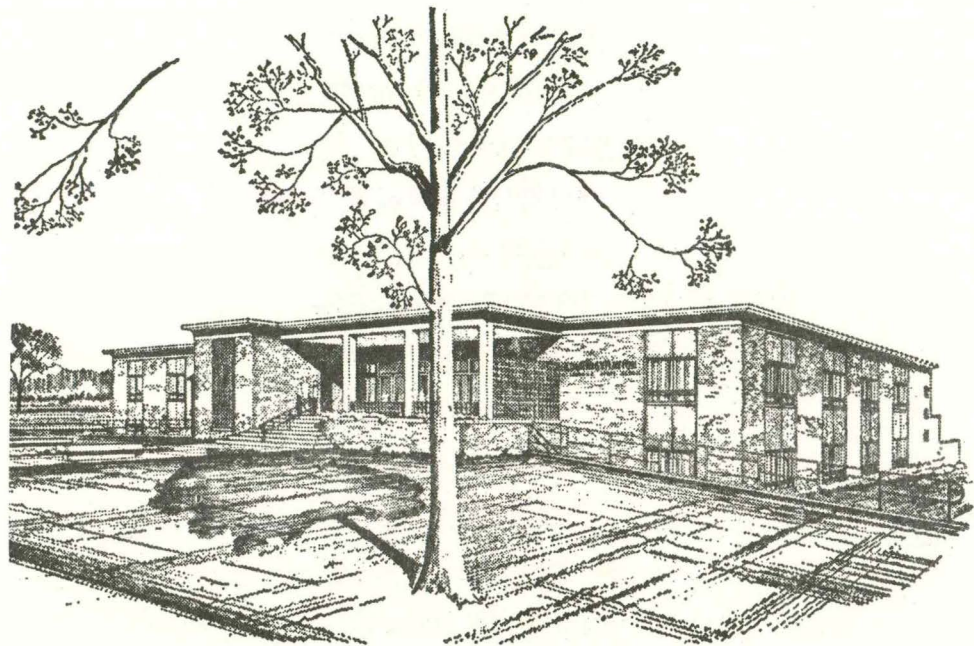


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GLENWOOD



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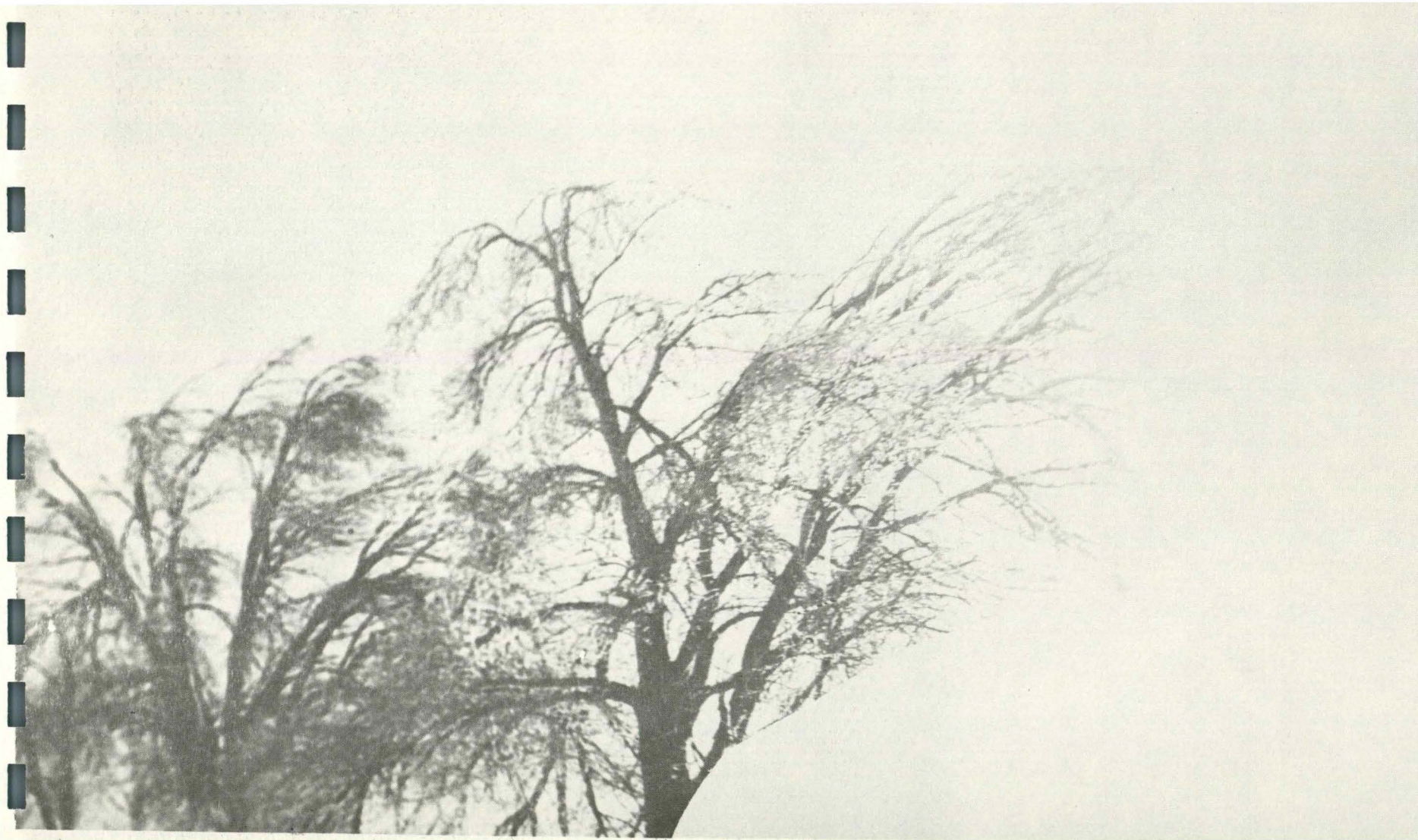


