions as to why they should change jobs, etc.

The patient payroll is made out each month with the supervisor in each training area filling out their own payroll. It is used as a punishment as well as an incentive tool. If the work supervisor requests a raise for a boy or girl who is doing good work, it will be given, or if they should have one that is not reporting to work on time, not following orders, etc., then their pay will be cut.

A canteen card system is also operating for all patients, except the ones living on the habilitation wards who receive cash as a part of their training.

Most outside work placements are made with the cooperation of the State Division of Vocational Rehabilitation. They find the job, do follow-up, provide additional training if needed, plus room and board while on training. The cooperation and support they have given Glenwood State School has been excellent.

There is also a day placement program supervised by the Vocational Habilitation Department. Jobs are found in nearby communities for both boys and girls,

where they work the day they have off from their regular job at the School. They are paid about $3.00 a day for this work. It is very good training for them to get away from the school and work in different surroundings.

The vocational counselors assigned to the therapeutic teams work very closely with the operation of the self-government policies for both boys and girls habilitation wards.

Individual files are kept on each working patient. This includes progress reports plus other forms that are used in vocational evaluation.

Other duties previously not mentioned are, preparing job analysis forms, job performance forms, job placement interview forms, and a vocational survey on every working patient. Each counselor has a case load of approximately 200 working patients.

These forms are used to evaluate the patient as to how often their job assignments should be changed. They are used by the vocational habilitation person assigned to different team areas to help in evaluating ward moves and programming.

Vocational trainers are also employed, especially during summer months, to work with male patients who have never worked. These groups include ages from 10 to 15 with an I.Q. range from 17 to 73. They receive closer supervision and training than if assigned to a regular training area. The majority of these groups are assigned to regular training areas after one to two months with the trainer. The jobs they have been assigned to are dining room helpers, lawn crew, male infirmary as detail helpers, and feeders at the noon and evening meals, garden, woodworking, coal shovelers, canning factory, and clean-up detail for engineers. None of these boys had ever been assigned to any detail, nor were they on the payroll. The younger age groups are much easier to work with and place on jobs. Their attitude is much better and they are seeking something to do. The vocational counselor assigned to the Teams selects the boys for the trainer and makes the regular job placement.

NURSING AND COTTAGE LIFE

Training on the Ward
Home Life
Substitute Parents
Physical Care
Barbering
Beautician
Seamstresses
In-service training & teaching
Ward Charge
Attentant Supervision

The basic philosphy of nursing service is to preserve life, rehabilitate and return the patient to society. This same philosphy applies to the retarded patient. Nursing service must be concerned with more than performing skills related to the care of the acutely ill patient within the institution. This department must also be concerned with his environment, emotional and physical development, and the very broad scope of daily living.

The main function of nursing service is to satisfy the basic needs of the patient. These basic needs include physical care - - warmth, food, clothing, proper rest, recreation, emotional care - - - love, security, understanding, acceptance, a feeling of being needed; and mental stimulation, motivation, opportunities to learn, and encouragement to try new and more difficult tasks.

Too often in the past, service ended after the physical needs were supplied.

At Glenwood State School, the patients are in homogenous groups according to physical capabilities, social abilities, mental age, and chronological age. This was and is accomplished by the therapeutic team enabling the nursing personnel to concentrate on giving specific care to each patient.

On our totally dependent wards, the attendants spend the majority of their time giving physical care to the patient. Most of these patients are physically handicapped to the extent they are nonambulatory. Many of them are "babies" mentally and need to be fed, clothed, diapered, and bathed. However, any patient who is physically capable of performing these tasks is given special attention and every effort is made to help him improve in self care abilities. As feeding, dressing, toilet training, etc., are habit learned, even the lowest functional child may progress to the point of caring for all his own basic needs.

In order to reach this goal of total self care, the attendants must set up a twenty-four hour schedule, with all attendants concentrating on teaching only one task at a time; repeating this task over and over with the patient, explaining the procedure in the same way each time; then praising the child whenever he shows advancement. (Praise is a reward everyone understands). Training the retarded child is a long, tedious process and requires infinite patience, as advancement is not apparent overnight.

With improvement, the patient advances up the habilitation ladder and is transferred to a higher functional ward of trainable children. The attendants' duties change as the children advance. The child now needs only supervision in caring for his personal needs and the attendant spends more and more time helping the child adjust and improve socially and emotionally.

Training is continued in physical care and personal hygiene, but other tasks are gradually added and mastered until the child is taught to care for his own clothing, make his bed, keep his room and his locker tidy. He is taught to say,

– Day Room –

"please" and "thank you." He is encouraged to use good table manners, and at this age, academic schooling is usually begun. For the trainable, this includes social adjustment, safety, arts and crafts, rather than basic reading, writing and arithmetic.

