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ABSTRACT

The handbook is written for graduate students participating in the Wayne State University Fairlawn Center Cooperative Psycho-Educational Training Program for Teachers of the Emotionally Disturbed. The material is intended as an orientation to the scope of the total program of Fairlawn Center (Pontiac State Hospital, Child Psychiatry Division), which serves emotionally disturbed children in 10 Michigan counties, as well as an orientation to the practicum situation and a general resource manual. Information is provided on the development of Fairlawn Center and of the cooperative Psycho-Educational Training Program with the Department of Special Education and Vocational Rehabilitation of Wayne State University, the actual physical milieu, the U.S.O.E. master's fellowship student, graduate student schedules and assignments, procedures of evaluation and self-evaluation, phases of training, and the daily routines and policies of Fairlawn Center. (KW)

U.S.O.E. FELLOWSHIP STUDENTS' PRACTICUM HANDBOOK FOR THE COOPERATIVE

WAYNE STATE UNIVERSITY
DEPARTMENT OF SPECIAL EDUCATION AND VOCATIONAL REHABILITATION
COLLEGE OF EDUCATION

and

PONTIAC STATE HOSPITAL
FAIRLAWN CENTER
CHILD PSYCHIATRY DIVISION

PSYCHO-EDUCATIONAL TRAINING PROGRAM FOR TEACHERS OF THE EMOTIONALLY DISTURBED

September, 1970

DEDICATION

This handbook is dedicated to the U.S.O.E. Fellowship students who have ventured forth to attack the problems of Mental illness and emotional disturbance among the Nation's children and youth, namely

1968-1969

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Susan Mall
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1969-1970

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PREFACE

This handbook was prepared for U.S.O.E. Fellowship students participating in the Wayne State University Fairlawn Center Cooperative Psycho-Educational Training Program. Though primarily intended for students it is hoped that the Handbook may serve as a practical vehicle for staff.

The material presented herein is at once a concise orientation to the scope of Fairlawn Center's total program, a guide for gaining perspective of the practicum situation, and a general resource manual. If this Handbook attains these purposes then it should facilitate and expedite students toward self-actualization and enhance their freedom to express initiative, imagination and ingenuity in their activity.

The Handbook is intended to answer many questions germane to the academic program at the University and the training program at Fairlawn Center. In view of this intent the Handbook embodies in particular the concerns and suggestions of previous students.

There is some danger in a Handbook of this nature, however well intended it may be. Not being all-inclusive, intricate daily interactions, spontaneous ad hoc decisions, shifting lines of authority peculiar to cooperative ventures and nuances of interpretation arise and fade to make them

unamenable to a reduction in writing. Thus, users of the Handbook are implored that when in doubt, act upon its spirit rather than its letter. The lack of total inclusiveness serves to encourage flexibility originally intended by the developers of the training program.

In order to maintain the Handbook at a meaningful, pertinent and relevent level of usefulness currently and in the future, its users, particularly students, are urged to offer constructive criticism, with specificity, to enhance future revisions.

Acknowledgments

This Handbook is a result of the efforts of the several persons, students and staff, who have participated in the development of the Wayne State University Fairlawn Center Cooperative Psycho-Educational Training Program for U.S.O.E. Master's Fellowship Students.

Particular recognition, for their foresight and extensive effort to bring this program to fruition, must be extended to Professor Thomas W. Coleman, Jr., Ph.D., Professor and Chairman, Department of Special Education and Vocational Rehabilitation, College of Education, Wayne State University; Peter P. Medrano, M.D., Chief, Pre-Adolescent Service, Fairlawn Center, and James W. Johnson, M.D., Director, Child Psychiatry Division, Fairlawn Center, Pontiac State Hospital. With the singular purpose of ameliorating the

handicapping condition of emotional disturbances of children and youth and the distress of their parents, they have developed continue to guide the development of an outstanding training center for those who will aid children in distress.

Many other persons have contributed to the development of the Training Program at Fairlawn Center, the names of whom appear on the title page. In addition, Assistant Professors Frank Bruno, Ph.D., (now at Michigan State University), Asa Brown, Ph.D., and William P. Sosnowsky Ed.D. should be mentioned.

Special mention is made to Mrs. Jacqueline Greenberg for the protype of this Handbook written as part of her graduate studies for the Master's degree. Mrs. Greenberg's work, coupled with the Handbook Pre-Adolescent Program, edited by Dr. Medrano, greatly facilitated the task of preparing this Handbook and has tremendously enhanced its value.

Appreciation is expressed to the students who offered suggestions for the development of the program and thus grist for this Handbook. Foremost among them are Mr. William Greenman, U.S.O.E. doctoral fellow, who, as site coordinator during 1969-70 academic year, gleaned much of the raw material incorporated herein, and Mrs. Anita Malkes Pearl 1968-69 U.S.O.E. Master's Fellow and Fairlawn Center Trainee (now Fairlawn Center Teacher).

Finally, thanks go to the many who offered suggestions

and served as editors of this Handbook, namely, Mrs. Jacqueline Greenberg, Professor Thomas W. Coleman, Dr. James W. Johnson, Dr. Peter P. Medrano, Mr. Michael Fiorillo, Mrs. June Davis, and Mrs. Anita Malkes Pearl.

W.P.S.

Detroit, Michigan
September, 1970

FOREWORD

A foreword is typically written to present readers with a brief, though broad, overview of the subject to be considered: it's connections, scope, fulfillments, needs and hopes. It thus serves to pinpoint for the reader a point of departure, from the material at hand, into the realms of the field. So it is with this foreword. Atypically, however, this foreword is chiefly composed of excerpts from a previously published work: The devastating report of the Joint Commission on Mental Health of Children, Crisis in Child Mental Health: Challenge for the 1970's. The decision to use this material was twofold: (1) to introduce the student to the vast nationwide problems of emotional disturbance and (2) to provide criteria by which to measure the Psycho-Educational Training Program at Fairlawn to which the students have committed themselves. With no further ado, the Commission's words are herewith introduced.

> For the last 50 years, there has been gaining concern over the number of mentally ill and emotionally disturbed children in the U.S. and an increasing dissatisfaction with the unavailability of mental health services.
>
> . . . We have made great strides toward recognizing the needs . . . . Yet we find ourselves dismayed by the . . . sheer number of emotionally . . . and socially handicapped youngsters in our midst. It is shocking . . . that thousands . . . are still excluded from our schools, that millions go untreated.
>
> In spite of our best intentions, our programs are insufficient; they are piecemeal, fragmented and do

not serve all those in need.

This nation, the richest of all world powers, has no unified national commitment to its children and youth. The claim that we are child-centered society . . . is a myth. Our words are made meaningless by our actions-- . . . by our tendency to rely on a proliferation of simple, one-factor, short term and in-expensive remedies and services. As a tragic consequence, we have in our midst . . . almost 10 million under age 25 who are in need of help from mental health workers.

This nation, despite its emphasis on treatment, has yet to develop adequate mental health services and facilities for all children and youth, . . . The number . . . , particularly adolescents, who are committed to . . . institutions continue to rise markedly. Yet, we have not provided the resources and manpower to assist those who are devoted to caring for these children. As a result, any . . . benefits of confinement are lost in the tragic waste of the back ward. Even less effort is made to develop coordinated community services so these children can be kept as closely as possible within their normal, routine setting.

In the four decades since the issuance of the 1930 White House Conference on Child Health and Protection, the care of the emotionally disturbed child in this country has not improved--it has worsened considerably.

Each year, increasing numbers . . . are expelled from the community and confined in large state hospitals so understaffed that they have few, if any, professionals trained in child psychiatry and related disciplines. It is not unusual in 1969 to tour one of these massive warehouses for the mentally ill and come upon a child, aged nine or 10, confined on a ward with 80 or 90 sick adults.

A recent report from one state estimates that one in every four children admitted to its mental hospitals can anticipate being permanently hospitalized for the next 50 years of their lives.

In 8 . . . states, there are no . . . facilities, . . . public or private.

What happens to . . . children who receive no help for emotional problems? . . . a vast majority . . .

> are literally lost . . . No one is their keeper. If they are sent to a training school . . . they generally receive poorer treatment than caged animals or adult convicts.

The Commission's Report has much more to say, including far reaching recommendations. However, a review is not intended here, but rather a hasty Odyssey of the status and needs of emotionally disturbed children and youth to which students may address themselves as they think, study, train and act in the succeeding months of their practicum commitment. Quo vadis? Quo modo?

x

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I. PROEM

I

Approximately only 5% of the children in the United States who need psychiatric help are getting it (NIMH, 1968). Over 121,000 teachers of emotionally disturbed children and youth are needed (U.S.O.E. data, 1968). Adolescent wards are expected to increase in population by 70% (NIMH, 1968). These dismal data, these virtually insurmountable problems, are cause for alarm. Yet our focus must remain upon quality of training and on the belief that we can contribute in a positive way to the resolution of the crisis in mental health.

With these foci the Cooperative Wayne State University-Fairlawn Center Psychoeducational Training Program for Teachers of the Emotionally Disturbed was established. Now in its 3rd year of operation, the Program continues to grow and flourish. Its graduates, dispersed in many regions of the United States, are now contributing to the amelioration of the problem of distressed children.

The Wayne State University-Fairlawn program, being a cooperative endeavor, has a twofold goal: that of training and of service. The rapprochement of these purposes greatly enhances the students' experiences and the task of the hospital.

Additional purposes, long term in nature, prevail and

are best articulated by Dr. Peter Medrano in the following statement:

> At all times our goal is to improve the quality of our program and to give Fairlawn Center the status and recognition of a modern and progressive children's center.

The manifold objectives, both explicit and implicit, require a promethean nature although, Sisyphean may better describe the daily feeling one undergoes.

II

Operating as it does in the milieu of a major urban area the Wayne State University program for teachers of the emotionally disturbed has an obligation and core commitment to prepare and provide in-service experience to professionals sensitive to current needs. The basic goal is to prepare teachers to develop and implement programs, to function effectively in manifold roles with emotional disturbance in its continuum in a variety of settings with the main purpose of facilitating habilitation or rehabilitation and return children to a normal school and living environment.

The type of teacher which this Program attempts to produce is akin to the educateur model extant in France and Western Europe in which considerable responsibility is given and encouraged. The training provided taps the many disciplines to elicit their most effective skills so that the person is able to function relatively independently or

as an effective member of a multidisciplinary team.

Graduates of this program assume roles as teachers, teacher counselors, consultants, coordinators, and administrators, in public school, county and state programs for the emotionally disturbed, and similarly in in-patient hospitals, and day centers. With increasing frequency our graduates are being employed in situations which have no provisions for serving disturbed youngsters and thus they are called upon to create and establish programs.

The program, carefully designed, intensive and extensive consists of theory and practice synchronized within the practicum. Developmental in nature, and highly specific in manner, it begins and adapts to the student's present level of professional competence, and thus is kept flexible though aiming at a common core of experiences to complement previous training and experience. The wide range of practical, professional experiences, academic preparation, and continued exposure to an array of professionals and their respective services provides the elements for the emergence of highly trained Master's degree level psychoeducators.

Fellowship students are guided to become responsible for the development of a therapeutic relationship with children and, to a significant degree, for decisions as to the care and the marshalling of the milieu to effect them.

The student is also prepared for the important skills of self-evaluation, both professionally and as a person.

This is accomplished through the provision of numerous group and individual conferences with Dr. Thomas Coleman, Dr. Peter Medrano and Dr. James Johnson, through the psychodynamic/ psychotherapeutic domain; Mr. Fiorillo, et. al., through the educational domain; and with Wayne State University Staff through the academic domain. The aim of all three overarches simple didactic, pedagogical measures: The aim is to encourage and stimulate self-actualization and creativity; to develop sensitivity in recognizing needs in a humanistic manner; to foster initiative in amelioration and implementation; and to develop purposeful flexibility intellectually and emotionally.

III

This program takes the position that emotional disturbance is a symptom complex occuring on a broad continuum, ranging from mild to severe, which may be expressed in various ways and arise from diverse but relatively specific etiological antecedents. The strategy most compatible with this position is, broadly, psychoeducational and defined as follows:

> Clinical (psychiatric/psychological) and educational considerations are balanced and interwoven in individualized planning. Educational programming is conducted with consideration of underlying and unconscious motivation. Educational expectations are based on a child's strengths and weaknesses (emotional, social, cognitive, perceptual). Further educational aspects stress success, creativity, project-type activities and individual differences. The learning situation ranges from considerable structure to guided permissiveness in the Deweyian sense. Cooperative

clinical and educational endeavor is apparent with the former evident, though not pervasive, and serving as an available guide. Relationship and acceptance is a major component of the total strategy. Children are involved in individual therapy and parental therapy is encouraged.

While the model employed at Fairlawn Center is primarily psychoeducational, eclecticism is evident and encouraged. Thus, students become familiar with behavior modification, milieu therapy, psychopharmacological approaches, ecological models and others currently extant.

IV

The practicum experience is an intensive and extensive internship providing an opportunity to test principles, methods and techniques. Concurrent with the practicum, coursework consisting of field-specific content and cognate areas is undertaken by the student. One dimension of specified coursework concerns itself with orientation to psychopathology and the roles of the teacher of the emotionally disturbed. Additional content is concerned with the management and modification of behavior, educational strategies, curricula and methods. A major area is the exploration of one's own relationship and responsibility, as a teacher and person, to children who are disturbed. Two courses, presented in seminar fashion at Fairlawn Center, correlate the students' immediate experiences with current theories and practices.