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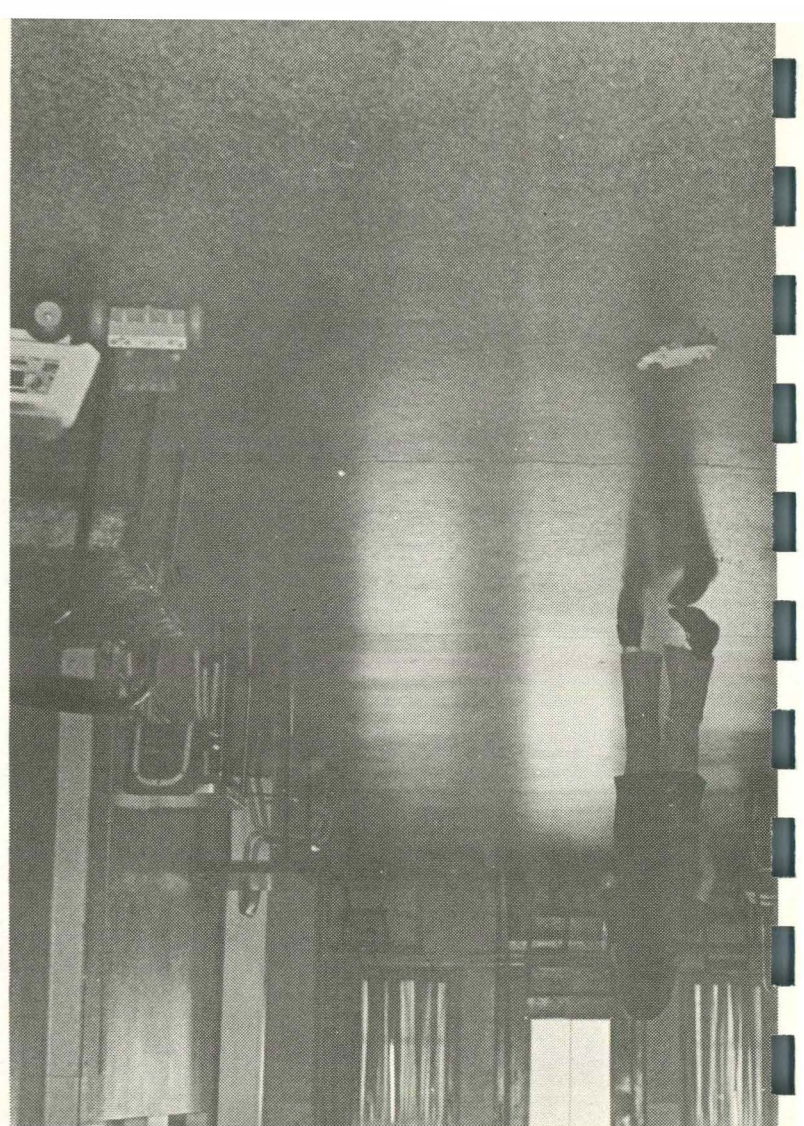
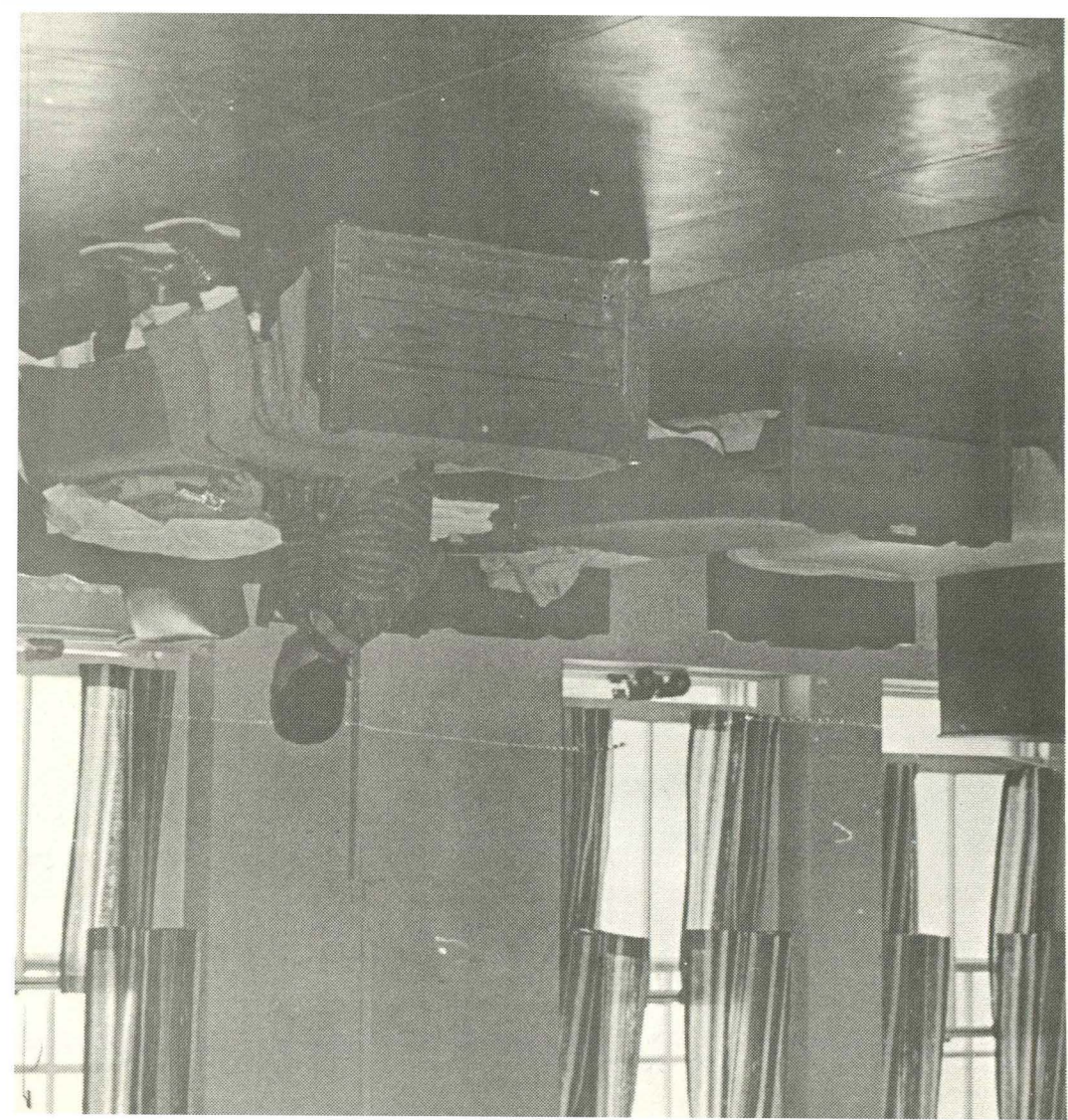
COME TO LIFE !!



I like it here. Sometimes I can be by myself and it's a lot like home. When I'm not in school or working, I can come here to relax. I can watch television or read magazines or just flop out.

I have to share my room with two other girls. But we all like each other. I don't think I'd like it so well if I had to live in some of the other buildings. Some kids here have twenty roommates. I guess I'm one of the lucky ones.





I go to school every morning. I've already learned my numbers and colors and letters. I can even print part of my name. I can make change now, except it's hard for me to remember that dimes are worth more than nickels. Wish they'd make those dimes bigger so I could remember better.

My teacher always has something good to say to me. Even when I make mistakes, she still sees some good in what I've done. I'm glad she's that way, because I sure make a lot of mistakes. Learning is really fun here. I wish I could go to school all day long, but they don't have enough teachers for all of us.



Once a week I go to chapel with my friends. I get all dressed up and everybody asks me if that's a new dress. Sometimes the chaplain gives us instruments and we play a song for God along with the organ. My friend who sits next to me likes to play the bell. But sometimes the boy next to her grabs the bell and she has to settle for a drum. The drum is harder because you have to handle two things. When we all play together it really sounds neat.

On Wednesdays, I go to Chapel School. We have stories from the Bible. I drew a picture of Moses that my teacher really liked. I made him look like a hippie.



Every day I go to the PEP Workshop where I've learned to put different things like buttons and bolts into different sized boxes. The buttons are different colors so you really have to know your colors to do my job. I made a lot of mistakes at first, but now I have the hang of it. I'll probably move on to the Advanced Training Center next month. My vocational counselor told me that after the Advanced Training Center, I'll probably be ready for a job on campus.



I used to be a student at Glenwood, I learned about food services there. Now I work at a restaurant in Council Bluffs. I can wait on tables, clean up tables, and serve the food. I get paid every two weeks and put my money in the bank. The only thing I didn't learn at Glenwood was the tipping. That turned out to be one of the best parts of my job.



My Foster Grandpa comes to my dorm every weekday. We spend two hours together. It's really great to have your own special friend for a whole two hours. He listens to me when I try to talk. He takes me to the canteen and buys me ice cream. Some days we just goof around together. He likes it when I laugh at his jokes. I can't walk too fast, but neither can my grandpa, so that makes us even.



It gets so hot around here in the summer. A guy has to cool off somehow. Sometimes we go to the downtown pool for a swim. We've even gone to Viking Lake and Lake Okoboji. We love to swim. Wish we had a pool here so we could swim in the winter.

We have a gym where we can play basketball and volleyball and dodgeball. We go camping sometimes and that's really fun because we get to build a fire and cook our food over it. On our living unit we have a pool table. We're not hustlers but we're pretty good.

Some of the kids got to go to the Special Olympics. We got lots of ribbons last year.



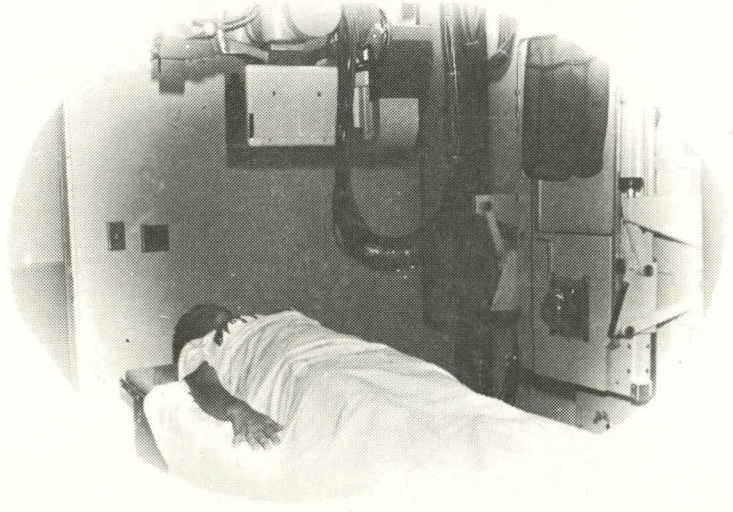
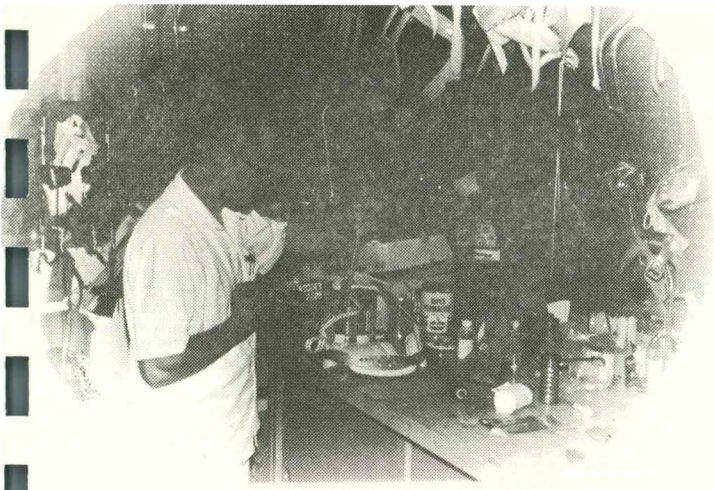


When I'm sick I go to the doctor. We have a doctor and a nurse on every treatment team. They make me better.

