To date, the life of the chronically ill aging in long-term care institutions has not been adequately dealt with. Nursing care is primarily custodial in nature. Not seeking to induce functional improvement for the patient, this care encourages even further deterioration (Smith & Barker, 1972).

Kingsbrook Jewish Medical Center (KJMC) is a hospital located in the borough of Brooklyn which houses long-term care patients. One of its buildings, the Blumberg Pavilion, contains a vast majority (95%) of aging patients i.e., persons 65 years of age and over, manifesting a range of chronic ailments. The primary illnesses suffered by this population may be typified as: diabetes, cardiovascular accident (CVA), multiple sclerosis, (MS) cerebral palsy (CP) and Parkinsonism. There are approximately 450 aging patients in this building at KJMC distributed throughout its six floors. Most of these patients, after admission, do not return to the community but rather, live out their lives in the institution. From a nursing point of view their functioning can best be described as stretching along a continuum from those who need a great deal of care (the majority) to those who are relatively independent in activities of daily living.

This aging patient population shares with other institutionalized aged the regressed and withdrawn status which in our theoretical view is the outcome of a special kind of social neglect. They are described variously, and with varying degrees of severity, as confused, disoriented, disinterested in the environment, depressed, apathetic, inappropriate in their behavior, deteriorated, and "senile."

There is much to suggest in recent work in this field (Oberleider, 1969) that a large proportion of the regressed and deteriorated behavior of aged

institutionalized people is a consequence not of organic deterioration but of the overwhelming lack of and loss of the steady flow of stimulation which keeps more fortunate people alive, energetic, and clear minded well into very old age. Indeed, the disorientation to time, place, and person of the institutionalized aged is strikingly similar to the range of confused states growing out of sensory deprivation experiences in younger people, consequences described by Heron (1957) in a work aptly called The Pathology of Boredom.

We are proposing a program which we hope will, in some measure, bring back the flow of life sustaining stimulation to the old people in our long-term wards.

PROGRAM OF STIMULATION:

We are proposing a program which will bring a systematic exposure to a graded series of stimulating experiences to long-term care geriatric patients. This will involve a stepladder series of stimulation experiences or techniques to be used. These will include those termed Sensory Training (Richman, 1971), Reality Orientation (Folsom, 1966) and Remotivation Therapy (Iyon, 1971). Whereas these techniques have been used independently before, they have not, however, been integrated into a planned "curriculum" of stimulation such as that which is proposed here.

A pilot program of Remotivation Therapy was initiated at KJMC by the Nursing Department and implemented by a collaborative effort of the Nursing, Psychology, Occupational Therapy and Recreational Therapy Departments. There were very positive preliminary and continual results of this program. Some of these results include the fact that three aging patients who have been at KJMC five years and in Remotivation Therapy for approximately three months, were discharged back into the community. Family members' comments contain such remarks (from a wife responding to a husband's forthcoming discharge) as: "I never thought he would be capable of being so alert again."
GOALS:

We are proposing both long-range and immediate goals. The long-range objectives of the stepladder stimulation program proposed are: (a) to institute graded patterns of stimulation, for institutionalized aging, so that this population can move from one level of involvement of participation to another in a systematic manner. (This is consistent with suggestions offered at the 1971 White House conference advocating such programs; in addition social participation of isolated residents or patients in meaningful activities is considered a most relevant need as suggested by AOA Research Issues, U.S. Department of Health, Education and Welfare, Washington D.C. 1972); and (b) to integrate the application of systematic stimulation into routine duties by involving all staff working with geriatric patients in a training program geared to their learning of these stimulation techniques; and (c) to develop a training program which can be used to train others in this field through the development of a formal course in the use of stimulation techniques with the institutionalized aged and through the establishment of this hospital as a training center.

Our immediate goals involve those steps necessary to implement both the clinical applications and the training programs entailed by our long-range objectives. Accordingly, immediate clinical goals would be: (1) to assign all aging patients to a particular stimulation-technique modality i.e., either Sensory Training, Reality Orientation or Remotivation Therapy, in accordance with their particular needs at the time, as assessed in terms of their competence in activities of daily living by ward and supervisory personnel; (2) to begin group experiences led by those already trained in our pilot program; and (3) the evaluation of patients on a regular basis.

Immediate goals of the in-hospital training program involve the following: (1) staff, at all levels, would learn these newer methods so as
(2) to enable them to integrate them into already existing routines, and (3) the training would take place so as to enable an interdisciplinary team to be trained, in the form of a continuing self-perpetuating system so as to insure program continuity e.g., some of those trained will become trainers themselves, training other existing staff members and new staff members in these methods. In this way no outside personnel will be needed to implement training.

