EXPERIENCES IN DIRECTING AN OCCUPATIONAL THERAPY ASSOCIATION

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In giving this account of experiences in directing an occupational therapy association my intention has been to relate only such points as may prove helpful to those who are contemplating the forming of new occupational therapy organizations, and for those already engaged in a similar piece of work, hoping that some mutual benefit may be derived for strengthening the future care and treatment of patients who may be helped through occupational therapy being more intelligently administered.

These remarks refer to the Missouri Association for Occupational Therapy. Why it was organized. How it was organized. Its purpose. And something of its functioning during the three years I served as director, from September, 1919, to August, 1922.

In the fall of 1918, a group in St. Louis organized for war work, to undertake the training of Reconstruction Aides. The first committee consisted of eight members. I wish to call especial attention to the selection made, as my experience with this group has thoroughly convinced me that the major part of the success the association has achieved is undoubtedly due to the wisdom shown in selecting these members.

Two of the committee were deans of university schools of medicine, one an officer of the Council of National Defense, the others included a superintendent of a school of mechanical trades, a director of a school of fine arts, a kinesiology specialist, the superintendent of the Junior League Workshop, and a secretary. The duties of this committee were to outline a course for the

1Read at sixth annual meeting of the American Occupational Therapy Association, held at Atlantic City, September 25 to 29, 1922.
training of reconstruction aides in occupational therapy, and to plan an organization to further the work.

There was formed an executive committee of nine members, and committees on finance, admission, curriculum, and a general committee.

The St. Louis Junior League at once offered the sum of $5000 and the Council of National Defense subscribed $2000 to assist in the financing of the undertaking.

*The aim of the association* has been a definite one from the beginning: "To train and qualify persons to teach occupational therapy; to stimulate an interest in, and extend the use of occupations as a curative measure for physical and mental ills; for the betterment of the industrial and economic conditions of the physically and mentally handicapped."

The Articles of Association of the Missouri Association for Occupational Therapy were adopted and the incorporation of the association was carried out with a self perpetuating board of trustees; twelve members divided into groups of four, one group to serve to the next annual meeting, the second to serve for one year from the next annual meeting, and the third group to serve for two years from the next annual meeting.

The board adopted by-laws and extended their number of committees to the following: Medical cooperation, work-shop, instruction, vocational training, industrial placement, and publicity.

Doctor G. Canby Robinson, then Dean of Washington University School of Medicine, served as president until his duties took him from St. Louis. The conducting of the St. Louis School of Occupational Therapy has continued to be the chief activity.

In the plans for the future success of occupational therapy the most important and vital problem, to me, is the *occupational worker*. *The greatest care should be exercised in the selection of pupils to be admitted into our schools.* Unless the occupational therapists measure high the results are going to be failure. We have stressed craft knowledge and the ability to produce well designed and attractive articles, and I would in no way lessen
the efforts in this direction, but the first requirement of an occupational therapist is a knowledge of “the sick” for them to be able to assist in a “work-cure.” This necessitates some understanding of the human mind under the influence of various forms of disability, pain and sickness, before one can be of assistance in the attempt to bring back orderly habits and knowledge once possessed, or add higher and better things in the mind of a patient. Without this ability and training no matter how skilled the teacher in craft knowledge and manual ability, it can be only “the blind leading the blind” and the beneficial therapeutic result, for the patient, is liable not only to be lost, but some direful calamity may be brought about through ignorance alone.

To have any great number of occupational therapists sufficiently trained and experienced for their duties, I most earnestly urge more experience in mental hospitals before our schools issue certificates to their pupils.

So rapid has been the growth in the belief in the directed work-cure, that at the present time, the results of the war constitute a very small percent of the many calls for the trained occupational therapists. State institutions for the care of mental and tuberculous patients as well as city and private hospitals, for the same types of patients alone, are making appeals to our schools far beyond the number of their graduates; added to this are the appeals from the general and special hospitals and sanatoria for occupational therapists to assist in their problems.

