



This transcript from the Indiana Disability History Project is under copyright of The Trustees of Indiana University and may be used with permission. Quotes and excerpts must be cited as follows:

Ann Bishop, December 16, 2004, interview 140-SO, transcript, Indiana Disability History Project, Center on Aging and Community, Indiana Institute on Disability and Community, Bloomington, IN, <http://indianadisabilityhistory.org>

**ORAL HISTORY NARRATIVES MUSCATATUCK STATE DEVELOPMENTAL CENTER WITH
ANN BISHOP
DECEMBER 16, 2004
INTERVIEWER: JANE HARLAN-SIMMONS
RECORD ID: 140-DO**

AB: ANN BISHOP

JHS: JANE HARLAN-SIMMONS

[TITLE]

[00:00:12]

JHS: It's Tuesday, December 16th and I'm talking with Ann Bishop at the North Vernon Public Library.

AB: And even the principal of the school. He was a teacher and they went to school so many hours a day and when they misbehaved in school then the school personnel would send them back to the living areas and they would have to treat their behaviors on the living areas and they were quite fond of punishment. They would put people in what we call quiet rooms now and it was a bare room maybe 8 by 12 feet something like this and they would put them in these quiet rooms maybe for 30 days at a time or something like this. Spanking was permitted in the school. And one time this young lady was spanked and this was in the late, early sixties I think and it left belt marks all over her, back and everything. And by that time we had a Director of Nurses that had just graduated from IU with a master's and an Assistant Director of Nurses that also just graduated from IU and they were really professionals interested in psychiatric nursing and that was when they started programming. When this little girl then was, they called it spanked, came to the unit why by that time we had an investigation and we also had then a superintendent that was a psychiatrist, Dr. Jolly and he was one of the greatest men that ever walked. He was really interested in people and in the patients. I need to back up a little bit.

I came to Muscatatuck in September of 1954. My husband and I transferred from Madison State Hospital where we were both employed. And due to politics a storeroom manager was fired and so my husband transferred into that position.

[00:03:08]

JHS: What made you want to go from Madison Hospital to Muscatatuck? What was more attractive about that?

Indiana Disability History Project

Indiana Institute on Disability and Community

1905 North Range Road, Bloomington, IN 47408

indianadisabilityhistory@gmail.com | indianadisabilityhistory.org

[00:03:18]

AB: Mainly the opportunities for advancement. And we had housing provided and full maintenance and we had one baby at that time that was six months old and that meant a lot to us. So my husband then stayed in the storeroom and eventually he became Business Administrator and at one time was acting Superintendent. And when we were out a Superintendent.

JHS: How long did he work at the hospital?

AB: Until 1994 he retired. He had forty years in too.

JHS: If you add up all the years your family has been there that's quite a few years.

AB: Yes. The Superintendent at that time was a young fellow. I think he was under 30 years old. His name was Al Sasser and he had come from like an institution in Iowa. He brought some of his personnel with him but we had many, many professionals then. He had been here a year when we moved. And we had educators, people with doctorate degrees, psychologists, speech and hearing therapists, had just ample clinical professional staff. We had a school and it had about 250 patients in it and when they misbehaved in school they were sent to the units. And the units used their punishment, the school personnel would want these people that had misbehaved.

[00:05:29]

JHS: And when you said that were they referred to as inmates? Is that right?

AB: At that time. Then they became patients. They changed the name of the individuals through the years.

JHS: About when did it shift from inmate to the patient?

AB: In the late fifties, very late fifties. And when I came here we had 2200 and they called them inmates then and the beds were pushed so close together on the unit it was very crowded. And when these patients misbehaved in school they were sent to the unit and put in a quiet room and it was a room maybe eight, it was a small room 8 by 12 something like that with a mattress. And there they might be kept for a month or so depending on whatever the school personnel would advocate. Each of the buildings then would have their own kitchens in the basement too and in 1950, along about 1958 we had a lady from, just graduated with a master's in nursing from IU in psych nursing and she became the Director of Nurses and another lady that had just also finished her master's she became the Assistant Director in Education. And at that point in time Al Sasser had left due to a grand jury investigation and in the late fifties people were employed here through politics. The county chairman downtown would call up the superintendent and say I've got so and so I want you to put to work and that person would come out and go to work with no training whatsoever.

