A DESCRIPTIVE STUDY OF THE EDUCATIONAL PROGRAM FOR THE EMOTIONALLY DISTURBED YOUNGSTERS IN THE CHILDREN'S AND ADOLESCENTS' PSYCHIATRIC INPATIENT SERVICES OF THE MILWAUKEE COUNTY MENTAL HEALTH CENTER-NORTH DIVISION

by

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A Thesis submitted to the Faculty of the Graduate School, Marquette University, in Partial Fulfillment of the Requirements for the Degree of Master of Arts

Milwaukee, Wisconsin

July, 1968

PREFACE

Until several years ago, the emotionally disturbed children and adolescents at the Milwaukee County Mental Health Center were not continuing their education while hospitalized. Many of these youngsters were however, able to learn and attend classes for a limited time each day under special conditions though not able to function in a regular school classroom. Already academically behind for the most part, months of hospitalization without school only served to set them back more, making eventual return to regular classrooms more difficult than their basic situation already could suppose.

This thesis is an attempt to trace the beginnings of the education program now in existence (though still in the stages of development); to describe the present situation, particularly the last two years; and to indicate as much of the proposed future plans as are available at this writing.

The writer is presently, and has been for the past two years, employed as a teacher of the emotionally disturbed in the Adolescent Psychiatric Inpatient Service-Intensive Care Unit; having thus been there the longest of any teacher since this phase of the official school program began. She

has therefore obtained most of her material first hand from hospital inter-office communications, memos, records, interviews, and her own personal experience and observation. Because the Intensive Care Unit has been the scene of the writer's work and a school area which she helped develop, most concentration of this study will be given to that part of the education program.

Because rather lenthy names of a number of County Departments will be repeated throughout this paper, the commonly used abbreviations are listed here:

CPIS	Children's Psychiatric Inpatient Service
APIS	Adolescent Psychiatric Inpatient Service
APIS-ICU	Same as above plus Intensive Care Unit (used alone or together)
ABC	Adolescent Boys' Cottage
MHC-N	Mental Health Center-North Division
CESA	Cooperative Educational Service Agency

ACKNOWLEDGEMENTS

This paper could never have been compiled without much help which the writer wishes to acknowledge and for which she has deepest gratitude. Most thanks goes to James J. Balistrieri, M.D., Director of the Adolescent Service, who not only taught the teacher a great deal, but provided much impetus, support, and encouragement. More support and help came from the entire staff of the Adolescent Intensive Care Unit. Appreciation is extended also to Charles W. Landis, M.D., Director of Mental Health, Chris Buscaglia, M.D., Medical Director of North Division, Dean M. Salama, M.D., Director or the Children's Service, Mr. Kenneth Knepler, Clinical Psychologist-CPIS, Mr. Alex Napolitano, Assistant Hospital Administrator of North Division, and Mr. David T. McGinnis, Administrative Coordinator, all of whom permitted me access to their files for materials regarding the school program. Very special thanks is accorded to Miss Helen Olsen and her fellow staff members of the Cooperative Educational Service Agency # 19 whose efficiency and long experience in education as well as inspiring professionalism and friendship helped pull together many loose ends. I thank too, my advisor and thesis committee for their patience and help.

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CHAPTER I

INTRODUCTION

To give a frame of reference for the proper perspective from which to view the subject, it seems necessary to give a brief overview of the total picture of which this new educational program is a part.

The Milwaukee County Institutions and Departments make up a complex of health and welfare facilities and programs centered on an 1100 acre metropolitan campus. All are operated by the County government through the board of public welfare. The Mental Health Center, a part of the complex, provides a wide range of services for the Milwaukee Community. Approximately forty per cent of all admissions to public mental hospitals in Wisconsin, are admitted to the Mental Health Center. The North Division of the Mental Health Center consists of several acute psychiatric units totalling over 800 beds.[1]

Included in the patient population are both adults and adolescents (now defined as those between the ages of thirteen and eighteen; formerly up to age twenty.) It

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[1] Charles W. Landis, M.D., "Planning For Children's Services in Milwaukee.," address at Indiana University Medical Center, May 26, 1966.

doesn't take much for the reader to imagine the disadvantages of having so heterogenous a patient population in one area and the problems of providing the best service for all. (The South Division of the Mental Health Center consists of several patient care buildings for the chronic mentally ill. However, since this area has no bearing whatsoever on the subject of our paper, no more mention will be made.)

Lest it is thought that children and adolescents were previously neglected, mention must be made that for many years a child psychiatry clinic has been in operation providing outpatient diagnostic treatment service for children up to the age of eighteen. Consultation service to outside agencies such as Children's Court, schools, and family and child welfare agencies are also provided by the clinic.

The need however to provide for those youngsters who needed more than what the clinic could offer prompted the establishment of psychiatric inpatient services for both children and adolescents. This in turn pointed out the great need for continued education of a specialized type while the young people were hospitalized.

To give a further idea of the great need for providing more extensive attention to disturbed children and adolescents, the following information should be noted.

Recent surveys by the National Institute of Mental Health indicate that both the first admission rates to mental hospitals and the resident population rates of children have increased at a rapid pace beyond the rise that could be expected from the increase of the number of children in the nation's total population. For instance, boys between the ages of ten and fourteen have increased in the general population almost double since 1950. Their numbers in mental health hospital population, however, have increased almost six times during the same period of time. Some of the increase can certainly be recognized as a reflection of better diagnostic and record-keeping procedures than in the past, but that does not change the actual numbers now needing care.[1]

As a further emphasis, it is estimated that in the decade 1963-1973, the ten to fourteen age group of the country's population is expected to increase fifteen per cent yet their increase in mental hospital admission is expected to increase by 116 per cent.[2]

The same surveys indicate that among public mental hospital patients under eighteen, the national statistics count forty-three per cent diagnosed as psychotic, twenty-seven per cent as retarded or suffering acute and chronic

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[1] Landis, "Planning for Children's Services. . .," op. cit., p. 1.

[2] Ibid.

brain syndrome, while the remaining thirty per cent were described as victims of a variety of personality disorders reflecting both constitutional deficiencies and environmentally induced problems. It is further estimated that ten per cent of public school children in the United States are emotionally disturbed and in need of some psychiatric guidance.[1]

The Milwaukee County Mental Health Center has long needed the kinds of service to young people which it has recently initiated. In Wisconsin, public Psychiatric hospital facilities for this age group outside of Milwaukee County are limited to the State services at Mendota, Winnebago, and Central State Hospitals, and the Children's treatment Center at Madison. Since these programs provide services to the entire state, their availability for the Milwaukee Community is minimal. While the number of Milwaukee County patients admitted to these institutions has gradually increased, it is not realistic to expect placement at state facilities to have much influence in answering Milwaukee County's needs. Also, the two year study of the State Comprehensive Mental Health and Retardation Committee, supported the concept that children should be diagnosed and treated within their own communities whenever possible.[2]

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[1] Charles W. Landis, M.D., "Milwaukee County's Facilities for Children and Adolescents . . ," Report to Milwaukee County Board of Public Welfare, April 4, 1967, p. 1

[2] Ibid., p. 2.

To bring the problem still more into focus: In 1963, The United Community Services studied the need for residential care for the emotionally disturbed children in Milwaukee County. Two kinds of treatment centers pertinent here were described: 1) open treatment centers for children able to participate in some degree in community life. These institutions provide a planned supervised living and are staffed primarily by houseparents and social workers with psychiatric consultation, available when needed. 2) closed psychiatric treatment centers for seriously mentally ill children who cannot participate in community life. These facilities differ from open treatment centers in that all living, educational, and recreational activities are concentrated in the center, and psychiatric treatment is offered to all or most of the children.[1] At the time the study was made, it indicated no such treatment facility was readily accessible to young Milwaukee County children. The Milwaukee County Children's Psychiatric Inpatient Service which opened in 1964 was the first in the area one year after Mendota began.

The United Community Services study cited above further summarized the need in the Milwaukee area:

> Seven (social) agencies, that either now may be considered (open) residential treatment centers or are moving toward becoming residential treatment

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[1] Landis, "Milwaukee County's Facilities. . ," op. cit., pp. 2-3.

> centers, are currently providing care for 103 children from Milwaukee County. During the year, 81 children who were of the age, sex, religion, and degree of emotional disturbance that could have been accepted by these agencies were turned down because there was no room.
>
> In addition, these agencies reported that many children were referred who could not have been accepted even if there were room because of the degree or type of disturbance. Only two of these agencies provide residential schools for children who cannot attend community schools. None of the institutions have resident medical staff who are needed if an institution is to provide care for children with severe mental illness. These agencies reported that additional facilities are particularly needed for: 1) uncontrolled, often delinquent adolescent boys who are unable to attend community schools and have little interest in academic training. 2) Seriously disturbed children of all ages who need a closed, medical treatment facility.[1]

The Children's Psychiatric Inpatient Service and the Adolescent Psychiatric Inpatient Service (frequently referred to in the remainder of this paper as CPIS and APIS) begin to answer the needs described above. Plans for more extensive services are in the making and will be discussed in a later chapter.

Narrowing down the subject of this paper even more, brief geographic orientation must be given. As was mentioned previously, the County Institutions are spread over an 1100 acre area. At present the residential school the hospitalized youngsters attend is in three different locations: County

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[1] Landis, "Milwaukee County's Facilities . . ," op. cit., p. 3.

General Hospital, the Mental Health Center-North Division, and within the Children's Home Complex. (See Appendix, pp. 109-112.) This is particularly important when we consider the problem of establishing a school. The many difficulties encountered are discussed in a later chapter.

Who are these children and adolescents being taught in the special type of school described here? They are hospitalized. We have called them "emotionally disturbed." This puts them under one of several headings such as handicapped or exceptional children. Both of these terms are true in definition as far as they go. The writer does want to point out, however, that of the many handicaps children may have which are easily recognizable such as blindness or deafness, emotional disturbance, as is often haphazardly done by many people, is not to be confused with mental retardation or organic illness either of which may be present or totally absent in the emotionally disturbed child. In fact, emotionally disturbed youngsters are often very bright. On the other hand, a brain damaged youngster, for example, may become emotionally disturbed due to the difficulties his organic problems cause him in everyday living; in being accepted by his family and others. He then easily becomes unable to cope with this daily living as the "normal" child would.

Before going into the actual beginning of the education program, time must be taken to define in some way the term "emotionally disturbed children." Of the many and lengthy explanations that could be given one might simply say that these are youngsters who are greatly troubled by deep and unresolved conflicts. For this reason, and from the aspect from which we are discussing them here, they are often not able to function efficiently enough to attain and maintain satisfactory rates of academic growth. This academic deficiency seems most prominent and serious in Reading and Arithmetic, but obviously carries over to other areas, since proficiency in these skills is presupposed in the successful pursuit of other subject areas.

The above mentioned deficiencies can almost be expected for "with the possible exception of those children who utilize intellectualism and learning in a rather pathological way, such as the obsessive-compulsive youngster," [1] emotionally disturbed youngsters are generally characterized by short attention span, a dislike for school and teachers, underachievement, and very poor work and study habits.

Of the various philosophies which provide an operational basis for those who teach the emotionally disturbed, generalization into two major schools of thought can be made:

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[1] James J. Balistrieri, M.D., "Mental Health in the Classroom," address to Catholic Teachers' Institute, Archdiocese of Milwaukee, September 22, 1967, p. 1.

One emphasizing an atmosphere of freedom and permissiveness; the other emphasizing the importance of a highly structured, controlled situation. The educational program at the Milwaukee County Mental Health Center, both in the Children's and Adolescent Services, definitely leans toward the latter.

When the two philosophies are summarized, it is clear that while end objectives may be very similar, they are in basic disagreement over the function of a school. Those who advocate a permissive approach see the primary function of the classroom as a place where children interact, verbalize, and act out their emotional problems in an atmosphere of group psychotherapy with the role of the teacher being primarily that of a therapist rather than a stimulator of academic learning.

Those who advocate structured approach see the function of the classroom as a place where children learn to control their emotional problems. The primary function of the teacher in such a classroom is the guidance of learning. This of course cannot take place without controls, first from the teacher and then hopefully through self-control developed by the student. While an understanding of the causes of misbehavior is important for the teacher, the teacher does not equate understanding of the causes of deviant behavior with acceptance of it. If, as we believe at County, the

basic purpose of a school is to educate children, then the school program must have a controlled structured basically academic (in its broadest sense) orientation to hold its place as an integral functioning member in the milieu treatment situation; school in such a center being an activity around which much of the child's daily life centers.

CHAPTER II

BEGINNINGS

The beginning of schooling for youngsters hospitalized at the Mental Health Center can roughly be divided into two phases. The second phase encompasses the establishment of the Children's and Adolescent Psychiatric Inpatient services in 1964 and 1966, respectively. They are treated separately and more extensively in chapters 4, 5, and 6.

The first phase of a school program was begun in 1955 by Mrs. Ruth Lewis, a well-qualified, dedicated, admirably professional, and outstanding teacher, who served first as a volunteer and then in the capacity of one-teacher high school for eight and one half years, leaving on January 22, 1964. Most of this chapter is taken from a personal letter from Mrs. Lewis to the writer and from conversations with her.

Mrs. Lewis applied for a high school position and was hired by the County through a Mr. Hanson, then assistant to Mr. Michael S. Kies, County Superintendent of Schools. (a one hundred year old office terminated July 1, 1965[1] and replaced by one of the several cooperative educational service agencies throughout the state; this being number 19.

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[1] Letter from Michael S. Kies to Judiciary Elected and Appointed Officials of Milwaukee County, July 1, 1965.

(Since this agency has worked very closely with the school at the hospital it will be referred to from now on as CESA 19.)

Dr. Michael Kasak was the director of the Mental Health Center at the time of Mrs. Lewis' appointment. Her first introduction to her new job, after being introduced to the staff, was a walking cruise about the hospital visiting eight patients who qualified for teaching instruction. Each of the eight lived on a different ward. As more pupil patients arrived, she was soon to learn that there were twenty-two wards in all and nearly all locked. Mrs. Lewis, after studying the social worker's reports about patients' schooling to date began to set up a program. Some patients obviously were negative to the idea. Those needing only a few credits to complete their senior year were easily coerced to work for their diploma, and teaching concentration began with these.

After her program was arranged, Mrs. Lewis began teaching right on the wards--the rest of the ward traffic "trailing by the table." She soon asked the attendants to "herd" the non-student group into a TV room and give the student and teacher breathing room. She found the many distractions a "menace."

After a year of this, she managed to find an unused bedroom or small lounge where work could go on undisturbed. Finally a large ward bedroom was assigned to her in the North

Building (see map) to serve as a classroom for all. It was arranged that the attendants bring patients to the classroom at the time assigned and call for them when class was over.

This was a considerable improvement, and as she looks back to teaching directly on the wards, she thinks that the most difficult part was going to each ward with materials needed for that lesson, then returning to her desk in Miss Bergin's office (the dietician), assembling other books and going off to another ward. For the first eight pupils it was tolerable, but as the patients increased in number, it became impossible and the arrangement referred to in the preceding paragraph did much to alleviate the problem.

After a few years, a room in the North Building was given to the education department. Two areas were partitioned off making it really three rooms. Blackboards, bookcases, tables, desk-chairs, bulletin boards were all assembled and to make a more attractive room, fresh flowers, plants, and pictures were added. One small room of the three became an office and the teacher was given a desk, a telephone to facilitate calling wards and community schools. The third room was used for extra books and a phonograph. If a patient attending a group class found too disturbing a situation to attend class that day, Mrs. Lewis would suggest listening to soft music in the adjoining room--the problem being in this way temporarily solved, class could proceed as usual and the troublesome one had had a good hour away from the ward.

(The classroom just described was unfortunately taken over by another department late in 1967, when Ward 22 began to be used for offices and classrooms. While there are more classrooms here, they are ridiculously small.)

As programming developed

> If a student entered the hospital as a junior or senior, the teacher called the office of that school for a transcript of credits and then proceeded to teach the subject or subjects needed for completion of same for graduation. We followed the class hours and course requirements as set down by the school except for written exams, and substituted three to five sessions of oral review covering salient facts--these were not labeled exams to prevent trauma; to some the word test was too frightening. . . The instructor was in touch always with the M.D. in charge of patient for consultation to promote the best interest of student-patient that the aim of all therapies might be 'to get them on their own two feet, back to family or new home, to school, to work, but well enough to live away from the hospital.' [1]

On suggestion of the County Superintendent's Office, Mrs. Lewis had a student eighteen weeks, five times a week, with only normal absenteeism in order to earn one credit, this being mailed to the last school attended. If the student had attained their thirty-second credit at North Division, they were graduated with a party (held one or two times a year). A speaker from the patient's school or someone from the education office presented the diploma. The Music Department furnished the "Pomp and Circumstance;" The Occupational Therapists furnished delightful handmade decorations; the chief dietician ordered a decorated cake from the county bakery; the Housekeeping Department took care of flowers from the county greenhouse. "All in all a pretty party to

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[1] Letter from Mrs. Lewis to writer, June 21, 1968.

which members of the graduate's family were invited, their friends, patients attending school (great inspiration for those in school to complete their courses) and the Staff." (In a telephone conversation on May 6th of this year, Mrs. Lewis mentioned that this idea has since been adopted by the Menninger Clinic.) The aim of the party was of course therapy. With the coveted diploma many were soon discharged to hold a better job than they could have had otherwise, and as a result probably never have to return to the hospital. One boy went on to finish Marquette University, another finished the University of Wisconsin to become an insurance underwriter. (Both these boys had had a guarded prognosis of paranoid schizophrenia). A girl became an elementary teacher, another a writer, a graduate of the University of Chicago to name only a few.

During the first years, three plays were produced and given during the Wednesday Bibliography Session that Dr. Kazak had instituted. These programs of music and book reviews were given in the large dining room in the Main Building. To practice for a play meant locking and unlocking many doors to get patients from their wards into the dining room; described by Mrs. Lewis as "a humorous procedure, nervewracking, and time consuming" but audience response was most rewarding and she felt there was "lots of therapy for all."

Many kind friends donated their gifts to pupils and the teacher presented these at a Christmas party she arranged for the group each holiday season. Decorations, Christmas goodies, music, games comprised an event awaited and attended as a gala occasion.

Only once in eight and one half years did Mrs. Lewis have to dismiss her class to return a patient to the ward herself without calling an attendant. She recalls fear and trepidation but mission accomplished, as she puts it. (She adds that this patient is now in an institution for the criminally insane.) Mrs. Lewis recalls that in the beginning years, tranquilizers were comparatively little known and used, but then with increased general use and new methods of therapy, the locked doors were opened and the small classes of one, two, and three changed to groups of up to twelve. The "round table" about which only a few sat with their teacher gave way to the desk-chair and the school room atmosphere no longer was feared but enjoyed. "An evolution as well as a revelation."

The patients' types and degrees of illness, was so wide that the instructor learned through trial and error when to and when not to do work planned for that day. On one occasion when asking at a staff meeting what she might do differently or additionally, Dr. Kazak simply replied, "Do exactly as you are doing."

In those years, Mrs. Lewis was called upon to give a talk about once a month to the workers within the hospital about her work, many times out in the community, and on occasion she visited other institutions, (Wales, Healy School in Chicago, Sonia Shankman School in Chicago, the University of Illinois Psychiatric Wing and others.)

After July of 1958 Dr. Chris Buscaglia became director and Mrs. Lewis being the only teacher, was responsible to him. She and the volunteer were to consult him before enrolling the student patient who would come and ask to go to school.

Records of school work were kept in the file of the main record office on the first floor. These records included credits earned in other schools, as well as those earned at the hospital and a personal note about what they hoped to do or what Mrs. Lewis thought they should take when they left the hospital.

General difficulties in this pioneer situation are obvious. Mrs. Lewis points out two in particular. One frustrating thing was beginning "sans" text books, "sans" visual aids, references, ad infinitum; but she finally hit upon the idea of getting the parents to bring school books from schools last attended. This together with library reference books brought to the hospital by Mrs. Lewis, much of her own personal library, plus samples provided by the

County Superintendent's Office, was the beginning of a material's center of sorts. In a 1963 report to that office, Mrs. Lewis states "the budget had been $100 a year . . . submitted to Mr. Ryder's office and from there sent to purchasing."[1]

Another thing she found most trying about the position was to constantly change the program to satisfy the personnel on the wards. For example, three patients might go home on one day; all students who were the life-blood of the class, and five brand new ones would come in, probably all wanting entirely different subjects.

Mrs. Lewis worked at a time and in a situation way ahead of her time and can truly be considered a pioneer. "I feel," she said," that education has a place in the hospital because it offers two forms of therapy, acceptance of group and achievement as an individual."[2]

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[1]Notes taken from Mrs. Ruth Lewis by CESA consultant, December 5, 1963.

[2]Ibid.

A typical school day for Mrs. Lewis according to a report made to CESA, December, 1963 follows:

8:00 to 9:00	Biology 2	3 girls
9:00 to 9:30	Amer. Govt.	1 girl (short span)
9:30 to 10:00	English 5	7 students--9th, 10th, and 11th grade levels.

These were grouped because "they need language skills and they are all old enough . . . to be reading literature that Juniors could comfortably handle."

10:00 to 11:00	Sociology	3 students (all very disturbed)
11:00 to 12:00	Biology 1	1 girl (has to be alone)
12:00 to 1:00	LUNCH	
1:00 to 2:00	Beginning Reading, Spelling, Writing	3 students (7-11 years)
2:00 to----	Reading	1 older woman who had never learned
3:00 to ---	U.S. History	4 Junior and Senior high level students

In between if spare moments were present, she made ward calls if someone had not appeared because of illness. Along with the schedule outlined above, a volunteer came in between 10:00 A.M. and 12:00 to teach Mathematics, Algebra, and Geometry. At 10:30 a university boy (a patient) worked with two 9th graders in Algebra 1. "The boys did well under his instruction "and he himself was described by Mrs. Lewis as "a much neater, freer-talking, relaxed individual seemingly proud . . . therapy in both directions." (Also see Appendix, pp. 125-126).

Mrs. Clothier who had worked as a volunteer with Mrs. Lewis as early as 1956 was employed from January 26, 1964 to June 18, 1965 (approximately three semesters) as an almost full time substitute teacher. She left this capacity presumably because of the twelve month contract, but has tutored again since. In her days of almost full employment she provided for the educational needs of many students and left good records. Other notations indicate that she was concerned and conscientious about the best ways to teach in the conditions in which she found herself. It seems, Mrs. Clothier experienced similar difficulties to those described by Mrs. Lewis and also found to exist to some degree by the writer. In a January 5, 1965 memo to Dr. Buscaglia, she requests more school time than her one half day allowed. "Each class is too assorted in range of grades and subjects to offer students an adequate or satisfying learning situation. Each student needs more individual teacher time while in class, and new students need tutorial teaching until they can adjust to, or fit into, a group class."

Almost from its inception, tutors have played a vital role in educating youngsters hospitalized at the Mental Health Center. These tutors were and are employed and appointed by CESA # 19. In the past Miss Helen Olsen was in charge of hospital- bound tutoring. The procedure for obtaining a tutor has basically been as follows:

1. The person requesting the tutoring (in the past, doctor or therapist, in the present and future, the teacher-in-charge) fills out, in duplicate, a request form from the State Department of Public Instruction. (This is necessary because of State financial reimbursement.) (See appendix, p. 113)

2. The forms must be signed by the physician or therapist and countersigned by Dr. Chris Buscaglia, Medical Director of the MHC-M.

3. The above forms supplied through CESA and available in the offices of the nurses in charge of both male and female services) must be accompanied by another form and also signed by the physician or someone designated by him. (See appendix, p. 114)

CESA then appoints the tutor, giving him or her the information supplied by the hospital. If it seems advisable, the educational consultant (Miss Olsen's official title) will contact the pupil before assigning the tutor.

Tutor's duties include the following:

1. The minimum amount of time a tutor is to spend with a pupil is two days per week for at least one hour each day. Longer periods can be arranged if the tutor feels several pupils can work as a group; and also for high school pupils who are ready for longer periods.

2. In the past the tutor assumed the responsibility of contacting the principal or guidance counselor of the school last attended, to learn at what level

the pupil functions best. This is now done by the Teacher-in-charge.

3. Each tutor keeps a record of his or her services for each individual pupil, and submits these monthly to the coordinator of Agency # 19. The record includes a financial statement which includes a record of time, salary, and transportation costs. (See Appendix, p. 115).

The agency pays the tutor at the end of each month and then bills the proper County facility for the service rendered. Before the end of the school year each June, the coordinator of the Agency also assists each County Department involved with preparation of its claims for state aid.

State Aid, statistics on tutor services, and a tabulation of the services CESA provides the County under its contractual arrangement are found in the appendix, pages 116 to 123.

CHAPTER III

TEACHER STATUS AND TRAINING

The teachers at the Milwaukee County Mental Health Center do not really belong to any school system as such, although a local Wisconsin Education Association group comprised of the teachers at North Division and those at Children's Home and Children's Court is in the process of formation. At last count, the group was short only one member for the required number to be recognized as a local. They have kept as close to WEA activity as possible; this being more true of teachers at Children's Home who have been in operation for a considerable number of years. Plans are in motion to make the County Schools a separate school district.[1]

At present, the teachers are Civil Service employees and having no other school district affiliation, follow the policy adopted on October 19, 1966 by the Board of Public Welfare (in accordance with Chapter 17.15 (2) of the Classification and Salary Standardization Ordinance.) The policy is stated as follows:

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[1]Letter from Mr. Michael S. Kies to Mr. David T. McGinnis, March 29, 1968.

1. The length of the teacher day . . . will be 6 ½ hours. Each institution will have complete flexibility to structure the school day to best meet the objective of the individual school program.

2. Teachers may be required to put in up to one hour per week in addition to the normal 6 ½ hour day.

3. The school calendar adopted by the Board of Public Welfare is the same as the calendar adopted by the City of Milwaukee . . . The only exception . . . is that two additional days of school will be held to replace the two days set aside . . . for parent-teacher conferences.

4. Teacher holidays will be per the attached school calendar.

The above arrangement does in a sense make the teachers neither "fish nor fowl" as an organized professional group, but has its advantages in such areas as fringe benefits which for Civil Service employees are as good as or better than some school districts.

One of the biggest problems in hiring teachers to work with the emotionally disturbed is that there are so very few people licensed to teach in this area of Special Education. The first teachers at the hospital were regularly licensed classroom teachers who were attached to the then-existent office of the County Superintendent of Schools; this position being held by Mr. Michael Kies. In November of 1963, Mr. Kies recognizing the need for specially trained teachers for the emotionally disturbed sent a letter to Dr. George Denemark, Dean, School of Education, University of Wisconsin-Milwaukee which read in part:

> . . . To summarize then, it is my belief that you could get supporting evidence from a dozen different directions for a request and urgent demand that the UW-M expand its training facilities as soon as possible in this field, so that it might start to train teachers for positions of 'teacher of emotionally disturbed children' which are urgently needed in our schools and institutions.

Another letter dated December 4, 1963 to Dr. Denemark from Dr. Charles Landis, Director of Mental Health reiterates this need. It concludes with

> . . . The need and urgency for a teacher training program for the emotionally disturbed child can be substantiated. We believe, if presented to the National Institute of Mental Health or another appropriate federal agency, it would be favorably considered as a pilot and demonstration project.