When we are told upon authority “there are as many beds for the insane in this country as there are hospital beds for all other diseases combined,” is it not time for us to reconsider the kind of education and training is most needed, not only for hospital work, but for work within the homes?

If there could be more definite training, regarding the action and needs of the mind, given to those who are to attempt any care or treatment of patients (doctors and nurses included), would there not result a greater interest and a better understanding of the many danger symptoms with which one constantly comes in contact?
Of all my experiences in directing an occupational therapy association, this fact has impressed me more forcibly than any other.

A perplexing problem has been the arranging for more thorough mental hospital training for the St. Louis School, and finding graduates from any school with sufficient experience and ability to fill the positions of superintendent of occupational therapy in mental hospitals.

Until recently it has been hard to interest pupils in mental hospital work. To eliminate fear and to have our pupils better able to comprehend certain lectures, a probation and observation period was suggested to all applicants before being accepted for the class which began last fall. Miss B. E. Sutton, Chief Occupational Therapist at the Kankakee State Hospital, Kankakee, Illinois, was asked to help us in directing this experience. Most satisfactory arrangements were made and all, but one pupil, who entered late, had from a few days to several weeks probation training. The hospital furnished full maintenance and laundry, no tuition was charged and no salaries paid. At the completion of the work done by this class in the St. Louis School of Occupational Therapy there was a vote taken of the pupils’ opinion as to the advisability of making the probation and observation experience, in a mental hospital’s occupational therapy department, under proper supervision, a requirement for entrance to the school of the future, the vote was unanimously hearty in favor of the experience.

Training with the insane, I believe, should be given thoroughly to all pupils in our schools, regardless of their early decision to hold positions only with other types of patients. Do not all patients present to some degree a nerve or mental problem? This question, I feel, needs the direct influence and frank expressions from the medical profession.

For those who are planning to open occupational therapy departments or train others for the work, I most earnestly urge that plenty of time be taken for wise judgment. Too many localities are attempting a beginning, little realizing that occupational therapy is more than a diversion. Frequently the
plans are formed by a group of well meaning local citizens with insufficient funds in sight, so experienced well trained graduates are not always considered necessary. Not realizing the needs of patients, or hospital procedure, or knowing the real meaning of occupational therapy, the attempt is frequently made with untrained volunteers, or with too recent graduates who need to serve a period as assistants for greater experience.

We all know the standing of the hospitals and sanitoria employing untrained, or insufficiently trained doctors, nurses, social workers and attendents, then why the untrained occupational therapist within our hospitals or homes, unless there for the clinical material, while receiving instruction under proper supervision?

IN REGARD TO THE OCCUPATION OF THE INSANE IN MISSOURI

The following account of early efforts for the patients of the state institutions is supplied by Dr. M. A. Bliss, president of the Missouri Society for Mental Hygiene:

Since the time of Dorothea Dix, who visited Missouri in 1859, during the time that Doctor Turner R. H. Smith was superintendent of the first State Hospital for the insane at Fulton, there has existed a rather clear recognition of the value of occupation, to those at all capable of it when they are confined and deprived of their liberty in "asylums."

In her almost nation wide ministering to minds diseased, Miss Dix aroused the interest of many kind hearted people, and taught them the value of non-restraint, of the use of music and engravings, of birds, and of work to pass the weary hours of confinement. Occupational therapy is not a sudden growth. More people know about it now, and serious study has been applied to its development. It began with the more merciful attitude toward the insane which was begun by Pinel in France and by Rush in this country. The effort to keep patients employed has often been an arduous one, for resources were soon exhausted. Superintendents and assistant physicians attempt to employ all capable of activity in the arts and processes of the institution household. Recent years have seen a marked progress in the use of the farm, the market garden, fruit and grapes, landscape gardening, flowers, etc., in the out-of-door season, and weaving carpet and rugs, sewing,
shoe-cobbling, brush and broom making, furniture repairing and wood working, mattress rebuilding and chair recaning in the season of inclement weather.