JHS: What levels are you talking about? All levels?

[00:07:50]

AB: All levels, uh huh and

[00:07:53]

JHS: So even some of the administrators had no experience?

AB: Yes. And in the late fifties when we had this grand jury it was community people and they just persecuted all these professionals that we had here. And they were of all descents and they decided they didn't like the Jews so you know this person they try to find out all they could damaging or make up things that about these individuals and that grand jury went on forever it seemed and all these professionals then began to leave and go elsewhere and they really got after the superintendent so he left. But he left early one morning while it was still dark. Left in the car with his family. And went out that way so we had to have a superintendent and Dr. Jolly then became superintendent and he was a psychiatrist. And he one of the greatest men that ever lived. He believed in treatment and that was when it was about the same time that this Evelyn White and Frances Edwards the two nurses from IU came and we started educating staff and we set up training programs for all levels of staff and particularly for the attendants as they were called then. Now they're called developmental skills technician, DSTs, and we started assigning nurses out onto some of the clinical areas whereas before they had only worked in the hospital and the nursery. The nursery was a newer building. Well it was a new building in the late fifties. I'll take that back, the early fifties because it had just opened in 1954 when we came and it had 250 babies in the nursery and we at that time took all individuals under six years of age south of US 40 they came to Muscatatuck. Those north of 40 went to Ft. Wayne but this was a new building so until this point in time we didn't have nurses out on any of the units and people gave medicines and had no training or anything so this was when treatment really started and we had an active parent group at that time, Muscatatuck ARC and they had units all over Evansville, Indianapolis and the parents were very active and they supported all the treatment that you could you know do. They really were involved. We started a nursing care plans. Each individual then would have a nursing care plan. They would pass some objective goals and what we tried to do was involve discipline when you had to treat behaviors and do away with all the punishment. This, we had 250 they were kids under school age that went to school in the school building and when they misbehaved in the school building which was frequently, they'd send them to the units for the units to take care of so we had a disagreement in a lot of the idea of what treatment was from what some of the educators and psychologists termed as treatment was punishment and the nursing staff viewed it as treatment and we had a difference in what was permitted and one time the principal whipped this one teenage girl for misbehaving and he left belt marks all up and down her back and legs and everything and he called that a whipping. Of course you would know you it was more than a whipping but with the nursing staff and then Dr. Jolly that was here they investigated it, they fired the superintendent, and it went clear to the state level. At the state level we had all the support and the nursing staff that was there at that time, she was a psychiatric nurse and the Director of Mental Health, he was a psychiatrist so they helped with all this treatment saves. Anything that was treatment oriented they backed then from the state level so it made a difference in how you treated people and the work that you did.

[00:14:19]

JHS: Were there a lot of divisions amongst the staff for this change in philosophy?

[00:14:22]

AB: Yes. Uh huh, there was. We had two groups. The principal that was fired, he appealed and this went on, this appeal, for so long and they subpoenaed so many people to go to Indianapolis to testify and at that time the union had started and they would just send big numbers of unit staff up to testify against the treatment. They thought this whipping should be allowed. That's what they were used to and they were in support of the principal that was fired.

JHS: Uh huh. These are the direct care.

AB: The direct care people. And so finally they brought the trial down to Muscatatuck on grounds. Well then this was not a very good thing to do either because so many of these clients that was liked the principal they staged a march and so that episode that day didn't go too well. It finally progressed to that the superintendent was reinstated so he came back and he worked one day and Dr. Jolly outlined his duties and what he was responsible for so he resigned that day. So that really helped with the treatment end of it then.

JHS: Do you remember any dates about you know when the trial happened and the resignations?

AB: It would have to be in the early sixties. About that same time too we would have feeding programs. We were teaching, we had so many lower functional clients or patients we were still calling them and we were teaching feeding programs. We were trying to teach toileting programs where we would take individuals to the toilet periodically during the day. And all kinds of self-help skills where they could learn to comb their hair, get dressed. We would have objectives for all these individuals then in the nursing care plans that we developed.