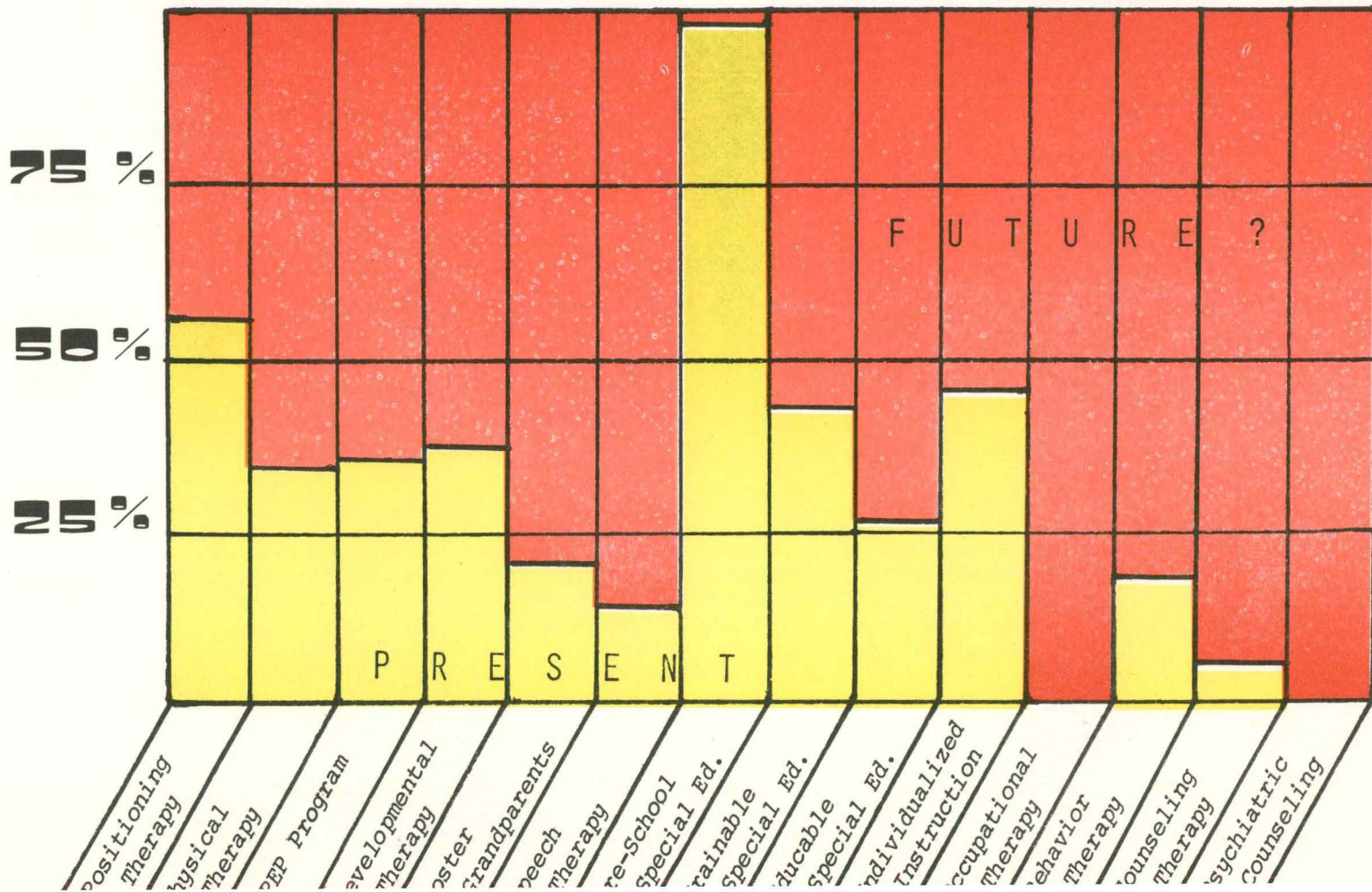
When I first came here, I had a special wheelchair made just for me. That was to get my muscles ready for when I would walk. The chair had a neck pillow on it that helped me hold my head up. My head was always falling down in my lap because my neck wasn't very strong. I never dreamed there was so much going on in the world till I got that neck pillow and could hold my head up to see what was happening around me.

They put a lap tray on my special wheelchair and that was my desk at school and my table at mealtime. It had my name on it so everyone knew who I was.

Then I had to go to physical therapy and they massaged my muscles and helped me stand up straight. Today I can actually walk and that's the biggest thing that's ever happened in my life. I still need braces to hold my legs up, but someday I won't even need those.



DEVELOPMENTAL PROGRAMS



THE STORY OF GLENWOOD

BY

"THE BOSS"

TO: All of the Friends of Glenwood

FROM: The Superintendent, Glenwood State Hospital-School

Thank you for reading and thinking with us about the view of life represented on the preceding pages. We know that you are probably among the large majority who agree with our developmental concept of life. We believe each life is an ultimate value; that the content of life is changeable; that organized effort can influence change to make life better; and that change, growth, and improvement can take place at any age for any person.

Many of our friends ask us for details of how these conversion processes take place at Glenwood. They seek tidy summaries of programs, concise expositories of just what's going on, and they want this information from "the boss."

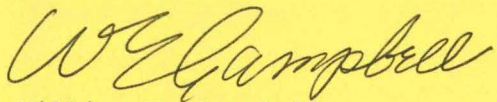
The next few pages are an attempt by "the boss" to tell you what's really going on at Glenwood. The "boss" in all decisions made at Glenwood is the individual for whom the facility and its staff exist. There are at this moment more than a thousand "bosses", and we will get the inside story from two of them.

You will meet Brenda who is renamed but a very real girl at Glenwood today, and you will also hear from Danny who is similar only in his reality. For each to tell all the story would require volumes. Please accept their stories as most superficial in content. Recognize also that thousands would be required to complete the entire picture of Glenwood.

Those of us who have the privilege to work for our "bosses" here at Glenwood perceive our jobs as jointly bringing to bear the total resources at our command upon the lives of each and every one of our Brendas and Dannys.

Will you, their badly needed friends, join with us in the expansion of those resources for the improvement of this process which we call Glenwood State Hospital-School?

Sincerely,

A handwritten signature in cursive script that reads "W E Campbell". The signature is written in dark ink and is positioned above the typed name.

William E. Campbell
Superintendent

"MY NAME IS BRENDA.

I LIVE AT GLENWOOD AT
710 LACEY STREET. I
WANT TO TELL YOU ABOUT
MY MANY FRIENDS AT
GLENWOOD, AND HOW THEY
ARE CHANGING MY LIFE....."



"I also want you to know my mommy and daddy, and my brothers and sisters. They live on a farm, and I am going back there some day. I have two brothers - one older and one younger - and a little baby sister who helps keep my mommy and daddy from being so lonesome for me."

"When I was born, Dr. Jones told my mommy and daddy that I would be a lot different from my brothers. He told them that I had ----"

Family doctor diagnosis - mental retardation, congenital dislocation of the left hip with shortening of the leg of about one inch at the knee, spastic quadriplegia, major motor seizures, and encephalopathy due to RH incompatibility.

"I didn't know what all that meant, but I did know that it was awfully hard for me to swallow, and I choked a lot on water or anything else. I couldn't move, and lay in bed all the time, while my brothers romped and played outside. I wondered what it was like outside. I went out only to go to the doctor in town. Mommy would hold me in the doctor's office while we waited. It hurt me to be out of bed so the doctor told us not to move me too much, and to keep me on a baby bottle. Not being able to talk, it was hard to let anyone know that I'd like to sit up, learn to tell those who loved me what I wanted and in lots of other ways be more my own boss."

"It was right after my fourth birthday when we all decided to go over to Glenwood to see if I might learn to sit up, to help myself learn new things and to find a way to let others know how I felt. Dr. Jones told us he thought that was a good idea."

"We got to Glenwood the night before my evaluation. The next morning we all ate breakfast with many boys and girls that were a lot like me. Some were in funny-looking chairs, some walked with a cane like they didn't see very well -- how lucky I am that I see fine."

"All day long we talked to many men and women. Some looked at me like Dr. Jones did at home. One pricked my fingers until a little drop of blood came out. Others moved my arms and legs, and one

nice person held a watch while he asked me to do different things like close my eyes, try to roll over and lots more. When it was all over they told us that they thought I could learn to sit up in one of those funny looking chairs -- but I would have to work real hard. They thought I could even tell people when I wanted to eat, to play, to rest, and when I was going to be wet so I wouldn't have to be that way all the time. One of these men who asked so many questions finally said that if we all wanted to I could live a while at Glenwood to see if all and maybe more of those exciting things could happen to me."

Brenda has described what we all the Diagnostic Evaluation. A specially assembled team of professionals (in her case, a physician specializing in pediatrics, a physical therapist, a psychiatric social worker, a doctorate in psychology, a positioning therapist, a speech and hearing specialist, an educator specializing in educational prescriptions for the profoundly handicapped, a registered nurse, and a prescriptive recreation specialist) jointly assessed Brenda as to both her current functioning level in all behavioral and physiological realms as well as the types of efforts that might be constructive to her life.

The capacity of the family and community to meet her needs were honestly assessed. In most cases, a community solution is found and Glenwood is relatively disengaged except to consult with and recommend to both the family and community professionals. In other cases with unusual or difficult complications, and Brenda was one of these, the unique needs of a case which may not appear in that rural area for another hundred years must be handled by a group of highly specialized professionals. In spite of our firm notions that Brenda could grow and develop much more adequately after specialized treatment at Glenwood, the final decision to engage in treatment is left voluntarily to the family.

Brenda's family went home, talked to their doctor and minister, and decided to voluntarily admit Brenda into Glenwood's programs. Let's continue as Brenda starts on the road to growth and development.