About 1912 a special building was erected at the Nevada State Hospital to house the occupational activities. It is still in use. In 1909 or 1910, one of the attendents at the St. Louis City Sanitarium was sent to Ward's Island to learn metal work and basketry. About that time a generous friend of the sanitarium bought a loom, a book-bindery, and a printing machine, furnishing means to purchase materials to furnish occupation for the patients. It proved, however, quite difficult to maintain the supply, for the attitude of labor organizations has usually prevented the sale of manufactured articles. Many hundreds of yards of carpet and a great many rugs have been made of materials furnished by kindly disposed people in the community. These are on the floors of the sanitarium today. Brushes and brooms by the hundred have been made and used up in the sanitarium. All of the plain sewing necessary in such a large population, many of whom have no relatives to supply them, has been done by patients. And many disturbed minds have been quieted and soothed by the incident occupation. The extent to which occupation has been used has depended of course on the personnel of the staff and the nursing force, in all of the hospitals for the insane in Missouri.

Happily, now that more people know the value of persistent effort to get the disturbed to employ themselves in constructive instead of destructive activities (they will be active one way or the other) we can be furnished with apparatus and materials, and skilled workers to smooth the troubled way of the mentally sick.

One realizes there has been for years an earnest effort to occupy the time of mental patients, who were able to assist in the work in and about the institution, but until occupational therapy came as a definite piece of work, little had been done for the disturbed and deteriorated ones.

Through the untiring quiet efforts of Dr. Bliss much has been accomplished in this work for those being cared for in Missouri institutions. In 1919, Dr. W. A. Hamilton, of Philadelphia, completed a survey, at the request of the governor of Missouri, of all the state mental institutions.

Dr. Hamilton and Dr. Bliss consulted with the Missouri Association for Occupational Therapy as to their ability to assist in
securing trained workers for a more definite therapeutic plan for patients of the city and state. Officials responded and acted promptly to improve conditions.

In 1921 a state health supervisor was appointed and immediately made a request of the Missouri Association to furnish graduates for each state mental and tuberculous hospital. These positions we filled in 1921 and 1922. The appointments were staff positions with full maintenance, salaries ranging from $1200 and $1800 per year. The St. Louis City Sanitarium has shown the greatest development in its occupational therapy work. For three years the Missouri Association maintained and directed a department in the main building, for the less disturbed patients; a superintendent and two assistants were employed when the city of St. Louis assumed the responsibility of financing the department and the association continued to direct the work through recommendations made to the hospital commissioner.

The director of public welfare of the city of St. Louis made personal visits to many of the best hospitals in this country to acquaint himself with the methods employed elsewhere. Upon his return arrangements were at once made to send heads of departments to some of the places visited, for observation work. The most rapid and constructive improvements have followed through this educational method. Some $100,000 or $150,000 has recently been appropriated for improvements at the City Sanitarium due directly to this enlightenment; legislation has assumed a new aspect and much friction has been eliminated.

In July, 1922, an old building for disturbed and tuberculous mental patients at the City Sanitarium began its transformation into a hospital building. A graduate of the St. Louis School, who was also a graduate nurse, was appointed superintendent of hydro-therapy, occupational therapy, and nursing for the hospital building. The special treatments first began with the most disturbed women, until attendants could assist in the work.

At the end of the third day not one woman in the building had used upon her any form of restraint other than a continuous bath, pack or rest in bed.
To state the points which have been most important in any success the Missouri Association For Occupational Therapy may have had, I would give:

I. Credit to the wisdom shown in the first plans for thorough and extensive work, and adhering to them.

II. The effort for as good a school as possible.

III. One organization equipped to standardize plans and furnish assistance to all institutions within a state where conditions and problems are more or less identical.

IV. General publicity in the press.

V. No untrained volunteers accepted, or recommended for work.

VI. Personal visits to institutions, to learn what was already being accomplished in the care of patients; offering to assist in any way practicable in the carrying out of existing plans for improvement, or suggesting means of assistance with a close coöperation.

Personally the American Occupational Therapy Association, through its annual meetings, and the generous attitude of its officers, and other members, in giving assistance has been of great value, when appeals have been made throughout the year.