[00:17:24]

JHS: What was it like having children growing up there and living on the grounds?

AB: Like I mentioned we had one six month old son when we moved here and a year later we had another daughter and we ended up with before we left grounds with eight children. We had three boys and five girls and they literally thought they owned the place. They were born here and they were living their entire life here.

JHS: Uh huh and they went to school?

[00:18:04]

AB: In town, in town, uh huh and the, when we first started, the first couple of years we had anyone in school the bus driver that came through we had to pay them because he took them, they went to St. Mary's parochial school and had to pay them for him to take them from the public school to the Catholic school but it was an interesting life and they've all benefited from it because then through the years we had a lot of medical staff that lived on grounds and just housing and maintenance really grew a lot of professionals and we had all kinds of individuals, nationalities like Chinese, Japanese, we had some Turkish doctors and Filipino doctors. Had several Filipino doctors and they were all topnotch doctors.

But I think they benefited from not being in the States a long length of time. They could get their feet on the ground and sometimes they moved on then after that.

[00:19:48]

JHS: Uh huh. Do you see that as an advantage for your children that they came in contact with these people so they can learn about people.

AB: Yeah, I really do. They grew up with all of them and they were all friends and good neighbors. We all helped each other out. We carpoled the kids.

JHS: Were there a lot of children?

AB: Yes there was.

JHS: I mean they were not patients but they were

AB: Families there.

JHS: And did the doctors also live on grounds?

AB: Uh huh.

[00:20:20]

JHS: So did you socialize with?

AB: Yes we did then. The individuals in North Vernon when we first came here, they didn't care much for people from Muscatatuck and we kind of had our own group here among the families.

JHS: Uh huh. Why do you think they didn't care for people from Muscatatuck?

AB: Well it's a little small town and like I say so much of it was politics back in the early days and it just took a while for the people living on the grounds to make friends in town. It took a few years for that to happen.

JHS: Did the residents and you say the people that lived in North Vernon feel that the status of the staff was uppity or I mean just tell me a little bit more about why there was this division?

AB: I'm not real sure why. Whether it was some of the nationalities. They weren't familiar enough with them or what.

[00:21:48]

JHS: Uh huh. People from outside the area.

[00:21:50]

AB: Yes. So it, it was just a little knit group of town people and it was their livelihood really. I mean people went to town and they spent money. And so that gradually made a difference I think also when the money started funneling into the community.

JHS: Uh huh. So how often did you go into town and you know what did you do in town versus the on the grounds?

AB: Well a lot of times, the man had a bowling league and they had soft ball leagues that they went to town for and then our kids started getting involved in scouts and church programs and things like that and gradually you know they found out that they're real people from Muscatatuck and

JHS: Did you have a car and could drive into town or how did that work?

AB: Yes. We all had our own vehicles and

JHS: Did they ever experience some of them were that way at schools or in classrooms?

AB: I don't remember that happening.

JHS: They didn't talk about anything?

[00:23:33]

AB: Huh uh. When we first came here Muscatatuck had a bus that would go to town and pick up attendants and bring them out. People that didn't have transportation and we'd furnish transportation for them.

JHS: So this may be obvious to you but there was kind of a split it sounds like between the professional staff was more from other areas and the direct care people were the local.

AB: Yes. Almost all the professionals were from out of town or out of state.

JHS: How much socializing was there on grounds between say the professional and direct care was it a split between those two groups? I mean are there other types of ways that the two groups were found?

AB: The people on grounds, the women used to have a sewing group and they'd meet every week and sit and sew or mend or just chat and have refreshments. That took care of some of the socializing.

JHS: Uh huh. So did you have people from all, you know direct care and professionals were those mixing at something like that?

AB: Mainly it was professionals. Kind of had our own support group.

[00:25:02]

JHS: Did some of the direct care people live on the grounds too or did they all?

[00:25:07]

AB: A few of them. Not very many. The farm boss, the dairy boss, the fellow that took care of the swine, the pigs, this when we came was, it maintained itself. It produced everything. We had our own farm. Had our own dairy. It was the best dairy in the state when they did away with it and that was in 1969. We were the last hospital in the state that still had a dairy and all those people like lived on grounds. They used to butcher their own hogs and that supplied the pork. We had an egg farm and we produced all the eggs that were used here. They had gardens in the summer and they produced all the vegetables. They had a bakery. They baked all the bread. They had a canning factory that they did away with by the time we had moved here but until that time they canned their own vegetables to use during the winter.