The specific objectives sought and emphasized in the cooperative Wayne State-Fairlawn Center program are as follows:

1. Understanding child growth and development and their relevance to:

   a. Educational and therapeutic strategies
   b. Diagnostic and prescriptive teaching
   c. Psychopathology

2. Understanding personality development and maldevelopment

   a. The normal-abnormal continuum
   b. Theories of personality
   c. Therapeutic systems, methods, techniques
   d. Psychopathology
   e. Pedagogical relevance
   f. Interpretation of specialists' diagnostic reports

3. Understanding of learning theory

   a. Methodologies and techniques
   b. Curricular provisions (academic and non-academic)
   c. Media
   d. Behavior modification

4. Knowledge of diagnostic and evaluative methods and techniques

   a. Academic area
   b. Gross and fine motor skills
   c. Language
   d. Sensory skills
   e. Cognitive

5. Awareness of methods, developmental and remediational, encompassing the entire spectrum of educational endeavor

   a. Pre-school
   b. Kindergarten and early elementary
   c. Middle elementary
   d. Later elementary
   e. Middle school
   f. High school
   g. Work-study
   h. Sheltered workshop
   i. Adult education

6. Awareness of environmental factors

   a. Emotional

b. Social-psychological
c. School milieu
    1. Organization
    2. Program models
    3. Supportive services

7. Understanding evaluation and research skills

    a. Program and curriculum evaluation
    b. Interpreting research reports

8. Awareness of new trends in mental health

9. Awareness of information and media resources (educational and therapeutic)

    a. Local, County, State
    b. U.S.O.E.
    c. N.I.M.H.
    d. Organizations, professional and lay

10. Understanding the therapeutic relevance of non-academic provisions

    a. Art
    b. Music
    c. Physical education
    d. Drama

11. Understanding one's own psychodynamics

12. Understanding the dynamics, traditions, uniqueness of a large institution

The preceding objectives are attained through the following experiences and exposures:

1. Orientation and introduction

2. Introduction to all components of Fairlawn Center

    a. Psychiatry and neurology
    b. Psychology and social services
    c. Nursing
    d. Occupational therapy
    e. Recreational therapy
    f. Speech therapy
    g. Vocational rehabilitation
    h. Day center

i. Intake and discharge
j. Pre-adolescent and adolescent divisions
k. Pre- and after care
l. Autistic program

3. Educational experience

a. Directed observation
b. Directed teaching
c. Team teaching
d. Diagnostic, prescriptive and remedial teaching
e. Professional self-evaluation

4. Media implementation

5. Educational evaluation and programming

6. Psychiatrically oriented experiences

a. Directed observation
b. Supervised therapy
c. Milieu management
d. Ward management
e. Ward conferencing
f. Staff conferencing
g. Parent conferencing
h. Personality development and actualization
i. Lectures

7. Field visitations

8. Clinical-professional approach

As mentioned previously, University staff will be cooperatively involved on a regular basis for group and individual consultation in order to complement and supplement the Center's program.

The main bases of operation are the pre-adolescent in-patient living units and the in-patient school. However, the Day Center has agreed to cooperate in providing the classroom experiences listed in item 3 of the preceding list of experiences.

V

Gestaltist psychology has stressed that in a configuration (Gestalt) a "part" is not an independent element but rather a member of a whole whose very nature depends upon its membership in the whole. In this vein, Fairlawn Center (Child Psychiatry Division, Pontiac State Hospital) is constituted ideally as a whole-a configuration of service-interdependent, articulated, total. As with all ideals the reach often exceeds the grasp, the abstraction often eludes the reality. The configuration ideal notwithstanding, the student will hear references made of various dichotomies (pre-adolescent-adolescent; in-patient-day center), complexes, ancillary services, etc. The student, however, is encouraged to regard the Center as a totality rather than as discrete units: to keep one's eye upon the doughnut and not upon the hole, so to speak. Units exist as divisions of labor and responsibility, administratively coherent for the singular task of cooperative mental health service. Nevertheless, the experience of human organizations of any type, has repeatedly unfolded a story of cooperation, competition and conflict. These, too, will be found in varying degrees at various times, and among the various professions and personalities engaged at Fairlawn Center. To the degree that such characteristics abet the therapeutic function of the hospital and the amelioration of patient problems they are encouraged.

With the configuration of services that constitutes

Fairlawn Center a variety of roles (and their consequent statuses and positions of authority) are extant. Roles, however carefully delimited or conceived, often do not behave quite as expected. They tend to blend with the persons who enact them: persons of differing philosophies, schools of thought, attitudes, personalities; in short, individuals.

In view of this, students may wish to heed the dictum of Herbert Spencer who warns that:

> There is a principle
>
> > which is a bar against all information,
> > which is proof against all arguments,
> > which cannot fail to keep a man in everlasting ignorance--
>
> That principle is: Contempt prior to investigation.

The Fairlawn program seeks to guide the student in recognizing the interplay of divergent principles and practices. To facilitate this end the program incorporates a continuum of experiences in every segment of Fairlawn Center, which, depending upon the objectives sought, range from simple, one-time observations through intensive and extensive involvement. In addition, Dr. Johnson, Director of the Child Psychiatry Division encourages the inclusion of Fellowship students in the totality of training programs (student teaching, pediatrics, nursing) operating at Fairlawn. With such a stance by the topmost figure at FAirlawn Center the implication that can be drawn is an

obvious encouragement and respect for the ability to share meaningful aspects of one another's particular professional areas. It is interpreted, furthermore, as an attempt, desired by most modern top level mental health specialists, to avoid the development of interprofessional barriers that have traditionally plagued the field to the detriment of those to be served.

On the basis of the foregoing a somewhat sensitive area must be broached forthrightly: destructive criticism. Criticism of a constructive nature aids all, especially the young patients who are to be served, and is strongly encouraged. Conversely, destructive, negative criticism, essentially nihilistic, is self-defeating, fosters enmity and is ultimately detrimental to the patients.

Being human and perceptive we harbor the tendency to be critical of our surroundings, human and material. With the pursuit of professional status (with its assumption of intelligence and education) a complex of responsibility becomes inherent: That our concerns be enlivened by observation, investigation, sharing, communicating, hypothesizing, devising, recommending and implementing innovative approaches.

It may help to adopt a prayer used by certain American Indians:

Great Spirit,
Grant that I may not criticize my neighbor
Until--
I have walked a mile in his moccasins.

As well as the following:

God, grant me
Serenity--
to accept the things I cannot change
Courage--
to change things I can, and
Wisdom--
to know the difference.

II. HISTORICAL BACKGROUND

A. The Development of the Child Psychiatry Division

Deplorable conditions prevailed for the child population at Pontiac State Hospital before 1950, attributable to lack of knowledge of treatment of children, an apathetic public and an unsympathetic legislature. Some child patients made haphazard adjustments, some left only to return, and others now occupy adult wards.

In 1953, the Department of Mental Health ordered state hospitals to admit children as a routine procedure. Children were admitted on an emergency basis. No special facilities were available nor were any special considerations granted. They were housed with adults and participated in their programs. Severity of disturbance dictated placement either on "comfortable" or "disturbed" wards.

A program, begun by Occupational Therapy in September 1953, provided academic classes for about 27 teenage children was staffed by volunteers and occupational therapists. The program was the first and only activity in the hospital where young patients could gather.

In December, 1953, with Dr. James McHugh as director 4 boys were assigned to group therapy which may be regarded as the first semblande of a children's treatment program. A summer program of gardening and field trips was initiated along with utilization of the Boy's Club of Pontiac. Dr.

McHugh fostered community awareness of prevailing conditions with the result that concrete contributions of time, money and material were provided.

The first actual school program began in September, 1954. In January 1955, a newly remodeled ward was designated the Children's Ward with 32 beds and an activity area. Eight boys in the Children's Program were housed on this ward while the remaining beds were utilized by adults. As the adults decreased the child population increased to about 20.

In March, 1955, a ward (lacking an activity area) for 10-12 young girls was obtained. Patients under 20 years of age predominated with males about three to one, thus service for girls was often initiated later, and were less elaborate and extensive than that for boys.

Only children admitted to the hospital deemed able to function in the program were transferred from the receiving wards. The school in 1955, was resumed by the Occupational Therapy Department. Classes were held three times a week with approximately 25 boys. Boys and girls programs were integrated.

In 1956 an event occurred which symbolically ended the struggle for the Children's Program existence. A Junior League hospital volunteer made conditions known to certain legislators with the result that the legislature appropriated funds for a Children's Unit at the Hospital. Thus, two

teachers were hired and the administration designated a school facility with 32 youngsters in attendance.

Austerity reigned through 1958. The Children's Program received minimal budget increases; other department's budgets were cut. As a consequence, services diminished.

A barn, once used to house livestock, became a wood shop for the boys. Volunteers purchased a station wagon (with funds raised from selling pot holders) thereby attaining mobility for the program. Christmas 1957 saw the first annual Christmas party. In 1958, an available greenhouse made possible a horticultural program. The boys had a softball team which competed with many outside teams. The same year a school newspaper was published. The summer of 1958, Dr. Hruska became director.

1959 was a progressive year. The first qualified teacher of the emotionally disturbed was hired. Cooperation between the hospital and the public schools enabled attendance at a local high school. A person became available to the school as a Life Space Interviewer (crisis teacher). Two recreational therapists were assigned.

In 1960, bicycles donated by local police departments made bike riding a scheduled activity. Teh Junior League purchased a 32 passenger bus for the children. The children, teachers and ward staff formed bowling teams at the Elk's Temple.

In 1961, the girls were transferred to two geriatric

wards for expediency. There wards were predominately for active, disturbed, adult women.

In 1962, Dr. Satermoen left and Dr. Schroeder, as director, initiated a program for teenagers not included in the Children's Program. This was the first significant provision for such children. Though individual treatment lagged, due to a shortage of personnel, improvements in treatment were made and a psychologist and social worker were assigned.

In February, 1963, the Program gained its fourth director, Dr. Alatur. There was a trend them, away from a separate children's program with duplicate services (such as O.T. and R.T.).

In the 10 years from 1954 to 1964, the program had grown from 8 children to 30. Late in 1964, the girls were moved from the geriatrics wards to a ward specifically for children. In 1965, a receiving ward, used for children, still housed adult patients. A 30 bed ward was obtained for adolescent boys in 1966. In this year, also, student teachers began training at Fairlawn School.

Dr. Johnson, the 6th and current Director, joined the staff in July 1965; he directed the planning, building and staffing of the new pre-adolescent service of Fairlawn Center which officially opened in April 1968. The Children's Program is now subdivided into Pre-Adolescent, Adolescent, Day Care and Pre-After Care services under separate director-

ships: Dr. Medrano, Dr. Sendi, Dr. Zvirbulis and Dr. Malakuti respectively.

B. The Development of the Cooperative Wayne State University-Fairlawn Center Psycho-Educational Training Program for Teachers of the Emotionally Disturbed

The first meeting of representatives of Wayne University and Pontiac State Hospital was held May 24, 1968 to draft a training program. Two years prior to this time however, interest was expressed for cooperation between Wayne State University and the Children's Program at Pontiac State Hospital.

With the appointment of a chief of the pre-adolescent service, and the erection of a pre-adolescent unit, Dr. Thomas Coleman of Wayne State University again acquainted Fairlawn Center with his desire to expand contacts between the two institutions.

Initially, University representatives proposed research and training projects. The proposal, well received, was enlarged by Dr. Medrano, Chief, Pre-Adolescent Service, who envisioned Fairlawn Center in terms of a major training center. Dr. Thomas Coleman, Dr. Frank Bruno, and Dr. Asa Brown of Wayne State University, and Dr. Peter Medrano, Mrs. Jacqueline Greenberg, Mrs. June Davis, and Mr. Michael Fiorillo, of Fairlawn Center collaborated on plans for a program.

There being in existence an established program of teacher training at the pre and post graduate level, it

seemed logical to proceed from the established program and build on it a program with its own identity and purpose; one that could eventually involve research. A short-coming of the present training program was the length of stay of teachers in training, which varies from eight to eleven weeks. Such abbreviated contacts would be unsuitable for the type and depth of the program envisioned. Dr. Coleman suggested a contact of three full quarters. It was opined that the students could derive far more meaningful and practical value from an extended contact with the children in the program than they would from simply traditional academic work. Dr. Coleman suggested a pilot group consisting of full-time U.S.O.E. Master's fellowship students. These students would be available for three, ten week quarters to work with children under direct supervision of the University and Fairlawn Center. The program was named "The Psycho-Educational Training Program for Teachers of the Emotionally Disturbed."

The goals established were to prepare teachers to function effectively with disturbed children in a variety of educational and treatment settings and to function as members of an inter-disciplinary team attempting to rehabilitate emotionally disturbed children for a regular classroom. Candidates would be selected from post graduates matriculated in the University's Master's, Sixth Year Specialist, or Doctoral degree programs. The minimum

requirement was course content to date, student teaching experience in at least three types of programs and involvement in projects or research. Candidates would be screened as to interest and suitability by University personnel, and Dr. Medrano at Fairlawn Center.

The student's initial contact at Fairlawn would include meeting the directors of the disciplines involved in the total children's program Later, contacts with staff psychologists, social workers, teachers, occupational, vocational and recreational therapists from whom they would serve to orient them to the functions of the services comprising total milieu.

Involvements of students in the Psycho-Educational Training Program would include assignment, under supervision of Dr. Medrano, Chief, Pre-Adolescent Service, the role of student-therapist and also individual and small group tutoring. In the student-therapist role, the students would be involved in all services available to the children and parents as well as contacts with community agencies. Forms used by the hospital would be made familiar to them. Student-therapist are to be responsible for planning a child's program, charting, writing handling orders, and making other recommendations for school and community placements. In the tutorial role the students would establish a relationship with assigned children, observe, record and assess progress data, deal with and modify behavior, and devise

teaching-learning techniques and materials. The practicum student's primary function and greatest contribution was seen as being in these areas.

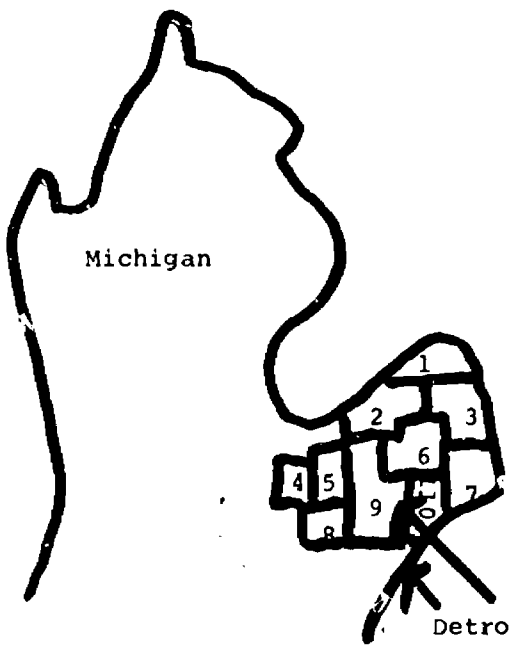
Data accumulated from these contacts was seen as invaluable to research projected as part of the Psycho-Educational Training Program. Participants in this program would keep daily logs of their experiences and would present critiques of their experiences at the termination of their contact. Essays or projects would be expected to be based on the experiences of their involvement at the Center.

The first five students selected as a pilot group were introduced to Fairlawn Center September 15, 1968 and terminated in June, 1969. Supervision by University faculty and by Fairlawn personnel was a conjoint effort. Practicum seminars were provided on Tuesdays and Thursdays, 8:00-10:00 a.m., Dr. Coleman, Dr. Bruno and later Dr. Sosnowsky. Course content on psycho-educational curriculur and management, acting-out phenomena, psycho-educational model orientation were taught around the actual experiences with the children at the Center. The group also met with Dr. Medrano to discuss experiences and, through group techniques, to gain some idea of their own personal involvements. Dr. Medrano also met individually with each student. A final seminar in the education of the emotionally disturbed was conducted at the Center.

III. THE MILIEU

A. Geographic Area Served

Fairlawn Center serves 10 Michigan counties with a total population of approximately 2,400,000.