So until 1964 when UWM added the training of teachers for the emotionally disturbed to their already existing Depart of Exceptional Education, there was no such training available at any of the public or private colleges or universities in Wisconsin. Courses leading to licensing in teaching the emotionally disturbed or obtaining a Master's degree in this field are now offered not only at UWM but also at Madison (begun at about the same time), LaCrosse, and most recently at Oshkosh.

Another difficulty which the County anticipated before full time teachers were actually hired, was that a twelve-month working year would keep many qualified people from applying as they prefer to have summers free for graduate study, travel, or simply change of occupation. It was therefore decided to try to establish a ten month contract. An advantage to this was seen

> ... . This would also give the institution an opportunity to employ successful teachers from areas to bring in new ideas during the summer months. Another recommendation was that the institutions explore the possibility of employing a trained and experienced teacher during the summer months on a limited time employment basis to aid in organizing an educational plan for the children now in the school program.[1]

No difficulties in obtaining this contract was seen as the children's home school was already on a ten month employment basis. The change from twelve months to ten months was accordingly effected during the summer of 1966.[2]

In considering the training of the teachers presently employed and to be employed at County, we might classify this into two areas: the official training of the staff according to the requirements of the Wisconsin State Department of Public Instruction at Madison (under the direct

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[1]Letter from John W. Melcher, to Mr. O.H. Guenther, May 10, 1966.

[2]Ibid.

supervision of the Bureau for Handicapped Children) and the unofficial training, the bulk of which would appear to have more practical and directly applicable a function.

The official training as outlined by the Department of Public Instruction is in conjunction with courses offered by the several state universities. Milwaukee County deals directly with the University of Wisconsin in Milwaukee. As with all other teacher certification, it is the university who takes the responsibility for seeing that the prospective teacher has fulfilled the requirements and upon fulfillment of such, recommends the student teacher to apply for certification. At present as far as the writer was able to ascertain, for a three-year license to teach the emotionally disturbed, the state requires that the applicant must have completed: A) The General Professional Training requirements for teachers of handicapped children. B) Fifteen semester hours of special work of which methods of teaching the emotionally disturbed and/or the socially maladjusted, practice teaching of disturbed children, and remediation of learning difficulties are required. The remaining credits may be chosen from courses in:

1. Remedial reading clinic
2. Internship with disturbed children
3. Nature and needs of children who are emotionally disturbed
4. Practicum in behavior problems
5. Child psychiatry
6. Abnormal psychology

7. Introduction to mental retardation
8. Agencies serving emotionally disturbed and/or socially maladjusted children
9. Arts and crafts
10. Survey in occupational therapy techniques
11. Juvenile delinquency
12. Diagnosis and treatment of pupil adjustment difficulties
13. Clinical studies in guidance
14. Emotional and personality development in the elementary school.[1]

The certification through the university and Madison is a formality required not only to uphold professional standards but because the State reimburses seventy per cent of the teachers' salaries only if teachers are properly licensed.

The unofficial training of the teacher takes place on the job. This too can perhaps be divided into a more formal and informal type of training.

The formal aspect would center largely around the weekly diagnostic conferences at which time a particular patient is presented by his therapist, who may be a psychiatrist, psychologist, or psychiatric social worker. The therapist presents a case history of the patient, material which in itself is of great value to the teacher. She thus learns something about the background of the youngster (though his files are always readily available to her), what

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[1] State Department of Public Instruction, Certification Standards--Laws, Rules, and Regulations, January, 1963, (Madison, Wisconsin), p. 27.

brought him to the hospital, and what the goals of therapy are. Some idea of how to handle the youngster is thereby obtained.

The conference is an all-staff meeting and in addition to the therapist's presentation, each discipline, (nursing, psychology, occupational therapy, recreational therapy, and also school) presents a report on the youngster's behavior and performance in the various activities. This presents a rather total picture of the child's total time at the hospital.

After each discipline has presented a report, the director or whomever he may have designated to take his place in conducting the conference, summarizes with the presenting therapist, ventures a diagnosis and prognosis, and throws open a discussion of "Where do we go from here with this youngster?" "How do we handle him."

Other training is obtained through daily experience and communication with the different therapists. A small area of this paper has to do with communication--perhaps too small an area--for it is a key word in the multi-disciplinary approach which is employed at the Mental Health Center. The direct communication with the therapist, with the ward staff, with the director, and of course with the students themselves is an extremely valuable bit of training. At CPIS and APIS-ICU this has worked well and increased staff

unity immeasurably. Course work at the university, though excellent, must generally of necessity, deal with cases with which the teacher will never have direct contact. Immediate study of a particular youngster one is presently dealing with is obviously much more realistic and therefore a most valuable blend of training and application to the job.

Another factor is suggested. Perhaps because of the small number of students in class and in toto; perhaps because of the particular situation of these youngsters and their own sensitivities regarding the reasons for their presence in a residential treatment center, they themselves , to the writer's finding, teach one a good deal about how to teach them. They are in many ways most perceptive, candid, and uninhibited in expressing themselves. The teacher quickly learns to watch and listen; this last not just to words, but to behavior which is the foremost language of the teen-ager.

Finally, training is extended by visiting other institutions which are trying to develop similar programs or have a head start. This is often the most difficult to do, both timewise and because so few such places exist, particularly for adolescents. Hospital administrators have, however tried to cooperate in arranging time and trips for this purpose.

In addition to this section on teacher training and parallel to the basic philosophies discussed earlier, a rather controversial question might be given some thought. It seems that from the very beginning observation points to the teachers naturally falling into two groups, largely because of background.

Obviously there are those who have come directly through undergraduate school, gone on to graduate school and specialized in the still developing area of the emotionally disturbed. These teachers generally go right through to a Master's degree without having experience in a regular classroom or very little of it outside of student teaching (or its now preferred title of field work.) They seem to gravitate towards an analytic approach and the idea that a teacher's function is primarily that of a therapist.

The other group of teachers is comprised of those who have been regular classroom teachers for anywhere from one to ten or more years, and who from that experience have chosen to go into this more specialized field. Though there are always some who go into the area of working with the emotionally disturbed to (either consciously or unconsciously) solve their own problems, most of these experienced teachers have gravitated here after finding that in every regular classroom situation, there are youngsters who are emotionally disturbed, even if mildly so; that there are children in

regular schools many of whom cannot receive the services offered to the rather select group in a residential treatment center even though their degree of disturbance warrants it. However, there they are in regular classrooms along with twenty or so others, supposedly of normal average or superior ability, rate of progress, and behavior.

Perhaps out of frustration, but more so out of a real interest to help these disturbed youngsters specifically, these teachers, some with one or two licenses already, have left regular classrooms, gone on to seek further training, and come into this area of special education. In a residential treatment center school it is possible to concentrate on one group, rather than try to be all things to the wide range of types and large numbers of children in regular classrooms. There are those who are convinced that one of the problems of the public schools is that they try to be all things simply because society is content to let them assume one responsibility after another which could be handled by other agents.

The approach of the last mentioned group will obviously be different than that of the first though goals may be the same. The experienced teacher believes essentially that a teacher's primary job is to educate. This in no way

negates the therapeutic aspects of a classroom, for good teaching is a highly personal skill and interaction and behavior modification are part and parcel of it. It is not an automated process and the interaction necessarily taking place has, with the proper guidance, handling, and control by the teacher a high therapeutic value.

The first mentioned group concentrates on the interaction rather than on the academics, though in all fairness we must say again that the end goals would not seem to be in conflict. The reality of what youngsters must return to after leaving the hospital speaks strongly for emphasis on basic learning however.

It will be interesting to see, as schools of this type grow, how the two different approaches develop and produce. It does seem safe though to assume that more and more teachers will come in directly from the university without prior regular classroom work with "normal" youngsters; teachers who are basically oriented to an analytically therapeutic approach rather than an academic approach.

Unfortunately the State Department of Public Instruction and seemingly contrary to its usual standards, appears to go along with this line of thinking; for a teaching license granted to one who has received a Master's in Special Education qualifies this person to teach emotionally disturbed children anywhere between the age ranges of kindergarden and twelfth grade.

We are assuming that this newly licensed teacher has an undergraduate major of some sort. However, it would seem that on the whole such wide range licensing is rather unrealistic. The primary teacher is an expert in his field, intermediate and upper elementary people need special skills other than those needed in dealing with small children, and certainly secondary teachers, particularly those preparing youngsters for college in the twentieth century, must be well versed in their subject area. Indeed, for teaching in a Wisconsin Public School, special certification after proper training in each of these areas is required, yet in the area of the emotionally disturbed where extra superior teaching is needed, one license covers all. It is hoped that this will be taken into consideration in the future, lest the emphasis on "teaching" becomes too remote and relegated to a position of lesser importance.

While it is by no means an afterthought, a few words must be given to training of teachers other than those on the staff:

> Starting on Monday, July 11 (1967), the Adolescent Service in conjunction with Dr. Linton's program at UW-M will conduct a four-week seminar for approximately 25 teachers and supervisory personnel interested in the area of teaching emotionally disturbed children. Classes will be held at the Adolescent Boys' Cottage from 8:30 to 11:30 A.M.
>
> This is the first in a series of programs that we are developing with UW-M in order to help expose and

> train teachers in this area. We also hope that we may be able to use this method as a means of recruiting teachers for our organization.[1]

A guide for practice teachers was drawn up during the first year of the existence of the CPIS (done presumably as part of a course at UW-M; no date, author or source of publication is given to this lengthy mimeographed guide.)

Though devised four years ago, the newness of the programs made it unfeasible to provide what a student teacher and the university had a right to expect. This summer of 1968 sees the first interns on a limited basis getting in part of their field work.

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[1] James J. Balistrieri, M.D., Inter-office memo, Subject: Teaching Seminar, July 14, 1967

CHAPTER IV

CHILDREN'S PSYCHIATRIC INPATIENT SERVICE

Until October of 1964, when Dr. Dean M. Salama opened the Children's Psychiatric Inpatient Service, all children and adolescents continued to be housed at the Mental Health Center-North Division where they were scattered among wards of adult patients. Although not opened sooner, the new facility was in readiness since the twelve million dollar hospital addition had been completed seven years earlier. Delay was caused by lack of a child psychiatrist to put in charge.

Dr. Salama described this new service as administratively a division of the MHC-N. The service was designed to function as a clinically autonomous unit incorporating the skills of a multi-disciplinary staff under the direction of a child psychiatrist;[1] first Dr. Salama, and for the past year, Dr. Robert Aug. Dr. Salama is returning as director in mid-1968. Dr. Aug was first hired to set up a program for the training of psychiatric residences; this program being necessary if the unit was to be approved by

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[1] Dean M. Salama, M.D., Information Bulletin announcing opening of CPIS, September 4, 1964, p. 1.

the national board of psychiatry and neurology. Dr. Salama said there was no such approved program in the Milwaukee area. One in Madison (Mendota) was approved about a year previously.

The purpose of the unit is to provide short-term intensive psychiatric inpatient treatment of around six months, possibly extending to twelve months,. Treatment aims to be individualized and child-centered. The basic components of the inpatient treatment program are: 1) Psychotherapy (individual, group, and family.) 2) Intensive casework with the parents on a regular basis. 3) Drug treatment if indicated. 4) Milieu therapy in a structured environment including special education, occupational therapy, and a recreation program.[1]

The service was also intended to have not only treatment, but training and research responsibilities as well. Initially, emphasis was placed on the first two with plans to promote interest in research. In this paper, we will concentrate on that treatment aspect which involves education; discussed at greater length at the end of this chapter.

Eligibility requirements are that children be between the ages of six to twelve years and that their residential status is legal settlement in Milwaukee County. Financially there were no restrictions. Charges for care were to be established by the Board of Public Welfare (cost at the time

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[1]Salama, Information Bulletin, op. cit., p. 2.

had been running a little more than $30 a day; since November 3, 1967, legislation in Madison has fixed the rate at $60 a month plus hospital insurance, putting the Milwaukee County Hospital on a par with other state institutions.) Final admission would be determined by the CPIS staff if they felt the child would benefit from the treatment program provided.

Up to fifteen children can be handled in the unit which is housed in a hospital ward on the second floor (2D) of the diagnostic and treatment center in a wing of the County General Hospital. The ward is completely separated from the adult services. The CPIS has an exceptionally fine set-up in many ways and is uniquely different from the typical hospital ward of its kind. Contrary to most similar facilities which are hard up for space, each room, except for one three-bed room, in the three ward unit is for a single person. Recently staff has doubled up some of the children and in fact did so purposely to see how the children would get along together; also because more quiet rooms were needed. (See map, Appendix p.10.) To help create a homelike atmosphere, other revolutionary ideas were introduced as for example, nurses wearing

ordinary street clothes instead of uniforms, and staff taking meals with the patients.

Seven registered nurses were hired for the unit. There were fourteen child care worker positions opened; seven women and five men had been hired by opening time and two more men were being sought. Great care was taken in selecting the right type of person and balancing the number of male and female staff who would be representing maternal and paternal figures to the children. The professional staff included two social workers, mostly for the parents, one clinical psychologist, an occupational therapist, a music therapist, and a special education teacher; also two psychiatric residents.

Of the first patients admitted, one was an eleven year old boy and another a ten year old girl transferred to the center from another hospital. Three other youngsters moved in from their own homes in the afternoon. The first two patients were examples of the most severely ill type of child the center intended to treat. Most of the young patients, it was anticipated, would be referred by physicians, private and public agencies and schools. Individual families could apply for a child's admission however. Typical cases to be treated would involve overly aggressive children and those who had problems of sexual behavior, learning difficulties, habits disturbances, anxieties, phobias, and depression.

Mr. Theodore J. Svitavsky was the first teacher in the CPIS, beginning classes in late October. He came to the position with an unlimited license for teaching the mentally retarded, and an unlimited license in elementary and upper elementary grades; and English, Geography, and History in secondary education. He holds a Master's degree in Education in the area of Curriculum and Supervision.[1] Mr. Svitavsky remained with the unit until June, 1966 and in August of the same year Mr. LeRoy Peterson took his place. Mr. Peterson came with a Master's of Science in Exceptional Education and a three-year license to teach the emotionally disturbed. Previously he had taught intermediate grades and also holds a k-8 life-time license.

When the newly created positions for September 1967 or January 1968 were being considered, it was thought they would include an added staff member in the Children's Service. Since there was already a small room adjoining the main classroom, another teacher could carry on his or her work. It was suggested that a team type teaching be explored. The other alternative was to have a new appointee be primary school oriented as the present teacher, Mr. Peterson, was experienced with intermediate grade children. It was also suggested that the children's time in school in this center should be extended unless for some reason, the psychiatrist

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[1]Theodore J. Svitavsky, "A Proposal for a Special Program for Disturbed Children," (unpublished paper, University of Wisconsin-Milwaukee, 1966), p. 8.

recommended otherwise. This recommendation was made because it was noted that many children attended school only an hour a day.[1]

The children's school is sub-divided into two levels comprised of lower and upper elementary children. The lower elementary children are those whose chronological and/or emotional and educational levels are from pre-school through third grade. In general, the lower elementary children are placed in one of the following classes:

1. A pre-school-readiness class composed of not more than two children who attend school from thirty to fifty minutes per day.

2. A primary-readiness class composed of not more than four children who attend school a minimum of one hour per day.

3. An advanced primary group composed of not more than five children who attend school a minimum of two hours per day.

4. Individual remedial work, ranging from one and a half to four hours per week which is in addition to attendance in one of the other classes.[2]

The school program of the OPIS is an integral part of the total treatment program designed to meet the child's

[1] CESA # 19 Narrative of Services to Board of Public Welfare, July, 1967, p. 2.

[2] Svitavsky, "A Proposal for a Special Program. . ," op. cit., p. 9.

academic needs. The school provides a milieu for psychological and intellectual development; and the teachers, through specialized education and experience, provide the techniques necessary to lead the child back to productive learning. The school and activity program are coordinated to provide a complete and varied experience for the emotionally disturbed child in accordance with his psychological, emotional, and educational needs. The objectives of the school program are:

1. To help the patients progress in their knowledge and skills so that they suffer a minimum of delay in their education due to their hospitalization.

2. To provide remedial and intensified instructions for the slow learners and for patients whose achievement is not up to a level that is commensurate with their age and learning aptitude.

3. To contribute to the diagnostic and prognostic purposes of the service by gathering past and present school information; giving achievement, visual, auditory and speech tests; making observations of the patients' performance and behavior in the classroom and related activities and evaluate these and interpret them to the rest of the staff.

4. To support the therapeutic aims for the individual child by cooperating with the psychiatric plans.

5. To participate actively in the rehabilitation of the patient upon his return to school and community.

6. To contribute to the inservice training program of the children's Service and to plan for an educational training program for students in training for special education of the emotionally disturbed child.[1]

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[1]Children's Psychiatric Inpatient Service "Manual of Operation," (no date), p. 13.

The formation of an academic program begins with the collection of a comprehensive school history on each child.. A school information form is sent to every school which the child has previously attended. In view of the many children coming to the service with prior school difficulties, it is important that the school history be complete as the onset of difficulties and symptoms can often be detected. To ascertain the academic level of the child, an achievement test is administered shortly after admission. If the results of the test reflect special difficulties, other more specialized tests are administered.

The teacher further observes the child in class and maintains anecdotal records which include information concerning the child's motivation, frustration tolerance, attention span, peer relationship and ability to function in a group.

All the information on a child is given by formal report at the diagnostic conference which is held approximately four to six weeks after the child's admission.

Prior to a child's discharge, an alternate form of the achievement test is administered to ascertain progress during the child's stay on the service. A terminal school report is written on the child which includes his test results, level of functioning in academic areas and suggestions for handling of behavior in the classroom. This report is sent to the school or special placement to which the child goes.

In considering class composition and the academic program, it is well known that classes for disturbed children must be kept small for effectiveness. In the past, classes larger than six have been difficult to handle and have caused defeat of much of the educational work with these children. In general, placement of a child in any particular class will be based on such factors as their chronological age, mental age and achievement test grade placement. In many instances, however, the size of the class, experience with that group, reality orientation and motivation would need to be considered. . . There are certain expectations of the children in that school is basically a place of work; and behavior which disrupts the group or interferes with individual work, is not acceptable. If a child persists in disruptive behavior, he is removed from school to a place that best suits his needs for that particular time or until he is able to return to school and continue work. Often, within each class, there is a (sic) little homogeneity. Not only are there personality, intellectual and educational differences among the children, there is also the diverse impact of therapy and a constant turnover of class membership. The classes demand a structure based on individual patterns of interest and action. Thus, it is often necessary to fragmentize the class to strategically keep the children apart, often through devised seating

and room arrangements; In all instances, the teacher must center on and support each individual child and yet maintain group experiences in healthy social interaction.[1]

Since the service opened in 1964, fifty-three children were admitted at one time or another (including one readmit), the latest admission date being May 22, 1968 at this writing. Roughly one third were girls and two thirds were boys. Fourteen youngsters are still there at present.

As was said, opening day in October of 1964, began with five patients. By the end of the first school year (mid-June 1965) thirteen in all had been admitted. Of these two had by year's end been transferred to MHC-N.

During the next year (mid-June 1965 to mid-June 1966) sixteen were admitted. Of these one is still there and four others were discharged or transferred.

The same period of time between 1966 and 1967 saw seventeen admitted, six of whom are still there; three having been discharged.

This past school year, 1967-1968, seven were admitted, all of whom are still there.

To further emphasis needs pointed out at the beginning of the thesis, a comparison between actual admissions and

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[1]CPIS, "Manual of Operation," p. 14.

the number of referrals made shows that a little over twice as many were referred as accepted. The 120 referrals (96 boys and 24 girls) came from the following: [1]

Number	Source
16	Department of Public Welfare
12	Social Agencies
11	Schools
23	Child Psychiatry Clinic
17	Private M.D. or Psychiatrist
29	Other hospitals
3	Milwaukee Health Department
7	Diagnostic Treatment Center
2	Other
120	

Their ages fell into the following divisions:

AGE	4	5	6	7	8	9	10	11	12
NO.	4	10	11	11	19	14	21	19	10

Six of all the youngsters are presently on after care. All of the fifty-three youngsters in the program through the four years of its existence have had special education to varying extents. Those few not able to go to the classroom, received the "type of teaching done on mother's knee" from the ward staff and occupational therapist.[2]

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[1] Kenneth Knepler, interview with writer, June 28,1968.

[2] Ibid.

CHAPTER V

ADOLESCENT PSYCHIATRIC INPATIENT SERVICE NORTH DIVISION-MAIN

After the children's unit was launched, plans for improved service for adolescents followed quickly. On July 1, 1965, Dr. James J. Balistrieri took over as Director of the Adolescent Service of North Division. Very much school minded and seeing education as a focal point of the young patient's life in society and the center of much of his activity while hospitalized, he immediately began to put the wheels in motion.

In February of 1966, Mr. Robert Schuler was hired as a full-time teacher. He was a fully trained elementary teacher, licensed to teach grades one through eight in Wisconsin schools. Working with several tutors, two at the time, a school and continuation of Mrs. Lewis' work was begun. Patients were still scattered on numerous wards among adult patients, but steps to centralize the living areas of teen age boys and girls were initiated. In May of 1966, forty-five young patients were on adult wards.

School began in the three part classroom in the North Building; the room used by Mrs. Lewis, who still did volunteer work off and on as did Mrs. Emagene Clothier.

Though of exceptional potential for the job he had taken on, Mr. Schuler had little experience to fall back on and almost nothing to work with in the surroundings in which he found himself though other personnal were cooperative and interested. The most that could be done that first semester was to work with a handful of elementary students. Even during the next year, 1966-1967, most of the teaching done at North was on the elementary level, though by this time between eight and nine tutors supplemented the program off and on during the year.

A program conducted by Mrs. Kathy Kannis was begun during the second semester of that year for the autistic children, of whom there were around seven.

Before going on, mention must be made that records, and statistics of attendance, numbers of youngsters, tutors, and classes taught, were very difficulty to find, apparently scattered all over the hospital or not kept with accuracy. The materials found are fragmented and so did not lend themselves to being able to be worked into a precise table as the statistics took on a different form each year and there was inconsistency in reporting. Part of this is no doubt due to the fact that two forms of reporting attendance were used: one according to the calendar year from January to December (for County purposes) and according to the school year, September to June (for the purposes of the Department of Public Instruction.) This caused overlapping and distorted and at

times exaggerated figures. In view of the confused data amassed, limited conclusions will have to be drawn from the table of population in the appendix, p.124 , and whatever is in the body of this chapter and the rest of the paper.

During the 1966-1967 school year, things picked up; there were now two full time teachers in addition to Mr. Schuler. Though they were at the Intensive Care Unit, more pooling of ideas and experience could be done and much communication was carried on and work done together between the two units.

Another accomplishment of the year, and no small task considering the red tape, was Mr. Schuler's success in obtaining for the County the permission to use the City of Milwaukee Film Library facilities for the County School.[1]

A great part of the second semester went to planning for the five new classrooms to be opened in Fall of 1967. According to the County System, requisitioning for the coming year's needs begins to be done in February and March. The list of major equipment requisitioned for the Cottage, (See appendix, p. 133) gives an idea, if much of it

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[1] Alex Napolitano, Inter-office memo, Subject: Films, April 18, 1967.

is multiplied five times, of just what this meant. Much time was given too to examining and ordering textbooks to build up enough of a supply to begin the following school year. Along with this a temporary curriculum had to be better defined.

Mr. Schuler left at the end of the 1966-1967 school year. The next year began with a teacher-in-charge-working out of Main, plus three other full time teachers, and five tutors, one of whom by October became a full time teacher. In January, a fifth full time teacher was hired for the second semester.

Another change occurring this year was moving into Ward 22 where there were more classrooms though much too small for their new purpose. The large classroom in the North building had to be given up, though some classes continued to be held on the third floor of Main.

More secondary subjects were offered and some of the overflow of boys from the Cottage (by now exceeding twenty and some needing courses the three teachers at the Cottage could not offer) also attended classes at Main. Only one student from Main, a girl, came to attend one class at the cottage during the second semester. Much more of this is being done during the Summer 1968 session. It has not yet been possible to set up an intensive care

unit for girls so while many of the boys at Main are "chronic", a good number of the girls are on a par with the boys selected for the Boys' Cottage.

With the rearrangement of wards so that the children and adolescents still housed at Main are not as widely scattered as formerly, improvement in communication and efficiency was effected. (See also the concluding paragraphs of Chapter VI.)

CHAPTER VI

ADOLESCENT PSYCHIATRIC INPATIENT SERVICE

INTENSIVE CARE UNIT

In Spring of the same year, 1966, plans were activated for an intensive care unit for twenty adolescent boys, a branch of the total adolescent service at North Division. CESA worked directly with Dr. Balistrieri in obtaining personnel from the state to review plans for housing and educating the boys.

> . . ."A cottage previously built to accommodate adolescent boys at the County Home for Dependent Children was designated as the unit to be remodeled. . . . In October, 1965, Mr. Alfred Buechner, Buildings Division of the Department of Public Instruction joined with Mr. Michael Kies, Dr. Balistrieri, Mr. Philip Weis, Superintendent of the County Children's Home and two county engineers in a visit to this cottage to see what remodeling might be necessary to accommodate two classrooms. . .
>
> Good space was located at the ground floor level. Mr. Buechner gave advice on what was necessary in order to remodel the space to accommodate the two classrooms. . ."[1]

The purpose of this unit for boys (eventually there will be one for girls) is to take those patients termed acutely disturbed, who seem most likely to benefit from short-term (six months to one year) intensive care, and who

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[1]Svitavsky, "A Proposal for a Special Program. . ," op. cit., p. 8.

with a well structured daily program of living can be reintegrated to the community and regular schools as soon as possible. One basis for this is the resiliency of youth and the fact that while there are certainly serious and more complicated disturbances present, most of the boys' difficulties center around adolescent personality adjustment problems.

The philosophy of the ICU has yet to be crystallized and as a written formal statement has gone through many changes since the idea began to actualize. It will doubtless go through several more. We can say that from the frame of reference of current philosophies and teaching, that of the ICU is an eclectic one; various forms of therapy being employed according to the therapist's preference. Whatever method is effective is used; be it operant condition, S-R, touches of the psychoanalytic, or just plain common sense. As one of the doctors puts it, the aim is to be "inflexibly flexible." There is basically milieu therapy encompassing the total life space of the youngster (families are brought into the picture also with weekly evening group sessions.)

Though it is not generally verbalized to the boys as presented in the following synthesis by the writer, we might say that in view of the short term intensive care aim, we are telling them:

> There are many unpleasant factors and difficulties which have brought about in you some behavior unacceptable to yourselves, to your families, or to society in general; perhaps and probably to all three. These

> things have brought you here, but we will not dwell on them or use them as a crutch. The staff realizes that growing-up is a difficult process at best, but you are young, and you can be and will be responsible for your behavior. We aim to help you modify that which needs to be and to support you so that with the advantages of your youth and what you learn here, you can leave the hospital soon and be better equipped to handle yourself in becoming a happy, useful member of society. Every activity you attend whether it is school, OT, RT, group or individual therapy, or just the routine of daily ward living has this same goal in mind and aims to contribute to realizing this goal for you.

While these things are communicated verbally at times and in various other ways, the daily life in the unit tries to say the same thing. There is a regularity, a consistency of treatment aimed at as members of the various disciplines mesh their specialty to weave a total well rounded program. (See appendix for reference to typical daily schedules.) * Expectations are to be measured up to. The staff tries to make each boy realize many successes, while at the same time teaching him how to fail. Privileges are earned and inappropriate behavior has its unhappy consequences in the form of deprivation of privileges, "ward work", a period in the "quiet room," or in extreme measures of loss of control, return to a locked ward. (See Appendix, pp. 139-140).