On the ward each child is given a small task to do. Perhaps he is responsible for dusting the window ledges, or emptying the waste basket, or helping another child with his clothing. Whatever the task, it helps the child develop good work habits, and gives him a sense of responsibility and worthwhileness.

Our attendants consider themselves substitute parents and every ward area is arranged as homelike as possible. Motivational tools and books are on table or desk during play periods, not left on the shelf to collect dust. After play time, the children are trained to pick up the toys and tidy up the room.

Sometimes discipine is necessary - - all children need discipline in order to learn the accepted behavior of a given culture or society. The retarded child is no exception. The kind of discipline differs with each child and each misdeed. Usually the child is deprived of a privilage he enjoys - TV, or movie, or a trip to the canteen. One of the hardest duties of an attendant is to find an acceptable method of discipline. Discipline, to be effective, must provide a learning situation for the child. Discipline without learning is just "punishment".

The trainable child is in need of constant motivation. It is much easier and quicker to dress a child than allow him to dress himself. But the good attendant knows a child learns by doing and is constantly encouraging the children to try new and more difficult tasks.

Constant stimulation is given the shy, withdrawn, "quiet" child. A quiet, relaxing atmosphere is provided for the hyperactive, brain damaged child. (This would be impossible if the children were not placed in homogenous groups.) Group participation is encouraged to speed social maturity. Indoor activites are provided the year around.

The educable children have more responsibilities toward keeping their "home" clean and orderly. These children have a wider choice of free time privileges, entertainments, etc., but are expected to finish their assigned duties first. Many of them work an eight hour day off the ward, or spend a great deal of time with school work. Nursing care is geared toward teaching personal hygiene, and proper use of leisure time.

All ward areas housing totally dependent children have two attendants assigned to each eight hour shift, plus a ward charge during the daytime, who coordinates the care and activities for the twenty-four hour period, and teaches and supervises the attendants working with her. The ward charge is directly responsible to the attendant supervisor in her building. Other wards have only one attendant on each eight hour shift and are directly responsible to their supervisor.

The Attendant Supervisor is responsible for all patients and employees in his team area. He arranges the employee time schedules, assists in teaching and ward care, supervises sanitation, orders equipment and supplies, and many other supervisory tasks. Daily visits are made to every area. The supervisor reports his findings and suggestions to the team nurses or chief supervisor.

The Chief Supervisors work with all nursing personnel and are responsible for patients in all team areas. They work directly under the Director of Nursing, coordinating all nursing activities.

The registered nurses and liscensed practical nurses are in charge of the acute hospital area, the out patient clinic, team dispensaries and central (sterile) supply. Registered nurses also teach the inservice education program and are responsible for the total immunization and public health program at Glenwood State School.

Dispensary (sick call) is held daily in each area - - the nurse, as well as the supervisor, makes complete rounds at least once daily assisting the attendant in "spotting" all or disturbed patients that need medical care or treatment. If the child is non-ambulatory or too ill to visit the clinic, the doctor treats him on his ward, or the child is admitted to the acute medical hospital area, where concentrated medical care is available around the clock.

Other nursing personnel who assist in the daily care of our patients include beauticians, barbers and seamstresses, janitors and escorts.

The beautician keeps the girls' hair trimmed, gives permanents, teaches good grooming and nail care, etc., to the higher functional patients, and is general "morale booster".

The barbers trim the boys' hair, shave those unable to care for themselves, encourage good grooming, and help the attendant with patient grooming problems.

Seamstresses mend and alter clothing for the patients, help the attendants with linen problems, keep the ward areas supplied with clean clothing and linens,

and help train the patients to care for their clothing.

The janitor helps keep the halls, stairways, and office clean and sanitary, assists in removal of trash and soiled laundry, and offers his services wherever needed.

The escort service handles hospital appointments, dental, physical therapy, and other special service appointments, delivers drugs and medications from the pharmacy to the dispensary areas, and is general "messenger" for the nursing department. This frees the attendant of many duties that would take him off the ward, and allows him to spend much more time in caring for and supervising the patients under his care.

Patient's Leisure Time

Nursing service also has the responsibility of conducting the attendant in-service-training program. These classes are taught by registered nurses and consist of about sixty hours of "Fundamentals of Nursing", twenty hours of "Understanding the Mentally Retarded", twenty hours "First Aid", Fire Prevention, Ward Evacuation and Safety, and twenty to thirty hours of general orientation, ethics, housekeeping, and a tour of the institution.