"The day I came to live at Glenwood was very cold. My Aunt Jane came along with my mommy and daddy. I was scared to think of being alone and not seeing my family. But I was anxious to try to learn the many things that other girls already know how to do."

"I met so many different people I can't remember them all. There were doctors and nurses and teachers and many, many more. They are part of what is called a 'Treatment Team' here at Glenwood. They get together and decide what I am supposed to do to grow stronger and happier. They have decided that I should start doing some exercises that hurt a little -- but I don't mind, since it will help me to do other things later. They've written down many goals for me to accomplish. I hope that I can do them all before too long."

The heart and soul of Glenwood is the multi-professional treatment team. Together these professionals construct, monitor, and implement an individual goal-oriented treatment plan for Brenda and for each person at Glenwood.

A typical but not an exhaustive list of members on a Treatment Team includes one or more physicians, psychologists, educators, physical therapists, therapeutic recreationalists, social workers, foster parents, occupational therapists, chaplains, vocational instructors, counselors, speech and hearing therapists, nurses, positioning therapists, developmental therapists, foster grandparents and others.

Unique in the process is the synthesizing nature of interaction that produces a final grouping of realistic goals. Families and the patient himself participate as much as possible in the formulation of these plans. The whole becomes greater than the sum of its individual parts. Often families are forced to bring together into a consistent plan the many ideas presented to them by their child's teachers, doctors, pastors, and a host of others. They are often more perplexed than before they sought help. The Treatment Team concept requires each profession to clarify itself in the context of other vital interests.

The process is continuous; you will notice as Brenda explains some of her experiences resulting from decisions of her Treatment Team.

"Three days each week I go up to the physical therapy rooms. My foster grandmother goes with me. Sometimes I get warm towels, and always they move me a lot and exercise my arms and legs. After we're all done my foster grandmother takes me to the canteen for ice cream. I practice with my foster parents in my living quarters between sessions. I'd like you to read my report card that I got from physical therapy."

Brenda was enrolled in Physical Therapy in March, 1972. Examination at the Diagnostic Evaluation in December, 1971 showed Brenda to be quite responsive to attention. She had very poor control of upper extremities, no sitting ability, no head control. Brenda could not walk. After three months in the physical therapy program, Brenda learned to relax on command. After relaxation was accomplished she gained enough upper extremity control to remove pieces from small form boards.

A large percentage of our population, like Brenda, have gross and profound physical disabilities. Nearly 300 cannot walk without assistance or prosthesis. All physical therapy is by prescription from our doctors. All of this leads to further growth and development as Brenda will tell you.

"After several months of working hard with my exercises, I met a new friend. She is called a positioning therapist. She told me that as soon as there was an opening I could start having my own special chair made. For the first time in my life I would be able to sit up."

"We spent a lot of time together, and it wasn't easy. I'd spent a lot of my life being lazy and lying on the floor. They measured me every which way. They shaped plastic and foam rubber, and a nice man used big loud saws to cut special pieces for my chair."

"My friend sent a report back to my treatment team. This is what it said:"

At the time of admission Brenda lacked head and trunk control and could not sit alone. She displayed a tonic neck reflex, stronger on the right, which prevented her from being able to

bring her hands and head to midline. Her lower extremities were held in flexion at the hips and knees with the right leg abducted and externally rotated, and the left leg abducted and internally rotated. The left leg appeared approximately 1" shorter than the right. In the above described position Brenda was unable to perform any meaningful tasks with her hands. Brenda was positioned in an adapted wheelchair in March, 1972. It was necessary to construct numerous adaptive devices for her positioning chair in order to support her in a functional upright position.

"After I got my own special wheelchair, my, how different everything looked. It was a whole new world! I now could sit up like other kids and see things and people that I couldn't see so good laying down."

Simply stated, positioning therapy places individuals into therapeutic postures in beds, on the floor, and in chairs. Physicians order therapeutic positioning at Glenwood. A mini-team of physicians, physical therapists, nurse, and carpenter work as a unit. Often the process takes several months. The results are people who can participate more in their lives, grow and develop faster in all areas, eat and sleep better. Brenda has more friends she wants you to meet.

"The next friend I want you to meet is my own special grandma, who is called a Foster Grandma. My, what fun we have! She comes to see me five days a week, and can push me in my own chair out doors, and to the canteen. We go on picnics and I can sit up like the other kids. We have so much fun. I love my foster grandma and she loves me too."

The treatment teams select children who can profit most by having a Foster Grandparent. Each Foster Grandparent spends two hours per day individually with two children. Their major therapy is love, and it works wonders. Foster Grandparents are effective advocates for their charges. It is common to find them involved in treatment team decisions on behalf of their child.

"Some days some of my friends and I have developmental therapy sessions together. We learn how to use our arms and hands, how to use our senses and how to grow. We get rubbed with towels on our

arms and legs, roll over on giant spools to learn where we are in space, and experience many sensations like sweet and sour, warm and cold, and things like that. I guess we learn things that some kids learned way back when they were little babies and we just missed. But we're catching up, and it's fun to do all those different things."

Developmental Therapy attempts to work both individually and with groups to replicate early developmental phenomena in the mentally disabled. It is found that replicating early sensory motor developmental behaviors produces accelerated growth in some of our residents. At present we have utilized developmental therapy concepts in our early learning center and our skills activity centers.

"Guess what? I've been doing so well with my physical therapy, I can sit longer in my special chair than ever before; my foster grandmother and foster mothers in my home are helping me learn faster, and the developmental therapy really seems to be helping so NOW I AM IN SCHOOL!"

"I really never thought I'd go to school just like my brothers. But here I am! In fact, I have two teachers! One is called my Special Education teacher, and the other is called my Language Development teacher. I've worked hard and here are the first report cards back to my Team and to my folks:"

Brenda is now able to hold up her head erect for several minutes to attend to a task and can, on command, respond to a 'yes' or 'no' question by pointing to an object or picture on the 'communication' lap on her positioning chair.

Language Communication Aide: Brenda attended group language development from May, 1973 until January, 1975. She is now enrolled in individual sessions. Language development was aimed at improving receptive and expressive language. Brenda has been learning to phonate a yes and no in response to direct questions. The activities are being carried out as a prerequisite to some form of non-oral communication system.

Special Education is a large and complex undertaking at Glenwood. The same individualistic approach carries into the classroom setting. An Early Learning Center functions to assist youngsters prepare for learning on a one-to-one basis. Concept formations are taught to severely and profoundly involved persons.

Several modules of progress operate within the school programs. Everyone succeeds, everyone grows, everyone learns realistic life-oriented behaviors that will assist him to lead a more rich and productive life.

"Where I live I have several foster mothers who said now that I could sit up I must learn to drink and eat like big girls do. It was hard to learn to suck through a straw, chew food without choking, but I had to learn to do these things. I can now eat a regular diet with bite size pieces of meat. I cannot feed myself, but I can hold a straw in my mouth without any help and suck the milk through the straw. Maybe someday I can learn to feed myself. The people who cook my food seem to know what I like."

"It seems I didn't get used to one thing before I had to learn something new and different. Now I sit several times a day on my own potty chair that has been made especially for me by my friend who made my wheelchair. I don't like this but I must learn to be a big girl."

The Resident Life Advisor -- or foster mothers as Brenda calls them -- are the core of progress for the boys and girls of Glenwood. It is this important person who brings all of the programs and content of the treatment plan directly into each life. Without the Resident Life Advisor nothing of significant or permanent value will happen in our peoples' lives.

"About once each month I have to work for my friend who helped me to get my chair. I show new people who are going to work here how I can sit in my own chair and hold up my head. I show them how I answer questions. Yes, I can answer questions even though I can't talk real good. There are many ways to talk you know, without making lots of sounds. I show them how I learned to drink through a

straw all by myself. I love these days as I get dressed up in my pretty clothes and people think I am so smart."

"I have told you about all the hard work I have to do, now I want to tell you about all the fun things I get to do. I have some friends who don't make me work, but play with me. We go on picnics. If it is raining we have picnics where I live. We have parties, music, and one day we had a volley ball game. We go to the zoo, rodeo, and everywhere. I can sit on the bus in my own chair and see everything out doors as the bus goes. Sometimes Grandma goes with me. The most special fun I had this winter was to go with eight of my friends to a park on Viking Lake and we spent two days and a night camping out in a big building with a fireplace. My fun friends cooked our food. We went for a sleigh ride, slept in sleeping bags, and had lots of fun."

"I am sad on holidays and Saturday and Sunday, as my Grandma and some of my foster mothers don't come so I don't get to do all the work and fun things I do other days. I guess they have to be home with their kids too, but I do wish I could have more people here all the time."

"I've only told you of a few of the things I've done since I came to Glenwood. There are many more things for me to learn to do, and there are lots of things the other boys and girls do that wouldn't be right for me. I've learned that each of us here is a special person, with special needs, and our own special program."

"My friends here are helping my Mom and Dad learn how to help me with my exercises and how to know when my chair needs changing. Pretty soon I'll be going back home, and we will come back to see how I'm doing. Then I'll be what they call an 'out-patient' and I'll have a whole new story to tell."

