

February 21, 1980

SUBJECT: Comments on Lou Chapman's Paper

TO: George A. Kopchick, Jr.
Superintendent

FROM: J. Gregory Pirmann
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I would like to offer a few comments and some recommendations.

1. The "observations" section is rife with factual errors (i.e. mirror in hallway is unbreakable plexiglas; staff was not increased). However, debating these errors or asking for clarifications would be counter-productive. The "bottom line" of Ms. Chapman's report is what matters, not surface impressions.

2. There is no question that congregate living is far from an optimum situation. As pointed out in the prefatory comments, this is what society chooses to provide, however. One cannot debate the logistics or costs of congregate care vs. "community" living when the issue is viewed on a philosophical basis. However, would we better serve those people "labeled as mentally retarded" if we worked at perfecting what society is willing to provide, rather than continue to duel at cross-purposes over philosophical imperatives? Proponents of "community" life for all seem to be willing to make their argument at the expense of those persons who must, by unavoidable circumstance, live in congregate facilities today. Changes in social awareness and public practice must be evolutionary, rather than confrontational. We are already seeing the backlash against community programs for any retarded people, as evidenced by S.B. 1217 & H.B. 2185 (proposals that would make legislative approval mandatory before institutional populations could be reduced by DPW administrative action) and by recently published comments from area legislators that they intend to view the "community arrangements for the retarded" component of the Governor's budget with a very discriminating eye. By forcing an all-or-nothing situation on society (in its choice between congregate facilities or community living) the proponents for change may be cutting off the evolutionary shift that was already in process.

3. I take issue with the automatic assumption that congregate living results in a devaluation of the person. It can produce that result and has, almost universally, in the past. But the restraints on congregate facilities made devaluation inevitable. There is no empirical evidence that one must follow the other. In fact, the "village of the retarded" concept that is being pioneered in some countries may prove the opposite true. A special village is, after all, a congregate facility. Isolation, too, was built into the system of congregate care, through conscious choice. ("Now, don't visit too often, Mrs. Doe. You'll just upset him. After all,

they're happier with their own kind.") Worse, it is already beginning to plague community programs. Physical proximity carries no automatic guarantee of non-isolation. As isolation was built in, it can be worked out of the system.

4. Although I vowed not to debate specific points, I must question the discussion on staffing and "relationship discontinuity". While shift staffing does not provide the same continuity that a 24-hour house-parent set-up does, it avoids many more critical problems. The figure of 27 is misleading. The staff on Quaker Hall 2 is basically constant. The same two or three aides work there regularly, with days off, etc. (Houseparents get days off, also.) True, disruptions to the pattern occur, more often than we like. But there is a continuity, in some cases, built over years. With CLA houseparents being replaced every six months on the average, neither type of service has yet to achieve perfection.

5. If it is dehumanizing for men to assist women in their personal skills, should women then not work with men? It's a two-way street. Do (female) nurses caring for sick males in hospitals carry a special dispensation? While attitudes towards personal privacy are a real problem, making it a simple male-female problem only contributes to the mess. All of us must examine our attitudes towards the clients, irregardless of sex. Respect for the individual is what is needed.

6. The argument over group vs. individual programming is academic. In most applications, individual attention would be preferable. But when our resources make this absolutely impossible, what choice do we have? A previous administrator here decreed that we would concentrate on "quality" services, delivered in the classic "therapist-patient" mode. When we demonstrated how much progress the clients enrolled in therapy were making, additional resources would come flowing in, so that we could do something for the hundreds of people languishing on waiting lists. Needless to say, it never happened. Group programming is our only alternative, if we are to come close to meeting our obligation to all the clients.

7. I promised recommendations. I would like to see Ms. Chapman invited back to sit down with the Quaker Hall 2 staff, to talk over her feelings. I believe they would welcome the interchange, because it could help them do a better job. Without ignoring the operational areas, I would hope she would concentrate on the sensitivity issues. We can all benefit from a continual process of self-appraisal. Seeing how others view us is a part of that.

8. I would also like Ms. Chapman to work as an aide for a few days, to attain another, different (but no less valid) perspective on institutional life.

Thank you for the opportunity to comment.