

Member Profile: Something Old, Something New

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Charles Hamad, an experienced gardener and strong supporter of psychological research, knew it would not be a bed of roses when he took over as director of the Southbury Training School in Danbury, Connecticut, last September.

For many persons the school had become “a hated symbol of an era when the retarded were locked away in monolithic institutions and forgotten about,” the *Danbury News-Times* commented. It “was in desperate need of new programs, new methods of financing and a new public image.” Hamad got “a mandate to transform an institution under siege,” the local newspaper declared. Advocacy and parent organizations were suing the school. Expert inspectors had testified in federal court that inadequate procedures at the school were linked to several deaths among residents. The school’s previous director had resigned. And CBS’s *60 Minutes* was at the gate, gearing up a segment that would feature former residents complaining of misdiagnosis, mistreatment, and neglect.

As the storms brewed, Hamad “was able to articulate a really new and positive direction” for the school, according to Connecticut State Mental Health Commissioner Peter O’Meara. And, in short, he was offered the top job in the seventh largest facility in the country for people with mental retardation, where he already had been assistant director for a half dozen years.

“He is tenacious, he’s been through a lot of adversity, seen cycles of it,” said Richard Fleming of Auburn University, who wrote his doctoral dissertation from work he did with Hamad at Southbury from 1988 to 1990. “The adversity is incredible. You are always getting something thrown at you- if a client gets hurt in some behavioral incident, your week could be shot by the time you get to the bottom of the incident. And when psychologists left, they couldn’t be replaced. Staff morale was always at risk. But Hamad’s response would be to reinforce the staff, work with them more, and say ‘All right, these are hard times, so we’ve got to persevere- we’re not going to let go of this.’” For Hamad, the 55-year-old facility-with its 825 residents, 1,751 full-time staff, about 500 part-time staff, and \$117 million annual budget- “isn’t really a school at all.”

At one time it was a school for delinquents, he points out. Then, over time, people with developmental disabilities were admitted. “Some people here today actually do not have mental retardation- they were sent here 40 years ago because nobody knew what to do with them, or they were dyslexic, deaf, or had cerebral palsy. That was common at the time,” Hamad said. The number of residents is now about half what it was in the 1980s, when new admissions closed. They range in age from 21 to 90, with an average age of 50.

In its first few months, Hamad’s three-fold program for turning Southbury around appears to be taking hold, though it’s still far too early to call it a victory.

One of its thrusts is program enhancement. A “supported routines” model of small “family” groups of

four or five residents supported by one or two staff members is being used, with “scenarios” of activities throughout the day. The goal is having everyone engaged in regular daily activities. Every month, a Quality Enhancement staff evaluates the extent to which activities are being carried out as scheduled, as well as the state of the living environment, the quality of the activities, and the staff-client interaction.

Another type of regular daily activity is employment. About 300 Southbury residents have jobs that pay money, ranging from people who are competitively employed to those in supported employment situations in supermarkets and fast food restaurants, to some who are in sheltered workshops. The number is being steadily increased. The second thrust of Hamad’s program is revenue enhancement, primarily by obtaining broader Medicaid support. Only a quarter of the beds at Southbury are supported by Medicaid at present but he is making strong efforts to certify 200 more within a year.

Hamad’s third and newest thrust is community integration- lowering barriers between Southbury and the community, increasing Southbury residents’ ties with the town, and opening the school’s sports fields, swimming pool, auditoriums and other facilities to townspeople.

Hamad has kept close ties with the University of Kansas—where he got his PhD in developmental psychology in 1977-working on preschool and school projects with Todd Risley and George Semb, now both APS fellows. Today Hamad notes his school is engaged with a consultant at the University of Kansas, Richard Saunders, “to bring principles of science into a normal daily routine for people living in our cottages.”

Hamad’s interest in mentally retarded adults is an offshoot of his graduate school work with normal preschool children in a day care center designed by Risley and others at the University of Kansas.

“That program model for infants seemed applicable for people with profound mental retardation,” Hamad said. “So 14 of us went to the Western Carolina Center in North Carolina and set up what was ultimately called the Road Runner program- a complete service delivery system, soup to nuts, for 15 or 20 people with profound mental retardation. I think it was really the first attempt at developing a behavioral systems-wide program for people with mental disabilities in an institutional setting. We wrote all the training manuals and monitoring systems and then invited the staff back into the program and trained them to run the program, all in a two-week period.”

After finishing up at the University of Kansas and teaching college for a short while at Long Island University, Hamad took a job at the Walter E. Fernald State School outside of Boston. He became director of psychology there and also taught at Northeastern University and had a research appointment at the Eunice Kennedy Shriver Center on the Fernald grounds, a sophisticated research center focusing on medical and behavioral research in mental retardation. The masters program there was the source for well-trained psychology staff, he notes.

The Fernald period was “10 years of bliss-academic, research, and service bliss,” Hamad says. “We had cases that were extremely challenging and difficult. I was treating one person for self-injury who would knee himself in the eyes, eventually blinding himself. He had to be in restraints constantly. But we developed a stimulus shaping/stimulus control program that took him out of restraints for 15 seconds a day at first, and, over time, we increased it selectively. After six months he was in restraints 15 minutes a day and the rest of the day out of them.”

Hamad points out that 75 to 80 percent of the clients at facilities like Fernald and Southbury do not have sufficiently well-developed verbal repertoires to make talking therapies particularly relevant. Behavior analysis approaches are employed, with emphasis on systems design and analysis. Psychologists train staff to organize a day in a way that affords opportunity for clients to engage in appropriate behaviors that the attendants can promote and reinforce.

Hamad says that one of the things he likes best about APS “is the relationship between practitioners and science. In our approach to services, we don’t just make up things here at Southbury. But we are attempting to incorporate the principles of science into what may seem like a pretty random set of circumstances, methods and procedures.”