"I hope you liked my story. I liked telling it to you. I wish that the other boys and girls who need to do the things I've done could get to do them faster. Some have to wait awfully long to have their chair built, to get a foster grandmother, to go winter camping, to get into the school program for as long as they need, and many other things. I wish that I knew how to thank everyone that gave me the chance to help myself. They must be awfully nice people."

"MY NAME IS DANNY.

I HAVE WHAT'S CALLED 'RETARDED'.
SOME PEOPLE HAVE THIS RETARDED.
I KNOW I HAVE IT.....



If you'd look at me you wouldn't think there's anything wrong with me. When I was a boy, everybody told my Mom what a cute little guy she had there.

People still think I look okay. They start talking to me right away. But when I start talking, they get a funny look on their face. Like they don't know what's the matter with me. That's why I don't talk too much... I just listen and smile a lot. When I was a kid, they used to call me 'dumb'. That means there's something gone wrong in your head. Now they just say I'm 'slow'. I think it means the same thing.

When I was seven years old, I went to a place called Glenwood. I didn't like it there at first. Those people made me do things even my mother couldn't make me do. I used to grab the food off my plate and stick a bunch of it in my mouth. At Glenwood they made me use a spoon and a fork. They made me sit on this toilet a lot too, every two hours. Then they'd look in the toilet when I got off of it. If there was something in there, they were really happy. They'd say, 'Good Boy, Danny'. I couldn't figure out what they were so happy about; they'd just flush it down the stool anyway.

The worst thing about Glenwood was they wouldn't let me put my hand in my mouth. I always used to stick my whole hand in my mouth when I was mad or afraid. I'd suck on my hand and it made me feel good to suck it. But they said I was drooling and my mouth was getting too big sucking on my hand so much. Even when I tried to sneak a few sucks, somebody would see me and that hand would get slapped.

After a while I decided Glenwood wasn't such a bad place. We did get to go on picnics and the food was great. We'd go sledding in the winter and at Christmastime we'd take bus rides to see the Christmas lights. That was really something. Sometimes the staff took us roller skating, but they had to hold us up so we wouldn't fall down.

By the time I was ten, I could do a lot of things. I could feed myself and dress myself, but I had some trouble with the zipper on my coat. I still couldn't tie my shoes, either. At least I didn't

have any more toilet accidents. I could make my own bed pretty well. I could wash myself and brush my teeth without swallowing the toothpaste. I still needed help washing my hair, but I could comb my hair so it looked real nice. I was doing so well that they moved me to a living unit with older boys. My mom was really glad when she got that news.

In school I was moved from the Early Learning Center to Level II. That meant I had to go to school longer each day. I learned more things though. I could even find the card with my name on it, because I knew the letters of my name.

When I was twelve, I got promoted to a new living unit on the fourth floor of 102 Central Street. They have a token system there, and I got paid tokens every time I tried to do what they wanted me to do. Every night we'd hand in our tokens and they'd give us money for each token we had. At first I spent all the money on pop and ice cream at the canteen. But then I found out that if I saved my money, I could go downtown and buy things there.

I started working in the PEP Workshop when I was fifteen. They called this the Prevocational Experience Program, which means that they're getting you ready to find a job. That was pretty neat because I worked on colors, and shapes and sizes. I learned to sit and work at one job for a whole hour. I got to punch my own time card every day. That's how they figured out how much money to pay me.

I spent a lot of time in PEP. I really liked it there. They moved me to another work section called the Training Center. I learned to sort and package different things and we got to make scratch pads and coloring books for the little kids. I learned to use a screwdriver and hammer and saw. Some of us made a birdhouse that we hung in a tree. The birds liked it, but there wasn't enough room for all of them. I was just getting ready to make another birdhouse when the staff told me that I was going home!

There was a sheltered workshop in my home town. My folks were really glad I could come back home and work there. It was much nicer being at home, except I missed my friends at Glenwood.

I got along okay at the workshop for a while. I helped to sort different things in different boxes and cleaned up the shop. But then my bosses started asking me to do things I wasn't too sure of. They could see that I was tired of doing the same old thing every day, but I was afraid to do the new jobs they gave me. When I went home at night, I'd worry about how I was going to do the next day. Some nights I wouldn't even get to sleep.

I talked with the counselor who helped me with my work problems. He could see that something was bothering me. He brought in some other people to talk with me. Then they asked my folks if I could go back to Glenwood for another six months and learn some special job skills.

I had been in the sheltered workshop for two years. I wondered if Glenwood had changed any. I wondered if any of my friends would still be there.

When I got back to Glenwood, I found it hadn't changed much. A lot of my friends were still there. But the place where I lived was a little different. Each one of us had goals we were supposed to be working on. Every now and then we met with the Team to see how we were doing on our goals.

I got to work in the dietary unit and they taught me something about cooking and taking care of dining rooms. I also worked in the laundry where I learned about washing and drying and folding. This work was harder for me, because they wouldn't let me sit down on the job. If I didn't work a whole hour, then I didn't get paid for the whole hour. I got paid every two weeks. I had to pay for my room and board, taxes and insurance. But I was able to save about \$80.00 every month after I paid all my bills.

After I had been back at Glenwood about four months, the Team told me I was doing a real good job. I was glad to hear that, because I was really working hard. They told me that I could go back to

my home town in a couple months and work in a cafe as a janitor.

When I got back to my home town, I started right in at the cafe. It wasn't near as large as the dining room at Glenwood, but there was a lot of work to do and the boss was good to me. Not too long after I started working there, the guy who owned the cafe sold it to another guy. My new boss didn't like my work. I tried real hard, but he always found something I did wrong. He told me I was too slow and would have to work faster. When I worked faster, he told me I was the poorest worker he'd ever seen. He told me I didn't have enough sense to come in out of the rain. I got mad at him when he said that, so I didn't go back to work the next day. I never went back to that place again.

Right after that my grandma and grandpa died in the same month. That bothered me a lot because they were really good to me. They sent me cookies and wrote letters to me. They stopped by to visit every once in a while. I knew they'd never stop by again.

Then in 1973 the worst thing in my life happened. My mom and dad were killed in a car wreck. I didn't know what I was going to do. I used to go over and visit them on weekends. Mom always had my favorite dessert -- peach pie and ice cream. I was so lonesome. I knew they wouldn't ever send me any more mail. I thought maybe I could go and live with my older brother. He got divorced a long time ago and moved to California. But they couldn't find him anywhere. I don't think he wanted me anyway.

I was living in a nursing home. There were a lot of old people there. I didn't really have any friends except this one guy who worked late at night. I didn't have any money, I didn't have a job, and my folks were dead. I was real upset.

One day they moved this old lady into a room down the hall from me. She always liked to scream at night. Everybody would yell, "Shut up, Tillie." One night Tillie wouldn't shut up. She just kept screaming and screaming. I couldn't stand it anymore. I started screaming myself. I tore up all

my clothes. I broke out some windows with my fist. Then I picked up some furniture and just threw it around everywhere. I could hear people running down the hall and a lady in a white dress opened the door of my room. She said, "What's going on here?" I punched her in the nose and started hitting her in the face. She sounded like Tillie screaming.

Next thing I knew I was riding in a police car with a sheriff on the way back to Glenwood. It was a real hot morning so it must have been summer. They took me to the hospital and put some new bandages on my hands. Then they took me to a big building with big rooms that have lots of beds. They showed me where my bed was. I have thirty-six roommates.

So here I am back at Glenwood. I don't hit people or throw things anymore. My social worker says I can control my temper now. But we sure have a lot of guys here who like to get into fights.