The immediate goals of the program to develop a teaching program for other hospitals and outside nursing personnel would involve (1) to write an account of our experiences, including evaluative research; (2) to develop a course in the use of stimulation techniques with the institutionalized aged using programmed teaching materials including tapes and films.

METHODS: CLINICAL

Specifically, the methods may be described as follows:

A. Sensory Training: This method has as its basic goal the improving of psychomotor functions. Its further aims are to increase sensitivity to stimuli through stimulation of all sense receptors as well as the fostering of group-individual interaction. This method, in particular, deals with the following: (1) Cognitive and Social stimulation. In order to accomplish this, patients are brought together and seated in a circle; social introductions are made and orientation to place, therapist and purpose of the meeting is repeatedly reinforced by the leader; (2) Kinesthetic, Proprioceptive and Body Awareness: Here each patient identifies various body parts and learns exercises associated with them; (3) Tactile Discrimination: In this exercise patients are exposed to different kinds of textures which they can feel. For example, a patient may be given a piece of soft velvet cloth and asked to describe what that feels like when he touches it. In a similar way he may be given a rough brush or a piece of sandpaper and asked to touch and
describe that; (4) Stimulation of Visual, Auditory and Olfactory senses:
similar procedures to those previously described are followed to exercise
the sense of smell, hearing and vision. For example, the olfactory sense is
stimulated by presenting odors such as tobacco, mustard and perfume which the
patient is asked to identify along with his stating the similarities and
differences between each. He is also asked to associate to the odor and tell
the group about his association using his past life experiences as a frame of
reference; and (5) Body Awareness: Self and body awareness is produced by
exercises such as mirror identification along with the blowing of soap bubbles
in order to make the person more conscious of bodily processes.

The session ends with group singing of ethnic songs and the playing,
by the members, of rhythm instruments. The next meeting is announced clearly
as group members shake hands and leave one another.

This type of program may be planned for graded levels as change or
improvement occurs in the patient's functioning. This type of approach is
best for severely impaired geriatric patients who may be unresponsive to more
traditional activity-therapy procedures.

B. Reality Orientation - The type of patient for whom this program
is most appropriate is one who is confused or disoriented from any cause. In
other words, he may not know who he is, where he is, who the people around him
are, and the time of the month, year, day of week, etc. This orientation to
reality is implemented on a 24 hour-a-day basis where possible so that the
patient may be constantly reminded of who he is, where he is, why he is here,
and what is expected of him. This may be accomplished in the following way:

(1) Learning of Names: The group leader introduces himself, re-
peating his name where necessary. The group leader then asks the patient to
repeat his name, making such statements, using verbal conditioning methods of
reinforcement as: "that's fine," "very good" when patient is accurate and
ignoring errors.
(2) Activities: Simple activities are engaged in, such as identifying pictures, the reading of the reality orientation board (indicated place, time, date, etc.) and the writing of the patient's name. Use is made of additional materials such as a blackboard, teaching machine, film strip projector and any other appropriate teaching aid in order to reinforce the learning of reality i.e., orientation to time, place, person, etc. The patient is asked to repeat constantly and until no longer necessary, the information to which he has been exposed and/or new information such as the menu for the next meal, along with the identification of familiar objects or picture recognition. The patient moves on to more complex activities after the above has been accomplished.

Advanced Reality Orientation classes are for those who have completed their basic classes or who are less confused. The same procedures that are used in basic classes are used in the advanced. The patients are expected to read and copy the reality orientation board and the material listed on the blackboard. They are, in addition, given other materials to read and other projects to complete as selected by the class instructor. In addition, spelling, writing, and simple arithmetic problems are also used. Emphasis remains on orientation and stress is always placed on days of the week, months, time, place and names of both instructor and patient.

When the patient seems to have been oriented, the instructor may hold a graduation exercise. Here families may be invited, a diploma in Reality Orientation offered and the patient assigned, where possible, to a higher level activity such as a Remotivation session.

C. Remotivation Therapy may be instituted as the last step of this promotional system. This is a more structured program simulating a classroom situation. It is offered to those needing a program to stimulate
interest in their environment, to increase communication skills and to help them learn or re-learn a wide variety of skills. This is accomplished by the use of a formal, structured approach, contained in what is termed "Five Steps in Remotivation Therapy." These five steps, briefly, are as follows:

(1) **The Climate of Acceptance:** Here the patient is greeted by the leader who introduces himself, asks patient his name, shakes hands and makes some personal comment such as, "I like the pin you are wearing today; pink is a lovely color for you."