* pp. 129-131

The twenty-bed facility as pointed out was to move into a cottage in the adjacent children's home complex (though departmentally and administratively not connected.) This building was not ready for occupancy until November, 1966, the official opening date of the APIS-ICU. During the preceding six months, however, staff was being chosen, patients fitting the plan and purpose of this unit were being selected, and a limited program of operation was begun.

Seven boys were initially selected and two more joined the group before the move to the cottage was made. This first group of boys remained spread out on the men's wards at North Division-Main, but had as their common meeting ground and activity center, an old dining room on the second floor of the main building at North Division.

Beginning in late August, the two teachers hired for the ICU, Mr. David Smith and Miss Trudy Munding, tried to plan school activities for the initial nucleus of boys and held classes one floor above the dining-meeting-day room. These rooms were also shared by nursing students' classes and various other groups, so that it was often a case of cancel class or "take up thy books and kids and walk." Where to?--any free space, even rooms used at night by resident doctors on call. In between the teachers tried to gather enough teaching materials and become acquainted with the rest of the program and staff, attending as many all staff meetings as possible.

As was mentioned, during this interim period also, the other staff for the cottage was also being chosen and gradually added to so that by moving time it neared full complement. Difficulties all around were encountered as the reader must be anticipating increasingly. These are discussed in a separate chapter.

When November 14 arrived, the grand move was on as patients packed clothing and personals, the secretary gathered office equipment, teachers gathered their few materials and so on. In all, the staff chosen during the last few months and coming into the cottage at this time with the boys, included Dr. James J. Balistrieri, the psychiatrist director of the unit as well as of the entire adolescent service, two resident child psychiatrists, a psychologist, five psychiatric social workers, three full-time and one part-time registered nurse, an occupational therapist, a recreational therapist, and four child psychiatric aides and sixteen attendants, plus the two teachers. At the time the staff ratio to boys was easily two to one. With such a multi-disciplinary group, the basic ingredients for a total milieu treatment program were gathered in one place. (All of the above mentioned staff except the teachers, nurses, aides and attendants-part of the nursing staff-continued to extend their services to areas outside the cottage as at North Division and the

Child Psychiatry Clinic to mention just two.)

Of the two full-time teachers who were hired for the ICU, one, Mr. David Smith, had just completed his Master's in Exceptional Education at UW-M. Unfortunately he was called to military service in December which left the other teacher handling the program for the remainder of the semester. This other teacher, the writer, had come into the program after eleven years of regular classroom teaching, holding a Wisconsin life-certificate (elementary 4-8) and a Wisconsin three year license (secondary English, History, and Latin), plus enough credits for a Master's equivalency. During the second semester she began taking the required courses to qualify for a license to teach the emotionally disturbed, a project now almost completed.

In February, 1967, a new full-time teacher, Mr. Hermon Hall, licensed in Secondary Education, Mental Retardation, and Guidance; and also a tutor, Mrs. Eileen Forman, licensed in Mathematics were added to the cottage teaching staff. Mrs. Forman was provided by CESA and worked half days, though often voluntarily extending her time, as the need far exceed her salaried availability.

In June of 1967, Mr. Hall left to take a position at UW-M and Mr. R. Dennis Kopp, with several years experience and licensed in General Science and Social Studies took his place. Miss Munding returned, and Mrs. Forman came back as

a full-time teacher under Civil Service. These three comprised the cottage teaching staff for the entire 1967-1968 school year.

In the Fall of 1967, a teacher-in-charge was hired as one of the five positions allocated for the school year. No one was found who was qualified in teaching the emotionally disturbed, however the man chosen had an excellent and wide background in general teaching, chiefly foreign languages; he had experience with the mentally retarded and guidance and had many credits beyond his Master's.

He was, in his own words, "assigned with a commitment to move the educational program as one cohesive unit, improve communications with other disciplines, provide educational leadership, and improve administrative operation, particularly with respect to working with other administrative units."

His duties would also include liaison work with community schools and other agencies, working with UW-M to outline a plan of In-Service Training. He was to be in charge of recruiting new teachers for the school as new allocations for teaching positions were made, providing incentives for making institution school teaching a career.

In looking back over the first year in which this position was officially exercised, it seems there was so much to be done in becoming oriented to the County, conducting business with administrators both here and in Madison, that

there was little if any time to be personally a support and help to the teachers as a focal uniting leader of the faculty. Ability to delegate work seemed to be lacking. Hopefully this can be improved.

The setting of the Intensive Care Unit is described quite fully in the chapter on difficulties and in the two maps in the appendix. The unit differs from the wards at North Division in several respects, notably that it is not a locked ward. The boys have grounds boundaries to which they are expected to adhere unless passes and privileges to go beyond have been earned and issued. There is a better staff-patient ratio at the cottage. All activities take place within a closely bound area which greatly increases staff's ability to keep cued in to what is going on totally and not only in their department.

The educational philosophy in the ICU is based on and hinges onto the general philosophy of the unit. As was said previously, the school's purpose, as is the chief purpose of any school, is to educate. Behavior is not neglected and its modification runs parallel. Basically there is the academic orientation though it is not intended to limit the program to this.

Most important is the fact that while the basic academic program is a focal point, it has no meaning or value unless the teachers are always aware of the problems which brought the boys to the hospital. Problems concerning the teaching staff are those problems the boys have had in school--failure,

underachievement, lack of study habits and skills, poor relationships with teachers, other authority and classmates, negativism in general.

While the basic aim is to educate, the school must first get at some of the above problems without neglecting the actual business of school. When boys first come to the hospital there is much that is new and strange to their way of life. School, even unpleasantly so, is perhaps the most familiar. The school being the place where the boy spends much time each day is the field of much of the action which will effect good treatment results.

If the youngster can acquire a better opinion of self, experience success, develop basic skills and habits that aid learning in general, trust teachers, and find some interest and motivation, it is felt that much of the academic aim will have begun to be reached and that even if the boys have not acquired as much academic skill as desired, they will have new tools and confidence to help them pick up upon return to community schools.

Before academic success can be achieved, the youngster has to become more comfortable in the classroom. This includes seeing the teacher as a fallible human being who is not only an authority, but more importantly is interested in the boy as a person and shows warmth, response, and understanding along with firmness and consistency. The boy must

see the teacher outside of the classroom occasionally to dispel the apparent notion some children have that a teacher is only another of the classroom furnishings. This is accomplished in being with the boys in the recreational area at times, joining them at their noon meal, taking them on short field trips outside the County grounds.

The boy must also get along with his peers. If he can't handle himself with four or five classmates in the small classes of a residential school, he's also not ready for a regular classroom. Herein lies a dilemma however. The school aims to give the boy the chance to catch his "academic breath;" that is, to try to patch up some of the basics he has missed. Ideally, he would start off by himself on a one to one basis with a teacher and gradually work into a group. The writer is still awed at how starved for and how openly these big boys seek individual attention. For a youngster who has missed out a great deal, let us say a sixteen year old who still reads on a second grade level; who cannot yet admit to himself where he stands as to ability, potential, past failure, and present performance--for such a youngster, one or two others in class are just as big a problem for him as twenty-four others. Individual attention seems to be not a luxury but a necessity in many cases. Yet getting along in a group is a very real necessity also, and it is an accepted fact that students learn not only from a teacher but from each other as well. A totally satisfactory

blend of the two has apparently not yet been arrived at; namely realizing the potential rapidity of progress on a one to one basis while coupled with group learning and interaction. If we must come down to the lesser of two evils however, it would seem with the deficiencies these boys have in basic skills, the bulk (certainly not all) of interaction would be well handled by the other areas in the milieu. Also to support the basic school philosophy of concentration on basic learning and study habits, the following is suggested: 1) Other staff are well trained in their fields to handle major therapy. One mistake educators in our century have made is to try to take on too much in being all things to students, assuming many responsibilities other than teaching as long as a willing society unloads these on the schools.[1] 2) The public schools, although they are making slow progress, still have a rather traditional, andfor many youngsters an unrealistic program and set of requirements. However, at present, the boys, particularly those in the ICU, will be returning to this type of school and they must be able to handle the subject matter and keep up. Again this is not to say that people with regular classroom experience who do feel their major function is to educate neglect behavior modification or work without therapy in mind; but it is to say that the point of emphasis must be on helping the youngster continue

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[1]Balistrieri, "Mental Health in the Classroom," op. cit., p. 10.

his schooling as he will realistically have to continue it once he leaves the hospital.

A few sentences comparing the traditional regular school and a residential school are perhaps needed here. Probably the biggest difference from the teacher's viewpoint, is that in a residential type school there are smaller classes (rarely more than six), much closer contact with the student in and out of class, a much more flexible program, and more informality. This last must be qualified however, with the statement that discipline is by no means absent and expectations are not necessarily therefore lowered. The expectations are in keeping with the youngster's present state and his potential. His academic progress is based on his own individuality.

A teacher's day in a traditional or regular school is relatively routine by comparison. She sees little of other adults, especially people other than educators, like herself. A brief description of a day at the adolescent unit is as follows: The teacher is she does not arrive before working hours, is present at 8 A.M. daily for the ward report (explained further on). This report which is generally over in one half hour or less is followed by the beginning of classes at 8:30. At present there are forty-five minute periods with a five minute break between. Some students attend the full period. Others, especially when

they first come to the hospital, are not able to tolerate this long a period and so have a half hour class. One boy began with five to ten minutes and in the eighteen months he has been there has worked up to attending two classes in outside school besides his program at the ICU. Those who are tutored particularly have slightly shorter periods, as much more material can be covered on a one to one basis.

Lunch is at twelve noon, occasionally with the boys; and at 12:30 and 12:45 classes begin again, terminating at 2:25. From 2:30 on a variety of activites may take place. Once a week from 2:30 for an hour to an hour and a half, diagnostic conferences are attended along with the entire staff. These are fully described under the informal training of teachers in the chapter on their status and training.

The diagnostic conferences are alternately or at least monthly substituted with a general meeting which usually turns out to be a healthy bull session for the staff. Complaints are aired, weakened communication lines mended, support doled out, policies reiterated, and evaluations made.

Any "free" periods between 8:30 and 2:30 class hours are supposedly preparation periods, but are liberally sprinkled with such activities as communicating with a therapist, or checking out the handling of some behavior together with the ward staff. Before a Teacher-in-charge was hired and for the first year he was on the job, adminis-

trative duties not normally done by regular classroom teachers had to be taken care of in this time also. Once ten boys began to return to community schools on even a part-time basis, frequent contact by phone and mail was kept up with principals and counselors at each school.

A further advantage of the residential school is the immediate availability of ancillary services and crisis intervention from professional and non-professional staff at the times when needed. The writer at present has a social worker's office next door to her classroom, a doctor across the hall, a telephone to summon nurse or attendant staff only yards down the hall. This is much valued and this feature will probably be lessened when the larger new school in the future Treatment Center is built.

To add to the varying routine, the unpredictable is ever present. It is impossible to drift along on weekly or even daily lesson plans; alternatives must be quickly at hand. A great variety of materials to allow for behavior shifts and weak attention spans must be available. Though this second year has been a vast improvement over the former "here one day, gone the next" hospital stay of some patients, the teacher can come in any morning and find that a boy has been taken out against medical advice, (patients are admitted voluntarily), has run away, has to go to court and miss class, is back on a locked ward until he regains lost control and so on.

For the student in a residential school, differences from the large classroom (where he either was lost because of quiet nondisruptive behavior or constantly in focus as the clown or antagonizer,) include smaller classes; therefore more individual attention. Because he lives in the same building in which he attends school, there is, with a well coordinated staff, who back each other and keep informed, a consistency and structure to help the patient effect the behavior modification intended as a goal of therapy involving his whole life-space.

Before a boy can be programmed in the hospital school, his needs must be evaluated. The Social Worker or someone on the intake team, perhaps the therapist assigned to the case, gives the school the pertinent information of schools last attended. Hopefully teacher representation at intake conferences will become a routine thing. The teacher-in-charge or his designate from there first tries to collect all the educational data possible, contacting the boy's last school, talking to counselors and teachers, obtaining the cumulative folder and transcripts, and very importantly talking to the youngster before starting him in class. A minimum of achievement testing before starting school has begun, but is an area which still needs much work and organization. There still does not seem to be a satisfactory test devised for the specific needs of an educational program

for the emotionally disturbed child and adolescent.

If the youngster begins school in the community before leaving the hospital, as several have done, the teacher and often the therapist have visited the school together with the youngster to reevaluate and to set up a program. A record of what has been done with the youngster at County is sent on to this school and also to the next school when the boy returns to a regular classroom after connection with the hospital is severed.

The boys in school at the Cottage the first year had a grade placement range of seventh grade through twelfth. For a short period of time, there was a sixth grader and, as may be expected, a number were academically retarded below the seventh grade level. In addition, there were two brain damaged youngsters, ungraded, (an exception to the type of youngster intended for the group), one of whom could not be taught with any group of boys and had to be worked with strictly on a tutorial basis. The other youngsters, for the most part, had adolescent adjustment problems, although some were more seriously ill. It was found that the school program definitely could not be worked out for a specific type as for autistic youngsters, or schizophrenic, or brain damaged boys. The ICU covers a variety of disturbances and grouping according to pathology would be impossible and not seem to be to the advantage of any part of the program.

The boys who first were at the Unit were for the most part at a specific level of Junior or Senior high school; therefore classes were set up departmentally. For example, second semester ninth grader, first semester junior and so on. This involved earning credits and so almost eliminated the possibility of much grouping with the wide range present except for the seventh and eighth graders who could be grouped and worked with on their various levels within a group. The others could hardly be taught freshman English and Junior English during the same period. It was found that for the most part the boys were all above average ability and generally could handle more than one subject. By the second semester, with two full time teachers again and a half day tutor, as many boys as possible were taking three courses.

Although the school is obviously not intended to be a traditional high school and flexibility is a by-word along with adaptability, concentration, and needs, the boys did come from traditional high schools and as was stated elsewhere, the short term aim of the unit would most likely see them return to such a high school. This fact had to be adapted to so that they would not return to something that realistically they could not handle better than before.

Theboys too expected a departmental program. Trying to group even first and second semester freshman boys was objected to as well as being difficult to prepare and divide class time. The youngsters, even in their very negative way,

were quite credit and grade level conscious. So although three teachers to twenty students seems like a luxury, it did in actuality require teachers to spread thin. Another problem was that there were too many class cancellations the first year in order to meet and organize, plus spending a good deal of time hunting for materials.

In evaluating the first year we refer to the report made by CESA to the Board of Public Welfare in June of 1967.

> . . . After the usual difficulties involved in moving the patients and the expanding staff, two new teachers began to revise and extend the school program. . . . Eventually, . . . classrooms were equipped with . . . teaching materials that made the teaching environment comfortable and school-like. The needs of the pupils were carefully assessed by all personnel involved and, at the end of the year, school progress of several students was noticeable. One graduated with his class at a local high school, some received credit for the work done, and some, because of the nature of their problems, made only limited educational gains. However, it is recognized that the school offerings are much broader than they were in previous years and are more directly related to emotionally disturbed children. [1]

The second year with an additional teacher plus the first year's experience facilitated programming, offerings, and grouping. Study periods were included. The following schedule of January 1968, Spring semester (boys' names substituted by capital letters) gives a better idea of the program than lengthy explanation. (Also see appendix, pp. 129A - 131.)

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[1] CESA # 19, "Narrative of Services to Board of Public Welfare," July, 1967, p. 2.

ADOLESCENT BOYS' COTTAGE SCHOOL SCHEDULE--JANUARY, 1968

	Miss Munding ENGLISH & LANG. ARTS	Mrs. Forman MATHEMATICS	Mr. Kopp SCIENCE & U.S. HISTORY
8:00	Daily--Staff ward report . .		. . . . .
8:30 to 9:15	Preparation & contacts with therapists; outside schools	GEN. MATH 9A (B, Q, E)	Preparation & contacts with therapists
9:20 to 10:10	ENGLISH 3 (A, B, C,)	ADV. ALG (I) ALG. I (R)	7th & 8th GR. SCIENCE (X, G, Y, W)
10:10 to 10:55	ENGLISH 9th GR. (low) (D,E,F,G,H)	ADV. ALG. (J) ALG. 2 (M) GEOM. 1 (Z)	GEN. SCIENCE (9 A and B) (C,Q,S)
11:00 to 11:50	ENGLISH 6 (I,J,K,L,M)	ALG2 (P) GEN. MATH (O,N) SPECIAL (F) Mon, Wed. Fri.- (G)	GEN. REMEDIAL (D) 11:30 - 12:00 ELECTRICITY to (B,F)
12:00	L U	N C	H
12:45 to 1:30	REM. READING (N) Some Prep	GEOM. 2 (K,B,E)	BIOLOGY (1 & 2) (R,P,A,E,Z)
1:35 to 2:20	ENGLISH 9th GR. (high) (P,Q,R,S)	INDIVIDUAL HELP (T) M.W.Th. (U, D, N)	U.S. HISTORY 2 (I,J,K)
2:30	Every Thursday till 3:30 or later, Diagnostic Staff Meetings. Others-preparation		
2:45	Mr. Tomasello has SPANISH for (L,M,I)		
3:00	Daily ward report	Boys go to recreation al therapy	

An additional improvement was that boys were not in and out as much as formerly, as their therapists tried to arrange their stays so that in general they coincided fairly well with semesters according to the school calendar. Too many of these boys had had to shift schools all too often in their lives before coming to the hospital; some having attended as many as ten schools. Too, having the same staff all year with two "veterans" helped to make it an improved year.

For any methods to be effective with emotionally disturbed children, class size should not exceed eight; four or five being the ideal if all other conditions are right (appropriate social interaction and behavior; besides homogeneity in grade level and performance.)

Care must be taken to select materials of highest interest and which students can handle. A variety of materials must be at hand. Stimuli outside of what is necessary should be avoided or eliminated.

Very importantly, many successes should be provided. Presuming the youngster has been well evaluated and placed where he functions academically, this can be accomplished with methods such as the following:

1. All directions should be brief and clearly understood, (the day-dreamer must be checked); best presented in short sequential steps. This is particularly true for the brain damaged and poor study habit children who need a very structured assignment

with as tangible and immediate a show of progress as is realistically possible.
2. Definite, but reasonable time limits for completing tasks should be set.
3. Assignments which are situational, if possible, and related to the chief interest of the boy have proved good. For example, a youngster thinks constantly about motors and cars. If he needs a lesson in outlining, let him outline an article from Motor Trends magazine, or learn the correct methods of correspondence by drafting a letter to order something advertised in the magazine.
4. Standards of quality in written work should be established and maintained even if it means doing it over more than once.
5. Assignments should be meaningful; designed to develop skills useful in the future and to overcome deficiencies. They should not be too long.

In class a somewhat informal atmosphere can exist without losing sight of who is in charge. An example is to have the teacher join in a circle of desk-chairs rather than hold court from behind her desk. Dismissal varies according to the attention span or completion of a particular piece of work, a good incentive to get down to business.

There is study outside of class and in this second year, the schedule was worked out to include three periods during the day which are designated study periods. Each boy attends at least one according to how it can be fitted into his program. The Child Psychiatric Aides supervise this period. There is also a study period in the evening after supper for all the boys. They are divided into three groups and again, attendants on duty during this shift are in supervision. (See appendix, p. 128)

The attendant staff is largely comprised of college students and it is assumed that they are positively oriented toward learning; are closer to the boys age-wise; and do not pose the same authority conflict as the teacher. In this way, it is hoped they will be much of an example and help to the boys. The program during the 1967-1968 school year was most successful in the area of supervised study.

Expectations are again an area where listing might be in order. Boys are held to the following:

1. Required to be present and on time for class unless excused for illness.
2. Be appropriately dressed; just because a boy's bedroom is a few yards from the classroom is no reason to come without shoes, for example.
3. Bring proper materials, including books and writing materials issued to him, and keep these in school lockers when not in use. A favorite passive resistive game is "I forgot."
4. Behave as appropriately in class as is expected in any school and as they are capable of doing. Smoking is not allowed (only in study hall if not abused and cleaned up after). Gum and candy are allowed if not noticeably consumed or interfering with work. No unacceptable language is allowed.
5. Assignments are to be done or made up (students are held responsible.)
6. If behavior is disruptive, the boy leaves the classroom after the usual order of trying to handle it has been employed. (See appendix, p. 139.)

Academic expectation has been mentioned previously. For general behavior problems, the best method is to be preventive and let the youngster know in some way, "I like you, but I

don't like your behavior and it is not acceptable." In general, however, if the teachers have concentrated on the aims discussed earlier, much behavior is controlled. For the inevitable blowups and disruptive behavior, the teacher has the help of the rest of the staff, and a quiet room is used, the youngsters themselves often seeking to go there voluntarily when they know they are going to have difficulty controlling themselves. (See Appendix, pp. 139-140.)

It is difficult for three teachers to be a complete Junior and Senior high school even to two and a half dozen boys, but a fairly good selection of subjects was able to be offered by the second year. They included:

English--all levels from 7th grade through 12th, including Reading, Composition, Spelling, and the usual Language Arts.
Mathematics--intermediate and upper elementary Arithmetic, General Math 1 and 2, Algebra 1 and 2, Geometry 1 and 2, Advanced Algebra 1 and 2, and Trigonometry.
Social Studies--7th and 8th grade, Social Problems, U.S. History 1 and 2, Citizenship 1 and 2.
Science--upper elementary, General Science 1 and 2, Biology 1 and 2, Electricity
Foreign Language--Spanish 1 and 2 (French and introductory Latin could have been offered had there been a demand and the time for it.)

It was aimed to give each boy at least three courses if he could tolerate this. The following is a record of the number of subjects and the number of boys taking them. It is as accurate as possible from the records available.

1966-1967

	NUMBER OF SUBJECTS	1	2	3
NUMBER OF BOYS	1st quarter		2	6 *
	2nd quarter	1	4	6
	3rd & 4th quarters	3	8	7 **

* one boy attended outside school (Longfellow Junior High in Wauwatosa)

** two boys attended outside school (Wauwatosa East Senior High) They are however included in the above count as they also attended classes at the Cottage.

Summer-1967

NUMBER OF SUBJECTS

	1	2	3
NUMBER OF BOYS	7	2	1

1967-1968

NUMBER OF SUBJECTS

NUMBER OF BOYS	1	2	3	4
1st quarter	2	5	9	1
2nd quarter	2	5	10	1
3rd & 4th quarters	3	5	12	1

Ten boys attended outside school either part or full time. Those part time students also attended classes at the unit, thus accounting for some overlapping in numbers.

OUTSIDE SCHOOL	NUMBER OF PERIODS ATTENDED						
	1	2	3	4	5	6	7
BOYS Jr.	2	1		2			
Sr.		2				1	2

The subjects taken by boys in the community schools included:

GRADES 9-12	GRADES 7-8
Personal Typing	7th grade Math
U.S. History 2	
Economic Geography	8th grade English
Speech Fundamentals	8th grade Science
World History 2	8th grade Math
English 2, 3, 4, 7	8th grade Industrial Arts
Biology 2	
General Math 2	
Civics 2	
Home Planning	
Physics 1	
Industrial arts (9th)	
Power and Transmission 1	
Business Law	
Social Problems	
Driver's Education	

With one exception, who failed two subjects out of a seven period day, every boy attending these outside classes earned a passing grade though most were low; and received credit if between grades 9 and 12.

In the introduction, it was pointed out that of the academic deficiencies, those in Reading and Arithmetic were the most prominent. While we could go on and on with lists of materials used, only a general view of the teaching materials used in the cottage in these two subjects (Reading including the whole English and Language Arts program up to grade 12) will be listed.

In addition to the usual teacher-devised materials, the main texts and materials include:

ENGLISH

Practical English Magazine (Scholastic Book Services)
Scope Magazine (Scholastic Book Services)
Prose and Poetry Series (Singer Company)
Teen Age Tales (D.C. Heath and Company)
English On the Job (Globe Publishing Company)
Unit Lessons in Composition (Ginn and Company)
Communication Series (Follett--slow learner series)
Individualized English J (Follett--programmed)
Literature Units (Scholastic Book Services)
Courage
High Adventure
The Lighter Side
Survival
Personal Code
Better Study Habits (Scott Foresman Company)
Better Reading (Globe Publishing Company)
Jr. and Sr. High Basic
Reading Skills Workbook (Scott Foresman Company)
SRA Reading Lab- (Science Research Associates)
Reader's Digest Skill Builders (Reader's Digest Company)

MATHEMATICS

General Mathematics Kinney, Ruble, and Blythe (Holt)
Review Arithmetic Buswell, Brownell, and John (Ginn)
Directed Practice in Arithmetic, Books 1, 2, 3, 4,
Schmidt and Murdoch (Educational Service, Inc.)
Modern Algebra Dolciani, Berman, and Frelich, (Houghton Mifflin)
Mathematics 8 McSwain, Brown, and Gundlach (Laidlaw)
Row-Peterson Arithmetic, Book 8--2nd edition (Row-Peterson)
Contemporary Algebra and Trigonometry Griswold and Keedy (Holt, Rinehart, and Winston)
Second Year Algebra Hart, and Schuet (D.C. Heath and Co.)
Directed Practice in Algebra Crim (Educational Service, Inc.)
Modern Algebra, Book 2 Dolciani (Houghton Mifflin)
Cyclo-Teacher Review (World Book)
Pre-Algebra by E.D. Nichols (Holt, Rinehart, and Winston)
Geometry-Plane, Solid and Coordinate Morgan, Zartman (Houghton Mifflin)
Informal Geometry, Sentences and Relations E. Froehlich (Milwaukee Public Schools Division of Curriculum and Instruction)

Films were used and several field trips were taken; one a visit to the Marine National Bank after a lesson on how to

fill out deposit and withdrawal slip; three trips, each with a different group visited the Harley-Davidson Motorcycle plant; two groups of boys were taken to the Milwaukee News Company in New Berlin to help choose paperbacks for the beginning library; Science classes visited pet shops (a small menagerie was housed in the basement for most of the '67-'68 school year.)

Regarding credits, the students can earn them while taking classes at the County school. The teachers all hold Wisconsin licenses in at least one area; some in several. All who have not been licensed to teach emotionally disturbed are picking up this course work and in the meantime are provisionally licensed. To clarify the status of approval towards accredidation, we refer to the following letter:

> . . . regarding our Department's certification of the school program at the Milwaukee County Mental Health Center-North Division. At the present time this school program is under the supervision of the Cooperative Education Service Agency Number 19 and has received State supervision from the Bureau for Handicapped Children of our Department. At the present time our Department views this as an approved program for the education of disturbed children and it is being supported partly through State funds.
>
> It is our understanding that this school program has working relationships with the school districts in Milwaukee County so that the course credits which the

youngsters complete in the Mental Health Center are acceptable towards graduation from the various high schools in the area.[1]

During the first semester of the 1966-1967 school year, CESA contacted over twenty school districts in metropolitan Milwaukee asking if credit for OT and RT as parallels of Arts and Crafts and Physical Education classes would be accepted. Responses varied, so it depends upon the receiving school.

CREDITS EARNED-BOYS' COTTAGE-1966-1967

	1st. Semester	2nd Semester
English	2	2
Social Studies	2	0
Mathematics	0	6
Science	2	1

Summer-1967

Biology 1; English 1; World Geography 1
Outside School: World History 1; Speech 1

1967-1968

	1st Semester	2nd Semester
English	8	12
Social Studies	4	5
Mathematics	11	17
Science	8	8
Spanish	3	2

[1]Letter from Mr. William C. Kahl to Mr. David T. McGinnis, March 15, 1968.