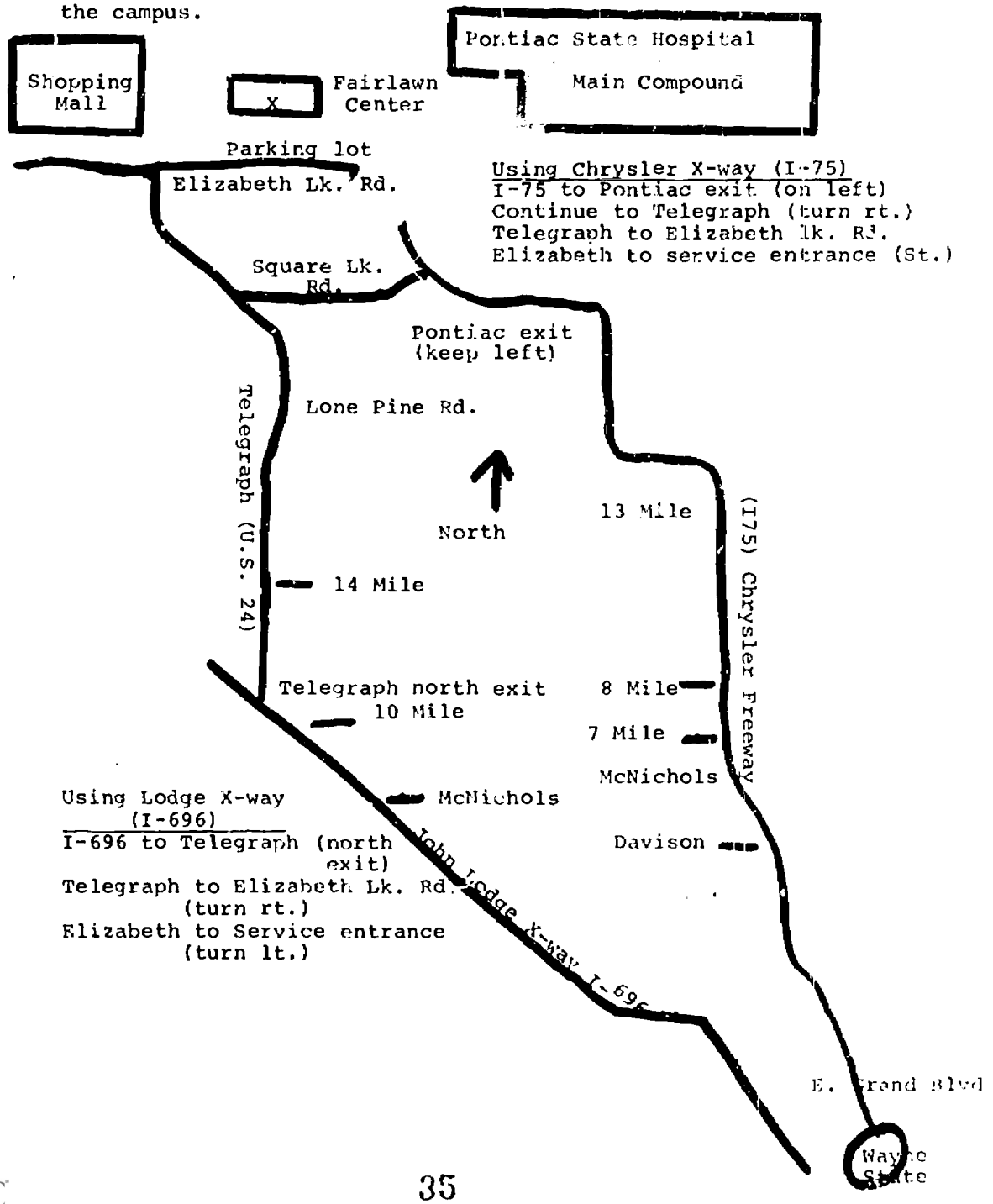


1. Huron County 33,418
2. Tuscola County 58,285
3. Sanilac County 34,505
4. Shiawassee County 62,957
5. Genessee County 441,642
6. Lapeer County 51,736
7. St. Clair County 121,000
8. Livingston County 52,000
9. Oakland County 920,000
10. Macomb County 630,000

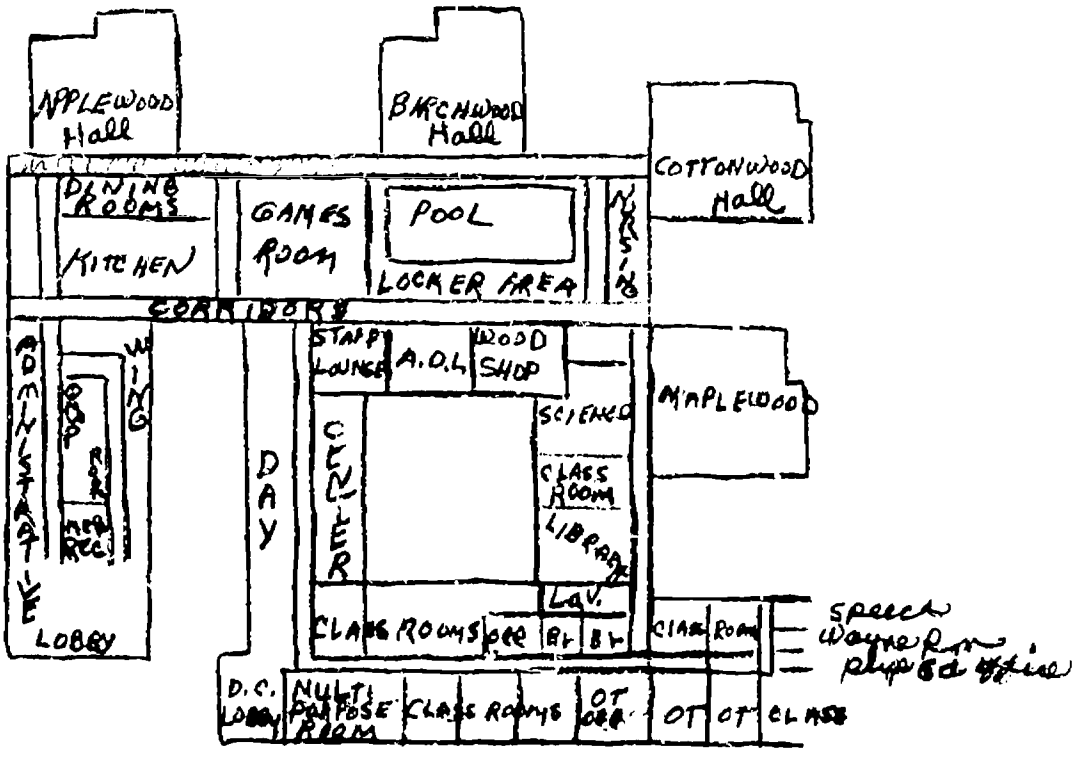
It should be noted that Oakland (the county in which Fairlawn Center is located) alone contains a population of nearly one million people.

B. Routes to Fairlawn Center From the University Campus

Fairlawn Center is located approximately 28 miles from the campus.



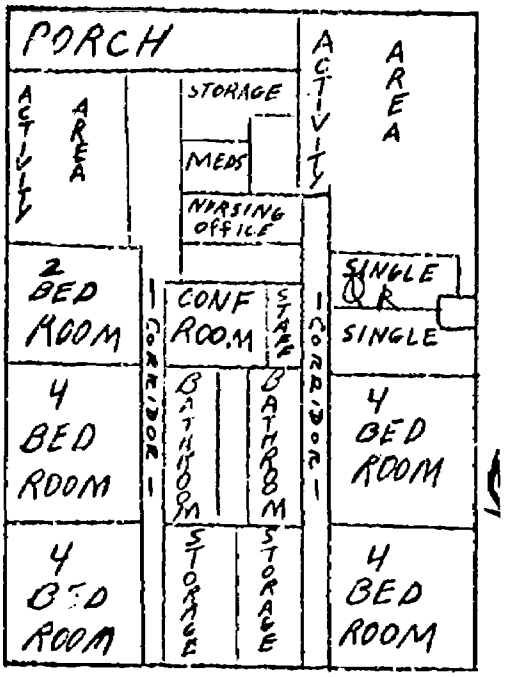
C. Living and Treatment Facilities



The Pre-Adolescent Program serves 80 in-patient children in the age range 6-13 years all housed in the Center. Sixty adolescents live in units located in the main hospital area designated Meadowview I and Meadowview IV which house 40 boys and 20 girls respectively. The adolescents use treatment, education and recreational facilities located in the Center. A Day Center Program serving 40 children, occuping one entire wing of the Center, includes a pre-school nursery for seriously disturbed pre-schoolers.

Descriptions of the patient groups in the in-patient halls (wards) are presented on the following page.

D. Physical Layout of a Living Unit (Hall/Ward)



Four separate living units (halls; also wards) of similar design are located in the Center: Applewood, Birchwood, Cottonwoods, Maplewood Halls.

1. Applewood Hall-Houses 2, ten patient, groups separated by sex. The boy's section is an "open" ward (require little structure; can assume considerable self-responsibility).

2. Birchwood Hall-Houses 20 boys, aged 10-14, who present a variety of problems and require consistent structure and external control. Outside doors are left open at certain times.

3. Cottonwood Hall-Serves 20 boys, aged 8-12. "Locked" ward.

4. Maplewood Hall-Serves 20 boys, aged 6-17, in 2 groups. One group contains children with relatively severe psychopathology; show varying degrees of autism; have had little schooling. Require highly structured setting. The second group consists of various diagnostic categories and includes certain autistic children.

IV. THE U.S.O.E. MASTERS FELLOWSHIP STUDENT

A. Description

The Fellowship students possess a baccalaureate degree and a teaching certificate. Academic and professional training varies. Experientially students range from those with only student teaching with normal children to those with several years of experience in teaching emotionally disturbed or socially maladjusted children and youth. Most students have had preparation in special education in general and in the education of the emotionally disturbed in particular.

B. Fellowship Award Criteria

To be considered for a U.S.O.E. Masters Fellowship grant applicants must meet the following criteria:

1. Possess a baccalaureate degree from an accredited college or university.
2. Possess, or be eligible for, a teaching certificate.
3. Be admitted to the Master of Education degree program at Wayne State University.
4. Commit full-time through the academic year (ending in June).
5. Agree to complete work for the degree and approval to teach the emotionally disturbed and/or the socially maladjusted by August 31 of the award year.

C. The Award Grant

The Fellowship grant provides a stipend of $2,200.00, tuition waiver (books and supplies are at student expense), and $600.00 per dependent. Students bear some financial sacrifice (the practicum site does not provide monetary supplements) since the student is involved in full-time training at Fairlawn Center, the Dancy School of Observation, and academic work at the University, all of which allow little spare time for other activities.

D. Academic Course Work

A minimum of 45 quarter hours of course work is required for the Master of Education (M.ED.) degree. In most instances the minimum is exceeded by several hours.

Required course work is distributed in the following 3 areas:

1. Specialization area. Fulfills special education/ emotionally disturbed major requirements.
2. General professional area. Fulfills professional background requirement.
3. Cognate area.

Specific courses in the respective areas are presented in the following general plan of work.

Specialization Area[1]	Hours
SPE 5403 Educ Exceptional Children	4

[1] All courses or their equivalents are required.

Specialization Area (con't.)	Hours
SPE 5411 Basic Theories, Programs, Practices in M.R.	4
SPE 5412 Learning Disabilities of Except Chdrn	4
SPE 6460 Psycho-Ed Info for E/D Teachers	3-4
SPE 6461 Psycho-Ed Management & Curricula	3-4
SPE 6462 Psycho-Ed Intervention, A/O Phenomenon	3-4
SPE 6463 Seminar in E/D	3
SPE 7407 Intro Master's Seminar	2
SPE 7409 Terminal Master's Seminar & Essay	4
SPE 6464 Practicum with E/D in a Psychiatric Setting	Max.24
General Professional Area[1]	
EDS 7621 Educational Sociology	3
EGC 7704 Case Problems	3
EER 7661 Evaluation and Measurement	3
Cognate Area[2]	
EDP 5738 Emotional & Social Probs of Schl Child	4
EDP 7738[3] Dynamics of Human Behavior	3
CLP 6831 Intro to Psych Testing	4
CLP 5832 Psych of Learning Disability	4
V R 7471 Voc Rehab of the Handicapped	4
V R 6471 Pre-Voc Preparation for E/D, M.R., Physically Handicapped	3

[1] All Courses or their equivalents are required

[2] Minimum of 8 hours required in cognate

[3] Required

1. Credit for Spe 6460 and 6461

Students who have not taken Spe 6460 and 6461 or their equivalents will receive credit for them through attendance at University staffed seminars at Fairlawn Center. All students are required to attend these seminars. Registration for these courses may be completed at any time. Students are responsible for the appropriate course texts and materials (obtainable at the University Book Stores). Consult with Dr. Sosnowsky prior to registering for these seminars.

2. Textbooks Used for Special Education 6460 and 6461

a. Spec. Ed. 6460

Harshman, W. Educating the Emotionally Disturbed: A Book of Readings.

American Psychiatric Assoc. A Psychiatric Glossary.

American Psychiatric Assoc. Diagnostic & Statistical Manual, 2nd ed.

b. Spec. Ed. 6461

Patterson & Gullion. Living with Children.

Hewett, F. The Emot. Dist. Child in the Classroom.

Magar, R. Preparing Instructional Objectives.

Reese, E. The Analysis of Human Operant Behavior.

Magar, R. Developing Attitude Toward Learning.

3. The Master's Essay (Spe 7409)

All students are required to complete an

essay. It is suggested taht students explore topics early in the academic year. The Introductory Master's Seminar, Spe 7407, designed to assist students in developing an essay, should be taken by the winter quarter.

Essay topics should be discussed with the advisor. Fairlawn Center provides a wealth of ideas for topics. A file of completed essays is available for examination in the Departmental Instructional Materials Center at the University.

E. Rights, Privileges, Responsibilities

Fellowship students at Fairlawn Center are accorded all rights and privileges of the staff. They are also subject to all rules, regulations, standards and policies of Pontiac State Hospital and Fairlawn Center.

F. X-Rays and Immunizations

Fellowship students are required by the University and Pontiac State Hospital to have a recent x-ray and immunization shots as required of the regular staff.

X-rays may be arranged through the University prior to fall registration. This will be arranged during the initial orientation session.

G. Confidentiality

All information concerning children is confidential. If you plan to use any such information outside Fairlawn

Center be sure to obtain permission from appropriate staff in writing. In any such cases children's real names are never to be used and all identifying data must be deleted. Case studies for use in University courses must be cleared with appropriate Center personnel and a copy is to be filed in the child's school folder.

H. Keys

Each student will be provided with a set of keys for access to the various wards and sections of the Center.

I. Informing Others of Your Whereabouts

The students' responsibilities are such that they are subject to calls often of an emergency nature, from the wards, psychiatrists and other service personnel. It is imperative therefore, that you make known your whereabouts at all times and especially when you are not engaged in a scheduled activity. Inform the ward nurse or Mrs. Houser in the school office as to where you can be reached.