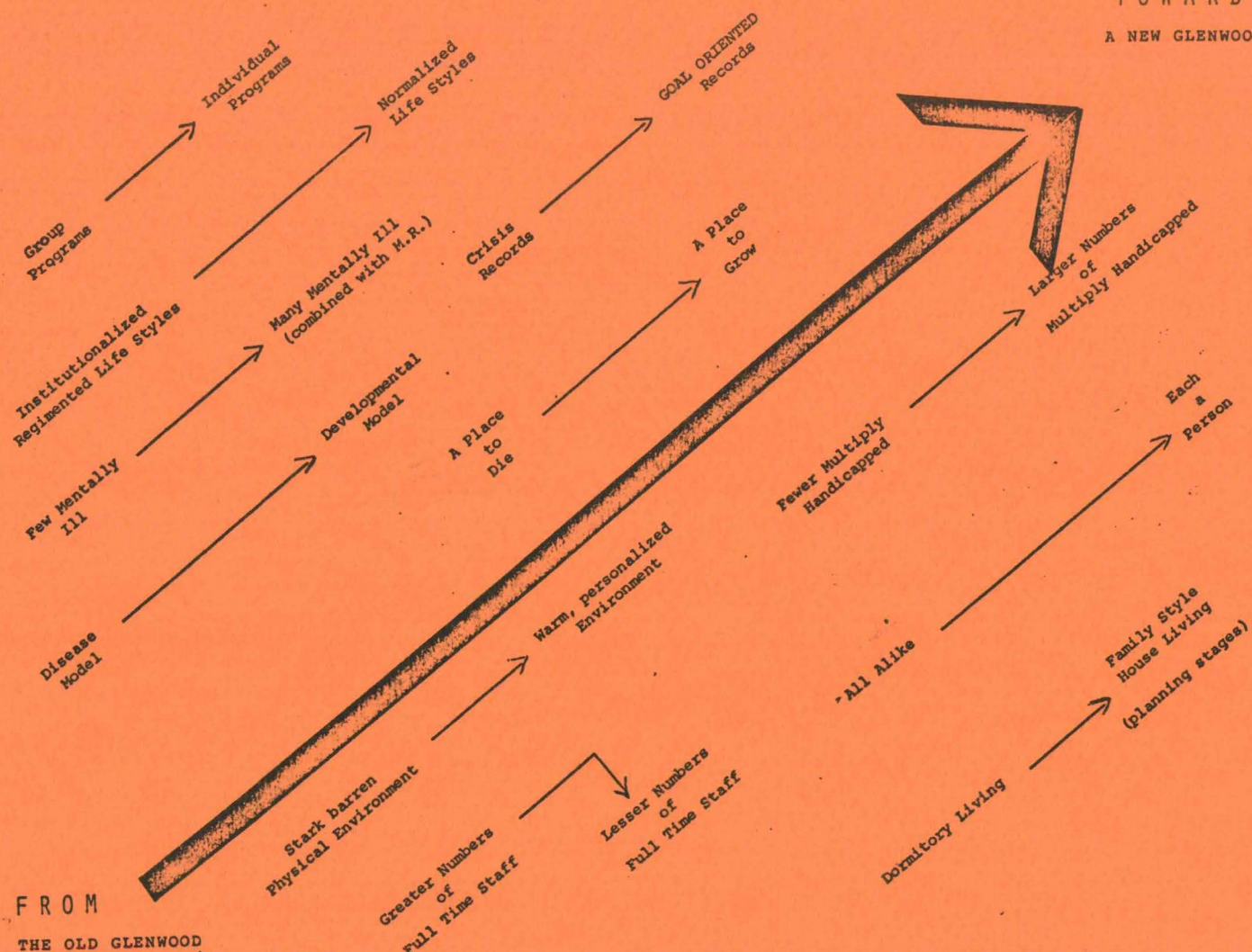
In a few weeks I'll be forty-four years old. I can hardly believe it. I never thought I'd end up back here at Glenwood. I don't know how long I'll be here. Some of the guys are going out to nursing homes pretty soon. Maybe I'll go back to a nursing home some day.

Glenwood sure has changed some from when I was a kid. I asked my attendant why I don't get to do as many things now as I did when I was younger. She says that we don't have enough help for everybody around here. I guess they try to help the kids who are going to get out of here and go back to their families.

I work in the school building as a janitor now. I go to school for an hour in the mornings. I learn to type some days. Some other days I go to grooming class and learn how to take better care of myself. On Thursday nights we have a meeting with all the guys and my supervisor. That's a lot of fun and I learn some things too. I learned that it's bad to hit people and get mad just because someone calls you names. We get to go swimming and bowling and roller skating. Some times we go to the Pizza Hut. This summer we'll go to the Sidney Rodeo like last year. The Fourth of July celebration is the most fun though. Wonder if I'll still be here for that."

HOW GLENWOOD GROWS

TOWARD
A NEW GLENWOOD



SOME FACTS AND FIGURES

In the preceding two sections you have sampled the philosophy at Glenwood State Hospital-School, and how that philosophy affects two out of hundreds of lives.

The last section is more of an appendix of facts and figures. To comprehend these data most fully, we want you to know about the developmental model of organization that has been designed to parallel a developmental view of life.

Some years ago we regrouped the in-residence part of our population along new lines. The result was essentially 12 broad groupings -- four age-oriented groups within three functional categories. The behavioral characteristics of the three functional categories suggest the terms "independence", "shelter", and "dependence." Within each of these functional groupings are the four major age classifications of "children", "adolescents", "young adults", and "adults."

The program catalog that follows will depict for each of these 12 groupings the specific components available. Several of the major programs are summarized in a few sentences.

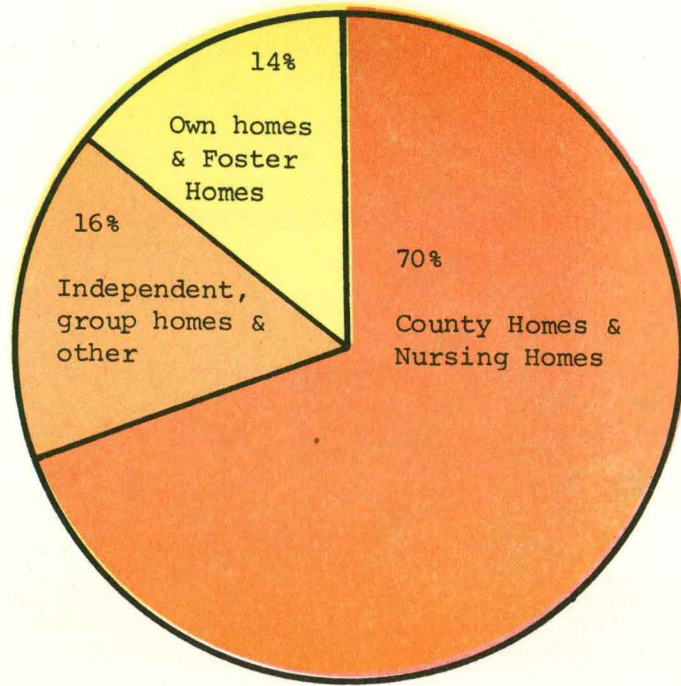
We hesitate to produce a booklet that tells about the lives of people at Glenwood State Hospital-School. There is some danger, we think, that readers will reach conclusions. Knowing us is a process that is never complete. A most valuable addition to that process is a personal visit.

We will be happy to welcome you to our campus, and to listen to your ideas and suggestions for making Glenwood a better "place to grow."

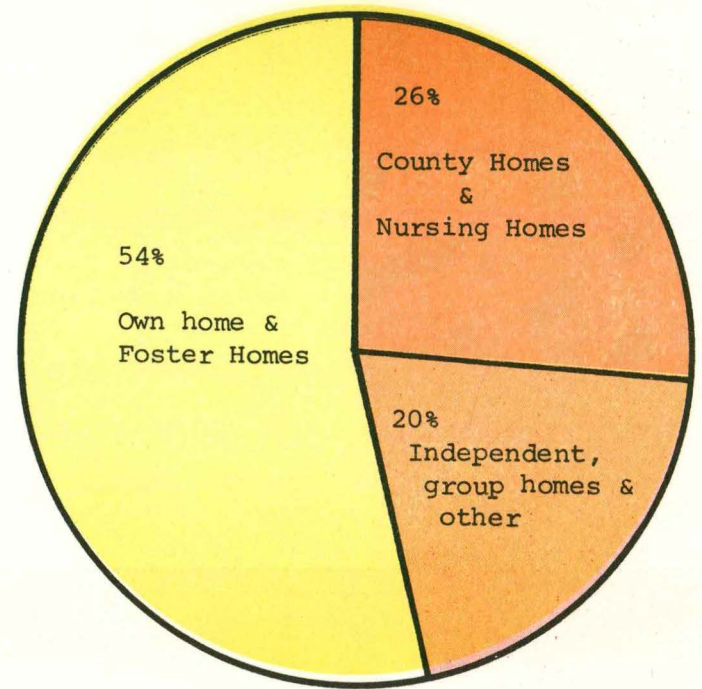
Sincerely yours,

The Staff of Glenwood State Hospital-School
by William E. Campbell, Superintendent