(2) **Creating a Bridge to Reality:** Here the leader introduces the chosen topic of the day and reads a poem or proverb directly related to this topic. A member of the group may also be asked to read the poem or proverb.

(3) **Sharing the World of Reality:** Here the questions of why, where, when, what and how are referred to within the context of the specific, chosen topic of the day.

(4) **Appreciating the Work of the World:** This step is designed to refer the topic to its practical implications e.g., indicating the industry in which the product referred to in the topic is produced, describing career opportunities in this area, etc.

(5) **Creating a Climate of Appreciation:** This is done at the conclusion of the meeting whereby the leader thanks each member individually for attending, for his contribution to the session, and gives specific instructions indicating time, place, date and day of next meeting. At this point, the new topic, selected previously by the group and leader, is stated with a concluding statement such as, "I look forward to seeing you, Mr. Smith, at the next meeting."

**METHODS: TRAINING**

Stimulation techniques will be integrated into staff training as part of an interdisciplinary attempt to re-stimulate aging patients so that they may
function at a more optimal level. Those trained in these techniques would include personnel from the following disciplines: Nursing Supervision, Head Nurses, Nursing Educators, Staff Nurses, Nurse Clinicians, Orderlies, Attendants, Recreation Therapists, Physiotherapists and Occupation Therapists.

The way in which these techniques are to be learned is in the form of both lecture and field experience. Specifically the lecture time would be 60 hours of lecture—demonstrations and clinical conferences extending for a 30 week period; 39 hours would be set aside for field demonstrations and clinical practice making for a total of 99 hours. The field work would continue for 13 weeks, using three hours a week. Thus, for example, each registered nurse would have to perform her field duties, at the hospital and on her own or a selected ward, for 13 weeks. Field work will be done during her off duty hours; the level of pay will be that appropriate to her discipline and the rate of pay will be that which she is accustomed to receiving. This will, however, exclude any and all fringe benefits. Lecture work will be done during the working day. In order to develop a training mechanism a film and tape program will be used as an ongoing continuation of teaching methods. The proposed curriculum for lectures and field work is described in the appendix.

In our current planning one third of the staff will be trained each year in order to train all staff. In order to insure that staff be motivated for this type of learning, incentive systems other than the compensation to be received outside working hours, formerly referred to, will also be established. This will be set up in the form of awarding of pins and certificates, along with ceremonies to be conducted at KJMC and attended by nursing personnel as well as hospital administration, department heads, etc.

METHODS: MODEL PROGRAM

Basically there are two major facets to the training projected in
this program: (a) the training of everyone across disciplines in stimulation techniques; and (b) the training of the trainers so that they may then perpetuate the program through the training of others who, eventually, themselves become the trainers. As an outgrowth of this program, a model will be established to be used in nursing curricula, and in the training programs of other institutions. It may be envisioned as a Program for use of Stimulation Techniques with the Institutionalized Aged. In order to insure the in-hospital program's aspect of self-perpetuation, an audio-visual mechanism will be designed, and will be used at orientation for new personnel in the geriatric program at KJMC. This presentation will, along with printed material detailing the goals and procedures of the training, serve as a starting base for training all new nursing staff, and will insure the continuing level of operation by feeding in only trained nursing staff to the already functioning system.

The course material developed in this way as part of an ongoing program, together with anecdotal material, and research evaluation results will be organized in two ways: (1) A monograph summarizing the project and (2) A formal teaching program consisting of film and tape materials which can be made available to other institutions for staff training. In addition we envision inviting outside personnel to participate in the ongoing course at KJMC.

COORDINATION:

In order to ensure the program's continuous functioning, a coordinating committee will be instituted. This committee will have several functions. These will include: (a) the development of curriculum; (b) the implementation of the program's evaluation in an ongoing fashion; and (c) an ongoing seminar
for this committee's own extended training. The core committee will be composed of the Project Director, Project Administrator and Coordinators from Nursing, Occupational Therapy, and Recreational Therapy. This personnel will be paid salaries commensurate with their professional levels and will perform some portion of their tasks outside the usual working hours. Committee members will also have been trained in an ongoing seminar in both geriatrics, including gerontological theory, as well as specific clinical methods.