CREDITS EARNED IN OUTSIDE SCHOOLS--1 & 2 SEMESTER '67-'68

World History	1	General Math 2	2
Beginning Typing	1	Civics 2	2
Personal Typing	1	Home Planning	1
American History 2	2	Physics 1	1
Economic Geography	1	Industrial Arts (9th)	2
Speech Fundamentals	4	(passed but not included for	
English 2	1	credit in Tosa school)	
English 3	1	Power and Transmission 1	1
English 4	2	Business Law	Fail
English 7	1	Social Problems	Fail
Biology 1	1	Driver's Ed. (non-credit)	1
Biology 2	1	Physical Education (non-credit)	2

The seventh and eighth graders taking work in English, Science, Mathematics, and Industrial Arts all passed.

Though teachers are on a ten month contract, Summer School was held. In 1967, there was a question of enough funds being available to finance summer teachers, but it was solved just barely in time. The teacher allotment had been set up by Civil Service in such a way that for every full time teacher (four at the time; one at CPIS, one at Main, and two at the Cottage) a full time--four hour day--teacher could be hired in addition to several tutors provided by CESA. The two teachers replacing the Cottage teachers worked in the general areas of English and Social Studies and Science with some Math. The summer session was based fairly much on the program, timewise and so on, according to what the Milwaukee Public Schools followed.

Each teacher was oriented before he or she began with a summary of the boy's background, work during the year, materials used and where left off, recommendations

for the summer session, suggestions for handling, a list of the boys' therapists, pointers on where to find further information, materials and help. (Six weeks is too short a time to learn all this if one comes into a system "cold.")

A program for the Cottage is in the appendix, p. 132) One boy earned credit in English 2; another received 1 credit in World Geography. The others were mostly seventh and eighth graders finishing incompletes and receiving strengthening in weak areas. Other boys attended outside school, their credits as listed earlier in this section.

For the summer of 1968, twelve adolescents were programmed for outside school. For some of them it was the transition point as discharge occurred at the end of the Spring semester.

The schools attended are:

Bay View	2 boys	
Custer	3	
Marshall	2	
Washington	3	
Wright Jr.	1	
Audubon Jr.	1	(This youngster has received transfer to Walker Jr. High and will hopefully be in a Special class.)

Subjects being taken and credits anticipated include:

English 2 and 4	Biology 1 and 2
Reading Improvement	World Geography 1
Speech 1	World History 1
Geometry 1	Citizenship 1 and 2
Business Arithmetic	Personal Typing 1
General Science 2	Driver's Education

Seventh and eighth graders are taking strengthening in Language Arts and Social Studies.

Information on the summer session for 1968 at the County is not available at this writing.

School record keeping, which is an often taken for granted thing and sometimes considered an aggravation in a long established school system, had to be started from scratch. There was much lacking in accurate record keeping during these beginning years, though the last two have seen a decided improvement, particularly the last in the Cottage. The permanent record sheets (see appendix pp.135-6) were devised by the writer for use with the Junior and Senior high students and approved by the rest of the faculty. It is expected that further improvement will take place before a truly satisfactory form is accepted. The elementary record sheet (p.137) was devised by Miss Blanche Bradley.

Each teacher, of course kept individual records, each in his own way and in the Cottage, a cumulative folder was begun by the writer, including correspondence (requesting or sending transcripts, other communication with former and cooperating schools), achievement test results, conference notes, reports given at diagnostic conferences, anecdotal behavior notes, weekly evaluation sheets, courses taken and credits earned, as well as materials used and recommendations.

A daily record is the evaluation sheet filled out by each teacher and placed in the therapist's mail box on Friday of each week. The report includes academic progress, attention

span, attitude, behavior, teacher and peer relationships, homework and attendance. A space for comments is available. The therapist returns the sheet with his comments or answers to questions which may have been asked. (See Appendix, p.138) This evaluation form was adapted for our use by the writer in December of 1967 at the suggestion of one of the doctors. It is patterned on a form used by the school at the Neuropsychiatric Institute, Los Angeles, California.[1]

An addition smaller slip is used daily, after every class if necessary, to keep the therapist cued in to what goes on. A reasonable facsimile follows:

Therapist_____

Name_____

Subject_____

Teacher_____Date_____

_____Late for Class
_____Absent
_____Assignment not done
_____No work in class
_____Disrupting
_____Withdrawn
_____Without books and/or writing materials

Slips are only made out if any of the points listed is not in accordance with expectations, indication of which is made by a check mark, and, if deemed necessary, comments.

Some who would widen the teacher's therapeutic role do not approve of these slips, and in a regular school as the writer herself has felt, the seasoned teacher would operate

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[1]Frank M. Hewett, "Establishing a School in a Psydiatric Hospital," Mental Hygiene, LI (April, 1967), p. 281.

on the basis that any behavior problems not able to be handled in the classrooms and needing to be sent to the principal would have to be rare exceptions and a poor reflection of class management. However, in the situation of working with emotionally disturbed children, the therapist does to some extent assume the parental role. He is responsible for the patient's total care, and so it is he who writes out passes, gives or takes away privileges.

While the writer at first expected it, handing over much of the discipline to the therapist hasn't seemed to undermine her position in the classroom, rather much more work gets done. The important point seems to be that the boy knows teacher and therapist communicate, and back up each other; that there is no such thing as privileged communication in our milieu setting; that playing one staff against another is soon detected and dealt with. This curtails much of the manipulative tactics for which emotionally disturbed youngsters seem to have developed a special talent.

Particularly during the second year of the ICU's operation, was there an increasing working relationship with community schools. By this time there were ten boys who it was felt were able to attempt anywhere from one class per day to a full program in an outside school. Four boys attended Wauwatosa East Senior High School, and five boys

were enrolled at Hawthorne Junior School, also in Wauwatosa. Close contact was maintained and not enough can be said about the marvelous cooperation accorded the County teachers by principals, counselors and faculty at these two schools. On one occasion, when checking on a youngster's progress, one principal made a most positive and rewarding comment when he said he had no real report to make since our boys seemed to have lost themselves in the student body--reintegration to the community at its best.

The tenth boy for whom the school worked as liaison contact was a senior living at the Group Home, who had never actually attended classes at the hospital, but after his hospital stay returned to Bay View High School the second semester and with much support and structuring from the team of his doctor, teachers, and the staff at Bay View did graduate in June of 1968. Another boy who was one of the first seven and "graduated" to the Group Home, attended Solomon Juneau High this second year.

Added help from community sources was received from the Department of Pupil Personnel and various Curriculum Supervisors of the Milwaukee Public School System.

As was said, the aim of the ICU is to get a boy out as soon as possible. Very often a boy is ready to leave the hospital but not quite ready to go home, or he may have no place to go to temporarily. To provide for this, a half-way house, the William Becker House at 29th Street and McKinley Avenue was established. Sponsored by the Milwaukee

County Mental Health Association and MHC-N, with some support from the State Vocational Rehabilitation Service, it celebrated its first anniversary on May 15, 1968. The home has accomodations for eight boys and is staffed by two houseparents who are supplemented by two housefellows (college students.)

A boy may be transferred to the home whenever his therapist after staff consultation feels he is ready and there is an opening. However, especially if it is at an odd time in the semester, or because too many steps at a time (moving out of the hospital plus going back to a regular school) would be too much for him, he continues to come to school at the cottage. This accounts partly for the number of students coming through classes exceeding the number of beds (20) maximumly available.

Communicating with the patient's therapist has fairly well been covered. Close communication with the nursing staff is also important as school and nursing spend the most time with the boys. In describing a typical teaching day at the ABC-ICU, ward reports were referred to. The nursing staff of which child psychiatric aides and ward attendants are a part, keep a daily log on each youngster. The ward attendants are divided over three eight hour shifts. During each shift a brief notation is written in the log reporting anything significant in the youngster's behavior,

any unusual occurences, and the like. All wards follow this procedure. This is then reported at a change of shift to the next group of aides coming to work. The report held at 8:00 A.M. and again at 3:00 P.M. is attended by teachers as well as any other staff available at the time if not engaged in other meetings or business. The log is read by a member of the nursing staff. Brief comments are made and questions answered.

This daily report is an invaluable bit of training for the teacher, particularly the morning report. The teacher has an idea of what may have happened during the evening, nighttime or over the weekend. If the student had a home visit, or a particularly unpleasant situation, the teacher is then alerted to the fact that this student may not be able to function too well in class that day, and so she may be able to handle behavior preventively.

Nursing staff which supervises study halls, report to the teacher on such things as, not doing work, seeming to not have enough to do, being disruptive, and so on. They may suggest that patient A be transferred to another group as he and patient B could work with less distraction from each other. After the teacher has noted this and tried to remedy the problem, the therapist receives the message and takes further action if necessary. (See Appendix, p. 128)

Though school is the focal point, the other activities have great importance. As was pointed out when discussing difficulties, some disciplines felt pushed into the background. When scheduling for classes, it is necessary to communicate well with OT and RT to arrange a program that will not only be beneficial to the boys, but feasible for the OT and RT who work in more than one place and so have more time juggling to do.

If it has not been done at ward report, nursing staff also aids teachers by communicating to them a child's sudden need to be absent or keep a conflicting clinic appointment. The teachers in turn try to inform the ward in advance if classes must be cancelled or rescheduled so that they may plan their activities on the ward accordingly.

A final note on this very long chapter about the API0-ICU. An annual report made to the medical director of North Division in February of 1968 sums up the unit's first year of operation. Parts are quoted here to show general growth and tie up the chapter.

> . . . significant organizational changes have occurred. . . . In-service training, combined with an emphasis on continual flow of information amongst the staff members, has been of prime importance. The emotional climate in our "staff family" must be constantly reassessed to insure healthier functioning than in the families from which our patients come. Communication is directed, not only to sharing of information about youngsters (and therefore improved programming), but in addition, to delineation of staff roles and staff interaction. . . .the educational program is of prime

concern. . . .A closer liaison has been established with the UW-M Special Education Department. . . Attempts are presently underway to enlist the services of a speech therapist. In even greater need are remedial reading instructors. . . .Efforts were made to improve the programming of youngsters at North who previously had been somewhat spread throughout the Mental Health Center. The boys and girls, mostly so-called "chronic cases" (who had for the most part discontinued contact with their communities and their families) were re-evaluated. Programming for them was initiated. . . .Programs were also developed for the more acute cases of adolescent boys and girls at North, similar to that developed at the adolescent Boys Cottage. The professional staff flow between the units. Attempts were directed to developing the identity of <u>one</u> Adolescent Inpatient Service (acute and chronic cases, boys and girls, in different locations.)[1]

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[1] James M. Sambs, M.D., "Annual Report--1967, Adolescent Psychiatric Inpatient Service," February 28, 1968, pp. 1-4.

CHAPTER VII

DIFFICULTIES ENCOUNTERED

No program of this kind could come into existence and develop without difficulties of many kinds. Encompassing them all is the problem that with so new a type of educational program, there were few if any non-struggling already existing programs from which to pattern a unit with relatively few kinks. This section of the paper will be an attempt to sort out a few of these difficulties, and place them in some kind of relationship to the growth of the educational program at the Mental Health Center. Some of the earliest difficulties are apparent in the chapter on beginnings.

At present, the two biggest difficulties are those of geography and of communication. Geography, the more concrete of the two can be explained rather simply but the implications are vast, complex, and ever-present. The aim is to have a cohesive school program, but it seems to be almost impossible while the various units are not under one roof. The proposed Treatment Center discussed later should take care of much of this. For now, the Children's Unit is housed at County General Hospital, a

good half mile or more directly south of North Division. The bulk of the adolescents, though not all attend school or attend for only a short time, are housed at North Division. The Adolescent Boys' Intensive Care Unit is housed about one mile driving distance due West of North Division-Main, thus presenting a rather large triangle of operation which involves much traveling and hold-ups in communication when telephones do not suffice.

While this is a very real problem, it seems that an even greater one is that partly because of the geography and also because of time space, each of these three areas is in a different state of development and has slight variations in purpose. The Children's Service was begun two years before the others and has a younger age group whose needs differ from those of adolescents. The Adolescent Cottage has boys destined for short treatment who are better able to function so that their school program can have an acceleration and higher expectations than those set up for a good part of the population presently at Main. The Main area of North Division, though it has had provision for teaching longest of the three, seems farthest behind, but understandably so. It has geographic problems within its own geographic area. The classrooms are scattered (until recently in three buildings; now two still ten minutes of walking apart.) They have more chronic patients. The

students are on more than one ward which necessitates teachers attending quite a few more meetings. Youngsters also have to travel farther to classrooms and at times need accompaniement to and/or from class, not to mention the time allowance which must be made and which in turn affects scheduling. The teachers in this area, because of its spread out situation, have less access to directly communicating frequently and immediately with a youngster's therapist when the need arises.

The Adolescent Cottage does not have these problems. If anything, since the building had not been originally designed for its present use, staff and patients are almost too much on top of each other. While this causes stress at times, it has advantages causing it to be preferred to the other situation.

The Adolescent Cottage being the scene of the writer's work, a greater awareness of the difficulties was realized and can be detailed here. Though the unit moved in in November of 1966, the building was not completely ready. The basement area (see Appendix, p. III) contained a very large recreation room which was divided into two separate classrooms by a folding door. A teacher's office set off from the far end was provided. However this entire basement area intended for school was not ready until February as construction was delayed and the lights and other fixtures were not put in.

In the meantime, the two teachers held classes in the conference room and one of the offices now used by a Social Worker; a room barely large enough to accommodate three teen-age boys and a teacher plus a meager supply of materials.

When the downstairs area was ready in February, 1967, it was immediately apparent that the lay-out was not satisfactory. By this time, there was a tutor in addition to two teachers, so three rooms were needed and it was decided that the tutor teach in the teacher's office. However all three rooms (refer to map) had only one entrance and traffic had to go from one room to the next to the next. Since the tutor taught in shorter periods of time and youngsters in other classes often did not remain the entire period, there was constant movement and distraction. Emotionally disturbed boys not much in favor of school to begin with are already distractible enough. Also, the folding wall was not sufficiently sound-proof.

This situation lasted roughly three days. Though the nursing staff would have preferred to keep the classrooms in one area downstairs, as would the teachers, the conference on the main floor was again turned into a classroom and one of the proposed classrooms in the basement became the conference room. Since then, during this second year of operation, it also doubles as a study hall for the boys. During the first months of 1968, a wall in a supply room adjoining the

office-classroom was broken through to provide a separate entrance to this area. Since the supply room door is on the near side of the folding wall, it serves this purpose well and also extends the size of the classroom (used as a Science Lab). Though all this is an improvement, it is still fairly makeshift and far from ideal.

In the school area alone, difficulties included beginning with almost no materials. The County budgeting and requisitioning system is so complex and slow that a child would sit for several months while the teachers waited for proper materials. Major equipment and visual aids ordered in March 1967 were not received until May and June of 1968; some still have not arrived at this writing. There was little secretarial help for the school and that had to be borrowed from other departments. It was more of a necessity than in most schools as the teachers besides their classroom duties took on many administrative duties as well, there being no principal.

During the 1967-1968 school year as more teachers were added to the staff, an atmosphere which seemed to be jealousy was noted. The cottage was looked upon as a much more desirable place in which to work by those in the much older and spread out buildings of North Division where the new teachers felt the isolation the cottage teachers had experienced to a lesser degree the year before.

Previously in discussing philosophy and also in describing the aims of different teachers , we divided them into two groups, those emphasizing therapy and those emphasizing educating. For the former, there have been difficulties. Since we are working in a hospital, which was here before a school was, a deeply-rooted hierarchy of long standing must be recognized. The Psychiatrist, psychologist, and social worker either equally or in that order, are the controlling forces determining philosophy and policy. It seems that those teachers with several years experience in other systems felt the psychiatrist, psychologist, and social worker are specially trained in the field of therapy and that the teacher's specialty is education. Together they make a team.

The therapy emphasizing teachers seem to wish to include the duties of the other services in their function. These same teachers seemed to have allowed themselves to feel they are low on the "totem pole." The writer in any event has not in general experienced this. In fact, she found the other disciplines mentioned above expecting her to be an expert in her field and respecting this professionally with making her feel needed and by cooperating in the efforts to begin a school program.

Another difficulty of the school is of vital importance. While the greater number of students, especially in the Intensive Care Unit are of average to above average and even

superior in intellectual ability, their motivation and interest is not with the general basic courses of the liberal arts type. Many of them are over age for their grade level because of repeated underachievement. They are not college-bound though many could be and a good number probably will not complete high school. Many of them would be better off if guided into manual skills and occupations needing training other than that which the general public school offers. Unfortunately teachers and equipment for these types of courses have been non-existent. Some boys attending outside school have been able to pick up perhaps one such course and the vocational rehabilitation services have provided for others, but it is an area still greatly neglected.

Up to now we have discussed difficulties which are directly school problems. Many intradepartmental problems presented themselves as well and rubbed off on school and vice-versa. Communication problems are inevitable in so large a complex as the County institutions, but they are not necessarily impossible. Many things come under the broad term "communication" and for a start it would perhaps be best to try to itemize some of them.

1. Therapists and teachers had to learn that it was a two-way street to keep up a daily and sometimes more frequent exchange on a patient's behavior and performance. This was true also for teachers and nurses, as school and ward take

up most of the day.

2. Some therapists tended to interfere with school in more or less telling teachers how to run their classroom. The opposite occurred as well. Roles were not clearly defined, both to the staff member in the role and to the others with whom he or she worked, so that overstepping or understepping resulted.
3. Along with the above, and almost the same, the delineation of responsibilities was not made clear and so some were censured for assuming too much or not enough.
4. Policies had not become chrystallized.
5. Preventive action in settling problems was often absent and could have been effected with proper and prompt communication to the appropriate person; followed by prompt follow-up.
5. In the school area, communication was fairly smooth and perhaps better than most departments (though it did have the advantage of not being as large) until a Teacher-in-charge was hired in September of 1967. Whatever other admirable qualities were present, communication after that began to gradually deteriorate and a lack of organization and leadership, plus skill in human relations put great stress on teacher morale and became increasingly noticeable.

The teachers had their problems in adjusting to a hospital setting. Dr. Salama pointed this out as a particular difficulty in the children's service. It took time and work to get the teacher into the multi-disciplinary method of functioning; to feel fully integrated into the team without feeling threatened. Dr. Salama says this of course had to be emphasized with the whole staff, many of whom had come from other services and/ or had not worked with children before. [1]

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[1] Dean N. Salama, M.D., Interview with writer, June 28, 1968.

In the Adolescent Intensive Care Unit, this was also true. Other staff drawn from existing services had to readjust from long established practices to the innovations and flexibility of the new unit. Conversely the rest of the North Division staff (nursing, for example, was still under their supervision) had difficulty understanding what the new unit was trying to do. Agitation was expressed when many traditions were substituted by newer methods. Some of these include: having an unlocked ward; one person in charge of a patient's total care rather than the former triad; nurses not in uniform.

In addition, Social Workers, and other therapists continued to work in other areas and so were torn between running from one ward to another and one meeting to another. Needless to say, this was reflected strongly when it came to scheduling activities.

When teachers came on the scene and the administration stressed school as a focal point of the child's day, other areas found this difficult to accept, particularly Occupational Therapy, who for years had had the responsibility of planning and programming the patient's activities. On the whole each department developed a kind of nationalism of various degrees, strongly defending its function.

The nursing staff which administratively was under North Division, but philosophy-wise was involved in the new

unit, often felt torn between serving two masters.

The ward staff which spends more time with patients than do the professional staff sadly lacked orientation and training. Proper orientation is a common difficulty in all areas and is conceivably the root of much waste of time, energy, and best use of staff abilities.

In general, one can say too that the ICU was not well-enough planned for before patients were taken in. It took trial and error to learn how many and what types of boys could be handled together. This again reflected itself in school as the range was too wide for even so luxurious a ratio as three teachers to twenty boys could manage. Intake procedures were not set up well. There was at first no definite scheme of evaluation and treatment planning; no formal structure available to all participating disciplines upon admission as well as periodically thereafter. There was an absence of a satisfactory statistical recording system, regarding discharged patients.[1]

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[1] Marie L. Dutoi, Inter-office memo to Miss Helen Carey, September 22, 1966, p. 3.

CHAPTER VIII

FUTURE PLANS

By now there can be no doubt in the reader's mind that new facilities to meet the needs to expand in many areas are imperative.

Plans for such have long been in the making. Numerous meetings, many of which the writer has attended and participated in, have been held. As many authorities in all areas as were available, were called in. More than one set of blueprints have been scrapped as improved ideas came along and thoughts began to "gel." At best it is a risky project while it may look good on paper and await the proof which will only come when staff and patients move in.

The idea is that the direct services offered by Milwaukee County through its Mental Health Center be combined in one comprehensive service eliminating the separate Child Psychiatry Clinic, and semi-distinct Children and Adolescent Inpatient Services. "Their combination in a comprehensive service would allow the most efficient assignment and distribution of professional personnel and diagnostic and treatment resources, thus providing the best assurance that appropriate care would be rendered with inpatient, out-patient, diagnostic and partial hospitalization services equally available for staff utilization and

patient care."[1] To accomplish this, a new physical complex must necessarily be constructed to house all elements of child and adolescent services, and to implement the functioning of staff in the various elements of service; something now a great problem because of geographic separation. The new complex would be known as the Children and Youth Treatment Center.

The project "involves hospital bed facilities, school classrooms, offices for professional staff, outpatient visits, and treatment, training workshops, and physical educational facilities including gymnasium, swimming pool, and outdoor recreational areas. The arrangement should reflect both utilitarian and esthetic considerations. It should be proximal to the Children's Home and the North Division of the Mental Health Center, with easy access to the street."[2] Latest needs are estimated in the appendix, p. 141-155.

In a brief interview with Mr. David McGinnis on July 9, the writer viewed the most recent blueprints (appendix, p. 141) a considerable improvement over the first she had seen. According to Mr. McGinnis, figures now provide for 180 beds

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[1] Landis, "Milwaukee County's Facilities. . ," op. cit., p. 12-13.

[2] Ibid., p. 13.

divided over 3 inpatient units; 1 for CPIS and 2 for APIS (1 each for boys and girls.) Besides the school building, other parts of the complex are the administration building, housing the professional triad, administration, medical records, and outpatient clinic.

Plans other than the building are to establish an area for teacher training, probably including experimentation and research.

A philosophy for the proposed new school was drawn up jointly by the 1967-1968 faculty. It follows in toto:

> Society must not continue to tolerate the assignment of disturbed children and youth to detention homes, to hospitals for adults, or to institutions for mentally deficient. Since these children cannot function in a regular school setting, and since regular school represents the major avenue for inculturation of youth to adult society, it must be incumbent upon our school to develop a program for the resocialization of our children and youth, using an educational model with emphasis on health rather than illness, on teaching rather than on treatment, on learning rather than on fundamental reorganization.
>
> Severely emotionally disturbed youngsters will profit from this kind of program where the premise is that the youngster needs to have every aspect of his life-space designed to build on his healthy parts, with school as one major focal point. The proposed program will be the youngster's image of society, with people and places that represent safety or danger, progression or regression, excitement or boredom. It will lend itself to changes in distribution of time, subject offerings, and physical shape and form when such changes are deemed necessary. The school within the health-center confines will be living proof of successful ways for children to resolve conflicts with today's society.
>
> The school administrator will have the authority and responsibility to outline and maintain a school program based on his professional knowledge of the

> educational field and its relationship to the health center's total program. What the team members will do for one another is help strengthen insight into the personality dynamics, perception, beliefs, abilities, and disabilities of the youngsters so that such insight can be translated into appropriate goals, methods, materials, and educational content.
>
> A somewhat sheltered setting which will be a natural place for the "disturbed children and youth" where they can regain methods which will enable them to handle the open society will be provided. It will be a setting which will allow all of the personnel working with the youngsters to cooperatively manage the youngster's environment to the benefit of all the youngsters. When the environment needs to be rigid and inflexible, it can be made so; when it needs to be fluid and flexible it can be. In the health-center school, however, the youngsters will get more protection, more support, and more corrective help than the youth in the traditional classroom. Although these pupils find regular school a negative influence on their adjustment, here at the center-school, we can present a positive school image, through a program giving visible proof that conflicts in youth are resolvable and in a setting to simulate the pressures and concerns of society which the youngster cannot manage. The students will gain maximum success in their education. Through classroom activity and school life, opportunities will be created for the satisfaction of the children's emotional and social needs. Some general principles in teaching are inherent in the philosophy.

Some proposed designs, also drawn up by present staff, for classrooms, furnishings, and equipment of all kinds are collected in the appendix, pp. 144-155.

SUMMARY

The Milwaukee County Institutions have had a Mental Health Center for many years, generally admitting around forty per cent of mental patients in the State. This included children and adolescents who were mixed in and housed with the adults. During this time their education was at a standstill. Studies over a number of years have showed the immediate need to provide special services for these young people, education being of prime importance as one of the first signs of the conflicts classifying these children as emotionally disturbed is a drop in school performance.

A basic plan of intensive short term care for the acutely ill is the philosophic hub in planning and providing for the needs of the young people. The treatment is milieu therapy employing the skills of psychiatrist, psychologist, psychiatric social worker, nurses, aides, occupational therapists, recreational therapists, music therapists and teachers of the emotionally disturbed, all joining their talents in a structured controlled program covering the entire day in the patients' hospital "home." The aim is to get the child ready to return to the community as soon as

possible and, with the resiliency of youth, to be helped to gain a new start, new controls, and new skills to become a happy useful member of society.

As far back as 1955, a volunteer teacher who was later hired and stayed on until January of 1964, began giving individual and small class instruction to a small percentage of the patients. She was joined by a volunteer who was hired in 1964-1965 as an almost full-time substitute teacher. Together they pioneered under difficult circumstances to conduct what resembled a school. Outside help and supervision was provided by the office of the County Superintendent of Schools (now CESA # 19) which continues to provide many consultative and related services.

In 1964, a Children's Psychiatric Inpatient Service, located in a wing of County General Hospital, was opened offering residential intensive care in a milieu setting for fifteen children aged four through twelve. A teacher was hired and classes became part of total treatment.

July 1, 1965 was the beginning day of a psychiatrist to head the adolescent service and begin to sort out the teen agers from the adults and treat them according to their special needs. By February of 1966, he had obtained a full time teacher, supplemented by a group of tutors, to teach at the Mental Health Center-North Division and try to provide for the educational needs of the remaining children

and the adolescents scattered over the many wards there.

In August of 1966 a new teacher to replace the first CPIS teacher was hired. In addition to him and the teacher who had been at Main since February, two new full-time teachers were added to the staff to pilot a school program for a branch of the newly organized adolescent service known as the intensive care unit. (Tutors continued to supplement the teaching done by one man at Main.)

The intensive care unit for adolescent boys (maximumly twenty in residence) has been housed in a cottage within the Children's Home complex since November 1966. It is in many ways similar to the CPIS begun two years earlier. The APIS-ICU received most concentration in this paper and covered its beginning, philosophy (of unit as a whole and of school in particular), evaluation of pupil needs, programming, methods of teaching used, materials employed, community school use and relationships, staff interaction.