V. STUDENT SCHEDULES AND ASSIGNMENTS

A. Academic Year Schedule

1. Fall Quarter

Thurs.	10/1/70	Classes begin
Thurs.	10/5/70	Practicum begins at Fairlawn Center
Fri.	10/6/70	Practicum begins at Dancy School of Observation
Thur.	11/25/70	Thanksgiving recess begins (Thru 10/29
Fri.	12/11/70	1st qtr. practicum ends
Fri.	12/18/70	1st qtr. classes end

(practicum evaluation dates to be announced for all quarters).

2. Winter Quarter

Mon.	1/11/71	Classes begin
Mon.	1/11/71	Practicum begins at Fairlawn Center
Tue.	1/12/71	Practiucm begins at Dancy School of Observation
Fri.	3/19/71	2nd qtr. practicum ends
Fri.	3/26/71	Classes end

3. Spring Quarter

Mon.	4/5/71	Classes begin
Mon.	4/5/71	Practicum begins at Fairlawn Center
Tue.	4/9/71	Practicum begins at Dancy School of Observation
Fri.	4/9/71	Detroit Public Schools spring recess until Mon. 4/19/71
Mon.	5/31/71	Memorial Day recess
Fri.	6/11/71	3rd qtr. practicum ends
Fri.	6/18/71	Classes end

4. Summer Quarter

Mon.	6/28/71	Classes begin (1st 1/2 summer session)
Mon.	7/5/71	Independence Day recess
Wed.	8/4/71	Classes end (1st 1/2 summer session)

Synopsis of Practicum Commitment

Academic Year (30 weeks)

Student Schedules and Assignments (con't.)

1st qtr. (Fall) 10/5/70 through 12/11/70
2nd qtr. (Winter) 1/11/71 through 3/19/71
3rd qtr. (Spring) 4/5/71 through 6/11/71
(Classes end one week after practicum ends)

Fairlawn Center: Mon., Wed., Fri.-8:00 a.m. to 3:15 p.m.

Dancy School of Obs.: to be announced

C. STUDENT'S DAILY SCHEDULE (GENERAL)

B. Orientation Schedules

A 2 phase orientation program is provided to assist students in making a smooth transition to the University and Fairlawn Center.

1. The first phase, conducted at the University, is brief (2 1/2 days) though extensive. An overview of the academic/practicum commitment is presented. A brief visit to Fairlawn Center is arranged and the students are formally welcomed at the Center Director's Conference along with nursing and pediatric trainees. The student's plan of work, completion of forms, health examinations and x-rays are completed.

2. The second phase, conducted at Fairlawn Center, extends for 3 weeks during which time the student is introduced to the total milieu: children, program, staff. The student's roles, relationships and responsibilities are gradually unfolded. Visitations to various instructional materials centers are also included in this phase. The student is guided from directed observation to acceptance of full responsibilities. A mailing workshop is arranged during this period so that students may be included on important governmental, organizational, and commercial mailing lists to receive current information, catalogues and other materials which the student stay abreast of new developments and provides a person l reference file.

E. STUDENT'S THERAPY CASES

Assigned Child's Name	Ward	Date Assigned	Date Terminated	Reasons for Termination

1. Upon assignment of a child for therapy students should examine all available records (central file; school; ward reports, etc.) for compilation in case history form.

2. Students should also maintain daily anecdotal records for each child. These are invaluable for presentation at case conferences in which students will be required to report on current status.

E.1 STUDENT'S INDIVIDUAL SCHEDULE

F. Emergency Substitution

Fellowship student schedules may be interrupted in emergencies requiring substitutes in the in-patient school. Limited emergency substituting assignments are valuable adjunct experiences. Such assignments also assist Fairlawn School in the resolution of a perennial problem and insure an uninterrupted school schedule for children.

The following policy has been established for emergency substitution assignments by U.S.O.E. Masters Fellowship students for regular Fairlawn School teaching staff members:

1. An alphabetical list of practicum students will be prepared; students will be selected in alphabetical order in rotation.

2. The practicum students will be used in regular school activities to replace regular staff in emergency situations to be determined by and/or with the formal approval of Mr. Fiorillo, the principal.

3. Assignments to a class will never exceed more than one time each month per individual student (one time each month is to be construed as any school day or reasonable part thereof).

G. Conferences and Meetings

1. Ward Conferences. Students must attend since therapy is reviewed, evaluated and adjusted.

2. Diagnostic Staff Conferences. Therapeutic goals are decided for each child after a period of observation. Multidisciplinary reports are presented including those of Fellowship students.

3. School Staff Meetings. Held weekly. Students are invited.

4. Director's Training Seminar. Includes pediatric and nursing trainees.

5. WSU Staff-Student Seminars. Clinical procedures in educational diagnosis, remediation behavior management, theoretical foundations are presented.

6. Principal's Seminar. Guidance in curricular planning and evaluation is offered.

7. Clinical Supervision (Group). Psychiatric supervision. Self-expression, attitudes are explored. General and specific problems are considered and principles of psychopathology are presented.

8. Intensive Clinical Supervision (Individual). Individual psychiatric supervision of therapy and discussion of specific patients.

9. WSU Staff and Individual Student Consultation. Affords each student in-depth guidance.

10. Project Director's Conference. Includes WSU and Fairlawn Center staffs and Fellowship students. General evaluation and open discussions.

11. Visiting Lecturers. As part of the academic offerings presented at Fairlawn Center visiting lecturers are invited to address fellowship students on issues relevant to the field. The lecturers include professors from the Department of Special Education at Wayne, professors from other departments and from other universities, personnel from the State Department of Education, and local and county school districts. A schedule will be forthcoming listing the lecturer, topic and date.

12. Professional Organization Conferences.

Fellowship students are encouraged to attend professional conferences sponsored by the Michigan Department of Education, the Council for Exceptional Children (and its Michigan affiliate). Other appropriate institutes and meetings will be called to the attention of students. Dates and conference sites will be announced as they become known. Most conferences are held in the spring. Students are encouraged to affiliate with professional organizations. Three major organizations are recommended:

a. The Council for Exceptional Children(CEC). Wayne State University maintains an active chapter. Student dues are minimal. Contact Dr. Hugh Watson (Department of Special Education) for membership information.

b. The Council for Children with Behavioral Disorders (CCBD-CEC). This council is a division of C.E.C. A stated purpose is "To support the development of innovative and responsible education for children who have been labeled in such a way as to deny this." Contact Dr. William Sosnowsky for membership information.

c. The Michigan Association for Teachers of Emotionally Disturbed Children (MATEDC). The Association consists of teachers, administrators and others engaged in the education of emotionally disturbed children. Contact Mr. Michael Fiorillo at Fairlawn Center for membership information.

H. Field Trips and Visitations

Field trips and visitations to various institutions, school programs, and educational facilities are considered valuable experiences and are encouraged.

The field trip program consists of 6 visitations. Three visits will include all Fellowship students and a University advisor. Three visits will be arranged individually to suit each student's interests and objectives.

Programs visited by previous Fellowship students include:

Child Psychiatric Center (Herman Kiefer Hospital), Detroit

Children's Psychiatric Hospital, Ann Arbor

Wayne County Youth Home, Detroit

Starr Commonwealth for Boys, Albion

Girls Training School, Adrian

Lafayette Clinic, Detroit

Wayne Community Schools (Behavior modification), Wayne

Hawthorn Center, Northville

The Coleman Foundation, Hudson

W.T. Maxey (Boys Training School), Whitmore Lake
(Dr. Johnson, Director Child Psychiatry Division, Pontiac State Hospital, is psychiatric consultant to the W.T. Maxey School. He has invited Fellowship students to accompany him individually during consultations scheduled every other Friday afternoon beginning 10/9/70.)

I. Punctuality

A gauge of dependability is punctuality. As noted elsewhere students should be at Fairlawn Center promptly at 8 a.m. and should remain until 3:15 p.m. unless other arrangements have been made with the Center's supervisors. Traffic problems, weather conditions, and automotive breakdowns are common and should be anticipated.

Punctuality is also important for attendance at meetings, supervisory, therapy, testing sessions and other appointed or scheduled activities. Notify the appropriate sources if unable to attend or will be late. Mrs. Houser, the Principal's secretary, will call if you are unable to do so. An appointment booklet is a valuable aid and is recommended.

J. Absences

If absence is anticipated adequate notice should be given to allow alteration of plans. Valid reasons for absence include but are not limited to: personal illness; illness or death in the family; professional meetings; job interviews; various emergencies. Students should notify Mr. Fiorillo (1-338-0361, ext. 223) as soon as possible if an emergency occurs to prevent attendance. In case of long term absences the University advisor should also be notified.

K. Transportation

Students who do not have access to an automobile should make arrangements with other Fellowship students or

Fairlawn personnel for transportation. Notify your advisor if you need help.

L. Assigned Parking at the University

It may be possible to arrange for assigned parking on campus. This is convenient in that access to a parking space on a very crowded campus is assured and in-and-out privileges are possible. The cost is $30.00 per quarter. If interested notify your University supervisor.

VI. EVALUATION/SELF-EVALUATION

A. Rationale and Purpose

Evaluation and self-evaluation of and by Fellowship students are essential pervasive aspects of the training program. Formal evaluation is seen as secondary to the continuing evaluation conducted by supervisory staff and to the student's own self-evaluation (the major goal).

Formal, continuing and self-evaluation, aim at assisting the student in self-development within the complex and often difficult, task of attaining high quality professional competence in working with emotionally disturbed children and youth. Thus, evaluation, a cooperative responsibility borne by University-Fairlawn Center supervisory staff and the Fellowship student, serves the threefold task of (1) isolation of developmental gaps, (2) determing the personal, professional, methodological and/or technical means to fill them, and (3) providing these means.

The ultimate and only worthwhile purpose of the entire evaluation process is the development of the ability to evaluate one's own efforts. Ultimately, as experience has shown the serious student realizes that development and growth, both personal and professional, are accomplished by one's own self, in one's own way, in an environment of others.

B. Guiding Principles for Evaluation

1. Evaluation emphasizes the qualitative aspects of emergent professional performance. The focus is on the patterns of relationships among people, conditions, and hierarchies of values.

2. Evaluation requires the differentiation and interpretation of human behavior; one's own and that of others. As this is an exceedingly difficult task, because of inherent subjectivity, evaluation is a cooperative endeavor.

   a. Conceptions of effectiveness are to be cooperatively developed by supervisory staff and students.

   b. The entire evaluation process requires active participation of both the supervisory staff and the students. It is a time for an exchange of views, a time for "getting things off one's chest," but without injustice to any participant.

   c. The evaluation process, conceived as a cooperative endeavor, should instill participants with an expectation of positive insights and suggestions for growth.

3. The evaluation process requires that the participants be valued for themselves and for the tasks they perform.

   a. Participants must strive to establish an atmosphere in which they may express their values and have them respected though not necessarily accepted.

   b. Participants are encouraged to value, as well as evaluate, themselves and others.

4. Evalation is a continuing process. The process began upon the acceptance of the Fellowship awards. If the major purpose of evaluation, self-evaluation, is attained, the process is interminable.

5. The evaluation process may employ the use of instruments to measure and guide growth and performance.

   a. The validity of the data obtained is measured against the opportunities, the personnel providing them and the quality of both.

b. The primary purpose of measurement is guidance. Overemphasis on the mechanics of measurement is destructive to human values.

C. Procedures

Evaluation conferences (supervisory sessions) are held frequently for all phases (clincial, education, academic) of the training program. A formal evaluation session, involving all phases jointly, is scheduled at the end of each card marking period at Fairlawn School.

During individual conferences matters stated in confidence are to be held in confidence. Ethics also demand that legitmate complaints about an individual or individuals be directed to those complained against by the complainant. Conferences, group or individual, are conducted for the specific purpose of guiding professional growth.

D. Self-Evaluation Checklist[1]

This check list will help to indicate gaps in academic and professional preparation in experience.

Directions: Read each item carefully. Then consider your status. If the description fits write a (+); if not, write (-). If the item is irrelevant, ambiguous, or if you cannot honestly evaluate, write (?).

1. KNOWING THE CHILD

1. Demonstrate an appreciation and working knowledge of the education and psychology of various types of exceptional children.

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[1] Adapted from Teachers of Children Who Are Socially and Emotionally Maladjusted, U.S.O.E., 1957.

2. Understand etiological factors.

3. Recognize behavior as a symptom of underlying conditions and the result of a sequence of events in the lives of the children.

4. Seek out the underlying motive behind manifest behavior; refrain from merely judging unusual behavior.

5. Know the significance of positive and negative environmental factors which have contributed or may be contributing to maladjustment. (These include physical conditions such as illness, accidents, physical handicaps, pre-natal conditions, emotional factors.)

6. Study and make use of socio-economic status information and home and community conditions as they affect the maladjusted pupil's attitude and behavior.

7. Recognize the differences between maladjustments which reflect economic and cultural deprivation and those maladjustments which result from inadequate interpersonal experiences.

8. Knowledge of the problems of children who are adopted, in foster homes, and who have had early life institutional experiences.

9. Show sensitivity to any special values inherent in the contemporary adolescent culture as they relate to my particular work.

10. Working knowledge of defense mechanisms, such as projection, rationalization, compensation, introjection, conversion, and displacement.

11. Have a working knowledge of psychological dynamics of various disgnostic categories, such as character disorders, neuroses, schizophrenia.

12. Aware of behavior resulting from inadequate diet.

13. Working knowledge of psychoneurotic behevior disorders.

14. Demonstrate a working knowledge of transference behavior.

15. Understand the significance and causes of failure to learn, and the meaning of learning disability to the child.

16. Read and make interpretations from case records and histories.

2. CURRICULUM: MATERIALS AND METHODS

1. Stress the healthy components of the child while accepting him as he is.

2. Show an awareness of the contribution that can be made to positive personality development by an informal classroom atmosphere.

3. Promote wholesome social participation and relations.

4. Utilize techniques which make it possible to provide freedom and maintain social control.

5. Provide classroom opportunities for forming friendships, for engaging in legitimate ventures, for service to others, and for acquiring skills which have direct bearing on the immediate needs of youth.

6. Implement knowledge of the differences between normal and abnormal behavior at various age levels.

7. Utilize research findings related to why pupils "like" and "dislike" teachers.

8. Demonstrate a working knowledge of the curriculum and methods of teaching mentally retarded and "normal" pupils.

9. Show a working knowledge of the legal framework within which provisions for educating these children are made.

10. Reveal a working knowledge of the different types of programs (regular calss, special class, teacher-counselor, residential school) for the education of the maladjusted, and their strengths and weaknesses.

11. Show a working knowledge of the reference materials and professional literature on the education and care of the maladjusted.

12. Take advantage of flexibility of school programs and schedules to permit individual adjustment and development.

13. Tailor individual methods, materials, time schedules, space arrangements, teacher role, and grouping in accordance with the major needs of the child, as determined by clinical study.