FUNDING REQUIREMENTS:

Funding for this program is being requested for the following purposes: (a) to pay for overtime training hours for all staff being trained; (b) to pay for overtime hours of the coordinating committee; (c) to pay for audio-visual equipment and technicians; (d) to pay for independent evaluations on a contractual basis; (e) to pay for materials related to the implementation of this program; and (f) to pay for secretarial services and equipment.

THE INSTITUTION'S CONTRIBUTION TO THE PROJECT:

The institution's contributions to the project are: (a) staff and administration time (one to sixty hours of staff time devoted to lecture will be paid for as part of regular salary—coordinating committee time will be paid for on a matching basis); (b) the use of space, facilities for programs; (c) access to the patient population for the development of a model; and (d) the establishment of this hospital as a training center.

EVALUATION:

Evaluation of the program will be performed on a contract basis by Biometrics Research of the New York State Department of Mental Hygiene. The Biometrics Research unit, located at Teachers College, Columbia University, has indicated their interest in working with us on this.
SUMMARY:

In summary, this is a training program aimed at three long range objectives: (a) the clinical application of stimulation techniques; (b) a systematic training program for staff; and (c) the establishment of a training center and model in order to communicate the experience to other professionals working in institutions with aging patients.

Marcella Bakur Weiner, Ed.D.
Senior Research Scientist
Gerontology Unit; Biometrics Research
New York State Department of Mental Hygiene
Consultant, KJMC

Henry M. Seiden, Ph.D.
Chief of Psychology, Department of Psychology
KJMC
The title of the curriculum is "Stimulation Techniques for the Regressed, Aging, Institutionalized Patient." The course allocation includes 60 hours (30 weeks) for lecture, demonstration, and clinical exercises; 39 hours for field work practicum. The total number of hours is 99. Upon successful completion, a certificate and pin are awarded.

Central Objective: To achieve graded bio-psycho-social techniques of stimulation for institutionalized aging populations.

Contributory Objectives:
1. To provide stimulation for aging populations to move from one level of involvement of participation to another in a systematic manner.
2. To motivate the recognition of the psycho-social aspects of aging in allied health personnel working with the aging.
3. To develop personnel's skills and techniques in the areas of Sensory Training, Reality Orientation and Remotivation Therapy.
4. To promote development of continuing training programs for all staff working with geriatric patients.
5. To integrate these skills and techniques into routine total patient care plans.

Teaching Personnel: Psychologists, Nurses, Occupational Therapists, Recreational Therapists, Ancillary Nursing Personnel.

Objective:
To orient trainees to the scope of course and needs of the aging, institutionalized population.

Content:

A. Introduction to Course
   1. Format of program
   2. Overall goals
   3. Assessment and evaluation through observations, quizzes, etc.

B. The Bio-Psycho-Social Aspects of Aging
   1. The Aging Adult: An Overview
   2. Physiological Processes:
      a. Sensory changes
      b. Kinetic changes
      c. Sex changes

Methods and Activities:
Lecture
Discussion
Demonstration
3. Cognitive Processes
   a. Learning
   b. Memory
   c. Perception

4. Emotions
   a. Satisfactions
   b. Angers
   c. Fears
   d. Anxieties

5. Environmental Settings
   a. Isolation
   b. Loneliness
   c. Monotony

6. The Institutionalized Aged
   a. Orientation to the environment
   b. Staffing patterns
   c. The patient and his family
   d. Sexuality

- Team Approach to Patient Care:
  1. Interdisciplinary Team Conference
  2. Assessment of patient needs
  3. Planning for patient care

Methods and Activities

Lecture
Discussion
Demonstration

Lecture
Discussion
Demonstration
UNIT II  Sensory Training (12 hours)

Objective: 1. To acquaint the trainee with the purposes, techniques and uses of Sensory Training.

2. To make the trainee aware that aging patients may suffer from sensory deprivation due to disuse, malfunctioning and psychological retreat from the environment.

CONTENT

A. Introduction
   I. Definition and Philosophy of Sensory Training

II. Patient Syndrome
   a. Impairment of kinesthetic and proprioceptive receptors
   b. Impairment of tactile sense
   c. Impairment of olfactory sense
   d. Impairment of auditory sense
   e. Impairment of visual sense
   f. Impairment of taste sense
   g. Impairment of sensitivity to environment stimuli

III. Attitude of staff to therapeutically change malfunctioning patient attitude

IV. Environment
   a. patient: introducing patient to what is expected of him or her during rehabilitation phases.
   b. trainee: orientation to changes in patient's behaviors which indicate patient's readiness to move from sensory training stage to Reality Orientation stage.