With the exception of one, none of the teachers was licensed in teaching the emotionally disturbed and so along with teaching, organizing, and administrating their department, they began to take course work at the University of Wisconsin-Milwaukee Exceptional Education Department. This training was supplemented by much informal training on the job. At the beginning of the 1967-1968 school year, a teacher-in-charge was hired to coordinate the three units though each unit continued to function fairly autonomously;

chiefly because of poor organization and administration and more so because natural barriers were more realistic than the ideal theory of a cohesive miracle under existing conditions. From one volunteer thirteen years earlier, the end of the 1968 year saw a staff of nine full time teachers, including the charge.

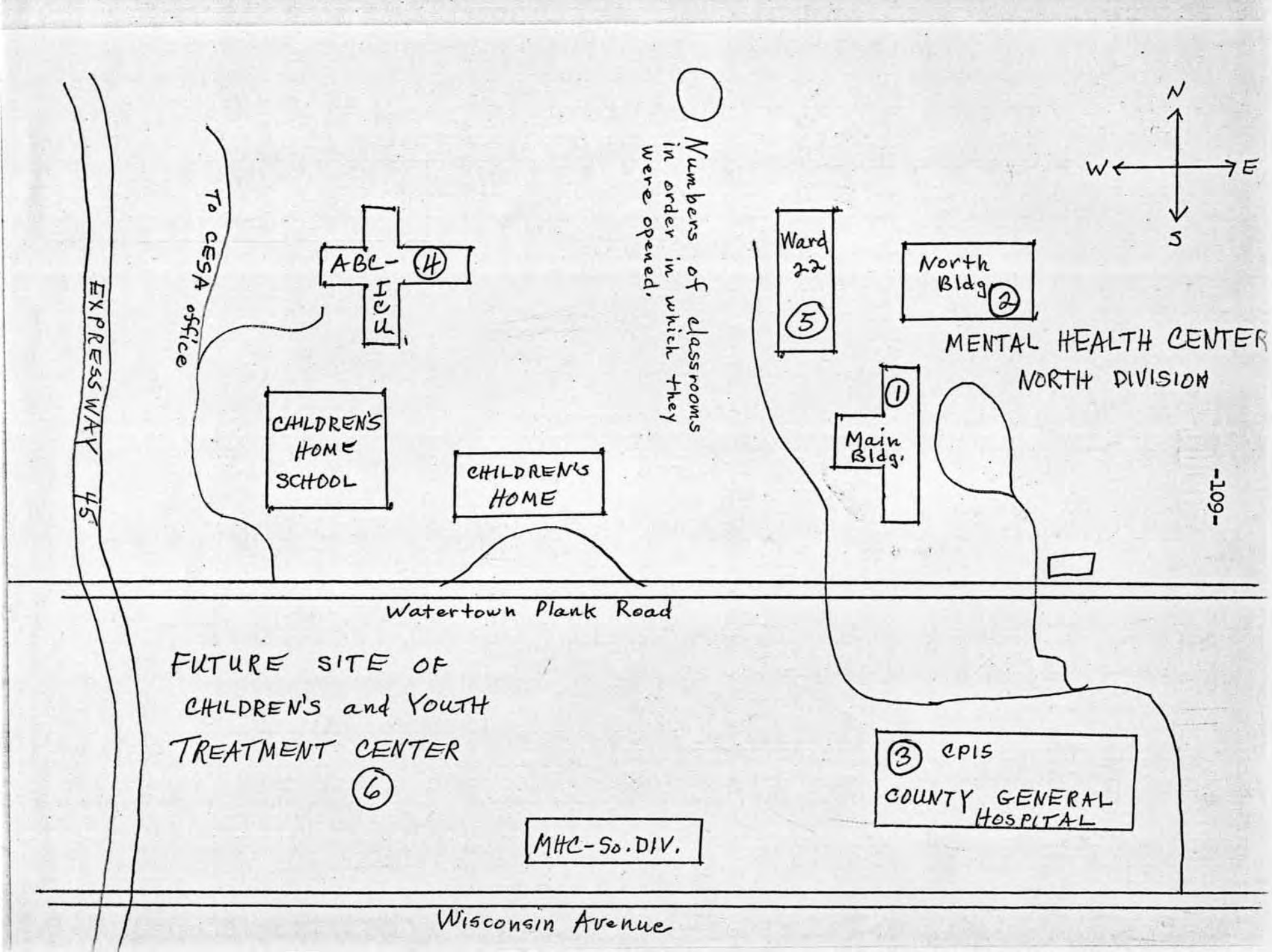
Many difficulties were encountered in setting up new programs, both interdepartmentally and intradepartmentally, the greatest of these were geography and communication, most prominent of which, besides the ordinary meaning of communication, were insufficient planning, vague definition of roles and responsibilities, failure to reach a crystallization of policies, absence of preventive action of problems to promote the best of staff morale and co-functioning.

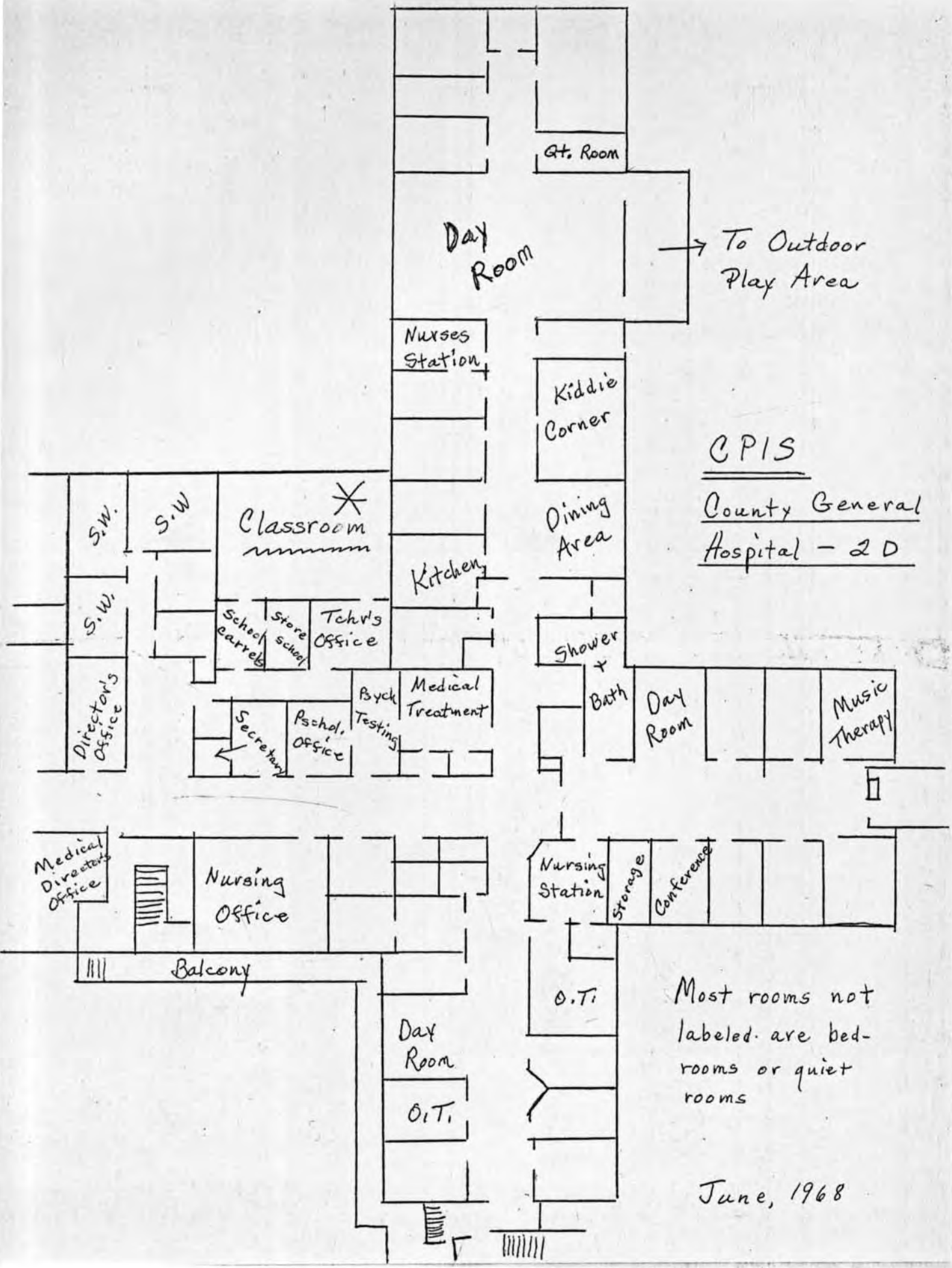
Since all these attempts at setting up a school are in developmental stages and, in general, makeshift, a look to better facilities and production in the future has been under consideration for several years and is nearing actuality in the form of a Children's and Youth Treatment Center to be built within the next few years, bringing together the scattered classrooms, providing for many more youngsters, and expanding the academic and vocational offerings of the school program and staff, as the staff (all discipline staff included) will be better able to pool their offerings and training, thus extending and expending them more economically to serve more patients.

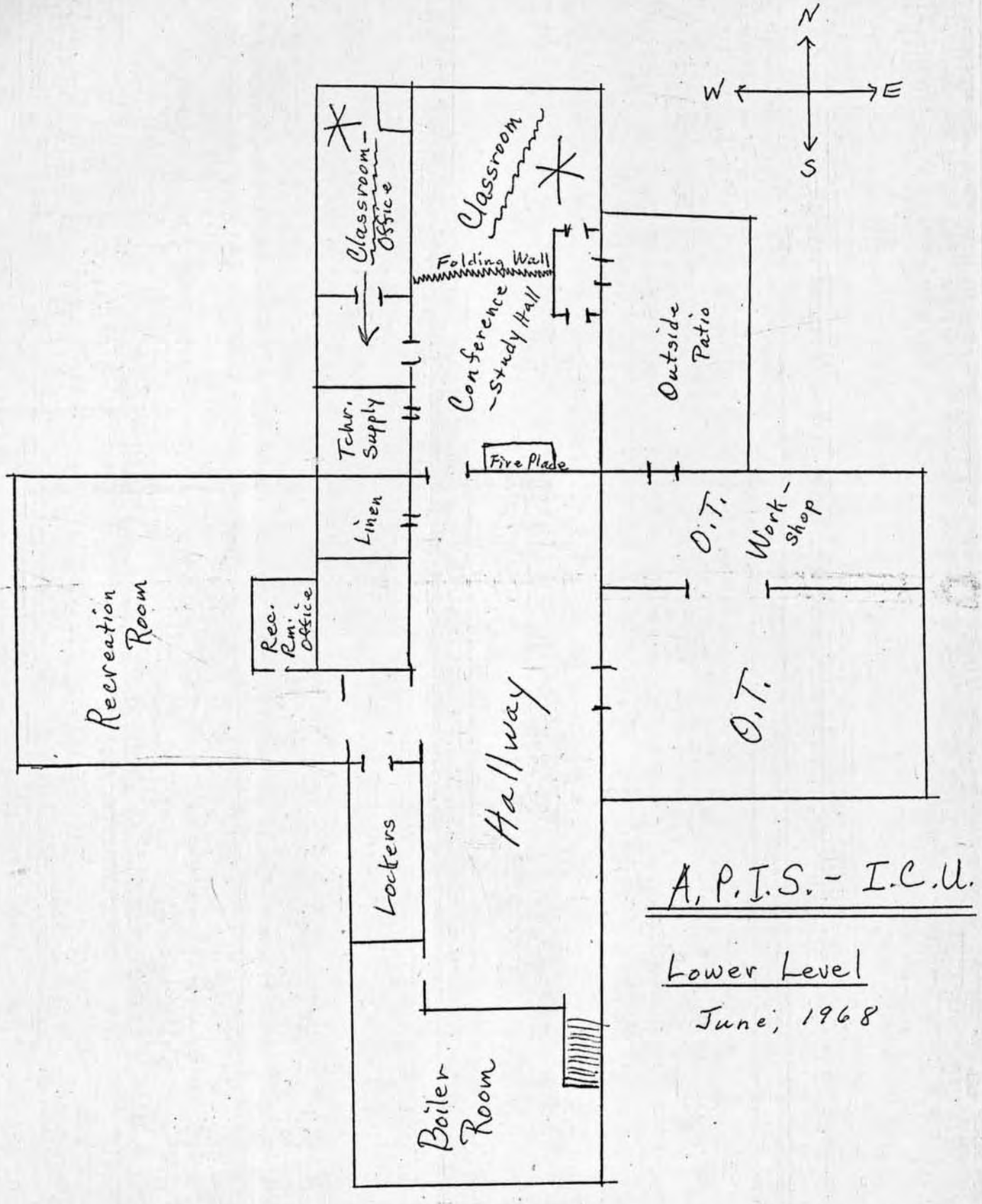
Certainly much has been accomplished in the dozen years from one woman willing to take on a unique challenge to a staff of nine; from teaching in a corner of a ward to more than a half dozen classrooms, several very well equipped; from an initial isolation of teachers to a gradual integration into the total multi-disciplinary team; from Mrs. Lewis' first eight pupils to over a hundred by the end of June, 1968.

It is apparent that the needs were not over-projected. Much hope can be had that the cause of educating emotionally disturbed children and adolescents while they are hospitalized, emphasizing health rather than illness, is a booming one which can only grow and be productive, not only for the individual patients concerned, but for the Milwaukee County community as well.

APPENDIX


N
W
E
S
Numbers of classrooms in order in which they were opened.
To CESA office
EXPRESSWAY 45
ABC-
H
CHILDREN'S HOME SCHOOL
CHILDREN'S HOME
Ward 22
5
North Bldg
2
MENTAL HEALTH CENTER
NORTH DIVISION
1
Main Bldg.
-109-
Watertown Plank Road
FUTURE SITE OF
CHILDREN'S and YOUTH
TREATMENT CENTER
6
3
CPIS
COUNTY GENERAL HOSPITAL
MHC-So. DIV.
Wisconsin Avenue

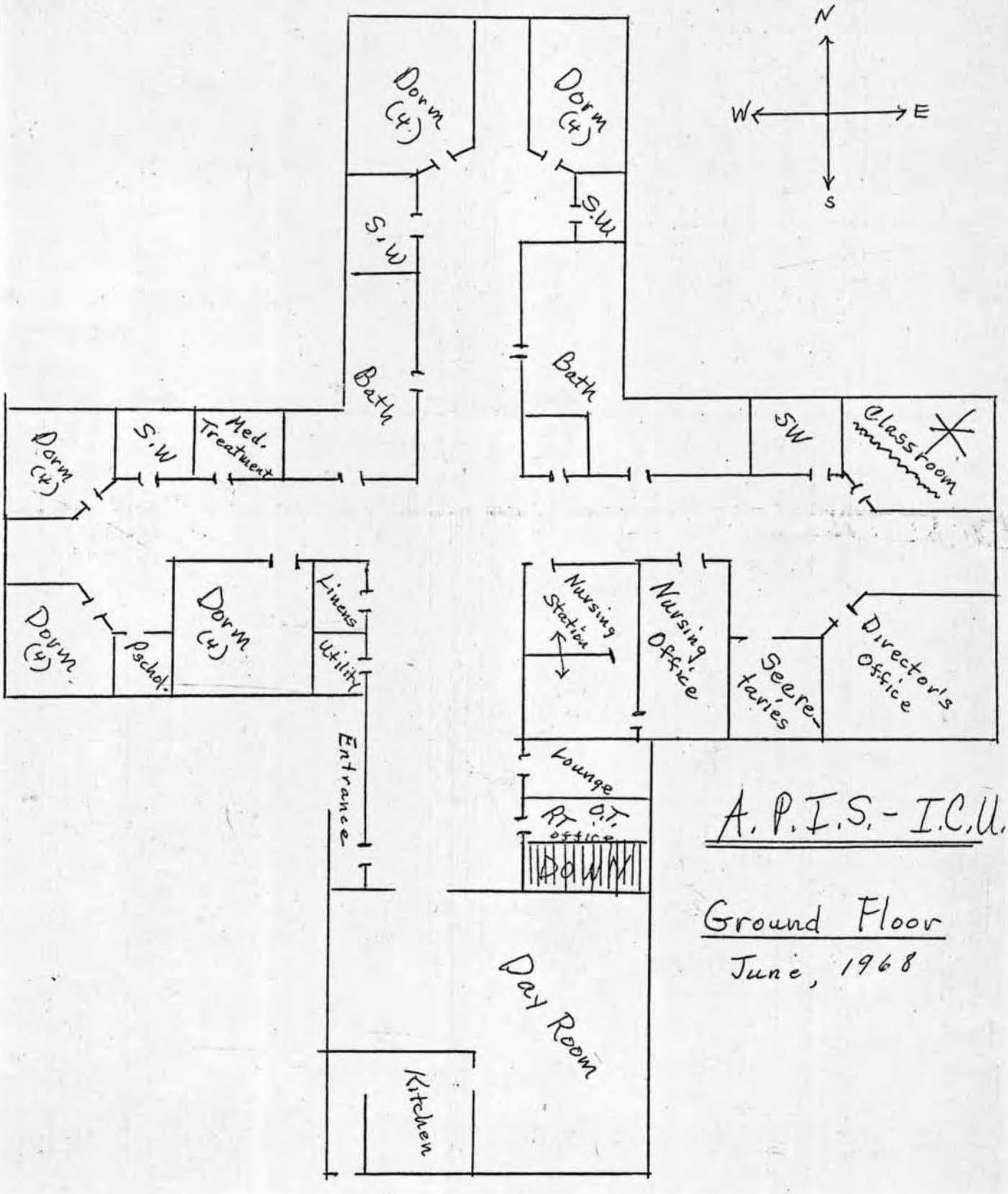

Gt. Room
Day Room
To Outdoor Play Area
Nurses Station
Kiddie Corner
CPIS
County General Hospital - 2D
S.W.
S.W
Classroom
Dining Area
Kitchen
S.W.
School carrels
Store school
Tchr's Office
Director's Office
Psych Testing
Medical Treatment
Secretary
Psychol. Office
Shower + Bath
Day Room
Music Therapy
Medical Director's Office
Nursing Office
Nursing Station
storage
Conference
Balcony
O.T.
Day Room
O.T.
Most rooms not labeled are bedrooms or quiet rooms
June, 1968



A.P.I.S. - I.C.U.

Lower Level

June, 1968



A. P. I. S. - I.C.U.

Ground Floor

June, 1968

(For Social Service Dept.)

File one copy with Physician's report when service is requested.

COOPERATIVE EDUCATIONAL SERVICE AGENCY NO. 19
MICHAEL S. KIES - CO-ORDINATOR
9722 Watertown Plank Road
Milwaukee, Wisconsin 53226

Re: Request for Tutoring of Hospital-bound child

Name of Child_____

Home Address_____

Name of Parent or Guardian_____

Date of Birth_____ Sex_____

School previously attended_____

Grade Level_____ Patient's Location_____
(Give Hospital and Room)

_____

Name of Patient's Social Worker_____

Office address_____ Telephone_____

Date_____ Signature_____

Title_____

File in duplicate one

State of Wisconsin
DEPARTMENT OF PUBLIC INSTRUCTION
Bureau for Handicapped Children
Madison, Wisconsin

PHYSICIAN'S STATEMENT REGARDING HOMEBOUND PHYSICALLY HANDICAPPED CHILD

Name of child _____ Parent or Guardian _____

Address _____ County _____

Date of birth _____ Sex _____

1. Diagnosis _____

   Description of disability _____

2. Is child physically able to attend his regular school Yes _____ No _____

3. Will physical condition permit child to carry homebound instruction program Yes _____ No _____

4. Where will this child be confined during this illness this school year:

   Home _____ Hospital _____ Sanatorium _____

5. How long will this child be homebound: Days (approximate) _____; or indefinite _____

Date _____ (Sign) _____ M.D.

Address _____

PRELIMINARY APPLICATION FOR CERTIFICATION OF HOMEBOUND PHYSICALLY HANDICAPPED CHILD

Application is hereby made for certification of the above named child, a resident of this school district, for homebound instruction, pursuant to sections 41.01 (9) and 20.650 (15) of the Wisconsin Statutes, and the rules and regulations of the Department of Public Instruction.

Date _____ (Sign) _____

Local school administrator or
Clerk of School district of residence
School District _____

School year ending _____

Address _____

Zip Code _____

APPROVAL is hereby granted to District No. _____

to provide homebound instruction for _____ because of

_____ during school year ending June 30,19 _____.

STATE REIMBURSEMENT: Maximum not to exceed $200 for this child in this year but not more than one-half of the cost. State aid is **NOT** approved for any period during which child is attending regular school. State aid for any period beyond the regular school term is based on special approval only.

Date _____ Approved _____
William C. Kahl, State Superintendent

_____
John W. Melcher, Assistant State Supt.

Blanks for aid claim will be mailed May 1 of this school year.

Form 1B-66 (Inst.)
Please file two copies with
Michael S. Kies, Co-ordinator
Cooperative Educational Service Agency No. 19
9722 Watertown Plank Road
Milwaukee, Wisconsin 53226

STATEMENT FOR HOSPITAL-BOUND TEACHING

To: Michael S. Kies

For the month of ________________________ 19___

From ________________________ Phone: ________________
(Tutor's Name)
Address ________________________ Zip Code ________________

Pupil's Name ________________________

Patient at ________________________ Hospital

Date of Tutoring	No. of Hours	Teaching cost $5.00 per hour

Total Hours ______ Total Cost ________

Fragmented data available on tutors services

1965-1966 5 tutors with 2 full time teachers

1966-1967 12 tutors with 4 full time teachers

Of the 12, 2 worked 1/2 days or more;
10 worked 2-3 hours per day--
2-3 days per week

57 students were taught and/or tutored
(therefore overlapping in census)

A total amount of $13,621.56 was paid as salary for these 12 tutors. Therefore at $ 5 an hour, 2724 1/3 tutors hours were supplied.

1967-198 Figures available break down the number of tutors, the number of children tutored, and the number of hours into months, as follows:

MONTH	TUTORS	CHILDREN	HOURS
September	5 *	25	297½
October	3	13	118
November	3	15	111½
December	3	19	136½
January	4	22	199¼
February	4	24	202 3/4
March	4	27	214 ¼
April	4	25	182½
May	4	28	245¼
June	Not yet available		
		sub-total	1707½

* One of these tutors became a full time teacher shortly after the year began.

VARIOUS STATE AIDS TO SCHOOL DISTRICTS

1. Flat Aids - Based on current average daily membership on the third Friday in September.

   A. Basic - $30.00 per elementary pupil
      $40.00 per high school pupil

   B. Integrated - $42.00 per elementary pupil
      $55.00 per high school pupil

   (To be eligible for Integrated Aids a school district must meet certain standards set up by law)

2. Special Education Aids

   A. 70 % of salaries of licensed and approved teachers of the Mentally Retarded and the Emotionally Disturbed.

   B. Approval of up to $400.00 for special equipment for first year of operation for newly organized classes. 70% will be reimbursed. A maximum of $100.00 will be approved for established classes. 70% will be reimbursed.

   C. Approval of up to $200.00 for special books for newly organized classes; a maximum of $100.00 approvable thereafter with 70% reimbursement on approved amounts.

   D. 50 % of the cost of homebound instruction up to $200.00 per pupil per year.

The above aids are paid only when teachers are properly licensed to teach. Special licenses to teach out of the teacher's field of preparation must be requested through the employing superintendent. (In the Milwaukee County Institutions Schools this is to be requested by the Coordinator of C.E.S.A. # 19.)

Submit in Duplicate
1 copy will be returned

ANNUAL PLAN OF SERVICE
EMOTIONALLY DISTURBED

(Wis. Stats. 20.650(20), 41.01, 41.03)

School District or County, if county operated
School year 19 ___ 19 ___

ADMINISTRATION

What is your basic criterion for enrollment in these classes _____
Who will be responsible for individual evaluations _____ Supervision of classes _____ Transfer of pupils and parent conference _____
Are all classes housed in regular school buildings _____ Exceptions _____
Location of class (address) _____
Number of hours in school day: Primary _____ Intermediate ____ Junior H.S. ____ Senior H.S. _____
Transportation will be furnished: Yes ____ No ____ To all children _____ Selected children _____
Lunches will be furnished: Yes _____ No _____ To all children _____ To selected children _____
Non-resident children will be admitted if there is space and they are properly certified under Section 41.01, Yes_____. Are regular staffings possible and periodically provided for? _____
Will psychiatric consultation be available? _____. Indicate this consultant's name _____
Who will have final determination for placement? _____

ESTIMATED NUMBER OF CHILDREN

Resident full-time _____ Age range _____
Resident part-time _____ Age range _____
Non-resident _____ Age range _____
(Please clarify any of the above items on an addendum sheet, especially if this is a new unit)

ANTICIPATED EXPENDITURES

Reimbursable Items		State department use: Approved	State department use: Not approved
Salaries of qualified teachers	$		
Salaries of assistant monitors	$		
Special books	$		
Special equipment	$		
Resident transportation	$		
Non-resident transportation (boarding)	$		
Board and room for non-residents	$		
Other (specify)	$		
Lunches (Number to be served ____)*	$		
Psychological services**	$		
TOTAL	$		

Date _____

(signed) _____
Administrator

This plan approved by _____
State Supervisor

_____
State Superintendent

Date _____

_____
Assistant State Superintendent

Exceptions: *Claims for lunches approved at 20¢ per lunch served. **Approved at 3% per unit served.

(OVER)

CERTIFICATION STANDARDS for Public School Teachers of Handicapped Children

State Department of Public Instruction, Madison, Wisconsin

A.

Persons preparing to be teachers of handicapped children must meet the general state requirement of a degree with the pattern approved for college or university of attendance in general education and professional education. Teachers holding a life certificate in another area of teaching or who have had a minimum of 3 years of successful teaching must satisfy the requirements specified below for regular licensing and must also satisfy the requirement for a bachelor's degree, if they do not hold a life certificate. Under exceptional circumstances, and on the written request of the employing superintendent, a 1 year special license may be issued to experienced teachers who have not completed the requirements listed here. On completion of the course requirements, the candidate becomes eligible for a 3 year license. On satisfactory completion of 3 years of experience in the specialty, the license may be converted to a life certificate.

B. GENERAL PROFESSIONAL TRAINING – 18 semester credits required

* Child or adolescent development
* Group tests and measurements
* Practice teaching with normal children
* Curriculum planning

Methods of instruction
History of education
Educational sociology
Fundamentals of speech
Audio-visual education

Recreation
Guidance
Kindergarten – primary methods
Educational psychology
Personality adjustment

C. GENERAL AREA OF EXCEPTIONAL CHILDREN – 6 semester credits required

* Psychology or nature of exceptional children
Abnormal or clinical psychology
Individual mental testing (survey)
Guidance of exceptional children
Speech correction
Health problems of the exceptional child

Home and community planning
Administration and supervision of special education
Field work with the exceptional child
Psychological appraisal of the physically handicapped
Teaching of physical education for the handicapped child

D. SPECIALIZATION AREA – EMOTIONALLY DISTURBED – 15 semester credits required

* Methods of teaching the emotionally disturbed and/or the socially maladjusted
* Practice teaching of disturbed children
* Remediation of learning difficulties
Remedial reading clinic
Internship with disturbed children (State Superintendent to determine)
Nature and needs of children who are emotionally disturbed
Practicum in behavior problems
Emotional and personality development in the elementary school

Child psychiatry
Abnormal psychology
Introduction to mental retardation
Agencies serving emotionally disturbed and/or socially maladjusted children
Arts and crafts
Survey in occupational therapy techniques
Juvenile delinquency
Diagnosis and treatment of pupil adjustment difficulties
Clinical studies in guidance

PERSONNEL

Name of teachers and Assistant Monitors	% time-special teaching Emotionally Disturbed	Special permit, license or certificate	7-1 to 6-30 salaries

REPORT OF CHILD CONSIDERED FOR ENROLLMENT IN SPECIAL SERVICE FOR THE EMOTIONALLY DISTURBED

Submit 1 Copy Prior to Enrollment

Name of Child: Last First Middle Date of Birth

Parent's or Guardian's Name

Address: Street City State

Local School District: No. Town City Village

Diagnosis and Evaluation Summaries

Psychiatric Evaluation: By Dr._____ Date_____
(Diagnosis and treatment, if any)

Psychological Evaluation: By_____ Date_____
(Behavioral, intellectual, academic functioning, etc. and recommendations)

Social Work Evaluation: By_____ Date_____
(Social casework done with child and family)

Educational Evaluation: By_____ Date_____
(Past school history and school adjustment)

(Please attach any additional medical, psychological data, etc. which you feel is pertinent to the understanding of this youngster's needs.