JHS: Uh huh. When did the farming operation stop?

AB: In 19, about 1970 I think. They had their own tractors. All the machinery and the patients at that time worked in all these areas and it was in I think the early seventies then that we started putting some of these called higher functional/near normal individuals in the community and it gradually took all these working residents away from where they worked here on grounds so the state didn't have the money then to provide employees to take all these patients places and then the law came in that the patients had to be paid for any labor they did so individuals that have worked all their life and felt proud of what they were doing you know with this law they had to be paid and the state didn't have money to pay them all that had worked. So that did away with the farm and you know all the gardening they did.

[00:28:07]

JHS: Did they do away with some of the community jobs too or were those paid jobs from the beginning or were those also unpaid?

AB: No, it, the patients that would get a job they put them out for housecleaning or something like that in the community. They were paid maybe 50 cents an hour or something like that. You know it wasn't a big salary but it gave them an opportunity to grow and to learn new skills and some self-esteem and I think it was in the early seventies we had a case of Hepatitis and they shut down the egg farm that day and we gave mass doses of gamma globulin to every employee at Muscatatuck so then we started buying a lot of the produce and food that they used to raise.

JHS: When they had the food production and the dairy and all that did you as staff also eat that or did you cook at home or how did that work?

AB: We cooked at home but we would go to the storeroom every week and pick up all the food supplies.

JHS: So that was part of the benefits of your job was the food?

[00:29:39]

AB: Yes.

[00:29:41]

JHS: Did you have to go to the grocery store in town at all or was pretty much everything?

AB: Occasionally. But you could just about get everything you wanted here at that. Clients then used to go out and pick blackberries in the spring. And they'd come in with a gallon can of blackberries and they'd sell them for a dollar. Make money like that.

JHS: Uh huh. How do you think the quality of the food? Were there changes once the group was not, the farming and the dairy processes were terminated? Was there any change in the quality of what people were eating?

AB: Yes, I think so. It was a more balanced diet and we had dieticians by that time instead of just a food supervisor and so you didn't have as many starches and you had more fruits and vegetables and it was a more balanced diet.

JHS: After?

[00:30:50]

AB: After, uh huh. In I think it was the early seventies the social service department increased in size and they started securing jobs in the community and placing out a few individuals and then they started putting some individuals into nursing homes and that wasn't the right place for you know but there were no group homes then. They hadn't materialized yet. So and then gradually the school population dwindled and it was in the late eighties they had to start taking some of them to town and when they started incorporating them into the public school system in town. We had in the late sixties, we had our own ministers here too. Prior to that time ministers would take turns and someone from town would come out and have a service on Sunday and then this parent group got a Catholic priest here and by that time the parent group was gung ho on building a chapel so they solicited enough funds and that chapel sits there today. That's what the parent group did. So then they had a minister, protestant minister on the payroll and the ministers from town ceased coming out here. And then they had the Catholic priest here too.

JHS: And the priest was part-time within the community or

[00:33:11]

AB: No, he lived here, uh huh was full time and that took the parent group to get that done too. So that was you know an integral part of the patients' lives that wasn't there before also. We also had speech and hearing therapists come in. And the buildings were then remodeled to house the equipment they needed for their hearing evaluations and their treatments and things. Eventually we, it was in the middle to, middle sixties the nurses that we had here, our director and everything and then Dr. Jolly the superintendent we worked with IU and we had the PTs as part of their master program come down and serve internships here. We had pediatric nurses from IU that came down here and we had people in the psych nursing come down. We had all this support from Indianapolis and the IU staff and like I say the Director of Nurses, she was a, Doris Stewart, she was a psychiatric nurse and they were developing

programs throughout all the mental hospitals in Indiana and that way there was training programs on-going all the time and we were always going out to workshops or having some professionals coming in and Dr. Jolly was a geneticist and interested in that field and he got IU to send down the Director of Genetics and they would bring all their students down and hold all these workshops because we've had so many clients with diagnosis that you didn't ever see out in the community and provided a growth for all these doctors that were you know in training. So we had a lot of educational programs going on through that time.