14. Uncover special talents and interests.

15. Develop an individual curriculum which grows out of the needs and every day problems of pupils. (A knowledge of the experiences of the total education program is needed so as to select the content which is most important and which should receive major emphasis.)

16. Use therapeutic tutoring.

17. Provide experiences in which pupils can be successful.

18. Use a wide variety of media and find appropriate media which is significant to the child, allowing for a sublimation of energies and a growing sense of achievement.

19. Avoid identical steorotyped demands on maladjusted pupils.

20. Employ an occupational point of view.

21. Use my understanding of learning failures as a response related to the emotional disturbance. (The basis of various clinical tests which aid in diagnosing patterns of thinking defects in perception and cognition, organicity; processes involved in critical thinking; the concept of readiness for learning in both the normal as well as the disturbed child.)

22. Lead pupils to healthy leisure-time activities.

23. Provide experiences in health education.

24. Provide experiences in physical education.

25. Provide experiences in art and crafts.

26. Provide experiences in industrial arts.

27. Provide experiences in fine arts.

28. Provide experiences in music.

29. Provide experiences in domestic arts

30. Plan experiences in dramatic arts

31. Use a broad range of community resources (people, places, things) in teaching the maladjusted

32. Procure, adapt, and use educational materials including audio-visual aids for increasing teaching efficiency and for appeal

33. Know how to operate amplifiers, record players, filmstrip projectors, and other audiovisual aids

34. Use the professional library and other resources (U.S.O.E. Instructional Materials Center and ERIC)

35. Maintain individual small group, and total group settings

36. Maintain individual and group progress records on pupils

37. Set limits for children in relation to psychological diagnosis and treatment plan; modify as necessary

38. Give sincere verbal praise for effort and minute successes

39. Form relationships with pupils who are extremely withdrawn or aggressive

40. Design a class program which de-empnasizes traditional academic objectives and stresses the development of an adequate personality

41. Develop materials and adapt or modify commercial material

42. Develop a variety of specific remedial techniques for reading, arithmetic, and other academic skills

43. Use self-evaluation of own methods and curriculum building skills

44. Plan both short and long term goals

45. Identify an educational task and break it down into its component parts

3. TESTING AND TEST INFORMATION

1. Use the information received from psychological and psychiatric sources as a basis for guiding learning experience

2. Use the interpreted results of individual tests of mental ability and projective techniques

3. Devise informal tests of achievement

4. Administer standardized group achievement test

5. Administer and use individual diagnostic tests of arithmetic and reading disability

6. Administer social maturity scales

7. Administer and use sociometric tests including sociograms

8. Administer interest and aptitude test

9. Make anecdotal reports

10. Apply individual diagnostic and teaching techniques, in terms of the child's aspirations and abilities

4. GUIDANCE

1. Posses understanding of the principles of mental health

2. Demonstrate a treatment point of view

3. Demonstrate an understanding of residential treatment and such concepts as milieu therapy, psychotherapy, environmental therapy, and group therapy

4. Develop a variety of roles for the treatment needs of children

5. Accept the role of a parent figure

6. Make effective use of my understanding of the treatment potential, and the variables in the learning-teaching situation. (Adult role, peer constellates, media, space-time arrangement, methods)

7. Show general understanding of procedures used in individual counseling, such as psychoanalysis, play therapy, and psychodrama

8. Utilize the entire environment to channel the release of the child's energy

9. Develop self-imposed social controls with the pupil

10. Provide reality-oriented counseling around adjustment problems plan for on-the-spot psychotherapy

11. Counsel pupils regarding their vocational problems and life goals

12. Show a knowledge of methods and practices of occupational placement and post-school follow-up

13. Develop and use cumulative educational records on individual pupils

14. Participate in parent group activities (group counseling, discussions)

15. Knowledge of community resources and agencies available to assist the emotionally disturbed child and his family

16. Work with disturbed parents

5. THE TEACHER AS A PROFESSIONAL TEAM WORKER

1. Knowledge of children's physical, emotional, and mental growth and development, which enables collaboration with medical, psychiatric, psychological, and social work professionals

2. Knowledge of the function and activities of the psychiatrist, psychiatric nurse, case worker, family counselor, social group worker, and vocational counselor

3. Use knowledge of the nature and the function of child guidance clinics

4. Demonstrate a working knowledge of the many facets of the institutions organization which can serve the child's needs

5. Establish and maintain working relationships with other professionals

6. Synthesize and coordinate classroom practices and instruction in accordance with the general organizational structure including ward personnel, recreation leaders, etc., always using the classroom as an integral part of the whole program

7. Knowledge of sources of services offered by non-school organizations such as courts, churches, recreational clubs, police, and welfare agencies

8. Cooperate with vocational rehabilitation agencies in helping maladjusted youth toward occupational adjustment

9. Function as a member of a treatment team

10. Participate in the program in collaboration with clinical and ward personnel

11. Make sensitive and perceptive observations and communicate these to other colleagues

12. Help solve the communication problems involved in integrating the various professional services

13. Keep in touch with the purposes, services, and locations of national organizations concerned with the education or general welfare of the maladjusted such as the Council for Exceptional Children

6. PARENT AND PUBLIC RELATIONS

1. Knowledge of own legal and humane status and relation to the institution or agency which is "in loco parentis" to the child

2. Interpret special educational programs for, and the problems of, maladjusted pupils to the general public, regular school personnel, and non-professionals

3. Assist parents in getting factual information from clinics and agencies so that they can face the social and emotional problems arising from having a maladjusted child

4. Work with disturbed parents without becoming unduly involved; (neither morbid nor over-sentimental; respond to the total problem in an objective manner.)

5. Work with normal children in helping them accept the maladjusted

7. THE TEACHER AS A PERSON

1. Define, develop and maintain my role as a teacher

2. Demonstrate faith in the ability of children to change

3. Demonstrate tact and patience to deal with the problems of maladjusted youth

4. Demonstrate in my own personal adjustment, emotional maturity and stability; teach more by example than by precept

5. Knowledge of my own needs, motivations, difficulties, and emotional problems

6. Show an awareness of my own limitations and idiosyncrasies

7. Demonstrate freedom from a driving need to be liked by all students

8. Demonstrate a capability of absorbing hostile behavior of the student population

9. Follow through and maintain continuous contact with the problems of each child

10. Distinguish between the child and his behavior; reject behavior without rejecting the child

11. Work within my own limits and, without personal guilt; refer those problems I cannot solve to experts

12. Demonstrate vitality, enthusiasm, ability to absorb strain, emotional energy and resiliency, high frustration threshold

13. Demonstrate good judgment, a sense of humor, the ability to place people and events in proper perspective, adaptability and flexibility of mind

14. Reveal through daily work and social contacts the following behavior: resourcefulness, daring, creativity, rich experiences; empathy with different types of personalities, healthy curiosity, maturity, satisfaction of personal needs, freedom from distorted satisfactions; sense of proportion, warm acceptance of others, non-authoritiarianism, stability, freedom from unreasonable anxieties; sensitiveness without irritability, toughness without callousness; lack of negative response to dislike; acceptance of my limits and capacities

15. Handle unpredictability of the emotionally disturbed

16. Differentiate between empathy and sympathy

17. Remain stable in emergencies

18. Patience, forbearance and acceptance of MINIMAL gains

VII. PHASES OF TRAINING

The training program consists of three phases of concurrent activity: a clinical phase, an education phase, and an educational evaluation phase.

The Intensive Clinical Experience Phase

Students are given a unique opportunity to work intensively with children in a clinical setting under psychiatric supervision. In the clinical phase the student learns about psychodynamics, group dynamics, milieu therapy, family relationships, outlines of psychotherapeutic approaches, use of other disciplines within the program and use of community agencies (including schools). To attain these experiences, the student is carefully and gradually guided to learn, in a practical manner, the different phases of psychiatric treatment and their application to educational settings.

The clinical training is directed and supervised by Peter Medrano, M.D., child psychiatrist, and Chief, Pre-Adolescent Service, through contacts with the student in formal and continuous informal consultation and assistance.

To meet the outlined objectives the student's time in clinical experience will be distributed as follows:

1. One to two hours of individual therapy with a

maximum of 2 assigned patients. The time may be divided into half-hour sessions. In these sessions the student, working as a "Trainee," attempts to establish a relationship with the child so as to understand him and ameliorate his problems through various methods such as discussion of problems, play therapy, organized activity, etc. The time spent with the patient is scheduled and made known to all departments.

2. One half-hour per week of individual supervision with a child psychiatrist. In these meetings specific problems relating to patients are discussed. At this time, theory, in connection with psychopathology and psychodynamics, is discussed. Frequently, problems that arise in different areas of the program of direct concern to the student are included and solutions sought.

3. One hour group meetings with all Fellowship students and the child psychiatrist. These meetings are designed to encourage self-expression, participation in group discussions understanding of general problems within the program, as well as discussion and interpretation of the more specific. These meetings also serve as a guide in assessing the attitude and concern of the students as they gradually move into more complex experiences. They furthermore, foster communication in a free, supportive and comfortable atmosphere where students feel confident about expressing themselves.

4. Two hours per week to attend ward rounds, talk to the ward staff and contact workers in other disciplines.

5. One to 1 1/2 hours per week to see families, prepare reports, attend conferences or for pertinent reading.

The Education Phase

A major portion of the practicum involves the Fairlawn School program. Initially, the student observes in each of the in-patient and day center classrooms for at least one class period. Special subject areas such as music and physical

education are also included.

After the initial introductory period, prescribed periods of time are spent in an assigned classroom during the first 3 of the 4 quarters of the Fairlawn School year. In the fourth quarter Fellowship students may select an area of their preference in which to culminate their experience at Fairlawn.

The school principal and other related school staff meet with the students weekly for a period of one hour to discuss problems, evaluate experiences, and provide guidance in planning educational experiences.

The School Program

The education phase of training is conducted in the in-patient and day center schools.

The In-Patient School

The in-patient school program ranges from pre-school through 12th grade. Fairlawn School is accredited; children receive full recognition for their academic achievement.

The education program is geared to each child's ability and on an awareness of the child's limits and strengths. In planning the school program, consideration is given to class atmosphere, class composition and structure aiming at a therapeutic learning experience.

Classes are composed of youngsters able to tolerate group interaction. Class size may reach 10 but because of

limited abilities, severe learning or behavior problems, other classes may consist of 2-3 children. Early elementary classes usually contain about 6 children. Youngsters who cannot work with any group are seen individually when feasible.

The program is staffed by a complement of a principal, assistant principal[1] and 8 teachers. The program is also served by 2 occupational therapists, a music therapist, a physical education and a remedial reading specialist. Employment of a speech/language therapist is anticipated.

School subjects are taught through various psycho-educational techniques. Classrooms are generally self-contained at the elementary level and departmentalized at the secondary level.

Aims and Purposes

The in-patient school's primary function is the amelioration of learning problems within a therapeutic strategy. Attempts are made to include all children in the educational program. Since most children have often experienced discouragement and failure in previous school settings the following measures are encouraged:

Shortened class periods and work assignments

Realistic demands for achievement

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[1] The assistant principal also serves as crisis teacher, girls' vocational class teacher, coordinator of teacher education, liaison person between ward and school, testing coordinator, and teacher training coordinator.

Well-defined goals to make progress observable to the child

Consistency in management

Teachers and Fellowship students are encouraged to:

Believe that each child can learn

Help the child to develop a positive attitude toward school, teachers, and learning

Make school comfortable, rewarding, enjoyable, and satisfying (Therapeutic Milieu)

Provide experiences so that each child can succeed--possibly excel; provide support

Provide rewarding opportunities praise and recognition

Foster relationships with each child and among children

Help the child function and progress according to his own interests, needs, and abilities

Help the child integrate knowledge through practical use

The Curriculum; Elementary Level

Elementary classes are self-contained and employ a psycho-educational model. Class size is kept low and individualized programming is provided.

Children enrolled at the elementary level range in age from 6 to 14 years often with widely disparate achievement levels. Perceptual development classes are provided. Teachers work closely with the child's therapist in establishing limits and giving support.

The Frostig program is used extensively with the children. The Sullivan Programmed Reading Series is also used. Units of high interest promote expression, and allow

for individual differences. Units are developed around science and social studies and incorporate the language arts. Field trips are encouraged to enhance and develop lessons. Fellowship students are directed to observe and incorporate into their repertoire of skills the many methods, media and techniques extant at Fairlawn School. The students are also encouraged to share their ideas and skills.

Science

The elementary science curriculum presents basic scientific concepts. Units, geared for high interest, are short and deal with such topics as weather, animals, plants, physiology, astronomy, physics and geology.

English

English is introduced at the 4th grade level.

History and Social Studies

Social studies are introduced formally at the 4th grade level. Historical periods are considered though current events are prominent.

Mathematics

Mathematics includes traditional and modern approaches, stress is placed on functional math.

Secondary Level

The secondary curriculum encompasses a full range of offerings found in the public schools through the 12th grade.

For children who can tolerate such, arrangements are made for attendance in regular grades in local public junior and senior high schools with careful liaison maintained between the school and hospital by school personnel. Other secondary school age youth engage in correspondence school work or gain high school equivalence status through tutoring and testing. Still others attend vocational classes and/or work-study programs. The curriculum is geared to the individual.

Science

Science at the junior high level involves more complex scientific concepts. The physical and biological sciences are expanded. Hygiene, body awareness, and grooming serve immediate needs. Units on smoking, drinking and drug usage are also dealt with in a frank manner which permits open discussion. High school science includes biology, chemistry and physics.

English

Secondary level English emphasizes self-expression. Poetry and pose writing are encouraged with such accomplishments published in a school newspaper. A Hooked on Books program is being developed to encourage independent reading.

History and Social Studies

Social studies continue through the 7th grade. Beginning in the 8th grade history and government are presented.

Current events are emphasized.

Mathematics

Mathematics sections serve secondary students with achievement levels ranging from 3rd grade through algebra.

Materials available at Fairlawn:

Language Master

Tachistoscope

Flash and Wheel

Tape Recorders

Films and Film Strips

An extensive library is available to the school

Records and Reports

School records and reports are kept on file in the school office. The folder contains previous records, educational test results, progress notes and other pertinent educational information.

School progress reports (educational therapy progress notes) are prepared bi-monthly by all teachers on every child in their charge. The purpose of these reports is to determine progress and are used to re-evaluate therapeutic progress. Fellowship students assist in preparing these reports.

Students are encouraged to maintain anecdotal daily logs of critical incidents on each child in their care. These help in the preparation of progress reports and are

invaluable in assessing therapeutic progress.

Attendance reports and performance notations are recorded daily by teachers on all children.

The educational formulation report is a comprehensive study of a child. It includes objectives, methods and techniques used. A specific format is provided for this purpose. The records and reports of other disciplines (social service, psychology, nursing, medical) are used in preparing the formulation.