Fundamentals are taught the first two weeks of each month to all new nursing employees, We feel this concentrated teaching orients the new employee quicker and better and ultimately gives us a more useful, and happier employee, well trained for any nursing task. During this two week's course. time is spent on several types of wards to give the new employee a chance to work with all types and ages of children and adults. This gives us (and them) an idea for permanent placement.

"Understanding the Retarded" is taught twice weekly during working hours, and the employee is excused from ward duty to attend. This is a unique course covering the problems of retardation, normal and abnormal growth patterns, behaivour of the brain-damaged child, and many more spacific problems. The psychology department assist in teaching the advanced courses.

We are constantly striving to improve and expand our inservice education program as we feel it plays a vital part in maintaining good care and increasing the understanding of retardation and its' problems.

An active immunization program is in effect the year around. All residents are immunized for diptheria, tetanus, pertussis, smallpox and polio. Mantoux tests (for tuberculosis) are given once yearly to both patients and employees with X-Ray follow up on all positive reactions. Polyvalent Influenza Vaccine is given each fall (to patients and employees) if recommended by the State Department of Health. The old saying "an ounce of prevention" - - certainly holds true as far as our immunization program is concerned.

REGISTRAR

Actuarial Statistics
Central Records
Medical Secretary
Clothing Center
Team Secretaries
File Clerks

The Registrar's activities encompass: all administrative functions connected with admissions, discharges, medical records, social records, psychology records, vocational habilitation records, and all other records that are a part of the Iowa Board of Control institutional procedures, except those that come under the Business Manager.

The Registrar also serves as chairman of the Records Committee, whose responsibilities are to continually review the medical records with the goal of correcting present deficiencies and improving all records.

The team secretary in each patient area is a member of a therapeutic team. She is responsible for all records of patients in her area and for seeing that duplicate information is sent to Central Records for each patient's file and to a record on each patient to be used on the patient's ward. The team secretary takes minutes at the daily team meetings. She works for all members of the team, which is comprised of: a physician, psychologist, nurse, social worker, attendant, supervisor, and recreation worker, in addition to a vocational habilitation worker and a teacher in the two higher functional team areas.

The Clothing Center is a habilitative project for patients. It is the first time

— Clothing Center —

the patients have been able to select their own clothing. The Clothing Center stocks, fits, and marks patient clothing, that is State furnished.

The clothing supervisor keeps an inventory of running stocks and is responsible for re-ordering, finding what styles are appropriate and accepted by the patients, getting employee opinions on what is most suitable for the patients, etc.

Instead of each building having it's own clothing storeroom, all clothing is stored at the Clothing Center. All shoes are ordered through the Clothing Center, although fitted and marked by a seperate Shoe Center.

There are clothing clerks, under a supervisor, each of whom is assigned to a team area. It is each clerk's responsibility to see what is needed in her building area, work with attendants and sewing room personnel in her area, and fit patients who are bed patients or non-ambulatory and unable to go to the clothing center.

Central Records is where active and inactive patient records are kept. They process all admissions, re-admissions, discharges, deaths, and transfers. The clerk also files current correspondence, psychological examinations, etc. She is responsible for notifying all departments of patient changes. The Statistician is responsible for weekly, monthly and annual reporting of patient changes, (admissions, transfers, deaths, etc.) to the State Statistician at the Board of Control. The Medical Secretary is responsible for sending all letters out to parents or relatives regarding hospitalization, severe illness, Iowa City Hospital appointments, and to secure approval for operations, etc.

The Registar Department clerks process all applications for admission, and set appointments for pre-admission evaluations and admission dates.

BUSINESS ADMINISTRATION

Financial Affairs
Stores and Supplies
Canteen
Motor Pool

Housekeeping
Dietary
Laundry
Engineering & Maintenance

Agricultural Operations
Personnel
Volunteer Fireman
Greenhouse

The business office has complete charge and supervision over all business affairs relating to the Institution including the farms, and gardens, and all industries engaged in at the Institution. This office has charge of all the accounting and all other statistical records, control with full accountability of all property and moneys of the Institution, including patient's money. It has charge and supervision over the condition and repair of all buildings, improvements, and the property subject to the approval of the Superintendent. It has charge and is accountable for all livestock, and supplies and stores, examines and registers all goods deliverd as to amount and quality, and issues supplies upon requisition. It presents monthly, to the Board of Control, an abstract of all expenditures together with accounts and payrolls for the preceeding month. It makes to the Board at the close of the biennial period, a consolidated report of all purchases and transactions of the department.

The Glenwood State School Volunteer Fire Dept. has a program consisting of firemanship and evacuation training. Sessions are held twice a month for discussions, practice runs, actual hook up for hoses to hydrants and truck pump, the setting up of 60 foot ladders and practice climbing. The department supervises and times the patient fire drills once a month and acts as traffic police for all special programs held at the Institution.