RETURNS TO COMMUNITY

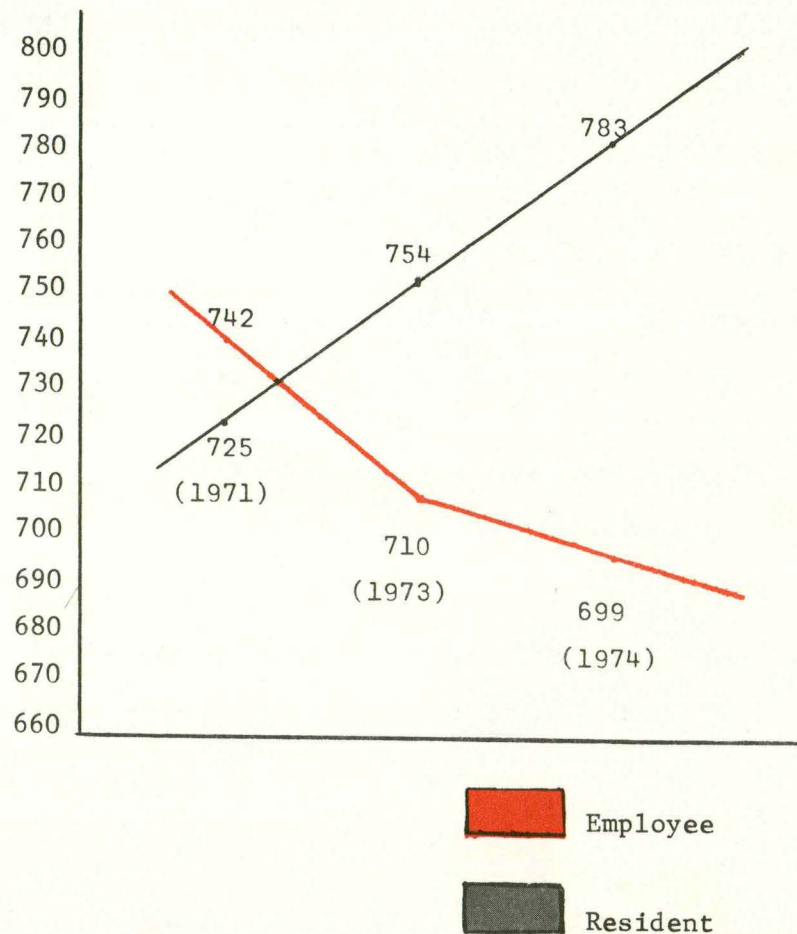
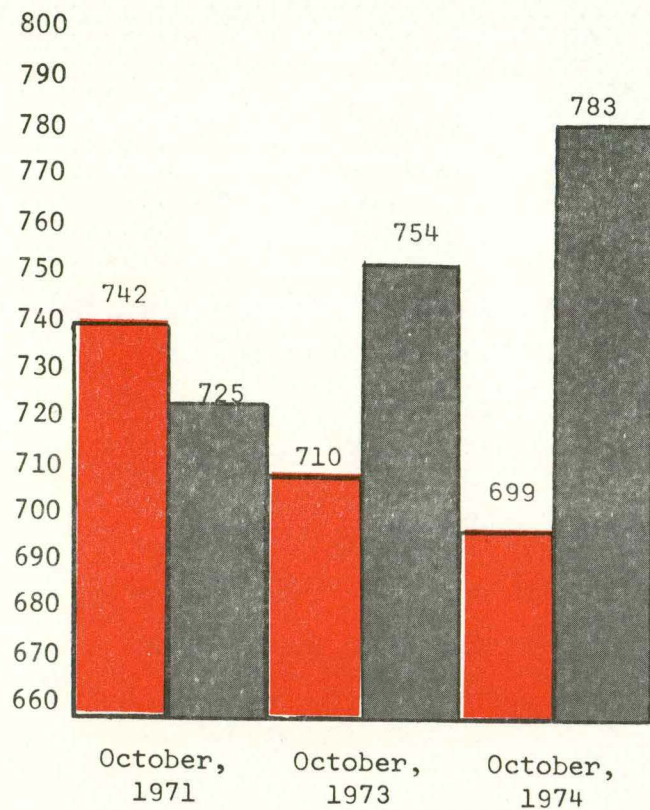


1971



1974

These two graphs represent the employee-patient ratio at Glenwood State Hospital-School for the years 1971, 1973 and 1974. Both the vertical bar graph and the line graph show a marked incline in patient admissions compared to a progressive decline in the number of employees who staff the institution.



Statistics

In-residence census (24 hrs. a day care) 794

Contacts with out-patients in 1974 4,085

Provide services for residents from 70 counties.

Admission Trends

	1964	1974
Measured Intelligence:		
Borderline	4%	7 1/2%
Mild	20%	7 1/2%
Moderate	22%	9%
Severe	28%	24%
Profound	26%	52%

Resident Population

	Sept. 1964	Jan. 1975
Measured Intelligence:		
Borderline and Mild	16%	13%
Moderate	19%	13%
Severe and Profound	65%	74%

Characteristics of Present Population

Multi handicapped	715
Mentally Ill	387
Secondary Cranial Anomaly	139
Impairment of Special Senses	208
Convulsive Disorders	219
Motor Dysfunction	319
Non Ambulatory	145
Partially ambulatory	38

Convalescent Leaves, Period Ending:

1-1-72	593	1-1-74	535
6-1-72	588	6-1-74	525
1-1-73	565	1-1-75	543
6-1-73	557		

DISTRIBUTION OF MAJOR PROGRAMS AND ACTIVITIES BY AGE AND FUNCTIONAL LEVELS WITHIN THE DEVELOPMENTAL MODEL
GLENWOOD STATE HOSPITAL SCHOOL

<u>PROGRAM - ACTIVITY</u>	<u>I N D E P E N D E N C E</u>			<u>S H E L T E R</u>				<u>D E P E N D E N C E</u>		
	<u>CHILDREN</u> Moderate Mild	<u>ADOLESC.</u> Moderate Mild	<u>ADULT</u> Moderate Mild	<u>CHILDREN</u> Severe Profound	<u>ADOLESC.</u> Severe Profound Moderate	<u>YOUNG ADULT</u> Profound Severe Moderate	<u>ADULT</u> Profound Severe Moderate Mild	<u>CHILDREN</u> Profound Severe	<u>ADOLESC.</u> Profound Severe	<u>ADULT</u> Profound Severe
<u>Brief Descriptive Title</u>										
Resident Life Advisors	-	X	-	-	X	X	X	-	-	-
Behavior Modification Training (for Parents, foster parents, etc.) Houseparents	X	X	X	X	X	X	X	X	X	X
Individualized Work Habit Training	-	X	X	-	X	X	X	-	-	-
Individualized Counseling	X	X	X	-	X	X	X	-	-	-
Group Counseling	X	X	X	-	-	X	X	-	-	-
Resident Personal Budget & Expenditure of Earned Income Training	-	-	X	-	-	X	X	-	-	-
Training in Unaccompanied Use of Community Facilities (churches, restraurants, etc.)	-	-	X	-	-	X	X	-	-	-
Individual Play Therapy	-	-	-	X	-	X	X	-	-	-
Nursing Care	X	X	X	X	X	X	X	X	X	X
Physicians' Rounds to Patients	-	-	-	-	-	-	-	X	X	X
Bed and Floor Positioning Therapy	-	-	-	-	-	-	-	X	X	X

DISTRIBUTION OF MAJOR PROGRAMS AND ACTIVITIES BY AGE AND FUNCTIONAL LEVELS WITHIN THE DEVELOPMENTAL MODEL
GLENWOOD STATE HOSPITAL SCHOOL

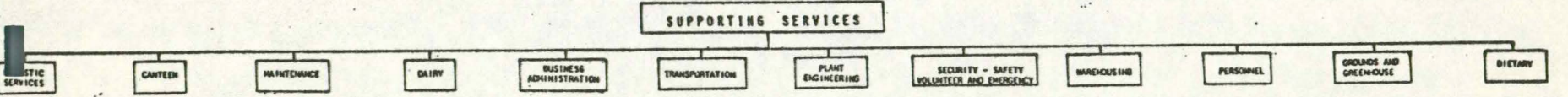
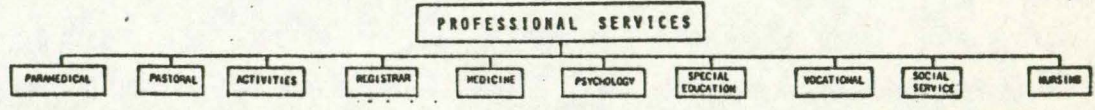
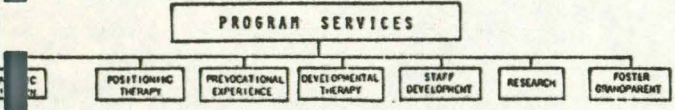
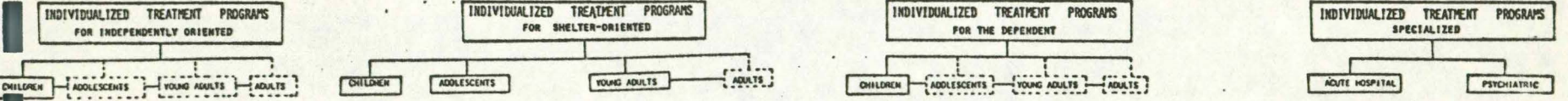
<u>PROGRAM - ACTIVITY</u>	<u>INDEPENDENCE</u>			<u>SHELTER</u>				<u>DEPENDENCE</u>		
	CHILDREN Moderate Mild	ADOLESC. Moderate Mild	ADULT Moderate Mild	CHILDREN Severe Profound	ADOLESC. Severe Profound Moderate	YOUNG ADULT Profound Severe Moderate	ADULT Profound Severe Moderate Mild	CHILDREN Profound Severe	ADOLESC. Profound Severe	ADULT Profound Severe
<u>Brief Descriptive Title</u>										
Normalization & Destruction of Dehumanization	X	X	X	X	X	X	X	X	X	X
Medication Prescription and Control	X	X	X	X	X	X	X	X	X	X
Individual Deaf Education	X	X	X	X	X	X	X	-	-	-
Medical Diagnostic Services (X-ray, EKG, BMR, EEG, etc.)	X	X	X	X	X	X	X	X	X	X
Individual Blind Training	-	-	-	X	X	-	X	-	-	-
Individualized Psychiatric Treatment	X	X	X	X	X	X	X	X	X	X
Periodic physical survey, inoculations, diagnostic tests	X	X	X	X	X	X	X	X	X	X
Individualized mobility training for physically handicapped	X	X	X	X	X	X	X	X	X	X
Individualized speech & hearing diagnosis & treatment	X	X	X	X	X	X	X	X	X	X
Communication, correspondence & other personal services	X	X	-	X	X	X	X	X	X	X
Admission Release & Transfer Activity	X	X	X	X	X	X	X	X	X	X
Resident Funds & Property Management	X	X	X	X	X	X	X	X	X	X
Behavior Modification Programs (Individualized)	X	X	-	X	X	X	X	X	X	X
County, Community Facility Contacts	X	X	X	X	X	X	X	X	X	X
Motor-Sensory-Stimulation Training (Developmental Therapy)	X	X	-	X	X	X	X	X	X	X