Terminating report (final report) is prepared when a child is to leave the hospital. This report contains recent test data, academic achievement, strengths and weaknesses, behavior problems and recommendations to the receiving teacher.

Also included in the records and reports are report cards and scholastic records.

Other Disciplines

Social service records contain all communications with parents, and agencies.

Psychology records contain all psychological tests and interpretations.

Nursing reports contain information concerning physical, health, medical reports and medications.

Nursing notes contain a composite of previous events. Unusual incidents occuring on the ward are included.

Complete case files are maintained in the central

records room. Students must notify the in-patient school principal when use of these files is considered.

Fairlawn Day Center Program

The Center, autonomous in operation was established in May, 1966. Forty children, transported daily from their homes to the Center, are served from 9:00 a.m. to 2:30 p.m. The staff includes a principal, 4 teachers, a child psychiatrist, psychologist, 2 social workers, a nurse, 3 child care workers, recreational therapist and an occupational therapist.

Children admitted to the program are 6-12 years old (preference is given those 10 years of age or less). Academic level must be within a range of from the 1st through the 3rd grade. Children whose academic lag exceeds 2 years are considered only in extenuating circumstances. A stable home environment must be evidenced (children with a psychotic parent are not eligible). Children who are autistic, primarily mentally retarded, physically handicapped or convulsive are ineligible. Selection is based on potential for adjustment to the Day Center program.

A screening Committee (child psychiatrist, principal, psychologist and social worker) reviews applicants after receipt of referral materials and an initial interview with the child, and parents.

Children are admitted for an 8 week observation period to determine appropriateness of placement in the program. Children enrolled in the Day Center program are reviewed

semi-annually.

The children's parents must participate in the total treatment plan. Weekly consultations between the parents and therapist is expected. Parent group meetings are held regularly.

The Day Center School curriculum is complete. Psycho-educational procedures are employed as well as perceptual development and remedial methods and techniques.

Program for Autistic Children

Two teachers staff the Program for Autistic Children and Youth. These children require a very specialized educational approach. All staff, working as a team have indicated these children can be helped. No other public facility in Michigan has a comparable program. The classes are self-contained and run for 2 1/2 hours in the classroom with an additional block of time for the gym.

The Educational Evaluation Phase

Fellowship students are involved in the regular educational evaluation program conducted in Fairlawn School. This phase includes testing of newly admitted children as well as those for whom test data is needed.

Fellowship students are scheduled for weekly testing assignments in which tests routinely used by the school are administered and interpreted in writing.

New Admissions

Children admitted to the in-patient program are given a battery of educational tests to determine placement and a specific educational strategy (see School Records, Educational Formulation). Depending upon age and ability the following tests are used:

California Achievement Test
Gray Oral Reading Test
Gates Reading Tests
Lee-Clark Reading Readiness Test
Frostig Tests of Visual Perception

Fellowship students participate in this process. Forms for reporting test findings and interpretations are available.

Vocational Evaluation

Youth 16 years or older who are condidates for the Vocational Rehabilitation Program are given the following examinations:

General Aptitude Test Battery
California Occupational Inventory or
The Department of Labor Interest Check List

These are administered by the assistant principal, Fellowship students may be involved in this process.

Beginning and End of Year Testing

The entire school population is tested at the beginning and end of the school year. Results are recorded on the child's scholastic record. Fellowship students participate in this procedure.

VIII. ARCHITECTS OF THE MILIEU

General Description

The Child Psychiatry Division (Fairlawn Center) of Pontiac State Hospital maintains a staff of approximately 140 members. One hundred are directly involved in various treatment phases while the remainder serve supportive roles (secretarial, kitchen, etc.). A staff-patient ratio of about 0.8 to 1 prevails.

Fairlawn Center believes that all staff have an opportunity to provide positive influences on a child, however brief or casual the contact may be. Accepting, relating adults help the young patient to view his environment in a positive way. Some characteristics found to be desirable are:

Personal warmth and basic liking of children

Emotional maturity

Common sense and objective acceptance of the child's psychopathology

Capacity to work effectively with others; share responsibilities

Patience, tolerance and a sense of humor

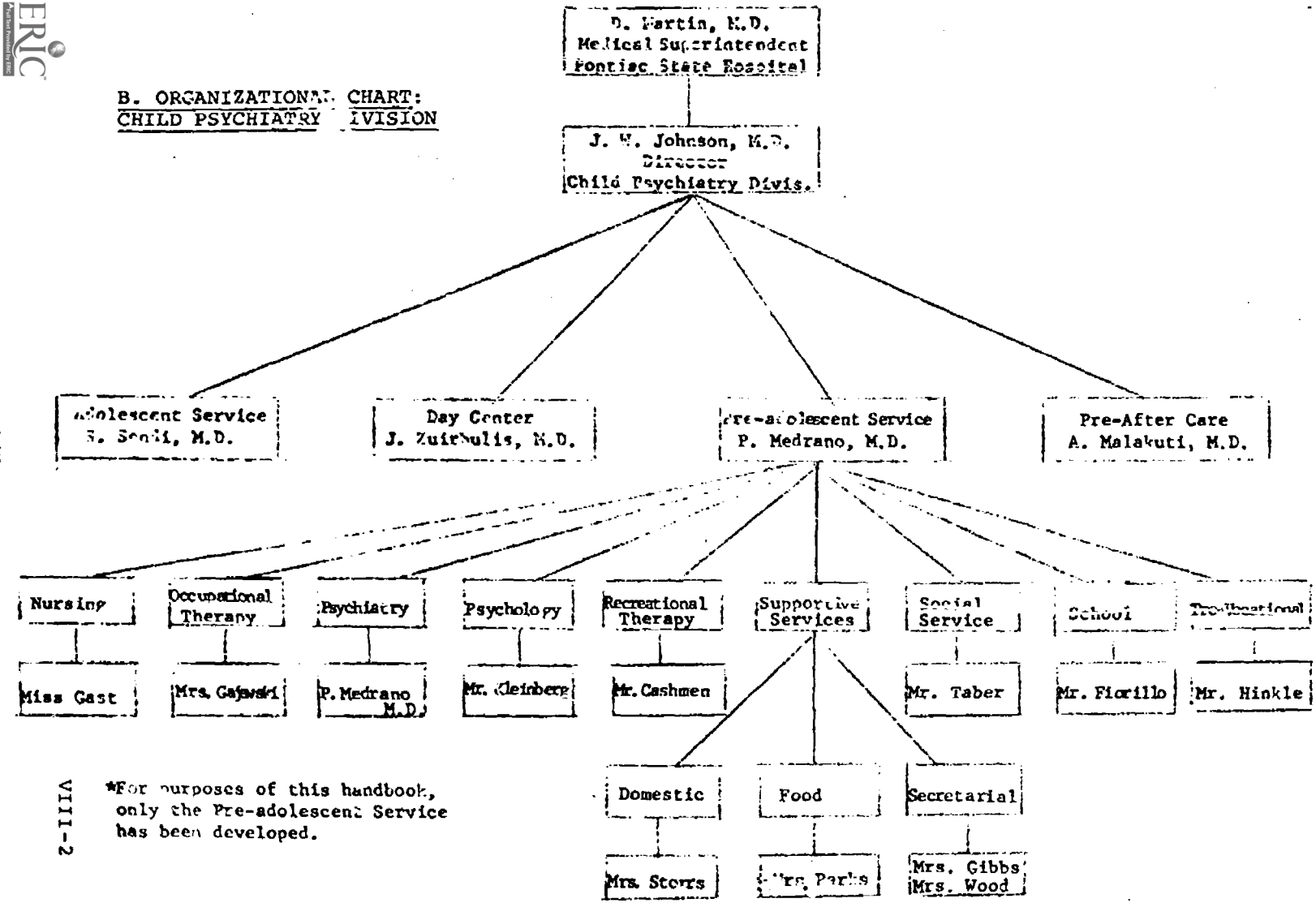
A dynamic participation with children in activities

Adaptation to changing situtations

Understanding and regard of Fairlawn Center policies

Adaptation to changing situations

B. ORGANIZATIONAL CHART:
CHILD PSYCHIATRY DIVISION



*For purposes of this handbook, only the Pre-adolescent Service has been developed.

Service Areas

Nursing. The nursing service, staffed by 77 members (53 in the pre-adolescent section; the remainder in the adolescent section) is supervised by the nursing supervisor. The service consists of 5 categories of personnel: Head Nurses, Child Care Workers, Hospital Children's Workers, Attendant Nurses, Ward Clerks.

Nursing staff members, assigned small groups, assist children on the living unit, and participate in their activities. Limits set are directed by a therapist. The nurse as a contributor to the multi-disciplinary team, through close relationships, is able to provide information on the child's patterns of behavior, personality strengths and problems, with considerable specificity.

The nurse also works closely with the ward manager in the resolution of ward problems. Furthermore, the nurse cooperates with the Recreational Therapy Service in planning and implementing evening and weekend activities for the children.

The Head Nurse. The head nurse provides direct patient care, and supervises and assists the ward staff with their assigned patients.

Child Care Workers. The duties of the child care workers are many and varied.

1. Day shift, 7:00 a.m. to 3:30 p.m. This portion

of the day is highly structured. It includes school, occupational therapy, woodshop and activities for daily living (ADL).

2. Afternoon shift, 3:00 p.m. to 11:30 p.m. This portion of the day is less structured and more relaxed. The afternoon period consists mainly of recreation therapy activities (pool, gym, movies, field trips).

Occupational Therapy. Occupational therapy, as part of the treatment milieu, uses arts, crafts, woodworking, horticulture, and homemaking to meet the needs of the children.

When a child enters Fairlawn Center occupational therapists see him early. This facilitates a child's adjustment to the hospital and alleviates some anxiety associated with hospitalization. A child is given a basic skill test administered to evaluate eye-hand coordination, motivation, interest, ability, reality testing, frustration level, ability to comprehend verbal and written directions, planning ability, and ability to relate; interests and hobbies are also discussed. After testing the child is placed in a small group in an O.T. area felt beneficial to him (regular O.T. classes, O.T. perception classes, wooodshop, activities of daily living, and/or gardening).

Of a staff of 7 therapists 5 work full or part-time with pre-adolescent children. One therapist is assigned to all the children within each living unit. Woodshop and activities of daily living (ADL) areas serve both pre-adolescent and adolescents.

Psychiatry. A child psychiatrist, currently Dr. Peter Medrano, Chief Pre-Adolescent Service, supervises and coordinates the pre-adolescent treatment program. The Chief of Service works closely with the child psychiatric staff in the day care, adolescent and out-patient program. He also provides consultation to community sources through regular pre-admission evaluations of children.

The psychiatrist supervises all drug treatment and provides medical consultation to the nursing staff in conjunction with the staff pediatrician. The Chief of Service coordinates the work of professionals in the Service to facilitate a therapeutic milieu for the children and their parents. As program administrator, he holds seminars for U.S.O.E. Fellowship students, psychiatric residents, and staff, and coordinates research programs within the Program.

Ward Manager. Each ward has a Ward Manager (usually a social worker, psychologist, or psychiatrist) who may also be an individual therapist. The Ward Manager is responsible for the overall clinical direction and planning for a unit. Specifically, his duties and responsibilities include:

Coordinate with the head nurse an effective therapeutic milieu for the unit

Help nursing personnel interpret and carry out handling orders outlined by the child's individual therapist

Deal with problems in the unit when the individual therapist is unavailable

Convey information to individual therapists concerning children in his unit

Daily review of charts of the children on the unit

Familiarization with the children's functioning in other off-unit areas which may effect their ward behavior

Therapist. All the children in the Pre-adolescent Program have an individual therapist (usually a social worker, psychiatrist, or psychologist; members from other disciplines occasionally serve this capacity). A therapist must be skilled as a clinician, administrator, and coordinator. His specific duties include:

Regular therapy sessions

Coordinate the child's overall schedule and program

Provide handling orders for his assigned child to the unit

Availability to the unit to deal with problems and provide management and disciplinary measures as necessary

Work with parents of assigned children

Plan for discharge

Recreational Therapy. The role of the recreational therapist is to plan, organize, supervise and direct recreational activities in accordance with the treatment goals for individual patients.

Speech and Language Therapist. A speech and language therapist is available to serve children with speech pathologies. This therapist also offers consultation to classroom teachers.

Fellowship students will find this a very valuable resource.

Psychological Service. Five psychologists staff the psychological service. All administer psychological tests to contribute knowledge regarding a child's intellectual and personality functioning and provide recommendations for a treatment plan. Psychologists also serve in other capacities such as individual therapists, ward therapists, camp director, evaluator of applicants, volunteer coordinator, and patient council advisor. Each psychologist devotes a major part of his time to a section of the children's program. Currently 2 work mainly with pre-adolescent children.

Therapy includes individual (including play-therapy) and group approaches, group work with parents and children in the Day Center, and the Pre-Care program. Attendance at these sessions by Fellowship students is encouraged when feasible.

Research programs in the children's program are advised by the psychology department. Students may wish to explore this as a possible lead for the Master's essay requirement.

Social Service. At present, Social Service employs 9 social workers. All are trained in casework and a few have specialization in group work.

Social Service acquires personal history material for diagnosis, treatment and convalescent planning. Social workers

function as individual therapists for children and their families. As therapists, they design a child's treatment program in coordination with other services. Some are assigned to ward units as "ward therapists." Workers act as liaison between the child, hospital, family, and community. Social Service is responsible for a boarding care program (Family Care) for children who cannot return to their homes. Social workers may continue to see a child and family in After-Care counseling once he has been returned to his home.

Other Supportive Services

Domestic Services. These services are responsible for custodial service throughout the building. Their functions are vital in assuring a clean and neat hospital environment.

Food Services. They are responsible for ordering, preparing, food for the children at Fairlawn Center. The menu is planned by the dietician.

A well-equipped, self-contained kitchen is adjacent to four dining rooms; one for each living unit.

Volunteer Service. Volunteers aid the program by their interest and contributions. Volunteer applications are processed through the office of the volunteer coordinator.

IX. MECHANICS OF THE MILIEU

Childrens Daily Routines

Day staff 7:00 a.m. to 3:30 p.m.

7:30 to 8:00	Awakened. Groomed and dress. Make beds; straignten bedrooms
8:00	Medication administered
8:15 to 8:45	Breakfast
8:45 to 9:00	Children brush teeth and readied for school
9:00 to 12:00	Children at classes. (On weekends, ward and RT staff plan a.m. activities for the children.)
12:00	Medications administered; children prepare for lunch
12:15 to 12:45	Lunch
1:00 to 2:00	Naps for younger children. Older children at classes. Children on ward engaged in individual or small group activities with ward staff. (On weekends ward and RT staff plan activities.)
2:00 to 4:00	Children at classes

Afternoon staff 3:00 p.m. to 11:30 p.m.