The greenhouse keeps fresh flowers on the wards and in the offices in the winter. They make flower beds and fill flower boxes in the spring and take care of them. Several patients work in the greenhouse for therapy and training.

The dietary department orders all the food supplies and makes the menu for all the Institution. They prepare all the meals, including baking all the bread, pies, cakes, cookies, and doughnuts. They keep records to determine the cost of the meals and report to the Board of Control each month.

The laundry washes all patients' clothing and linens, including curtains, bedspreads, drapes, and wool blankets. Each ward has a maximum of each item of linen for each week and the delivery truck driver sees that these maximums are maintained.

—Trainee Employee's Banking—

Our garage maintains and services the cars, trucks, and the farm equipment. The motor pool is located at the garage where the cars are kept ready to go at all times whether on a long trip or a short one. They furnish general chauffeur service to all the personnel when necessary for business.

The housekeeping department is responsible for the housekeeping functions purchasing, cleaning, and other, outside of patient areas.

The personnel department provides the machinery for filling vacancies in the employee roster and maintaining a reservoir of available workers through the initial step of recruitment. The department conducts the preliminary interview of the applicant, the processing of the application, co-ordinates and records the psychological and physical examinations, and arranges for the supervisory interview of the department needing an employee. If qualifications are met, the personnel department completes the hiring cycle by giving the new employee further instructions and orientation into the regulations and policies of the institution. It is the department's responsibility to strive for a high morale by being a continual liaison of policy information to all employees and by providing a sounding board for grievances by personal and collective counseling. It furthermore maintains work and attendance records and conducts a termination interview.

The canteen is maintained primarily for patient's use. They use a canteen card system which enables our lower functional patients to receive full benefit of their money. The patients on our Habilitation Ward and in our Trainee-Employee Program use cash, as this is part of their training for future outside placement. Crafts made in our Special Education Department are sold at the canteen and the profits are given to the patients. It is used not only as a voluntary program for the patients, but also as a recreation tool and vocational training for our Special Education unit. All profits that are derived from the canteen sales go into an account labeled "Amusement Fund", and the sole purpose of this account is for the benefit of the patients.

Of the 1334 acres of property belonging to the institution, 650 acres are in crop rotation. The balance is timberland, permanent pasture, farm lots, and campus grounds for buildings. Corn, alfalfa, oats, sorgo, and wheat are the principal crops grown. A holstein dairy furnishes all the necessary milk for patient consumption. The farm sells cattle and hogs on the open market. Truck gardens and the orchard furnish fresh fruit and vegetables in season and the surplus is canned by the Institution's canning factory.

The central heating, power and light, water and sewerage disposal departments are centralized in the power plant area. By providing their own utilities, the institution maintains a satisfying self sufficiency status. However, emergency tie-in service with private utilities guarantee service in case of break down in power, light, or water. From this area of manufacture and transmission, these services are sent into various areas for consumption.

For the continual maintenance of the entire physical plant, the repair of all equipment and construction of facilities, journeyman and apprentices of crafts and trades are on the maintenance department payroll. The grounds keeper maintains the central campus in summer and assists in road upkeep and is responsible for snow removal in winter.

DISPOSITIONS

Admissions is concerned with whether an individual is eligible for admission to Glenwood State School and can profit from our program of treatment, training, and education. *Programming* of this treatment, training, and education is the responsibility of the Therapeutic Teams and various institutional departments. *Dispositions* is concerned chiefly with movement of patients from the institution to other resources such as County Homes, Nursing Homes, Boarding Homes, Foster Homes; to other Institutions; work placement outside the Institution; referrals to State Vocational Rehabilitation for training and placement; vacations; and placement back in their own homes. Much, and most, of this movement is instituted by the institutional Therapeutic Teams and carried out through the Social Service Department Community Consultants and the Habilitation Department. However, as a final referral for unusual cases or where conflict of opinion arises, an institutional Dispositions Committee has been set up to discuss, recommend, or take necessary action.

After a patient no longer needs Glenwood's services, our consultants assist the community and the family in planning for his smooth return. It is hoped that the patient's family and his community have continued their responsibilities to him. For the majority of patients, Glenwood is no longer the forgotten refuge. Our patients are no longer ignored or unwanted citizens of society. Initially our community consultants help in the pre-admission and admission planning; in this phase, (dispositions) they help return the individual to society.

The completion of services is the criterion which enables the teams and/or Dispositions Committee to recommend a patient's leaving the institution. He should leave when and if he is able; after treatment, training, and education has been achieved to the maximum that Glenwood State School can offer.