Educational Recommendations and Disposition Summary Teacher_____ Bldg._____
Rationale for Educational Placement and Recommendations for Educational Program

School District Administrator

Date

State Department Supervisor

Date

Form EDC-1a DO NOT WRITE BELOW THIS LINE. FOR BUREAU FOR HANDICAPPED CHILDREN USE ONLY.

Approval for placement in a special program for emotionally disturbed children is granted for

Name on Date by Supervisor Bureau for Handicapped Children.

Bureau for Handicapped Children
State Department of Public Instruction
110 North Henry Street
Madison, Wisconsin

Form EDC-2
Bureau for Handicapped Children
State Dept. of Public Instruction
Madison, Wisconsin

Report of RESIDENT Children Enrolled in Special Programs for EMOTIONALLY DISTURBED CHILDREN

School District_____
Name of School_____
Name of Teacher_____
School Year_____

File Two Copies With State Supt. By October 15: Retain One Copy

All Children Listed Must Have Been Reported and Approved on Form EDC-1

	RESIDENTS	Date of birth	Parent Guardian	Post office address	C.A. on 9-1	I.Q. Latest	For EEC Use Only	Grade achievement level 9-1	% time in spec. class	Date of Medical Evaluation	* Days Attended
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

ALPHABETIZE BY CLASS

* Complete last column at close of school year.
✓ Check if transported.

'ISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
.NNUAL FINANCIAL REPORT - SPECIAL EDUCATION
I-BHC-SE-20 (REV. 3-68)

INSTRUCTIONS: File two copies with the State Superintendent prior to July 15. Retain one copy. USE SEPARATE FORM FOR EACH PROGRAM.

CHOOL DISTRICT NAME (OR COUNTY OR CESA)	COUNTY
	LEA CODE NO.
DDRESS	ZIP CODE

O. OF OLD CLASSES	NO. OF NEW CLASSES	TOTAL NO. OF CLASSES

MENTALLY RETARDED (EDUCABLE)	GREEN
MENTALLY RETARDED (TRAINABLE)	YELLOW
IMPAIRED HEARING	PINK
IMPAIRED VISION	GOLD
SPEECH CORRECTION	BLUE
EMOTIONALLY DISTURBED	BUFF
SPECIAL LEARNING DISABILITY	WHITE
SPECIAL LANGUAGE DISORDERS	WHITE

TABLE I. ENROLLMENT

NUMBER OF CHILDREN	RESIDENT	NON RESIDENT	AGE GROUPS 0-4	5-9	10-12	13-15	16-20	TOTAL
ULL TIME								
ART TIME								
TOTAL								

LIST SCHOOL DISTRICTS, IF ADMINISTERED BY CESA OR JOINT AGREEMENT

1.
2.
3.
4.
5.
6.
7.
8.

TABLE II. QUALIFIED PERSONNEL AND SALARIES

(Include Summer School Salaries, even though school ends after July 1.)

	1. NAME	2. TITLE	3. MONTHS EMPLOYED	*4. TOTAL PAID THIS SCHOOL YEAR	5. % OF TIME IN THIS PROGRAM	6. STATE DEPT. USE APPROVED SALARY
A. QUALIFIED TEACHERS	1.			$		$
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					
B. ASST. MONITORS	1.					
	2.					
	3.					
	4.					
		TOTAL		$		$

*INCLUDE FRINGE BENEFITS PAID BY EMPLOYER

PI-BHC-SE-20 (REV. 3-68) CONTINUED

PLEASE NOTE: Both regular and special transportation aids for handicapped children are claimed here. *DO NOT* claim on the annual Financial Report, PI-FS-5.

TABLE III. FINANCIAL STATEMENT

RECEIPTS FOR THIS PROGRAM

TUITION	SPECIAL AIDS	REGULAR TRANS. AIDS	OTHER (SPECIFY)	TOTAL
$	$	$	$	$

EXPENDITURES

1. ITEM	2. TOTAL COST	3. AMOUNT CLAIMED FOR AID		4. APPROVED (STATE DEPT. USE)	
		A. REGULAR TRANSPORTATION AIDS	B. SPECIAL AIDS	A. REGULAR TRANSPORTATION AIDS	B. SPECIAL AIDS
1. SALARIES OF QUALIFIED PERSONNEL (INCLUDE FRINGE BENEFITS)	$				$
2. SPECIAL BOOKS					
3. SPECIAL INSTRUCTIONAL EQUIPMENT					
4. SPECIALLY APPROVED ITEMS (PRIOR WRITTEN APPROVAL REQUIRED) A.					
B.					
C. NO. OF LUNCHES @ 30¢ MAXIMUM STAFF ____ PUPILS ____ TOTAL ____					
D. PSYCHOMETRIC SERVICES (MUST BE SUPPORTED BY PI-BHC-SE-30 REPORT)					
5. TOTAL SPECIAL EDUCATION PRORATE ITEMS					$
6. 70% OF LINE 5					$
7. RESIDENT TRANSPORTATION TO SPECIAL CLASS (COLS. 5,6,&7, TABLE IV)		$			
8. 70% OF LINE 7					
9. TOTAL PRORATE ITEMS	$	$	$	$	$
10. NON-RESIDENT (BOARDING) TRANSPORTATION TO CLASS (COLS. 9, 10, & 11, TABLE IV)	$	$	$	$	$
11. TOTAL BOARD AND ROOM (COLS. 4,5, AND 6, TABLE V)					
12. BOARDING HOME PLACEMENT (HEARING AND VISION ONLY)					
13. TOTAL NON-PRORATE ITEMS	$	$	$	$	$
14. TOTAL PRORATE AND NON-PRORATE (9+13)	$	$	$	$	$

DO NOT WRITE BELOW THIS LINE - FOR STATE DEPARTMENT USE

AMOUNT PAID

TYPE OF AID	PRORATE	NON-PRORATE	TOTAL
SPECIAL EDUCATION AIDS	(COL. 4B LINE 6) $	(COL. 4B LINE 12) $	$
SPECIAL TRANSPORTATION AIDS	(COL. 4B LINE 8)	(COL. 4B LINE 10 & 11)	
TOTAL	$	$	$
REGULAR TRANSPORTATION AIDS	(COL. 4A LINE 9) $	(COL. 4A LINE 13) $	$

	PRORATE	NON-PRORATE	REGULAR AID	TOTAL APPROVED COST
TOTAL APPROVED COSTS	(COL. 4B LINES 5 & 7)	(COL. 4B LINE 13)	(COL. 4A LINE 14)	

PI-BHC-SE-20 (REV. 3-68) CONTINUED

TABLE IV. TRANSPORTATION.

1. ISTANCE	2. DAYS	3. AID FOR PUPIL	A. RESIDENT PUPILS				B. NON-RESIDENT BOARDING			
			4. NO. OF PUPILS	5. COST OF TRANSPORTING	6. REGULAR AIDS (COL. 3 × 4)	7. SPECIAL AID (COL. 5-6)	8. NO. OF PUPILS	9. COST OF TRANSPORTING	10. REGULAR AID (COL. 3 × 8)	11. SPECIAL AID (COL. 9-10)
0-5 MILES	1-90	$12								
	OVER 90	24								
5.1-8 MILES	1-90	18								
	OVER 90	36								
1 & OVER MILES	1-90	24								
	OVER 90	48								
TOTAL (TO TABLE III)				(TO COL. 2 LINE 7) $	(TO COL. 3A LINE 7) $	(TO COL. 3B LINE 7) $		(TO COL. 2 LINE 9) $	(TO COL. 3A LINE 9) $	(TO COL. 3B LINE 9) $

TABLE V. BOARD AND ROOM OF NON-RESIDENT CHILDREN ATTENDING SPECIAL CLASS

1. NAME OF CHILD	2. SCHOOL DAYS	3. WEEKS (COL. 2 ÷ 5)	4. TOTAL COST OF BOARD AND ROOM	5. STATE REGULAR AID (COL. 3 × $6 OR COL. 4 × 60% WHICHEVER IS SMALLER)	6. BALANCE SPECIAL AID (COL. 4-COL. 5)
.			$	$	$
.					
.					
.					
.					
.					
.					
.					
.					
.					
TOTAL (TO LINE 11, TABLE III)			(TO COL. 2 LINE 11) $	(TO COL. 3A, LINE 11) $	(TO COL. 3B, LINE 11) $

O NOT WRITE IN THIS SPACE. FOR AUDITOR'S USE ONLY.

ATE OF WISCONSIN } SS
OUNTY OF }

bscribed and sworn before me

s day of , 19

OTARY PUBLIC

OMMISSION EXPIRES

I, , being duly sworn, depose and say that this statement of receipts, expenditures, and data is correct; that the several sums itemized under expenditures were actually disbursed in the interest of services for children with the special education need indicated, and that the total amount claimed has not been reimbursed to this administrator from other sources.

FOR SCHOOL YEAR ENDING

SIGNATURE (TREASURER FOR THE ADMINISTRATION)

SERVICES PROVIDED BY C.E.S.A. NO. 19
OVER A PERIOD OF ONE YEAR
(Sec. 40.73 Wis. Statutes Establishes Basis for Service)

1. Assisted with recruitment of teachers and aided with provisional licensing of some teachers, so that the County would be eligible for 70 % of salary for each teacher properly licensed and approved. Inquiring at present time whether fringe benefits paid by the County can also be aided up to 70% for next year.

2. Counseled with teachers as to future courses to pursue to become permanently licensed in their field of service, e.g. course work in field, traineeship, etc.

3. Counseled with teachers regarding preparation of budget to be submitted to receive equipment and materials needed for instructional purposes.

4. Visited classrooms to observe teaching techniques and methods and to discuss same with individual teachers.

5. Provided qualified tutors as requested to supplement the work of regular teachers. Made monthly report of services to the State Department of Public Instruction so that Milwaukee County might obtain one-half of the cost of such service up to $200 per child per year.

6. Obtained services of specialists when needed to give direction in order to meet legal requirements; e.g. building essentials. (See paragraph 4 and B, Educational Services, as a sample.) Also arranged visits to classrooms by State Department of Public Instruction (Mr. Contrucci and Beverly Kochan) to assess programs for state aids.

7. Held many conferences with teacher-in-charge at the centers, in the C.E.S.A. Office and by telephone regarding many educational problems relating to Mental Health Center-North. (Several each month.)

8. Acquainted all superintendents in C.E.S.A. NO. 19 (25 districts) about educational offerings at Mental Health Center-North in order to form a closer liaison between the schools when children leave and return to home schools.

9. Made out several reports to assure State Aids, such as (1) Plan of Services, (2) Reporting new enrollees periodically, (3) Annual reports for state aids based on both enrollment and 70% funding per teacher. Upon receiving aids, sent check to County Treasurer with direction for depositing aids to credit of proper departments. (Copy sent to Business Manager, Mr. O.H. Guenther, Mr. E. Kleser, and Dr. Buscaglia.)

10. Arranged for Institution schools to continue eligibility to participate in Title II--Library Resources--typed orders, kept invoices, report amounts for payment to the state, paid bills, sent materials to proper centers, etc.

11. Conferred with many members of County Institutions staffs regarding educational related questions--Dr. Buscaglia, Mr. Napolitano, Dr. Balistrieri, Mr. Doyne, and Mr. McGinnis (both orally and in writing.)

12. Continued alertness to possibility of further state and federal aids to Institution schools--presently investigating ways and means for greater state support (Mr. Ries met with Assistant Superintendent Kingston in Madison as late as this past week on the problem of getting the Institution schools recognized on the same basis as public school districts.)

13. Kept liaison among several institutions with similar problems and programs (Milwaukee Psychiatric Hospital, St. Amelians Home for Boys, Lad Lake Home for Boys, Milwaukee County Children's Court Center, Milwaukee County Mental Health Program, U.S.O.E. Project 975 "Save Troubled Children."

14. Doing further planning to get involvement of training institutions which have departments of special education to do some research to establish effectiveness of educational programs in Institutions schools.

3/68

Table 5

Patients under 21 Years of Age Resident in the Milwaukee County Mental Health Center-North Division
as of June 30 Each Year, 1958 to 1965

Age	1958			1959			1960			1961			1962			1963			1964			1965		
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F
TOTAL	35	23	12	38	22	16	33	19	14	53	27	26	60	34	26	73	43	30	57	34	23	69	40	29
4 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
5 years	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
6 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	1	-	1	1	-
7 years	-	-	-	-	-	-	-	-	-	1	1	-	1	1	-	-	-	-	-	-	-	3	2	1
8 years	-	-	-	-	-	-	-	-	-	1	1	-	1	-	1	2	2	-	1	1	-	4	3	1
9 years	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	1	1	-	-	-	-
10 years	2	2	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	3	1	2	3	2	1
11 years	1	1	-	2	2	-	1	-	1	-	-	-	-	-	-	1	1	-	2	2	-	5	1	4
12 years	1	1	-	-	-	-	1	1	-	2	1	1	2	2	-	1	-	1	3	3	-	6	3	3
13 years	2	1	1	1	1	-	-	-	-	1	1	-	1	-	1	3	3	-	1	1	-	3	2	1
14 years	7	4	3	2	-	2	3	1	2	4	2	2	3	1	2	1	1	-	2	2	-	5	3	2
15 years	5	3	2	5	4	1	4	-	4	8	4	4	6	4	2	4	1	3	1	1	-	2	1	1
16 years	3	2	1	6	5	1	8	5	3	7	-	7	6	3	3	9	5	4	5	2	3	4	2	2
17 years	3	3	-	4	2	2	7	6	1	7	3	4	8	3	5	5	2	3	8	6	2	6	3	3
18 years	4	2	2	8	2	6	4	4	-	9	5	4	7	4	3	13	8	5	5	3	2	10	7	3
19 years	4	2	2	4	4	-	5	2	3	4	3	1	15	9	6	13	8	5	14	5	9	6	3	3
20 years	3	2	1	6	2	4	-	-	-	9	6	3	8	7	1	18	11	7	10	5	5	10	6	4
Under 12 years	3	3	-	2	2	-	1	-	1	2	2	-	4	1	3	6	4	2	8	6	2	17	10	7
12 to 17 years	21	14	7	18	12	6	23	13	10	29	11	18	26	13	13	23	12	11	20	15	5	26	14	12
18 to 20 years	11	6	5	18	8	10	9	6	3	22	14	8	30	20	10	44	27	17	29	13	16	26	16	10

April - 1967 #84

INTERDEPARTMENTAL CORRESPONDENCE

MILWAUKEE COUNTY HOSPITAL FOR MENTAL DISEASES

Date: Oct. 18, 1961

To: Dr. Buscaglia

From: Mrs. Ruth Lewis

Subject: The School

Listed below is the material you request that I compile:

Juveniles in residence (under 20 years of age)

Girls: 20 (3 girls recent discharges)
Boys: 17 All had been in school regularly at hospital

Juveniles attending classes here:

Girls: 9
boys 7

Those attending Public Schools:

Girls: 2 One full day - one - ½ day
Boys: 2 Full day - one at Jewish Re-hab.

Patients taught by other patients who are college graduates :

Boys: 3
Girls: 2

Teacher load:

1960 - 61 - 23 daily
Presently: 16 adolescents plus
3 adults in classes with younger group
Also, supervises the 5 taught by patients occasionally and plans work and lays out materials

Class length: 1/2 - 1 hour

Professional requirements: Degree
Post graduate in education
Life certificate to teach in Wisconsin

Public, Vocational School and Universities admit patients if recommended by their doctor.

Housing: With other patients

Present Program

8:15 - 9:00	English VI (7 students)	American Literature and Language
9:00 - 9:30	Sociology (4 students)	
9:30 - 10:00	Slow learners (3 attending)	
10:00 - 10:30	World History (tutor - one)	
10:30 - 11:00	Preparation and ward calls	
11:00 - 12:00	English I (9th) Math, General (9th) (5 boys)	
Lunch		
12:45 - 1:15	Beginner's Reading (1 student)	
1:15 - 2:00	United States' History (4 students)	
2:00 - 3:00	English Literature (1 Senior girl)	
3:00 - 3:30	Biology (4 students)	

Some of these students take three subjects daily - all are working for credit toward graduation.

Anyone completing 32 credits receives a diploma from their last attended school. Nine have graduated in the last six years.

Age limits: None 8 - 20

Class-room - one large room with conference room and teacher's office.

ADOLESCENT BOYS COTTAGE PROGRAM

INFORMATION FOR PATIENTS

Dr. James J. Balistrieri, Director

Scheduled Activities

1. The daily program includes school, supervised study, recreational, occupational, and music therapies. You will have individual appointments with your therapist and will also take part in group therapy, inter-hospital, and planned programs outside of the Cottage.

2. Unless the activity is a "privileged" one, you are required to attend all of the scheduled activities. You will be excused only by permission of your therapist, a doctor, or the person who runs that activity. You are expected to be prompt to these activities.

3. For "privileged" activities, only those boys who have earned their privileges will be permitted to attend.

Daily Routine

1. During the week, wake-up time is at 7:00 a.m. Breakfast will be served at 7:30 a.m. No breakfast will be served after this time. All beds are to be made and all rooms cleaned by 8:15 a.m. This includes cleaning your desk tops, hanging clothes in closets, putting away your shoes and slippers, placing towels and wash-cloths on towel racks.

2. On weekends, everyone is expected to be out of bed by 11:30 a.m. All rooms are to be cleaned and beds made before you leave on pass or start an activity.

3. Sunday through Thursday, bedtime is 10:00 p.m.; lights out at 10:30 p.m. It is extended to 11:00 p.m. during the summer months. After bedtime, with specific permission of one of the staff members, you may be permitted to smoke a cigarette in the Day Room.

4. On Friday and Saturday evenings, those boys remaining in the Cottage will be permitted to watch the late movie.

Care of the Cottage

A. Bedrooms

1. You are expected to make your beds and clean your rooms daily. All beds are to be made with two sheets, a pillow case, a blanket, and a bedspread.

Care of the Cottage, Cont'd.

A. Bedrooms

2. All clothing and shoes are to be put away neatly in your closets. Towels and washcloths should be hung on racks.

3. All rooms will be given a daily grade from 0 to 4 on Mondays through Fridays. Inspections will be made at 8:15 a.m. Each room is expected to maintain at least a grade 2. At the end of the week, the grades will be averaged. The room with the highest grade will receive a reward.

4. Bedrooms will be locked from 8:30 a.m. to 12:00 noon, and from 1 p.m. to 5 p.m. During these periods, the rooms will not be opened, except with specific permission.

B. Other Areas

1. There will be a general cleanup of the Cottage every evening at 9:00 p.m. You are expected to participate in this.

2. Every Friday at 5:00 p.m., there will be a general cleanup in which the Cottage will be given a thorough cleaning. No passes will be issued until this is completed. You are expected to participate.

Personal Hygiene

1. You will be held responsible for keeping yourself clean. We expect that your clothes be clean, hair combed, teeth brushed, etc.

2. You are expected to shower daily. Underclothing and socks should be changed daily. No boy will be allowed to shower after 10:00 p.m.

3. All soiled clothes are to be taken or sent home weekly to be washed and ironed.

Visiting Hours

1. There will be no visitors during your first two weeks at the Cottage.

2. After this period, visiting hours are on Wednesday at 7:00 p.m. to 9:00 p.m. and on Saturday, Sunday, and holidays, 1:00 p.m. to 3:00 p.m.

3. You are to meet your visitors on the unit. If you wish to visit on the grounds with your visitors after their arrival, you must sign out. You are not permitted to leave the grounds with a visitor unless given special permission.

Meals

1. Meals will be served family style. We expect you to eat and behave properly during these times.

2. Meals will be served at 7:30 a.m., 12:00 noon, and 5:00 p.m.

3. No food is to be taken away from the tables. After you have finished eating, you are to take all of your material to the serving window.

4. Each week, three boys will be assigned K.P. duty. They are to set up the tables, serve the food, clean the general area after the meal is completed, and to scrape, rinse, and stack the dishes in the kitchen area.

Restricted Areas

A. Inside

1. The following areas are off limits for everyone except with specific permission.

   a. Staff Bathroom
   b. Nursing Station
   c. Staff Lounge
   d. O.T. Room
   e. All Classrooms
   f. All Staff Offices

B. Outside

1. All of the buildings in the Children's Home area are OFF LIMITS. This includes the school, except for scheduled activities.

2. Except for scheduled activities, the area around the Main Building at North Division is OFF LIMITS.

3. All of the Children's Home area beyond the hill behind the baseball diamond is OFF LIMITS.

4. When walking to the Shack, you are expected to go around the right side of the school building and not walk through the Children's Home area.

Smoking

1. Smoking is a privilege granted only by written permission from your parent or guardian.

2. Smoking is permitted in the Day Room, Dining Room, Recreation Room, outside the Cottage, and in the O.T. area when permission is granted by the O.T. worker.

Smoking, Cont'd.

3. Smoking is not permitted in:

   a. Hallways
   b. Bedrooms
   c. Classrooms
   d. Woodworking Area
   e. Bathrooms
   f. Offices, unless specific permission is given

4. All ashes and used cigarettes should be placed in proper ashtray containers.

5. Smoking privileges can be revoked at any given period of time if you break these rules.

Kitchen Privileges

1. The kitchen area is off limits unless with specific permission.

2. You may utilize the refrigerator for soda and packaged snacks only. Once packages are opened, the remains must be put in the containers provided. You are responsible to label your snack stuff.

3. There will be no cooking and no making of tea or coffee.

4. You will not be permitted in the kitchen one hour before or after meals.

5. You will be responsible to clean up any area that you mess. The first time the kitchen is left in an unclean condition, the boy or boys responsible will lose all kitchen privileges. If five such cases occur in one week, all boys will forfeit kitchen privileges.

6. Staff personnel will accept no responsibility for any stolen goods.

Phone Calls

1. There will be no incoming phone calls until after 5:00 p.m.

2. You will be limited to one phone call a day unless given specific permission. No phone calls will be made after 9:00 p.m.

Privileges

1. The Cottage privileges are:

   a. Privilege passes--passes outside of the Cottage for a specific time.

   b. Phone calls

Privileges, Cont'd.

c. Use of recreation room
d. Kitchen privileges
e. Smoking
f. Weekend passes
g. Inter-hospital activities such as dances, roller skating, swimming, etc.
h. Out trips away from the Cottage such as cookouts, field trips, camping, shopping, State Fairs, Sport Shows, etc.

2. These privileges are to be earned through your behavior. The privileges can be taken away if you "goof-up."

3. When leaving the Cottage for any reason, you are expected to sign out at the Nursing Station.

4. For rules regarding the riding of bikes, please see regulations that were issued by Mr. Frafjord.

Personal Items

1. No personal televisions will be permitted in the Cottage unless specific permission is given.

2. You will be permitted to keep small radios and records in your room or may request to place these items in the storage room. The care of these items is your responsibility. The Cottage will not be responsible for any damage or loss.

3. It is recommended that you not store any valuables in your room nor carry any more than $2 in your pocket. The Cottage will not be responsible for any money or valuables brought to the unit.

4. Radios and record players will only be played at specified times. During school days, they can be played until 8:30 a.m., between 12:15 and 12:45 p.m., and after 5:00 p.m.

School

1. You will be placed in a school program and are expected to do all your assignments and homework. Attending each class daily on time is a must.

2. During the fall and winter semesters, the study hour will be between 6:00 and 7:00 p.m. During this period, you are expected to do your homework. No privileges will be granted and no activities such as playing of radios, TV, etc., will take place during this hour.

Recreation and O.T. Activities

1. Attendance at these activities is required. You may be excused only by specific permission.

Recreation and O.T. Activities, Cont'd.

2. In these activities, you are expected to take part and to follow the rules set up by the directors of these activities.

Staff

1. Staff members are to be addressed by their last name. No nicknames or first names are to be used.

2. There absolutely will be no physical contact with any staff member, except in a game activity.

3. Respect for the staff is to be maintained at all times.

4. Offices of staff members are off limits unless you are given specific permission to enter.

COUNTY OF MILWAUKEE
INTER-OFFICE COMMUNICATION

DATE : September 25, 1967

TO : Child Psychiatric Aide Study Hall Supervisors

FROM : E. Giesecke, R. N.

SUBJECT : Supervision of Study Hall Responsibilities

The main objective of the study period is to create an atmosphere of study so that when experienced consistently by the boys, good habits will be formed and become the expected and accepted thing.

I. To create the atmosphere, the following must be enforced:
   A. Begin on time
   B. Accept no talking, running around, stalling, side-tracking (If this occurs, fill out the slip provided for this purpose)
   C. Seat boys with at least one chair between. Only one boy is to use any one table.

II. Supervising procedure
   A. Check attendance
   B. Maintain order and productivity of work as far as is reasonably possible. If work is done, boys should read. It is impossible to determine exactly how much time a boy needs for a given assignment and there will be times when a boy does not have homework so adjustment will have to be made.
   C. No changes of assigned study hall supervisors, assigned groups of boys, or assigned places for study are to be made unless first discussed with the Assistant Director of Nursing or her representative.
   D. Do: If boys need help
      1. Refer boys to their assignment and texts
      2. Suggest using dictionary, encyclopedia, etc.
      3. Encourage independent thinking by asking another question which leads the boy to discover the answer for himself.

      Do not:
      1. Teach
      2. Give answers
      3. Carry on discussions with boys at this time
   E. Dismiss the study period on time.
      1. A.M. study periods--as assigned
      2. P.M. study period--6:00 P.M. to 6:40 P.M.
   F. Use of study hall slips:
      1. Use slips for absence, tardiness, not enough work, etc.
      2. All slips are to be turned in after the study period; P.M. study period slips are to be placed in the marked envelope in the metal tray on the file in the inner nursing office.