4:00 to 5:00	Some children participate in planned RT activity. Children on ward participate in quiet activities with ward staff (table games, pool, TV.)
4:45	Medication administered. Children prepare for supper
5:00 to 5:30	Supper
6:00 to 8:00	Activities planned by RT department (On weekends, ward staff plan p.m. activities and activities for children not involved in RT
8:00 to 9:00	Bathe. Prepare for bed. Ward staff initiates quiet activities (reading stories, TV)
8:45	Snacks for younger children

9:00	Bedtime for younger children
9:15	Snacks for older children
9:30	Bedtime for older children

Personal Appearance and Attire

Personal appearance influences a person's feelings about himself. Staff, serving as models, to encourage hygiene and grooming, set expectations for appropriate dress and grooming and help the child to meet them. The following are criteria for acceptable personal appearance:

1. Grooming. Hair clean, and neatly combed; daily shower or bath (and P.R.N.); deodorant encouraged as necessary; nails clean and trimmed; face and hands washed; clothes clean and in repair.

2. Dress for girls. Dresses and skirts no more than two inches above knee; not tight. Blouses buttoned and tucked in unless designed otherwise. Underwear worn at all times. Properly fitted shoes; laces tied. Fitted and matched socks worn at all times; in summer sandles without socks are appropriate. Slacks or shorts (bermuda length, mid-thigh). Bathing suits properly fitted and modest. Slacks or shorts not worn to school or OT classes; but may be worn for P.E. or R.T. classes, evenings and weekends.

3. Dress for boys. Shirts worn at all times; buttoned and tucked in trousers unless designed otherwise. T-shirts if worn, should be worn under regular shirts. Trousers properly fitted; belts worn if pants are so made. Underwear worn at all times. Properly fitted shoes; laces tied. Socks fitted and matched worn at all times.

Mealtimes

Withholding meals is never to be used as a punishment. Each ward has a separate dining room with meals served family style. Staff members eat with their group of children. Efforts are directed at setting expectations for appropriate mealtime behavior and helping children overcome difficulties.

If a child is restricted from the dining room meals

are served to him on the ward. If a child becomes destructive or unmanageable in the dining room, a staff member returns with him to the ward. A child returned to the ward completes his meal there.

Repeated eating problems (such as food refusal, over-eating, special food or treat demands and poor dining room behavior) should be brought to the attention of the child's therapist.

Allowance

Children receive a minimum weekly allowance of 50¢ provided by his parents or volunteer donations. The child's use of money is staff supervised.

Each week the children are given 25¢ spent in a variety of ways. Items may be purchased for the children from machines in the staff lounge, the snack bar or club store in the main hospital when accompanied by staff or parents.

The children may shop at stores off-grounds, once per month, with as much as a dollar to spend. This provides opportunities for learning appropriate behavior while shopping, money handling making wise purchases and the value of saving. To assure shopping trips, 25¢ is saved from the child's weekly allowance, thus, every four weeks $1.00 is accumulated, to be spent on a shopping trip as part of a weekend activity. At times individual shopping trips may be arranged to meet a particular child's needs.

When a child misses a shopping trip, his money accumulates. Children who go home weekends take their money with them.

Visiting

All visits are planned by a child's therapist in conjunction with the family. Parent visits are not encouraged nor planned during the initial 2 weeks of hospitalization.

1. Hospital visits. Visiting, from 12:00 to 7:00 p.m. (Sundays usually) is confined to the Fairlawn lobby. Visitors obtain passes at the lobby desk. Only parents (guardians) may visit unless they provide written permission for others to do so.

2. Grounds and snackbar visits. Visiting (usually Sundays, 12:00 to 7:00 p.m.) on the hospital grounds and/or in the hospital snackbar is permitted. The number of visitors is not limited.

3. Day visits. Children given day passes for Saturday or Sunday leave before 10:00 a.m., and return before 7:00 p.m.

4. Home visits. After an adjustment to the hospital the child's parents may request a home visit (subject to the therapist's approval). Approval depends on the patient's readiness and/or the home situation. Permission is applied for at the lobby desk. All visit requests should be applied for, five working days prior to the date of the visit.

Unauthorized Leave

Unauthorized leave is any attempt to leave the hospital grounds. Unauthorized leave results in a restriction to the building for a minimum of one week. Upon return the child remains on the ward until a decision is made as to the

limits to be set. If the therapist approves the child may attend scheduled therapeutic activities.

Following unauthorized leave, ward staff immediately notify the main hospital nursing office which will contact the child's parents. If a child is a committed patient, police are notified. The nursing office will need certain information such as:

Departure time

Departure area

Clothing worn

Physical description

A special incident report (form number 67) is completed

Smoking Policy

Patients are not allowed to smoke in Fairlawn Center. Staff may not smoke in the living area, but may in the nursing station or outside the ward area (employee's lounge, conference rooms, offices, etc.). On field trips, staff should abstain from smoking near children.

Behavior Management

In patient school. The best management is anticipatory (awareness of personalities, tolerance levels, sensitivities and indications of discomfort). Every effort should be made to keep children in the classroom. Each successful school day increases tolerance for more school. Plan for success.

In cases of severely disruptive behavior the following procedures may be employed:

1. If the child is unable to function in class, but is in relative control of his behavior he may be sent to the hall or adjacent area. The teacher is responsible for a continuous check on the child.

2. If the child cannot be retained in class and there is danger in leaving a child relatively unsupervised outside the classroom contact the Crisis Teacher (Assistant principal) who counsels the child and attempts to prepare the child for return to class. If the child is unable to be returned the crisis teacher sends the child to the therapist. Should the crisis teacher be engaged elsewhere children are sent to the principal.

3. If neither are available the teacher may:
   a. Remove child from class; and call the ward. If the child must be escorted determine with ward personnel who can do this most conveniently. Return to the ward is a last resort.
   b. Call the child's therapist (resident doctor if therapist is not available). The therapist may see the child at this opportune moment for life-space interviewing.
   c. The teacher records the incident in the day book and also in the principal's office.

Day Center School. If disruptive behavior occurs in the Day Center School teachers may resort to the following procedure:

Remove child from class and take to the nursing staff which is responsible for retaining the child and calling the therapist. As soon as possible confer with the therapist and the child.

Halls (Wards). Principles for Handling Restrictions. Avoid time limits for a restriction. The length of restriction depends on how well he settles down.

The following criteria helps judge whether a child has settled:

1. Emotional tone. If the child is still angry, silly, or negative, he is not ready for restriction removal.

2. The child's plans. If the child continues the behavior for which he has been restricted, or plans to do something equally unacceptable, removing the restriction is unwarranted.

3. The child's response to your expectations. Judge a child's readiness by his response to directions. Defiant and unresponsiveness indicated unreadiness.

4. It is often helpful to reduce restrictions to allow responsibility (e.g., a child who has been in the quiet room may be temporarily sent to his room). Consult with therapist when restrictions are given and determine how the therapist wants certain problems handled. When restrictions seem ineffective, discuss alternatives.

Restrictions. Restrictions are not considered as punishment. Restriction involves the patient's readiness and ability to use judgment, assume responsibility for his behavior and accept the demands of daily life. Restriction to be effective depends on some self-awareness and emotional control. It protects the child from physical and emotional damage to himself or others.

Different restrictions serve different purposes but all focus the child's readiness to assume responsibility and a protection from failure. Below are types of restrictions used in the Pre-Adolescent Program.

1. Restrictions by ward staff. In handling problems,

ward staff may utilize the following:

a. Chair restriction. Child occupies chair for 5-10 minutes while under direct observation.
b. Bed restriction. Child is confined to his bed up to 1/2 hour. It is used when the child is unable to handle freedom, although he is responsive enough to settle down without going to the quiet room.
c. Room restriction. Child is confined to his room or dayroom up to one hour. It is used when the child has maintained enough control to handle a limited amount of freedom. It is also often used in the diminution of more severe restrictions.
d. Restriction from ward activity. A child may be restricted from specific ward activities (snack time or TV time, etc.).
e. Ward tasks. Job assignments may be given by staff to limit behavior and avoids the removal of privileges or activities.

Restrictions by Therapists. Restrictions given by a child's therapist are of indefinite duration so that they can be diminished or discontinued to suit a child's response and progress.

1. Complete ward restriction. Child remains on ward but may dine in the dining room.

2. Partial ward restriction, Child may go to scheduled school, O.T. or P.E. classes and may enter back yard areas with staff but cannot attend R.T. functions or off-ground activities.

3. Off-ground restriction. This restriction includes all, or selected, off-ground activities. Ward staff informs the therapist of all plans for activities.

4. Indefinite room restriction. A child with persistent problems in handling freedom may be confined to a specific area of the ward.

5. Escort. A child who is a potential run-away or who has difficulty getting to scheduled classes and activities is escorted by a ward worker to and from activities. Teachers and workers

conducting activities notify ward personnel when the child is to return.

6. Dining room restrictions. Child is not allowed in dining room. Meals are served to him on ward.

Restrictions by Teachers, R.T., O.T., and P.E. Instructors

1. Restriction from specific areas. A child may be restricted from certain areas (school, O.T., gym, etc.) by the teacher or activity leader. This restriction is given when the child must be isolated from an area because he is poorly controlled or overly stimulated there. A child who has repeated difficulty in a specific area may be restricted for indefinite periods after consultation with the child's therapist.

2. Restriction from specific activities. Certain activities may pose problems for a child, e.g., loses control during baseball games or finds co-ed activities too stimulating.

Quiet Room. Use of the quiet room as a therapeutic tool is a great concern. The quiet room is used to handle specific and difficult problems. As with other forms of restriction, it is not punishment but rather a protective and controlling therapeutic intervention. The following are some indications for using the quiet room:

1. Other forms of restriction have not succeeded in controlling a child's disruptive behavior.

2. When it is certain that the child will blow-up and needs to be removed from a stimulating environment.

3. The child blows-up, becomes destructive, assaultive, or dangerous to himself or others.

4. When a child asks to be separated from a group situation because he is afraid of his own

aggressive impulses.

a. Duration in the quiet room depends on the reason for placement, emotional condition at the time of placement, and consideration of the psychopathology involved.
b. While a child is in the quiet room be certain that he does not hurt himself. Stay with the patient until he settles down or check periodically. When a child cannot settle, becomes destructive or highly agitated, medication in oral or intramuscular forms is indicated.
c. Whoever sees the child while in the quiet room should report to the assigned staff on what transpired in the contact. The staff responsible for the child, must know the duration, who is to remove him, and how he should be handled when removed.
d. Quiet room restrictions are brought to the therapist's attention. Incidents requiring the quiet room should be described in daily charting and noted in the daily ward summary. Charting should include a brief description of the prior situation and the child's response to and following the restriction.

Physical Contact

Physical contact can communicate feelings of acceptance and warmth which often cannot be verbally expressed. For discipline and control, it is often necessary to physically remove the child from certain areas, stop fights, place in quiet room, etc. Excessive, as well as the lack of physical contact, can be detrimental to a therapeutic program.

It is the staff's responsibility to discourage aggressive physical contact, and to encourage acceptable ways of expressing emotions.

Referral

Children are referred to Fairlawn Center for in-patient

treatment through 2 major sources: (1) privately by parents, family physicians, schools and social agencies or (2) through juvenile courts. The former may result in a voluntary commitment. The latter, in an involuntary commitment. A juvenile court referral requires that 2 physicians (not necessarily psychiatrists) must recommend hospitalization. When the 2 appointed physicians so recommend the juvenile court then orders either a 60 day diagnostic period (diagnostic order) for the child or an indefinite stay (regular order). If admission is not advised by Fairlawn Center staff psychiatrists the court's commitment order is rescinded.

Admission Procedures

Admission procedures apply to both voluntary and court order referrals. The procedure, briefly is as follows:

1. The Director of Social Services arranges a screening examination by a staff psychiatrist to determine advisability for commitment.

2. If commitment is advised the child is placed on a waiting list until a bed is available. Admissions (and discharges especially), when feasible, are made most frequently at the beginning or end of summer or at the end of a school semester to facilitate transition.

3. A pre-admission contact with the family and child a week or two prior to admittance. At this time the family and child tour the facility and meet with significant milieu personnel. Parents are provided with information and a brochure regarding the hospital stay.

4. On admission the nurse offers support to the child and parents during this critical moment. Admissions routinely are made on Tuesday mornings.

Termination of In-Patient Status

Upon determination that in-patient status is no longer required preparations are made for termination or degree of termination. The child may be discharged, placed on 24 hour day visits, or placed on convalescent leave.

1. 24 hour visits. This provides for those children who may require a gradual transition from in-patient status.

2. Discharge. This is used with children who are voluntary admissions. It is considered as a permanent separation from the hospital.

3. Convalescent status. This status is used for children who were commited through juvenile court order. It is considered a trial period and provides for immediate readmission should the need arise.

The decision for these terminal statuses is based on the child's needs and response to treatment. Consideration is also given to the adequacy of the child's home, which, if considered inadequate may necessitate foster home or residential placement.

Termination of in-patient status also involves certain other procedures to enhance out of hospital adjustment. These include:

1. Follow-up contacts

2. Arrangements with available community resources such as child guidance clinics, family service agencies, school social work services.

3. Continuing contacts by the hospital therapist

4. After-care services

5. Arrangements for readmission to school (may include actual contact to reassure the child)

6. Discharge preparation therapy prior to termination

X. FACILITIES[1]

A. FAIRLAWN CENTER

1. Hospital Libraries
   a. Fairlawn Center Professional Library. Located in the In-patient school library, and is available for student use only on the Center's premises.
   b. Pontiac State Hospital Professional Library. Located in the main hospital area, is also available for student use on the premises.

2. Physical Education
   a. Gym and pool. Use of these facilities should be planned in advance and arranged for with the in-patient school office.
   b. Outdoor play areas

3. Occupational Therapy
   a. Activities for daily living. Home Economics area. Contact Mrs. Gajewski, Director, Occupational Therapy for use of this facility as well as the following (b., c.).
   b. Manual training workshop
   c. Arts and crafts rooms

4. Music Therapy Room. Contains a wide assortment of musical instruments and records.

5. Activity Rooms. Contain pool tables and TV sets

6. Play Therapy Rooms

7. Wayne State University Site Office. For use by Wayne students and staff. Phone, file cabinet, desk and bookshelf are available. Professional and study activities may be conducted here. Lounge facilities are located elsewhere.

B. WAYNE STATE UNIVERSITY

1. Department of Special Education and Vocational

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[1] Non-school facilities

Rehabilitation Instructional Materials Center.

2. University Libraries
   a. The General Library. The General Library houses the education, social science (including psychology and sociology), and humanities collections.

      An up to date ERIC system is available in the education section. Reference desk librarians will orient students, upon request, to this and other very valuable information in retrieval systems.

      The library also provides a video tape orientation program. The tapes provide a tour of the General Library building, examination of the card catalogue, discussion of periodicals and their use, and use of reference books. For an appointment contact the Libraries Information Desk (577-4032).
   b. The Kresge-Hooker Science Library. This Library, soon to move to other quarters, is adjacent to the General Library. A large collection of literature on psychiatry and neurology is available.
   c. The Medical Library. The Medical Library is located some distance from the main campus at this time. It maintains an excellent collection of psychiatric. psychological and neurological literature.