DISTRIBUTION OF MAJOR PROGRAMS AND ACTIVITIES BY AGE AND FUNCTIONAL LEVELS WITHIN THE DEVELOPMENTAL MODEL
GLENWOOD STATE HOSPITAL SCHOOL

<u>PROGRAM - ACTIVITY</u>	<u>INDEPENDENCE</u>			<u>SHELTER</u>				<u>DEPENDENCE</u>		
	<u>CHILDREN</u> Moderate Mild	<u>ADOLESC.</u> Moderate Mild	<u>ADULT</u> Moderate Mild	<u>CHILDREN</u> Severe Profound	<u>ADOLESC.</u> Severe Profound Moderate	<u>YOUNG ADULT</u> Severe Moderate	<u>ADULT</u> Profound Severe Moderate Mild	<u>CHILDREN</u> Profound Severe	<u>ADOLESC.</u> Profound Severe	<u>ADULT</u> Profound Severe
<u>Brief Descriptive Title</u>										
Physical Therapy	X	X	X	X	X	X	X	X	X	X
Individualized Pediatric Consultation	X	X	-	X	X	-	-	X	X	-
Office Calls to Dentist	X	X	X	X	X	X	X	X	X	X
Grandparent Substitutes	X	-	-	X	X	-	-	X	X	-
Family Genetic Counseling	X	X	X	X	X	X	X	X	X	X
Individualized Pre-school Special Education (Developmental Level I)	X	-	-	X	X	-	-	X	X	X
Eye Examination, Prescription & Adjustment	X	X	X	X	X	X	X	X	X	X
Individualized Trainable Special Education (Developmental Level II)	X	X	-	X	X	-	-	-	-	-
Foot Examination, Provision of special shoes, specialized podiatry services	X	X	X	X	X	X	X	X	X	X
Individualized Transitional Special Education (Developmental Level III)	X	X	-	-	X	-	-	-	-	-
Individualized Neurological Consultation	X	X	X	X	X	X	X	X	X	X
Individualized Educable Special Education (Developmental Level IV)	X	X	X	-	-	-	-	-	-	-
Individualized otorhinolaryngologic consultation (clinic)	X	X	X	X	X	X	X	X	X	X
Individualized Adult Education Special Education (Developmental Level V)	-	-	X	-	-	X	X	-	-	-
Individualized Surgical Consultation (Clinic)	X	X	X	X	X	X	X	X	X	X
Short term Crisis Psychiatric Services (specialized unit)	-	X	X	-	X	X	X	-	X	X

GLENWOOD STATE HOSPITAL SCHOOL Staff Organization

GENERAL MANAGEMENT



Staff Organization

GENERAL MANAGEMENT

- 1 Superintendent
- 3 Assistant Superintendents
- 3 Clerical

INDIVIDUALIZED TREATMENT PROGRAMS FOR INDEPENDENTLY ORIENTED

INDIVIDUALIZED TREATMENT PROGRAMS FOR SHELTER-ORIENTED

INDIVIDUALIZED TREATMENT PROGRAMS FOR THE DEPENDENT

INDIVIDUALIZED TREATMENT PROGRAMS SPECIALIZED

- CHILDREN
- ADOLESCENTS
- YOUNG ADULTS
- ADULTS

- CHILDREN
- ADOLESCENTS
- YOUNG ADULTS
- ADULTS

- CHILDREN
- ADOLESCENTS
- YOUNG ADULTS
- ADULTS

- ACUTE HOSPITAL
- PSYCHIATRIC

- 1 Program Administrator
- 1 Clerical
- 1 Social Workers
- 1 Psychologist
- 1 Physician
- 1 Registered Nurse
- 1 Special Educator
- 1 Recreation Therapist
- 1 Recreation Aide
- 1 Vocational Counselors
- 1 Vocational Instructors
- 1 Resident Advisor Supr.
- 1 Resident Advisors

- 1 Program Administrator
- 2 Clerical
- 2 Social Workers
- 1 Psychologist
- 1 Physician
- 1 Special Educator
- 2 Registered Nurses
- 2 Recreation Aides
- 1 Special Ed. Coordinator
- 1 Developmental Therapy Aide
- 2 Physical Therapy Aides
- 10 Resident Advisor Supr.
- 80 Resident Advisors

- 1 Program Administrator
- 1 Clerical
- 1 Social Worker
- 1 Psychologist
- 1 Physician
- 1 Registered Nurse
- 1 Special Educator
- 1 Recreation Therapist
- 2 Recreation Aides
- 1 Developmental Therapy Aide
- 1 Vocational Counselor
- 6 Resident Advisor Supr.
- 52 Resident Advisors

- 1 Program Administrator
- 2 Clerical
- 4 Social Workers
- 1 Psychologist
- 2 Physicians
- 1 Registered Nurse
- 1 Special Educator
- 1 Recreation Therapist
- 3 Recreation Aides
- 1 Developmental Therapy Aide
- 3 Vocational Counselors
- 1 Vocational Instructor
- 7 Resident Advisor Supr.
- 73 Resident Advisors

- 1 Program Administrator
- 2 Clerical
- 2 Social Workers
- 1 Psychologist
- 1 Physician
- 2 Registered Nurses
- 1 Special Educator
- 2 Recreation Aides
- 1 Developmental Therapy Aide
- 13 Resident Advisor Supervisors
- 81 Resident Advisors

- 1 Director of Nursing
- 1 Clerical
- 8 LPN's
- 4 Nursing Aides
- 4 Registered Nurses
- 1 Director Psychiatrist
- 1 Coordinator
- 2 LPN's
- 9 Psychiatric Aides

PROGRAM SERVICES

PROFESSIONAL SERVICES

- 1 Director
- 1 Positioning Therapist
- 1 Carpenter
- 1 Registered Nurse
- 1 Social Worker
- 1 Director
- 1 Positioning
- 1 Carpenter
- 1 Registered Nurse
- 1 Therapist
- 1 Director
- 1 Clerical
- 1 Vocational Instructor
- 15 Trainer Evaluators
- 1 Director
- 1 Clerical
- 1 Psychologist
- 1 Coordinator
- 1 Director
- 1 Clerical
- 3 Supervisors
- 85 Foster Grandparents
- 1 Director
- 1 Clerical
- 3 Supervisors
- 85 Foster Grandparents

- 1 Coordinator
- 3 Clerical
- 1 Dentist
- 2 Dental Assistants
- 2 Physical Therapists
- 7 Physical Therapy Aides
- 2 Speech Therapists
- 2 Speech Therapy Aides
- 1 ASQP Lab Technologist
- 3 Lab Technicians
- 1 Pharmacist
- 1 X-Ray EKG ENG Technician
- 1 Clinical Nursing Supv.
- 2 Nursing Assistants
- 8 Nursing Escorts
- 1 Professional Consultant
- 1 Chaplain
- 1 Aide
- 1 Professional Consultant
- 1 Clerical
- 3 Rec. Therapist
- 2 Rec. Coordinators
- 1 Info. Specialist
- 1 Occupational Therapist
- 1 Activity Aide
- 1 Professional Consultant
- 10 Clerical
- 4 Telephone Operators
- 1 Librarian
- 1 Statistician
- 1 Professional Consultant
- 1 Contract M.D.
- 1 Consultants
- 1 Professional Consultant
- 1 Professional Consultant
- 1 Professional Consultant
- 1 Professional Consultant
- 2 Clerical
- 1 Professional Consultant
- 1 M.S.W. Affili. Coordinator
- 1 Professional Consultant
- 1 Consultant
- 4 LPN Supr. p.m. & 4 LPN Supr. p.m.

SUPPORTING SERVICES

- 1 Director
- 1 Clothing Center Manager
- 15 Clothing Clerks
- 1 Sewing and Repair Manager
- 6 Seamstresses
- 1 Laundry Manager
- 3 Laundry Room Specialists
- 11 Finish Laundry
- 1 Manager
- 3 Clerks
- 1 Chief
- 4 Carpenters
- 3 Masons
- 5 General Maintenance Men
- 4 Painters
- 3 Plumbers
- 3 Mechanics
- 4 Electricians
- 1 Manager
- 7 Deliverymen
- 1 Office Manager
- 1 Purchasing Clerk
- 3 Bookkeepers
- 4 Clerks
- 1 Director
- 1 Car Dispatcher
- 4 Drivers
- 1 Mechanic
- 1 Plant Engineer
- 1 Clerical
- 1 Chief Plant Operator
- 1 Disposal Operator
- 7 Engineers
- 1 Emergency Squad Chief
- 2 Night Watchmen
- 20 Volunteer Members
- 1 Chief Storeman
- 2 Assistant Storemen
- 1 Personnel Manager
- 3 Personnel Aides
- 1 Chief
- 1 Greenhouse
- 3 Groundskeepers
- 1 Dietary Administrator
- 1 Clerical
- 1 Dietitian
- 1 Therapeutic Assst
- 3 Food Supervisors
- 1 Butcher
- 3 Bakers
- 2 Storeroom
- 13 Cooks
- 27 Food Service Workers
- 2 Janitors

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