2342

ABC-1CH

November, 1960

8:15	9:05	9:55	10:45	12:45	1:35	2:25	4:00
		Mr. Otto	Music	English	Soc. Prob.	Woodworking	Grp. Ther
	O.T.		Music	English	Soc. Prob.	R.T.	Swim
	Grp. Ther.		Music	English	Soc. Prob.	Woodworking	R.T.
		Mr. Otto	Music	English	Soc. Prob.		Swim
	O.T.		Music	English	Soc. Prob.	R.T.	R.T.
English		Math	Music	Soc. Prob.		Woodworking	Grp. Ther.
English	O.T.	Math	Music	Soc. Prob.		R.T.	Swim
English	Grp. Ther.	Math	Music Zeps 11:30	Soc. Prob.		Woodworking	R.T.
English		Math	Music	Soc. Prob.			Swim
English	O.T.	Math	Music Zeps 11:30	Soc. Prob.		R.T.	R.T.
	O.T.	Math	Music	English	History	R.T.	Grp. Ther.
Fredenthal		Math	Music	English	History	Woodworking	Swim
	Grp. Ther.	Math	Music	English	History	R.T.	R.T.
Fredenthal	O.T.	Math	Music	English	History		Swim
		Math	Music	English	History	Woodworking	R.T.
English	O.T.	Math	Music	Soc. Prob.		R.T.	Grp. Ther.
English		Math	Music	Soc. Prob.		Woodworking	Swim
English	Grp. Ther.	Math	Music	Soc. Prob.		R.T.	R.T.
English	O.T.	Math	Music	Soc. Prob.	Dr. Sambs		Swim
English		Math	Music	Soc. Prob.		Woodworking	R.T.

SCHOOL AND ACTIVITIES SCHEDULE NAME.
SEMESTER Jan '68

	MON.	TUES.	WED.	THURS.	FRI.
8:30	HaTosaEast	HTosa East	Tosa East	TosaEast	Tosa East
9:20	"	"	"	"	"
10:10	"	"	"	"	"
11:00	English	English	English	English	English
11:30	"	"	"	"	"
12:00	L	U	N	C	H
12:45	Math	Math	Math	Math	Math
1:35	Am. Hist.	Am. Hist.	Am. Hist.	Am. Hist.	Am. Hist.
2:25					
3:00					

SCHOOL AND ACTIVITIES SCHEDULE NAME
SEMESTER Jan '68

	MON.	TUES.	WED.	THURS.	FRI.
8:30	Math	Math	Math	Math	Math
9:20					
10:10	Sciene	Science	Science	Sciene	Science
11:00	Soc.St.	Soc. St.	Soc. St.	Soc.St.	Soc. St.
11:30	"	"	"	"	"
12:00	L	U	N	C	H
12:45	Study	Study	Study	Study	Study
1:35	English	English	English	English	English
2:25					
3:00					

ADOLESCENT BOYS' COTTAGE ** SCHOOL AND ACTIVITIES--JANUARY, 1968

ENGLISH--LANG.ARTS	MATHEMATICS	SCIENCE
English 3 (high)	Algebra 1	Biology 1
English 6	Geometry 2	
English 3 (high)	Algebra 2	Biology 1
	7-8 Grade Arith. #	7-8 Gr. Science
English 4 *	=	Biology 2 *
Remedial Reading	7A Arithmetic *	7 gr. Science
Remedial Reading #		
English 6	Advanced Alg. 2	
English 3	Gen. Math. 9A	Science 9A
English 6=	Advanced Alg. 2	
English 2	Gen. Math 9B	8 gr. Science
English 7-8 gr.	Math 8A *	8 gr. science
	7th Arithmetic #	7th Science
English 2	Gen. Math 9A *	Science 9A
English 2	Gen. Math 9A	Science 9A
English 6	Algebra 2	
English 2=	Geometry 1	Gen. Science 9A
English 2 *		
English Grade 8A *	Gen. Math 9A *	IPS Science Gr. 8*
English 1 or 2	Gen. Math 9	
English 6	Geometry 2	
English 2	Gen. Math. 9A	
English 3		Biology 1

# denotes classes taken at North-Main * denotes classes at outside school (Tosa East and Hawthorne Jr.)

SOCIAL STUDIES	OTHER	GROUP INDIV. THERAPY	STUDY	O.T.	R.T.
		X	X	X	X
American History 2*	Typing * Spanish #	X	X	X	X
		X	X	X	X
		X	X	X	X
World Hist. 2 *	Speech * Phy. Ed. *	X	X		
		X	X	X	X
	Art # Music #	X	X	X	X
American Hist. 2 *		X	X	X	X
Citizenship 2 #		X	X	X	X
American Hist. 2	Spanish #	X	X		
		X	X	X	X
	Industrial Arts *	X	X		X
Social Studies 7 #=		X	X	X	X
	Industrial Arts *	X	X	X	X
		X	X	X	X
American Hist. 2 *	Typing *	X	X	X	X
		X	X	X	X
Civics 2 *	Industrial Arts *	X	X		X
Civics *	Spanich #	X	X	X	X
		X	X	X	X
American Hist. 2	Econ. Geog. * Speech *	X	X	X	X
W		X	X	X	X
Citizenship 2 #		X	X	X	X

N.B. With the exception of one or two, all boys have a daytime study period and one after supper.
O.T. and R.T. are not definitely scheduled yet, but this is close.

Summer School Schedule

Adolescent Boys' Cottage

June 26- August 8, 1967

Miss Hauhs

8:00 S.M.--Lang. and Social Studies
L.E.--Lang. and Reading
9:00 M.M.--Lang. and Reading
9:45 D.J.--Basic remedial reading
10:30 M.L.--Writing--Comp. and Read.
11:00 S.B.--Reading
11:30 V.R.--Writing and Read.

Mr. Tomasello

1:00 L.M.--8th gr. Social Studies
1:40 B.S.--9th gr. Composition & Lang.
2:30 F.T.--9th gr. World Geog. or some Social Studies
3:45 H.J.--U.S. History 2 and English 6

Mr. Strobel

1:00 G.P.--9th Gr. General Math 2
1:45 N.L.--8A Arithmetic
2:30 S.M.--7A Arithmetic and finish Science

Adolescent Boys' Cottage
March, 1967 requisition

Available from:

Beckley- Cardy Company (School Year 196601967) Catalog 122A

2	metal storage cabinets (36 x 18 x 78) plus 1 extra shelf each	D 3487-11	(p.24)	48.50 3.75
1	magazine rack (gray) (42x18x60)	No. 859	(p. 36A)	56.20
2	Magazine racks (beige)	No. 836	(p. 36A)	25.95
1	portable blackboard (3x4) (chalkboard on 2 sides)	DS 1	(p. 62A)	62.75
1	overhead projector desk	No. 8412	(p. 36)	38.90
1	daylight movie viewer (for this our projector has to have an extra lens --wide angle $30.00 to $40.00)	No. 8950	(p.36)	128.00
2	bulletin boards (3x5)	010	(p.62C)	11.00
1	typewriter table presuming we get needed typewriter; one with a long carriage and pica type	DN 38-79	(p.34)	9.90
2 4/	wastebaskets	no1 2900	(p.87)	4.20
1	5-piece set of drawing instruments	16-1790	(p. 67)	8.15
1	paper cutter (18 inch board)	F 1800 T	(p. 141)	22.25
5	book racks	#1 35-700C	(p.40)	2.45
2	film strip previewers	DSR 3	(p.74)	60.65
3	chairs (for three classroom desks)	D 812-14	(p.32)	30.30
4	bookcases (36x9x48)	D 3648-9-46	(p. 41)	36.40
2	counter-high steel cabinets	D4218-44	(p.25)	41.55
1	Duplicating cabinet	D30 D-105	(p.34)	45.35

Available from:

Photoart Visual Service 840 N. Plankinton Ave 271-2252

1	overhead projector--Beseler Porta Scribe 15710 FCB-CC 17598 roll attachment			188.00 12.00
1	tape recorder Wollensak	1500 AV		189.95
1	phonograph Newcomb	AV 7		57.50
1	film strip-slide projector Standard	500-C2		114.80
1	AM-FM radio any good kind			

Available from:

Wisconsin School Service (Eau Claire Book and Stationery Co) 1966-67
5300 N. Sherman Blvd. Milwaukee, 53209 463-7020

3 desks (beige) (1 each in classroom and 1 in office for tutor)	1047 R	(p.25)	88.45
1 book truck	1107A	(p. 44)	59.35
2 tables (30 x 60) both without optional compartments	no. 140	(p. 17)	?
12 stacking chairs	no. 550	(p. 12)	?
1 duplicating machine (Ditto) (would like demonstration)		(p.105)	549.50
1 portable science lab	no. 300	(p.89)	196.00
plus the extras: galley pump water supply			20.00
lock for sliding doors			3.00
cross bar with clamps			6.00
equipment and apparatus	SET B		109.50
2 wastebaskets (for classrooms) grey	no. 44		3.10
1 Craig Reader (Craig Corporation, LosAngeles Calf)			approx. 240.00

1 set of WORLD BOOK ENCYCLOPEDIA latest edition (no older than '67)

2 clocks for classroom walls

---

for books and lesser equipment /////$ 1000 (this for adolescent cottage only)

Above figure arrived at by learning that the average school system allows $ 30 per student for textbooks, (considering 20 students at cottage) plus allowing for the fact that the first year will require additional money for purchasing library books, filmstrips, transparancies and various such items which are always an added initial expense when building up teaching materials for future availability.

MILWAUKEE COUNTY MENTAL HEALTH CENTER--NORTH DIVISION
Adolescent Psychiatric Inpatient Service Education Dept.
8844 Watertown Plank Road
Milwaukee, Wisconsin 53226

PERMANENT SCHOOL RECORD

NAME _____ DATE OF BIRTH _____

ADDRESS _____ DATE ENROLLED _____

SCHOOL(S) LAST ATTENDED _____ DATE LEFT _____
(Include city or town)

_____

_____

GRADE COMPLETED _____ BRIEF SCHOOL HISTORY

REASON FOR REFERRAL:

PSYCHOLOGICAL EVALUATION ASSESSMENT:

STANDARDIZED TESTS

Intelligence

Date	Source	Name of test	Form	CA	MA	NL	L	Total

Achievement

Date	Source	Name of Test	Form	CA	GR. Pl.	%ile

Scholastic Record

Grade 7 19___ to 19___ Grade 8 19___ to 19___

SUBJECT	SEM. 1	SEM. 2	SUBJECT	SEM. 1	SEM. 2

Grade 9 19___ to 19___ Grade 10 19___ to 19___

SUBJECT	SEM. 1		SEM. 2		SUBJECT	SEM. 1		SEM. 2	
	Gr.	Cr.	Gr.	Cr.		Gr.	Cr.	Gr.	Cr.

Grade 11 19___ to 19___ Grade 12 19___ to 19___

SUBJECT	SEM. 1		SEM. 2		SUBJECT	SEM. 1		SEM. 2	
	Gr.	Cr.	Gr.	Cr.		Gr.	Cr.	Gr.	Cr.

If Student attended an outside school:while enrolled at County:

NAME OF SCHOOL ATTENDED_____

DATES ATTENDED_____ to _____

SUBJECTS TAKEN:_____ CREDIT?_____

_____ CREDIT?_____

_____ CREDIT?_____

_____ CREDIT?_____

_____ CREDIT?_____

COMMENTS AND RECOMMENDATIONS:

TEACHERS' INDIVIDUAL REPORT

SUBJECT_____DATE ENROLLED_____DATE LEFT_____TOTAL DAYS ATTENDED____

PERFORMANCE

A. SCHOLASTIC (Include strengths & weaknesses)

B. BEHAVIOR

C. MATERIALS USED

D. RECOMMENDATIONS

TEACHER'S SIGNATURE_____

SUBJECT_____DATE ENROLLED_____DATE LEFT_____TOTAL DAYS ATTENDED____

PERFORMANCE

A. SCHOLASTIC(include strengths & weaknesses)

B. BEHAVIOR

C. MATERIALS USED

D. RECOMMENDATIONS

TEACHER'S SIGNATURE _____

SUBJECT_____DATE ENROLLED_____DATE LEFT_____TOTAL DAYS ATTENDED _____

PERFORMANCE

A. SCHOLASTIC(include strengths & weaknesses)

B. BEHAVIOR

C. MATERIALS

D. RECOMMENDATIONS

TEACHER'S SIGNATURE_____

TEACHERS' INDIVIDUAL REPORT

SUBJECT_____DATE ENROLLED_____DATE LEFT_____TOTAL DAYS ATTENDED____

PERFORMANCE

A. SCHOLASTIC (Include strengths & weaknesses)

B. BEHAVIOR

C. MATERIALS USED

D. RECOMMENDATIONS

TEACHER'S SIGNATURE_____

SUBJECT_____DATE ENROLLED_____DATE LEFT_____TOTAL DAYS ATTENDED____

PERFORMANCE

A. SCHOLASTIC(include strengths & weaknesses)

B. BEHAVIOR

C. MATERIALS USED

D. RECOMMENDATIONS

TEACHER'S SIGNATURE _____

SUBJECT_____DATE ENROLLED_____DATE LEFT_____TOTAL DAYS ATTENDED _____

PERFORMANCE

A. SCHOLASTIC(include strengths & weaknesses)

B. BEHAVIOR

C. MATERIALS

D. RECOMMENDATIONS

TEACHER'S SIGNATURE_____

Milwaukee County Mental Health Center - North Division
School Department

8844 Watertown Plank Road
Milwaukee, Wisconsin 53226

1. Name_____ Address_____ Phone_____
   Surname - First - Middle

2. School Formally Attended _____ Grade____ Teacher_____
   (Address)

3. Date of Birth_____ Sex M F

4. Referral Problem

5. Psychological Evaluation Assessment

6. Previous School History

7. Present Testing Results:

   Mental Ability:

Name of Test	Date	Results (Level)

   Achievement:

Name of Test	Date	Results (Level)

8. What are the observed learning strengths and weaknesses?

9. How does student respond socially to his agemates?

10. Subjects or work offered in the hospital school program:

Were credits earned?_____ If so, in what subjects?

_____

_____

Pupils grade in subjects:_____

_____

On the back of this sheet, give a brief summary of the work you accomplished and the child's present placement in the texts used. (This might include the instructional levels in Reading, Arithmetic, Spelling, Social Studies, etc.)

SCHOOL REPORT

Therapist: _____ Student: _____

Teacher: _____ Week of: _____

A. ACADEMIC PERFORMANCE

(Based on student's own norm)

Exceeds expectations

Underachieves

	M	T	W	TH	F
5					
4					
3					
2					
1					

B. ABILITY TO CONCENTRATE ON AND FINISH ASSIGNED TASKS

Concentrates and works well

Extremely limited

	M	T	W	TH	F
5					
4					
3					
2					
1					

C. ATTITUDE TOWARD SCHOOL AND LEARNING

Positive

Negative

	M	T	W	TH	F
5					
4					
3					
2					
1					

D. CLASSROOM BEHAVIOR

Appropriate at all times

Consistently non-conforming

	M	T	W	TH	F
5					
4					
3					
2					
1					

E. TEACHER RELATIONSHIP

Readily accepts teacher

	M	T	W	TH	F
5					
4					
3					
2					
1					

ATTENDANCE:

	M	T	W	TH	F
Absent					
Tardy					

HOMEWORK: *(done unless ✓'d)*

ADDITIONAL COMMENTS:

Date: February 28, 1967

To: All Staff

From: Dr. James Balistrieri, Director, Adolescent Psychiatric Inpatient Service

Subject:

The following is a broad outline of controls to be used in handling a variety of behavior problems. It is not to be used in a rigid fashion. It merely suggests a variety of ways of handling kids.

1) Interaction: This is the one we would like to develop more extensively and the one I feel is most effective. What it implies is interacting or working with the youngster before he becomes explosive and emotionally out of control. It necessitates anticipating emotional outbursts, predicting that unless some intervention is made, the youngster will lose control. This should be tried before any other form of control is attempted.

2) Quiet Room: The Quiet Room should be used only when the youngster's behavior warrants separation from the group and it is felt that temporary isolation from the group will allow him to reorganize and regain control. The Quiet Room should be used only for a limited time--until the youngster regains control. The door in the Quiet Room should never be closed unless a staff man is in the room with the youngster.

3) Restraints: Restraints are to be used only when the youngster's behavior becomes dangerous to himself and to others and when it appears that control is lost. Again, restraints are temporary--until control is regained. If at all possible, we should try to avoid using this method. It is to be used only when absolutely necessary.

4) Restriction from a Particular Activity: The activity to be used should be clarified by the therapist in order to achieve maximum effectiveness.

5) Ward Work: The work should be specifically stated, and for a specific length of time. If the youngster refused ward work, then he can be placed in the quiet room until such time as he is ready to do his ward work. Being placed in the quiet room does not excuse the boy from completing his ward work at a later time. In the event a scheduled activity arises during the time the boy has ward work, he will resume the work following the activity. During this period of restriction, the boy is not permitted to go downstairs to the recreation room or to attend any privileged activities.

6) Twenty-Four Hour Restriction: Lets try to use this judiciously. It should be instituted when other forms of control indicated above have failed. During this period the boy loses all privileges which include recreation room and any privileged activities.

7) Restriction on Pleasure Passes: This restriction will be placed only by the therapist or Dr. Balistrieri. If the staff feels that the boy's behavior warrants such a restriction, they will communicate this to the therapist and he will take over.

8) Restriction on Home Passes: Again, this restriction will be placed by the therapist or Dr. Balistrieri. The same line of communication as suggested in number 7 between staff and therapist should take place.

9) Return to the Main Building: Dr. Balistrieri will have the sole responsibility for this. If the staff feels that the boy's behavior warrants return to Main, they will communicate this to the therapist who in turn will discuss the case with Dr. Balistrieri. At that time a decision will be made.

Situations will arise that demand immediate action. If Dr. Balistrieri or the youngster's therapist are not available, then the R. N. in charge is authorized to make any decision. In the absence of an R.N. the charge attendant is authorized to make such decisions. The decision will then be communicated to the therapist or Dr. Balistrieri as soon as either is available.

School Setup On Institutions Site Urged

May Thurs 30 1968

Plans were revealed Wednesday for a separate school district for the county institutions grounds in Wauwatosa because of a lack of funds to educate a growing number of children.

Michael S. Kies, educational co-ordinator for Milwaukee and Ozaukee counties, told the county welfare board of the plans.

The board was deliberating whether to ask for another $524,940 to build, equip and furnish a county mental health treatment center for children and youth.

The board was informed Wednesday that the center, because of rising construction costs and additional space designed into it, would cost $4,684,940, or $524,940 more than had originally been expected.

The board recommended that the additional funds be provided so that construction of the center, for 180 children and young people, ages 6 to 18, could start this year on an 18 acre site.

The county board of supervisors put $2 million in the 1968 county budget to start construction of the center on the south side of Watertown Plank rd., immediately east of the Zoo freeway.

Kies noted that completion of the center in 1970 would mean that from 550 to 600 children and youths would either be housed on the grounds or coming there for day care.

If the institutions grounds were a school district administered by the welfare board, the county would be eligible for much federal and state aid for education. Kies noted that now the county gets very little such aid, and it requires much effort and paperwork.

He explained that although the institutions grounds lie within boundaries of the Wauwatosa school district, children at the institutions under state law are not considered residents of the district and must attend classes on the grounds. These classes are under supervision of the state and Kies' office.

The county management and budget analysis office reported Wednesday that, for 1967, the county received no federal aid and only $72,448 in state aid for education of an average of 400 children and youths in the county children's home, mental health center and detention home.

Kies said that he would submit the plans for approval by the welfare board and other county officials as soon as possible. If approved, he then would ask the county board of supervisors to seek a change in state law in 1969 to permit the welfare board to administer the proposed school district.

Creation of the district would be up to a seven member committee of citizens from the two county area served by Kies' office. The committee is chaired by Atty. David W. Lers of West Allis.

MILWAUKEE COUNTY TREATMENT CENTER FOR CHILDREN

SCHOOL AND ACTIVITY SPACE PROGRAM

				TOTAL
Classrooms				
12	Secondary Classrooms @600		7200	
2	@360		720	
3	@100		300	
17				8220 sq.ft.
	Combo Dining and Day Room HQ (includes 200 sq.ft. for serving))			800 sq.ft.
				9020 sq.ft.
8	Children's Classrooms @400		3200	
4	@200		800	
				4000 sq.ft.
1	@900		900	
3	@100		300	1200 sq.ft.
				5200 sq.ft.
1	Combo Dining & Dayroom HQ (includes 100 sq.ft. for serving)			700 sq.ft.
				5900 sq.ft.
Activity Program				
Children - Gross Motor Area				
1	large room	20 x 30	600	
2	small rooms	10 x 10	200	
				800 sq.ft.
Group Rooms				
2	rooms @350		700	
1	room @250		250	
				950 sq.ft.
Adolescents				
	Homemaking, includes serving, cooking and living area		800	
	Industrial Arts shop		800	
				1600 sq.ft.
Group Rooms				
3	Rooms @350 (one of these rooms will include ceramics kiln)			1050 sq.ft.
O.T. Office and Adm. Area				
1	Supv. Office	10 x 12	120	
1	Clerical work area	10 x 20	200	
2	Group offices	18 x 25	900	
				1220 sq.ft.
Library and Instructional Materials Center				1500 sq.ft.
	Science			1000 sq.ft.
	Music			1400 sq.ft.
	Gym			4800 sq.ft.
	Pool			5000 sq.ft.
	Locker rooms			1200 sq.ft.

			TOTAL
Administration			
1	Principal's Office	150	
	Clerical Space, includes waiting area	300	
	Conference (lounge)	350	
			800 sq.ft.
	Volunteer area		300 sq.ft.
		Subtotal	36,540 sq.ft.
	Auditorium (separate structure as in present plan)		1,200 sq.ft.
		TOTAL	37,740 sq.ft.

The school program for the classrooms is basically the same square footage requested in the original plan, however, it is desired to arrange the structure of the school so that adolescent classrooms and children's classrooms will be distinctly separated from one another by a central activity and resource center. The activity and resource center would house the activity therapy program, the library and instructional material center, science, music, gym, pool, locker rooms, administration, volunteer lounge and combination lunchroom-dayroom headquarters for day students. The school should be connected to the clinic and administration building in order to facilitate the communications and working relationships between the teaching staff and the professional psychiatric staff. The children's classroom section of the school should be as close as possible to the children's living units preferably connected directly with the children's living units. The adolescent classrooms should be within reasonable proximity to the adolescent living units but need not be connected directly with the living units.

Secondary Classrooms

The majority of the secondary classrooms requested should be 600 square foot spaces which includes 400 square feet of classroom area and 200 square feet divided into a control room that is 8 x 10, and a combination observation storage and individual teaching area that is 12 x 10. The interior design of the control room should be similar to that of the quiet rooms in the living units. The two classrooms which are approximately 360 square feet should be constructed utilizing operable walls, thus enabling the two classrooms to become one larger classroom which could accommodate up to 30 students in a quasi conventional classroom setting. The three room cluster of 100 square feet should be constructed in order to serve as areas for tutoring, counseling and individual classrooms. The combination dining and day room headquarters should be located in the activity and resource center. If possible, the 200 square foot serving area should double as a canteen for teenagers and be accessible to the gym for dances and social functions. The location of this room in proximity to the gym is seen as more important because of the canteen idea, in contrast to the dayroom headquarters for the children which has a smaller serving area and should be closer to the elementary classroom area. Rest room facilities should also be provided in the secondary classroom area with some kind of general break-sitting area for between classes.

Elementary Classroom

The elementary classrooms are composed of eight 400 square foot classrooms with 200 square feet shared spaces separating every two classrooms. The 200 square foot space should be composed of small bathroom (5 x 10), control room (5 x 10) and combination observation storage and individual teaching area (10 x 10). There should be one large 900 square foot space which should be constructed in such a manner to enable it to be used as two classrooms or one larger classroom accommodating large groups for various group activities such as audio visual programs and other like functions for children. The three room cluster of 100 square feet should be constructed in order to serve as areas for tutoring, counseling, and individual classrooms. A combination dining room and dayroom headquarters of 700 square feet is included as an area for serving lunch to day care students and should be equipped with lockers for their personal belongings. It would be a room to which the day students would come upon arriving at school, and from which their parents would pick them up. Its location is desired near the entrance to the activity and research center, but in proximity to the elementary classroom area. The serving area can be 100 square feet. Consideration should be given to using a joint serving area for Children and Adolescents provided the age groups can be adequately separated when dining, etc.

Activity and Resource Center

The activity and resource center should be composed of the following basic areas:

1. Activity therapy area for children in the general direction, if not in proximity to the elementary classroom area, activity therapy area for the adolescents in the general direction, if not in proximity to the secondary classroom area, occupational therapy office and administration area.
2. Library and instructional materials center
3. Science and music areas
4. Gym, pool and locker room areas, centrally located in order to provide a natural separation of children's activity therapy area from adolescent activity therapy area mentioned above.
5. Administration area
6. Auditorium-this building is still seen as being a separate structure as in the present plan, thus maintaining its identity and availability to patients, staff and the community.

SCIENCE CLASSROOMS

The science area will contain the following built in and movable equipment

1. 2 demonstration tables (equipped with electricity, gas and water). One table will be used for general science and the other table will be used for biology. The table for biology should be located in proximity to the climate control room (greenhouse).
2. Built in refrigerator, autoclave and incubator, probably best situated in proximity to the climate control and biology demonstration room
3. Storage cabinets with locks
4. Dark room curtains and/or drapes for the use of audio visual equipment
5. Desk, chair and 4 drawer legal file with lock for instructor
6. Chalkboard and corkboard on wall behind demonstration tables
7. Laboratory tables to accommodate up to 10 students
8. Asbestos or vinyl floor covering
9. Proper lighting and accoustical treatment
10. Climate control area (greenhouse) can be located in 12 x 12' space in courtyard next to science classroom

THE MUSIC THERAPY AND CLASSROOM AREA

1. Large Music Therapy Classroom

This room will be used to facilitate participation in gross motors activities and musical games such as: hokey pokey, square dancing, large group ensembles, choirs, talent shows and recitals. The room should contain:

A. Cabinet areas which could be locked and storage space with sliding doors, flush with the wall, 6 feet high.

B. Sound proofing, ample lighting and electrical outlets for record players, organ and other musical instruments.

C. Blackboards and bulletingboards

D. Visible from observation room through one way window.

2. Small Classroom

This room will be used to work with small groups from three to five children and individual participation in music therapy. The room should contain:

A. Locked cabinet space

B. Built in bookcases and record storage space - open

C. Sound proofing

D. Ample lighting

E. Blackboards and bulletin boards

F. Visible from observation room through one way window

3. Practice Rooms

These rooms would accommodate one child and therapist for ensemble work and/or individual therapy or practice. The room should include:

A. No windows or windows at ceiling height

B. Electrical outlets

C. Observation window in door

D. Sound proofing

E. Ample lighting

SECONDARY CLASSROOMS

A typical secondary classroom interior would include the following items:

1. Counters under the windows with enclosed shelves and sliding doors.
2. 10 x 5' chalkboards in front of classroom. 6 x 5' chalkboard on side wall next to 6 x 5' bulletin board
3. Movable bookcases under observation window
4. 6 to 8 student arm chairs
5. 3 to 4 movable carrels
6. 3 to 4 folding trapezoidal tables
7. Tables, desk and 4 drawer file cabinet with lock in classroom
8. Telephone extension at teacher's desk (also consider intercom system controllable from principal's office area)
9. 4-6 electrical outlets per room
10. Window shades or drapes which will darken room sufficiently for use of audio visual equipment.
11. Wardrobe space for teacher
12. Direct exits to outside from classroom whenever possible and appropriate

ELEMENTARY CLASSROOMS

1. Counters under window with enclosed shelves and sliding doors.
2. Chalk board 10 x 5' in front of classroom, 2 feet above floor for use by children. Chalkboard 6 x 5' on side wall next to bulletin board 6 x 5' (2 feet above floor)
3. Movable bookcases under observation windows
4. Teacher's desk and 4 drawer file with lock in classroom
5. 6 to 8 student arm chairs
6. 3 to 4 movable carrels
7. Built in sink and drinking fountain in each elementary classroom
8. Telephone extension at teacher's desk (also consider intercom system controllable from principal's office area)
9. 4-6 electrical outlets per room
10. Window shades or drapes which will darken room sufficiently for use of audio visual equipment
11. Wardrobe space for teacher
12. Direct exits to outside or courtyards whenever possible or appropriate.