3. Other University Facilities
   a. Micro-Teaching and Instructional Technology Laboratory. Instruction in micro-teaching techniques, use of video tape equipment and other instructional technology methods and techniques is provided for interested students.
   b. Dial Access System. This system, with several dialing stations located throughout the campus, provides taped lectures from an extensive bank, which includes tapes of Carl Rogers, B.F. Skinner and Fritz Redl.
   c. Learning Resources Laboratory. Students wishing to learn skills in operating 16mm projectors, overhead projectors, tape recorders and other equipment may arrange to do so by contacting:

Mr. Robert Senour 577-1980
Learning Resources Laboratory
Center for Instructional Technology
5448 Cass (adjacent to the book store)

C. DETROIT AND WAYNE COUNTY

1. The Detroit Public Library. This library located adjacent to the Campus, is the largest library in Michigan. Extensive collections pertaining to education and the social behavioral sciences are contained here. Students of Wayne State University are eligible to use this resource and many apply for a card.

2. Lafayette Clinic Selected Dissemination of Information System. This system is a computerized bibliographic and abstracting service which contains the largest collection on schizophrenic and related disorders. There is a slight charge for this service.

3. The Curriculum Laboratory. This center is located in the Detroit Public Schools Center Building. As an invaluable resource for receiving instructional materials students are encouraged to visit.

D. OAKLAND COUNTY

1. Oakland Schools Instructional Materials Center. The Oakland I.M.C. is located on the 4th floor of the Oakland Intermediate School District building which lies approximately one mile from Fairlawn Center. Contained here is an extensive collection second to none in Michigan. A visitation will be arranged early in the Fall quarter.

E. MICHIGAN STATE UNIVERSITY

1. U.S.O.E. Instructional Materials Center for Handicapped Children and Youth. This Center, located at Michigan State University, provides a remarkable array of services free of cost. Arrangements for inclusion on the Center's mailing list will be made early in the Fall quarter.

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American Psychiatric Association, Diagnostic and Statistical Manual, II, The Assoc., 1968.

American Psychiatric Association, Glossary of Psychiatric Terms, The Assoc.

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Dunham, H. Warren and Wienberg, S.K., The Culture of the State Mental Hospital, Wayne State University Press, 1960.

Fairlawn Center, Handbook Pre-Adolescent Program, Revised Edition, 1970.

Greenberg, Jacqueline, A Practicum Guide for Fairlawn Center, Pontiac State Hospital, Unpublished Master's Essay, 1968.

Handbook for Recreation Leaders, U.S. Government Printing Office.

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Michigan Department of Education, Rules and Suggested Guidelines for the Education of Emotionally Disturbed Children, Bulletin No. 365, 1970 (Included in supplement).

United Community Services, Tri-County Social Service Directory, USC, Latest Edition.

LIST OF SUPPLEMENTARY MATERIAL

1. Rules and Suggested Guidelines for the Education for Disturbed Children: Bulletin #365, 1970.
2. Bibliography for Educators: Emotionally Disturbed, 1970.
3. Student-Staff Directory
4. Employment Guide
5. Glossary of Terms Commonly Used at Fairlawn Center.

SUPPLEMENT 1

Student-Staff Directory

Fellowship Students

Mrs. Phyllis Bradfield
931 Covington
Detroit 48203
862-2509

Mrs. Lorraine Colletti
1172 Whittier
Grosse Pte. Park 48230
881-1159

Mr. Milton Hyman
526-0613

Miss Minnie O. Payne
48 Glynn
Detroit
869-5078

Mr. Willie Scott
429 Lenox
Detroit 48215

Miss Marlene Strojek
8534 Leandc
Detroit 48234
925-0853

Miss Alanna Cleary
525 Merton Road
Detroit 48203
866-8869

Mrs. Jacqueline Schrupp
16757 Lindsay
Detroit 48235
837-8460

Miss Carolyn Bidnick
48 Glynn
Detroit
869-5078

Staff

Wayne State University

Department of Special Education

Dr. Asa Brown	577-1691
Dr. Tom Coleman	577-1685
Dr. Will Sosnowsky	577-1691
Mrs. Margaret Eady	577-1691
Miss Jeanne Rorick	577-1691
Mrs. Janice Biernat	577-1691

Dancy School of Observation Staff

770 E. Grand Blvd.
Detroit 48207

Charles H. Doan, Principal	924-9665
George Brown, Asst. Prin.	924-9665
Mrs. Bernice Noffert, Secy.	924-9665

Fairlawn Center Staff

1-338-0361

Mr. Michael Fiorillo, Principal, In-Patient School,	Ext. 322
Mrs. Jacqueline Greenberg, Asst. Principal	Ext. 223
Mrs. June Davis, Principal, Day Center	Ext. 320
Dr. Peter Medrano, Chief Pre-Adolescent Services	Ext. 241
Mrs. Agnita Houser, Secy.	Ext. 323

NOTE: Calls to Pontiac State Hospital from Fairlawn Center, and vice versa, must be prefaced by dialing 7.

CHILD PSYCHIATRY DIVISION - PREADOLESCENT DEPARTMENT
FAIRLAWN CENTER (338-0361)

	EXTENSION
ADMINISTRATION	
Dir., Fairlawn Center, James W. Johnson, M.D.	341-2
Sec'y., Mrs. Gibbs	343
Chief, Preadolescent, Peter P. Medrano, M.D.	241-2-362
Sec'y., Mrs. McDonald	244
Pediatrician: Bahram Khodadadeh, M.D.	221-343-362
AUDITORIUM (POOL & GYM AREA)	249
DAY CENTER, Dir., Jacob Zvirbulis, M.D.	251
Principal, Mrs. June Davis	320
Sec'y., Mrs. Cummings	334-5
Nursing: Mrs. Mathes, Mrs. Butki, Miss Armstrong	257
O.T., Mrs. Phelps	
Psychology, Miss Alatalo	252
Social Services, Mr. Horton	281
Miss Evans	282
Teachers: Miss Barandi	
Mr. Kelly	
Mr. Parsons	
Miss Wurster	
DOMESTIC SERVICES, Mrs. Storrs, Mr. Duncan	365
FOOD SERVICES, Mrs. Parks	293
MEDICAL RECORDS, Supervisor, Mrs. Wood	375
Steno. Pool & File Room	379
NURSING, Dir., Miss Gast	243-4
Student Nurses Training, Mrs. Neal	250-744
Student Nurses - Wayne State - Miss Gawthrop	389-244
Treatment Room	260
Wards: Applewood Hall	221-2
Birchwood Hall	226-7
Cottonwood Hall	231-2
Maplewood Hall	236-7
OCCUPATIONAL THERAPY, Dir., Mrs. Gajewski	328
A.D.L. Room, Mrs. Whitney	296
Manual Training, Mr. Phelps	298
O.T. Room, Miss Reed	329
O.T. Shop, Miss Middleton	239

	EXTENSION
PRE AND AFTERCARE	
Dir., Azizolah Malakuti, M.D.	354
Sec'y., Mrs. Furton	357
Precare, Mr. Thomas Jones	355
Family Care, Mrs. Pearson, Mrs. Robinson	352
Play Therapy Rooms	351-368
PSYCHOLOGY, Dir., Mr. Thomas Jones	355
Psychologist, Mr. Kleinbergs	361
RECREATIONAL THERAPY, Dir., Mr. Cashman	367
Mr. Henry, Mrs. Wellman, Mrs. Greenlee	347
RESEARCH, Dr. Sendi	359
SCHOOL, Principal, Mr. Fiorillo	322
Asst. Principal, Mrs. Greenberg	223
Sec'y., Mrs. Houser	323
Library	245
Music Therapist, Mrs. Kaplan	327
Physical Education, Mr. Pettway	249
Speech Therapist	229
Students - Wayne State	364-396
Teachers: Mrs. Ashman	224
Mr. Byrnes	
Mr. Drukas	246
Mrs. Hammond	253
Miss Malkes	
Mr. B. McDonald	225
Mr. L. McDonald	254
Mrs. Miller	397
Mr. Tunnell	228
SOCIAL SERVICES, Dir., Mr. Taber	376
Mr. Birnbaum	387
Mrs. DuVall	385
Miss Winkens	388
Student, James Cavera	382
STAFF LOUNGE	220
VOLUNTEERS	384

CHILD PSYCHIATRY DIVISION - ADOLESCENT DEPARTMENT
MEADOWVIEW BLDG. (338-7241)
PONTIAC STATE HOSPITAL

	EXTENSION
ADMINISTRATION	
Chief, Smail B. Sendi, M.D.	256
Sec'y., Mrs. Anna Hepler	251
Physician: Carolyn Reutter, M.D.	254
NURSING, Dir., Mrs. Boehm	203
Mrs. Ozinga	377
Wards: Meadowview 1	374
Meadowview 4	377
OCCUPATIONAL THERAPY, Dir., Mrs. Gajewski	374
PSYCHOLOGY, Mr. Elliott	203
RECREATIONAL THERAPY, Mr. Brooks	416
SOCIAL SERVICES, Mr. Blomgren	204
Miss Griva	485
Mr. Leahey	204
Mr. Sonnenfeld	486
Student, Miss Muthler	275

CHILD PSYCHIATRY DIVISION - VOCATIONAL REHABILITATION
BARN (338-7241)
PONTIAC STATE HOSPITAL

	EXTENSION
ADMINISTRATION	
Dir., Mr. Charles F. Hinkle	400
Sec'y., Mrs. Naso	400
Teacher: Mr. Olson	400

/fg
4-27-70

SUPPLEMENT 2

Glossary of Terms Commonly Used at Fairlawn Center

Convalescent Status (C.S.)-Indefinite period; granted to help the committed patient and his family to adjust to each other. Generally lasts one year after which patient may be discharged.

Diagnostic Order (D.O.)-Hospitalization for 60 days observation period authorized by Probate Court. May be extended for a second 60 days up to 120.

Discharge-Release of patients from hospital or from convalescent status. After discharge patient can only return to the hosptial for treatment on new commitment order.

Family Care (F.C.)-A program of non-residential treatment in selected boarding homes where patients receive casework, resocialization and community resources including Vocational Rehabilitation, sheltered workshop and work placement.

General Dining Room (G.D.R.)-Main dining room in the old building where patients from rehabilitation wards are served.

Ground Permission (G.P.)-Privilege granted to patients by Medical Staff after a period of observation. Allows leaving the ward without supervision during specified hours on hospital grounds.

Patient Affairs-Personal affairs of patients which are primarily financial. Assistance may also be given to patients with private or legal transactions while hospitalized.

Patients Property Office (P.P.O.)-Central office where records are kept of patients belongings and to which all patient's clothing goes for marking. Release authorization for patients belongings are processed here.

Red Star-Used to alert staff members of cases requiring special attention. Stars are attached to Medical Records of patients having criminal records or other cases.

Regular Commitment-Legal process for mandatory hospitalization of individual in need of treatment for mental disorders. A patient who has been committed can only be released by order of the Medical Superintendent or by order of Probate Court.

SUPPLEMENT 2 (Cont.)

Restoration-Legal process for restoration to soundness of mind for individual who has been committed for hospitalization. Indicates that the individual does not need further hospitalization at this time. Restoration is applied for at Probate Court.

Visit-Movement of a patient to a ward better suited to his needs (for less than 5 days). Also denotes temporary absence from the hospital after arrangements have been made by relatives or friends and a release authorization from ward doctor and Chief of Service.

Voluntary Application for Admission-Process by which an individual admits himself to the hospital for treatment when need has been determined by a psychiatrist. Minors must have approval of parents or guardians.

Temporary Order (T.O.)/(Emergency Order)-Hospitalization authorized on an emergency basis for a period of up to 60 days for individuals in need of immediate treatment for mental disorders. The Probate Court may issue a Diagnostic Order within a few weeks of the T.O..

Transfer-Movement of a patient and his personal belongings from one ward to another better suited to his needs. Authorized by Director or Chief of Service from which the patient is transfered. If two divisions are involved the Director or Chief of that service also signs the transfer slip.

SUPPLEMENT 3

Employment Guide

Teachers of the emotionally disturbed appear to be in great demand, at this time, throughout the U.S. and Canada. To help Fellowship students in seeking and obtaining employment the following guide is provided. If you plan to teach immediately after completion of the current academic year, you should begin the search early.

Finding Prospective Employers. The following routes are open: Conversation with teachers and administrators you know; Placement Office; Inquiries to school personnel offices; Inquiries to county and state education offices; Interviews with school representatives on campus or during visits to districts; College advisors; Inquiries during field trips and visitations.

Making Contact, Telephone. Request application and other data. Read and conform with instructions; Letter of Inquiry: Be brief, say what you teach, request application form and information. On-campus interview: Present qualifications; Get information you need; Leave clear understanding of what you want to do; Follow through as instructed.

Evaluating Prospective Opportunities. Kinds of positions available; Salary; Facilities--age of buildings, size of rooms, etc.; Class load and/or class size; Materials, equipment supplies; Socio-economic status of the community;

SUPPLEMENT 3 (Cont.)

Type of supervision; Services to teachers; Evidence of good morale; Fringe benefits--sick leave, insurance, etc; Cultural, recreational and educational opportunities.

Visiting Prospective Employers. Arrange clearly time and location of arrival. Know the purpose of your trip, make sure it is mutually understood and confirmed.

The Interview: Do's and Dont's. DO: Let district know if you are really interested; Appear on time well-groomed; Look, act and speak like a teacher; Express enthusiasm and optimism; Ascertain the interviewer's correct name and title; Express clear professional goals; Clarify follow-up arrangements; Ask questions.

DON'T: Belittle, criticize, or indicate negative feelings; Engage in irrelevant discussion; Assume you will be hired; Prolong the interview.

Application. Write legibly (typing is best); Read and follow instructions; Keep track of where you apply and keep prospective employers advised of your interest or change of plans. (See Record of Contacts Form)

Credentials. Follow placement office procedures; Provide all data requested; Request permission to use names for references which you will need.

Contract Offers. Be sure you understand all conditions; Acknowledge all offers; And indicate your intention; Feel free to ask questions; Abide by your commitment; Notify your

SUPPLEMENT 3 (Cont.)

placement office and all other districts to which you have applied that you have signed a contract; Thanks are always in order.

SUPPLEMENT 3 (Cont.)

RECORD OF CONTACTS

School System_____

First contact--date_____

Applied--date_____

Credentials sent--date_____

Transcript sent--date_____

Positions open_____

Interview representative_____

Visit to school--date, time, place_____

Confirmed date_____

Contact person_____

Address_____

Telephone_____

Salary_____

Facilities_____

Materials, etc._____

Fringe benefits_____

Other_____

References (Names and Addresses)

_____

_____

_____

_____