B. Methods and Techniques

1. Initial Contact and Team Approach  Role playing

2. Steps in Technique
   a. Kinesthetic and proprioceptive: awareness of movement, joints, and position of body parts
   b. Tactile: discrimination of textures and body contact
   c. Olfactory: discrimination and identification of odors

CLASSROOM METHODS & ACTIVITIES

A. Lecture and discussion

FIELD WORK EXPERIENCE

A. Observation of patient area and classification of patients

Patient Rounds and Post Conference (1 hr.)

Patient Centered conference with unit staff (1 hr.)
d. Audition: attention to sounds

e. Vision: controlled eye movements and ability to "look"

f. Taste: discrimination of substances which are sweet, sour, saline or bitter

g. Social and cognitive stimulation: social interaction, stimulation and awareness of one's verbal responses

C. Systems of Reward For Patients

Discuss graduation and/or other rewards.

Patient conference to evaluate attitudinal changes - patient and staff (1 hr.)
UNIT III  Reality Orientation (6 hours)

Objective: To acquaint trainees with the concept and technique of the
Reality Orientation process to reverse the confused, dis-
oriented process in elderly patients.

CONTENT

A. Introduction

1. Definition and philosophy

2. Patient Syndrome
   a. Impairment of orientation
   b. Impairment of memory
   c. Impairment of intellectual
      function
   d. Impairment of judgment
   e. Unstable emotion and behavior

3. Attitude of Staff to therapeutically change malfunctioning
   patient attitudes

4. Environment
   a. patient: introducing patient to what is expected of him or
   her during rehabilitation phases.
   b. trainee: orientation to changes in patient's behaviors which
   indicate patient's readiness to move from reality orientation
   stage to remotivation stage.

B. Methods and Techniques

1. Initial Contact and Team Approach

2. Steps in Technique
   a. Learning names and basic
      information
   b. Identifying simple familiar
      objects
   c. Use of Reality-Orientation
      board, pictures, clocks,
      games and other equipment

C. Systems of Reward

CLASSROOM METHODS & ACTIVITIES

Lecture and discussion

FIELD WORK
EXPERIENCE

Observation of patient
area and classification
of patients

Patient rounds
and post
conference (1 hr)

Demonstration

Use of progress notes and
records to evaluate
progress

Observation and
return demonstration
by Trainers (2 hrs.)

Discuss graduation and/or
other rewards.
UNIT IV  Remotivation (30 hours)

C  OBJECTIVE: To introduce trainees to the Remotivation Group Stimulation Technique with emphasis on the Five Step structural approach, the gathering and preparing of resource material and the evaluation of the patient who is involved in the program.

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<td>Nurse</td>
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II. Training

A. Demonstration Step I - Climate of Acceptance
   a) Preliminary Remarks
   b) Physical Arrangement
   c) Approach

B. Demonstration Step II - Bridge to the Real World
   a) Introductory statements
   b) Reading the poem
   c) Getting patients to read
   d) Why poetry is used
   e) Selection of poetry

C. Step III - Sharing the World in Which we Live
   a) Explanation of Step 3
   b) How to do it
   c) Demonstration
   d) Homework assignment

D. Development of Materials
   a) Choosing material
   b) Gearing material to patients level
   c) Breaking down larger topic
   d) Group work with topics
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VII. Records

a) Selection of patients
b) Levels of groups
c) Series
d) Purpose of records
e) Types -
   Attendance Card
   Patient Card
   Initial Evaluation
   Progress Report

VIII. Administration

Organizational Chart
Counseling

Progressive advancement of patients and maintenance of levels achieved.

In summary, the time allotment for classroom work is as follows:

Unit I - Introduction - 12 hours
Unit II - Sensory Training - 12 hours
Unit III - Reality Orientation - 6 hours
Unit IV - Remotivation Therapy - 30 hours

Total hours 60

The time allotment for field work practicum is as follows:

1. Reality Orientation - 3 hours
2. Sensory Training - 6 hours
3. Accommodation of environment to patient needs - 15 hours
4. Remotivation therapy - 15 hours

Total hours 39

Submitted by
Curriculum Planning Committee

Beverly Harris, Registered O.T., Rehab. Medicine
Jo Rizzo - Asst. Director, Nursing Education
Mildred Carlin, Asst. Director, Nursing
Peggy Malloy, Clinical Specialist, Rehab.Nurs.Dept
Marcella B. Weiner, Ed.D., Consultant, Dept. of Psychology