April '67

Physical room for primary emotionally disturbed: (Elementary Level-Girls)

1. The room should be about 40' x 40' if we are thinking of a maximum of six children.

2. Room should be contained within the confines of a regular school building to allow for re-introduction into the regular class room when the child is able to tolerate some of this. Likewise, other facilities such as an art teacher, music therapist, physical education teacher, etc. can be adequately utilized. As the kids are able to accept more, it will allow further practice in the toleration and understanding of other personalities.

3. Alternate suggestion would be a home very near a school building. Home would provide more therapeutic atmosphere than school, but facilities would be close enough to be utilized.

Equipment for the room:

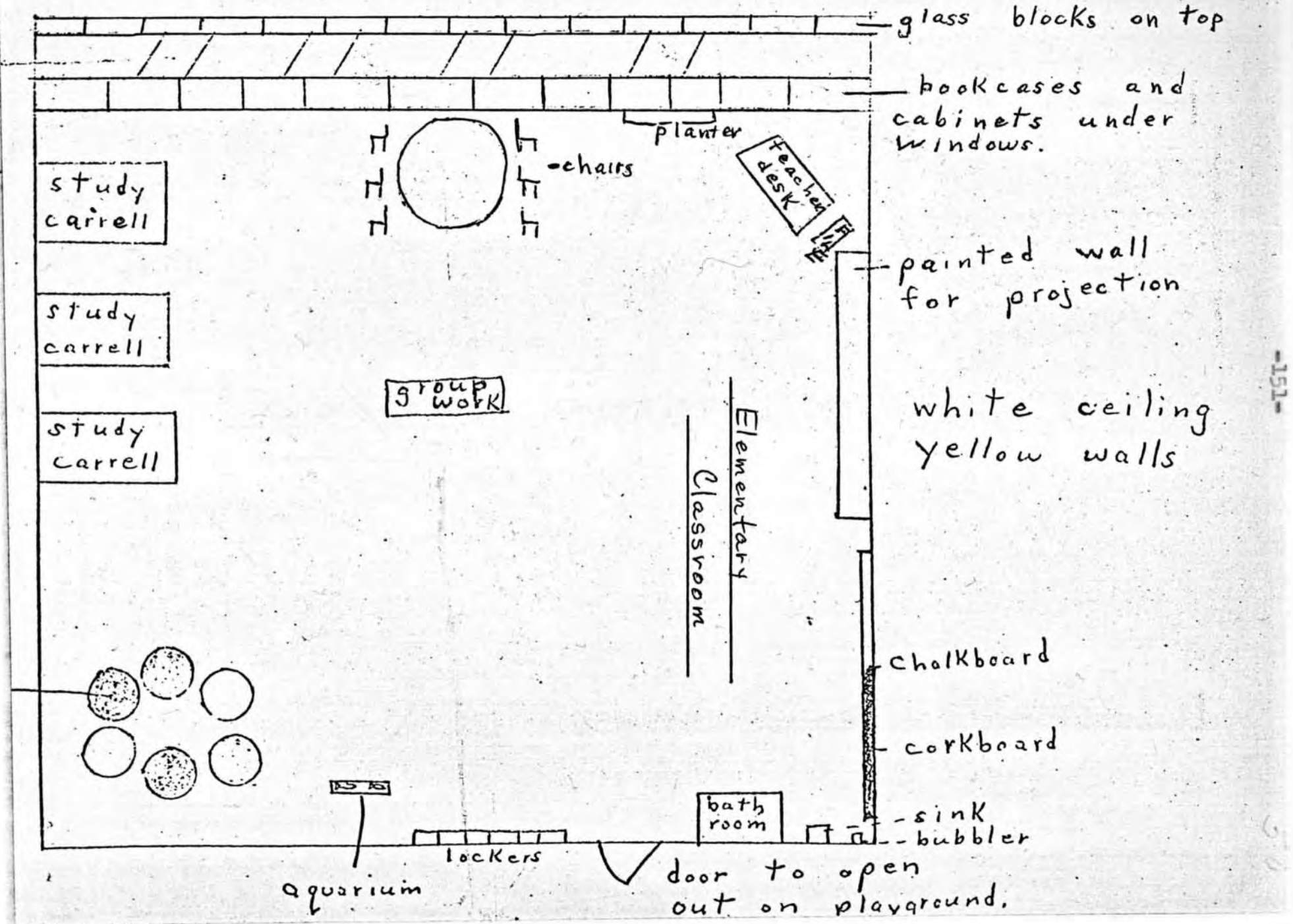
1. 6 desks, 3 in study carrells and 3 randomly placed.
2. 1 teacher desk and file.
3. typewriter for teacher's use to maintain good and accurate records.
4. projector and screen.
5. one aquarium.
6. one permanent planter next to window.
7. broom, dust pan, mop, bucket, soap, rags.
8. piano
9. tape recorder.
10. record player and records.
11. different colored hassocks
12. 1 round library or activity table with 6 chairs.
13. 1 rectangle table for art projects and group work.
14. built in bookcases with storage cabinets on the bottom.
15. lockers for children's outer wraps within the classroom.
16. lavatory for boys and girls.
17. bubbler within the room.
18. sink within the room complete with soap dispenser and paper towels.
19. permanent chalk board and cork bulletin board.
20. mobile magnetic board and flannel board.
21. American flag.
22. portable folding screens.
23. puppets and puppet stage.

24. dictionary.
25. encyclopedia.
26. globe.
27. some large maps.
28. text, resource, and auxiliary books.
29. games.
30. puzzles.
31. blocks.
32. craft supplies.
33. colored paper.
34. crayons.
35. box of assorted items of old clothing for dramatic skits.

Surrounding supportive services:

1. a teacher aide that could assist inthe room or could serve as a crisis teacher also.
2. a sympathetic and understanding building principal, who could serve as a liason man between the class for the disturbed and the other teachers in the building if the need arose.
3. a psychiatrist.
4. social worker.
5. psychologist.
6. speech therpist.
7. podiatrician.
8. part time secretary for teacher.
9. community mental health clinic.
10. parents.
11. guidance counselor.
12. A specific time set aside each week for the teacher to confer and discuss the happenings of the week with a psychologist or social worker.
13. A multi-disciplinary team approach to diagnosis, educational planning, and continual evaluation would summarize my desire for a good and functional classroom operation

Took


glass blocks on top
bookcases and cabinets under windows.
planter
chairs
teacher desk
study carrell
study carrell
study carrell
painted wall for projection
group work
white ceiling
yellow walls
Elementary Classroom
chalkboard
corkboard
sink
bubbler
bath room
lockers
aquarium
door to open out on playground.

PROPOSED SECONDARY CLASSROOM FOR NEW DAY-CARE CENTER

Following outline A on December 26 Memo re: Specifications for Building Program.

General "rule of three" explanation

1. Secondary classrooms, will be used for the teaching of such subjects as English, History, Math, Social Studies, and other courses not needing laboratory or extensive machine-type equipment.

2. Teacher and students will be engaged in teaching, learning, study, discussion. Since much individualization will take place, there will probably be more movement than in a regular secondary classroom.

3. The environment should be quiet, cheerful, and functional. While equipment should be adequate, a minimum of distracting stimuli should be maintained. Equipment expanded on below.

    1. These classrooms should be situated away from elementary rooms (not across the hall as depicted in an earlier blueprint). They should also not be next to a music, band, typing or other type classroom which will produce distracting interference.

    They should be located near toilet facilities which are not recessed or hidden by small hallways, entranceways, or around too many corners in which to be away from easy supervision (encourages hiding and "fooling around").

    There should be about 20 of these rooms--certainly no less than 15 (which seems a skimpy number).

    The overall size should be about 20x30--including two 10x10 rooms--one for teacher's office and storage, and one for a combination individual-crisis-observation area. This last for students who occasionally need to be semi-isolated from the group.

    These two rooms should each have a picture-type window (at least 4x5) facing onto the main classroom area. (Two-way glass here, and draw-drapes). A one-way window looking from teacher's office into crisis room should be considered.

    2. Special features:

    Along one side of the main classroom there will hopefully be windows (the kind that <u>open</u> and close and can be seen through--no fancy block glass etc.)

    Under the expanse of window, a counter (of suitable height for adolescents) under which are enclosed shelves with sliding doors. Counter top will have a variety of uses from display to work area.

At one end of the counter top (preferably near the smaller rooms, to avoid traffic across main area) there should be a small sink with drinking fountain attachment. A cabinet-type storage space under sink would be part of the continuous counter. Even in a history class, for example, students might be making such things as maps requiring paint, etc.

Preferably the entire area should be carpeted. It is a current trend and has the advantage of being noise absorbing and adding to mobility (if a boy wants to sit down next to a book shelf and read--fine; maybe he'll be more inclined to read if he can sprawl once in a while) (carpeting is said to be as easy to maintain as tile).

In front of the main classroom there should be a chalkboard (green) 10x5 feet. A smaller board on side wall (6x5) next to a bulletin board (also 6x5). Please! No long narrow running bulletin boards over tops of chalkboards and equally inaccessible places. If more bulletins are desired, they can easily be added later.

There should be enough wall space left over against which to place a carrel or two if desired, as well as racks for paperback books and such. At least two moveable bookcases are necessary (under the office picture windows on main classroom side - or whereever the teacher prefers to place them).

The main classroom area should also have space for:

1. Teacher's desk with two-drawer file next to or near it
2. Six to eight student arm chairs with adequate writing surface and holder for materials (on side rather than underneath).
3. A conference-type table or better yet several trapezoidal tables with 6-8 stack chairs so that group may gather for some types of work and discussion.

In the teacher's office, there should be:

1. Moveable locked metal storage cabinets (good size).
2. A work table and perhaps a built-in counter top bookcase
3. A four-drawer file
4. A telephone with outside line

An extension phone for intercom and emergency use should be handy in main classroom area.

There should be enough well-placed electrical outlets. One under each picture window (both on main classroom side and small room side). Also at least two on front wall and one on side wall of main classroom. Preferably audio-visual work will be done right in the classroom; therefore, the need for enough places to plug in phonograph, filmstrip projector (both for group and individual use), movie projector, overhead projector.

Each classroom should have shades or drapes making the room dark enough for film viewing.

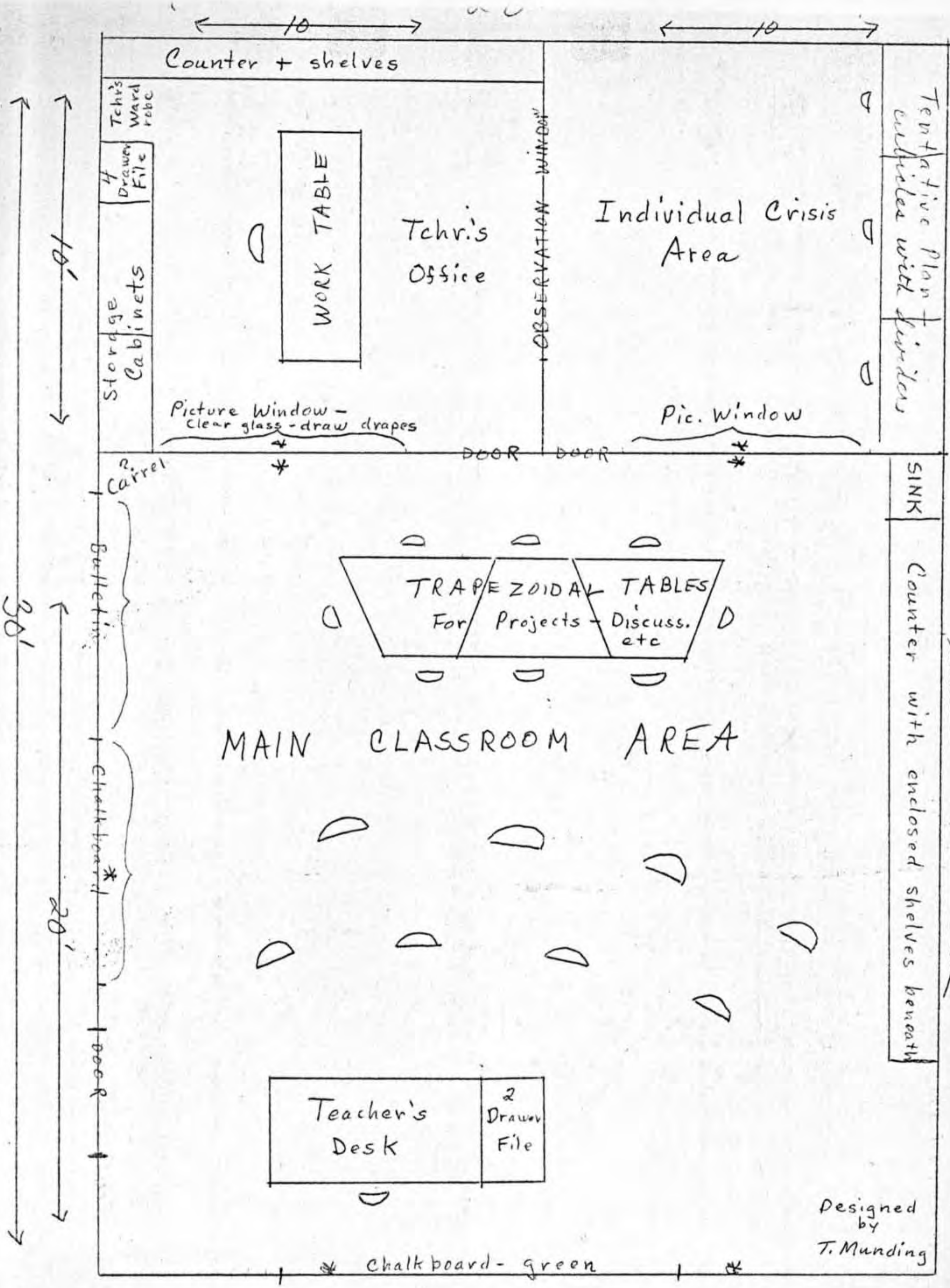
Lighting should be such that students and teacher's desks can be situated in more than one place and proper lighting will still be maintained.

Depending upon the general plan, (children will have to come from another building?) wardrobe space (teacher's in office) should be provided. If proper supervision can be provided, one general locker room might be better rather than half a dozen lockers outside each classroom--depends on whether we will operate on the system of homerooms, etc. If there are doors leading directly to the outside, consideration to a place for boots, hooks for coats, etc. should be given. (This outside door, however, may have many more disadvantages than advantages according to our present thinking).

For now this seems to be it. I'm sure additional ideas will continue to come in and will be forwarded as they do.

Respectfully submitted,

Trudy Munding



* electrical outlets ◡ = chairs ~~~ = Free wall space

THE MENNINGER FOUNDATION

A NON-PROFIT CENTER FOR TREATMENT AND PREVENTION, RESEARCH AND PROFESSIONAL EDUCATION IN PSYCHIATRY

Topeka, Kansas 66601

June 6, 1968

Dear Activities Director:

With the increase in numbers of young, emotionally ill persons hospitalized, the question of providing education for these patients arises. Some hospitals currently provide opportunities for them to complete their high school education or to pursue academic interests as part of their total treatment program, but we do not know how many nor the extent of these individual hospital programs.

Because of the increasing number of young patients who could use educational opportunities, The Menninger Foundation presently offers a high school program, high school and college correspondence courses, and has recently initiated a junior college program.

After a review of available literature, we notice that little information has been compiled that shows how psychiatric hospitals respond to their younger patient's academic needs. For this reason, a random sampling survey has been implemented and we ask for your cooperation in filling out the enclosed questionnaire and returning it by June 21 if possible. A stamped, self-addressed envelope is enclosed for your convenience.

Should you be interested in learning the results of this survey, please check Section H of the questionnaire and we shall be glad to send you a copy when it is completed.

This study is sponsored by the C. F. Menninger Memorial Hospital. Thank you for your help.

Sincerely,

Michael J. Wiebe

Michael J. Wiebe
Education Unit
Adjunctive Therapies

MJW:w
Enclosure

MF-3/6
6-6-68

QUESTIONNAIRE

THE USE OF EDUCATION IN A PSYCHIATRIC HOSPITAL

A. IDENTIFYING INFORMATION

1. Name of Hospital Milwaukee County Mental Health Center-North Division

2. Address Box A (Street) Milwaukee (City) Wisconsin (State) 53226 (Zip)

3. Check auspices under which your hospital operates:

____a. Federal
____b. State
__x__c. County
____d. Municipal
____e. Private
____f. Other (specify) _____

4. Size of psychiatric hospital ~~or psychiatric facility in your hospital:~~

__774__a. Number of beds (of which Children & Adolescents are 112)
__100__b. Average daily census on May 1, 1968 (children & adolescent
15 mo__c. Average length of stay as of May 1, 1968 (children & adol.)

5. Patient population (by age groupings) (Indicate number in each)

__51__a. Under age 15
__59__b. Age 15 through 19
__0__c. Age 20 and over

6. Please indicate whether you have an educational program for adolescents and/or young adults. If you do not have such a program, please return this page only. If you have a program or cooperate with the local school system, please go on to the next page.

__x__a. yes
____b. no

The Use of Education in a Psychiatric Hospital -- page 2

B. EDUCATIONAL PROGRAM FOR INPATIENTS

High School (check one only)

_____1. Use only public school program.
_____2. Use only hospital school program.
_____3. Use both public and hospital school programs.
_____4. Use only tutorial assistance for patients whose treatment includes their securing or making-up high school credits.
_X__5. Use all programs, public school, hospital school, and private tutorial programs.

Correspondence Courses (check one only)

_X_6. High school only.
_____7. College only.
_____8. Both high school and college correspondence study.

C. INPATIENT SCHOOL STRUCTURE

1. Accredited: _X_a. yes _____b. no

2. If accredited, check accrediting body:
_X_a. State Board of Education
_____b. City Board of Education
_____c. Other (specify) _____

3. If not accredited, check method of recording academic credit earned by patient:
_____a. Patient's home town school
_____b. Hospital or local school system
_____c. Other method (specify) or feeder school

4. High school diplomas awarded by:
_____a. Local public school
_X_b. Hospital accredited school
_____c. Patient's home town school
_____d. None awarded
_____e. Other method (specify) _____

5. High School Equivalency Test:
_____a. Is used by some of our students.
_____b. Is not used by our students.
_X_c. Is available with teacher's assistance in preparing for the test.

D. SCHOOL MODEL

1. High School

a. Administration is by: _X_(1) Principal
_____(2) Headmaster
_____(3) Other (specify) _____

b. Number of teachers certified: 14 (1)
non-certified: 0 (2)

The Use of Education in a Psychiatric Hospital -- page 3

c. Size of student-body: _____
(Include only those able to remain in the school program.)

d. Average number of students per teacher each class: _____(1)
Range: Largest class: 6 (2) Smallest Class: 2 (3)

e. Extension classes used:
_____(1) yes x (2) no

f. Correspondence courses used:
x (1) yes _____(2) no

g. Is tutorial help available for either extension or correspondence courses:
x (1) yes _____(2) no

h. Is there scheduled study hall time for high school work:
x (1) yes _____(2) no

2. College Level School Program

a. Is there some type of college work available:
_____(1) yes x (2) no

b. Number of patients enrolled in college level work: _____

c. Number of teachers engaged in college work: _____

d. Extension classes used:
_____(1) yes _____(2) no

If yes, is tutorial help available:
_____(3) yes _____(4) no

e. Correspondence courses used:
_____(1) yes _____(2) no

If yes, is tutorial help available:
_____(3) yes _____(4) no

f. Number of patients attending local college or university as of May 1: _____

g. Scheduled study hall time for college level work:
_____(1) yes _____(2) no

The Use of Education in a Psychiatric Hospital -- page 4

E. INPATIENT SCHOOL COURSES OFFERED (check those offered)

1. English
   - ____ a. None
   - x b. 9th grade
   - x c. 10th grade
   - x d. 11th grade
   - x e. 12th grade
   - ____ f. Speech
   - ____ g. Drama
   - ____ h. Journalism
   - ____ i. Other (specify) _____

2. Business
   - ____ a. None
   - x b. Business Math.
   - ____ c. Typing
   - ____ d. Shorthand
   - ____ e. Other (specify) _____

3. Mathematics
   - ____ a. None
   - x b. General Math.
   - x c. Algebra
   - x d. Geometry
   - x e. Trignometry
   - x f. Advanced Math.
   - ____ g. Other (specify) _____

4. Language
   - ____ a. None
   - ____ b. Latin
   - x c. Spanish
   - ____ d. German
   - x e. French
   - ____ f. Other (specify) _____

5. Natural Science
   - ____ a. None
   - x b. High school science
   - x c. Biology
   - x d. Chemistry
   - ____ e. Physiology
   - ____ f. Physics
   - ____ g. Physical Science
   - ____ h. Astronomy
   - ____ i. Other (specify) General Science

6. Social Science
   - ____ a. None
   - x b. World History
   - x c. American Government
   - ____ d. Contemporary History
   - x e. American History
   - ____ f. Psychology
   - ____ g. Sociology
   - ____ h. Other (specify) _____

The Use of Education in a Psychiatric Hospital -- page 5

7. Home Economics (specify) Under direction of Occupational Therapy Department.

8. Industrial Arts (specify) _____

9. Physical Education (specify) _____

10. Vocational Education (specify) Courses are available at Milwaukee Technical School

F. EDUCATIONAL APPROACH (Please check those which apply to your school)

X 1. Structured Approach
X 2. Behavior Modification
___ 3. Permissive Approach
___ 4. Montesori Approach
X 5. Other (specify) Psychoeducational

6. How do you integrate the school program into the overall treatment program:

___ a. daily reporting
X b. scheduled conferences
X c. informal communication

7. Are teachers included in case or planning conferences:

X a. yes ___ b. no

G. NUMBER OF TEACHERS EMPLOYED IN INPATIENT SCHOOL ACCORDING TO TEACHER REQUIREMENTS

1. Number not having a college degree: 0
2. Number having a college degree: 14
3. a. Advanced degree: None ___ b. Number with advanced degree: 4
4. Do you provide teachers training opportunities in cooperation with college special education:

x a. yes ___ b. no

5. If yes, how many teachers are in training: 9
6. Have you plans for affiliation with college(s) to provide teacher training:

x a. yes ___ b. no

H. GENERAL

1. Check here if you wish a copy of the completed survey, or do not wish a copy:

x a. yes ___ b. no

2. COMMENTS _____

Date June 19, 1968

(signed) _____
(title) C. J. Buscaglia, M. D.
Medical Director

BIBLIOGRAPHY

Books Consulted

Bettelheim, Bruno. Love is Not Enough. Glencoe, Illinois: Free Press, 1950.

Berkowitz, P. and Rothman. E. The Disturbed Child: Recognition and Psycho-Educational Therapy in the Classroom. New York: New York University Press, 1960.

Long, Nicholas J.; Morse, William C.; and Newman, Ruth G. Conflict in the Classroom. Belmont, California: Wadsworth Publishing Company, Inc., 1965.

Morse, William C.; Cutler, Richard L.; and Fink, Albert H. Public School Classes for the Emotionally Handicapped: A Research Analysis. Washington, D.C.: The Council for Exceptional Children, NEA, 1964.

Published literature cited except *

Cohen, Shirley M. "How to Alleviate the First-Year Shock of Teaching Emotionally Disturbed Children," Children, (November-December, 1966),232-236.

*Eckstein, Rudolf, Ph. D. Learning Process: "From Learning For Love to Love of Learning." From a lecture presented at the second annual Institute for Teachers on "The Contribution of Psychoanalysis to Learning," February 3, 1962, at Beverly Hills California. Published, but source couldn't be found (Xerox copy.)

Hewett, Frank M., Ph.D. "Establishing a School in a Psychiatric Hospital," Mental Hygiene, LI (April, 1967), 275-83.

Milwaukee Sentinel. Article, "School Setup on Institutions Site Urged," May 30, 1968.

State Department of Public Instruction. Certification Standards--Laws, Rules, and Regulations for Public School Teachers, Administrators, Supervisors, Special Service Personnel. Madison, Wisconsin, January, 1963.

Unpublished Works Cited

Balistrieri, James J., M.D., Inter-office memo to Dr. Currier, Mr. Napolitano, Dr. Buscaglia, Dr. Landis, July 14, 1967.

_____. Inter-office memo to O.H. Guenther, June 13, 1966

_____. "Mental Health in the Classroom." Address to Catholic Teachers' Institute, Archdiocese of Milwaukee, September 22, 1967.

CESA # 19. Narrative of Services to Board of Public Welfare, June 1966 and July 1967.

_____. Notes taken from Mrs. Ruth Lewis, December 5,1963.

Dutoi, Marie L. Inter-office memo to Helen Carey, September 22, 1966.

Huber, Franz. "Role of School in a Psychiatric Hospital Setting" Unpublished paper, University of Michigan, (no date), (ditto copy.)

Kahl, William C. Letter to David T. McGinnis, March 15,1968.

Kies, Michael S. Letter to Dr. George Denemark, December 4, 1963.

_____ Report to Hospital Personnel Associated with Educational Services of Elementary and High Students (Milwaukee County Mental Health Center), no date.

_____. Letter to Judiciary, Elected, and Appointed Officials of Milwaukee County, accompanied by a synopsis of Chapter 565--Laws of 1963, Bill # 254A signed by the Governor, July 1, 1965.

_____. Letter to David T. McGinnis, March 29, 1968.

Knepler, Kenneth. Interview with Trudy Munding, June 28,1968.

Landis, Charles W., M.D. Letter to Dr. George Denemark, December 4, 1963.

_____. "Milwaukee County's Facilities for Children and Adolescents--An Inventory of Need and Program Proposal." Report to Milwaukee County Board of Public Welfare, April 4, 1967.

_____. "Planning For Children's Services in Milwaukee With a Brief Description of the Milwaukee County Mental Health Center and the Development of its Program." Paper presented at Indiana University Medical Center, Indianapolis, Indiana, May 26, 1966.

Lewis, Ruth. Personal letter to Trudy Munding, June 21, 1968.

Melcher, John W. Letter to O.H. Guenther, May 10, 1966.

Napolitano, Alex. Inter-office memo to Jerry Westfahl, April 15, 1968.

Salama, Dean M., M.D. "Information Bulletin announcing Opening of the Children's Psychiatric Inpatient Service," September 4, 1964.

_____. Interview with Trudy Munding, June 20, 1968.

Samba, James M. M.D., "Annual Report-1967, Adolescent Psychiatric Inpatient Service." Report to Medical Director of North Division, February 28, 1968.

Svitavsky, Theodore J. "A Proposal for a Special Program for Disturbed Children-Mental Health Center-North Division" Unpublished paper, University of Wisconsin, Milwaukee, 1966. (carbon c opy.)

Wixson, Stanton. "Educating Institutionalized Emotionaly Disturbed Children" Unpublished paper, no date, (Xerox copy.)

"Interim Bulletin on the Program for Maladjusted Children in the State of Illinois" Unpublished paper, no date, (ditto copy.)

Unpublished Manual of Operation--Children's Psychiatric Inpatient Service, no date, (mimeographer.)