[00:36:09]

JHS: And that started when IU got involved or increased the training?

AB: Yes. And when Dr.

JHS: Do you know around what year that was?

AB: I'd say the mid-sixties, early to mid-sixties but I think it was Dr. Weaver came clear into the late eighties would bring his students down here. Dr. Jolly then resigned and went to Pennsylvania and our two nurses, head of the nursing department, Evelyn Wright and Frances Edwards went up there because we had a superintendent that came in after Dr. Jolly that was, he wasn't interested in nursing and he didn't give us any support at all. And he believed in punishment and he still believed in quiet rooms. So we had that division again so after Dr. Jolly went to Pennsylvania Evelyn and Frances went up there and they were in the process of seeing what was going on up there and they would have eventually left but they were killed, both of them were killed instantly in an automobile accident so that left another void and

JHS: When did Dr. Jolly leave and do you know when the funeral was?

[00:38:03]

AB: They were killed in '69, December of '69. It had to be '67 or 8. So one of our other nurses Jo Hawk who had also graduated with a master's in psych nursing from IU, she moved up and worked that way for a couple of years and then we had that doctor that was superintendent then after Dr. Jolly, he resigned finally after Ellen and Frances were killed. And that's when my husband was made acting superintendent for several months and he had a heart attack and so then I was trying to think who came in after that. We went through two superintendents, short term then. Oh, Dr. Green came. Dr. Green had been a teacher here during his younger years and that would have been in the early sixties and he left and went to IU and got his doctorate and then he came back as superintendent. So he was pretty rough on us and no, we had Dr. Schieve before Hal came back and he stayed for two or three years and he developed the module system. We went from departments then in the early seventies I'd say '72, 3 something like that with the Mr. Schieve as superintendent we went into the module system. And we divided up all of the departments and put them into eight different developmental modules and so each module would have a director and they would have all the different services, nursing, psychology, recreation, speech, all these different things they would have in each small module. And we had a lot of remodeling going on. We had a couple cottages, sixteen cottages as you come in the driveway there.

Had those built and then earlier there had been five individual cottages built and they were two. [End of side A] Each had their own living rooms in it. It was a more normal like a home like life but yet there was training programs. And on these five cottages the attendants or they were called developmental skills technicians by that time, stayed all night. There was a room and bath and everything for her and or him and the clients, individuals, patients would go out to work or to school or go someplace during the day and these cottages were closed down all day until 4 o'clock in the evening and everybody came in from work or school and then they were there for the evening. They had their menus. They had prepared their own meals with a staff's supervision that was there. Did their own laundry and ...

[00:42:44]

JHS: Was there a change from the word patient then to client? Is that when that happened? Also was inmate changed to patient?

AB: Patient and the client didn't happen until I'd say '90.

JHS: 1990.

AB: Uh huh.

JHS: And is that where it is today?

AB: I think they're called consumers today. They received goods or something so they're consumers I think's their idea behind it.

JHS: When you left it was still clients?

AB: Client, uh huh. Yes.

JHS: What was that change like for you in your job from the department system to the module system?

AB: I was the Assistant Director of Nursing Service when we went into the module system and I didn't think I would like it. But it was a good move. Very good move and we didn't have enough staff in every department to staff each module so occasionally we'd have to do double duty. When I was a module director over, I had three buildings and I think I had, let's see, I had a hundred and ten clients I believe. I had to act as my own nurse also besides that as module director.

JHS: So you were not just a nurse then you were also doing the nursing. Was that common to have that dual role?

AB: It was until we got another nurse. I'd say I did that probably for a year before we had enough nurses employed to, then I had my own nurse too.

[00:45:04]

JHS: Uh huh. How much of your, the time you were there when you were in an administrative role –67— did you start off?

[00:45:12]

AB: I was a head nurse when I came here and I kept that until Evelyn White came in the late fifties so I'd say about 1960 I went into the Assistant Director of Nurses and stayed there until '87 was the module move, I believe.

JHS: What was that like changing from the dual duties or were you basically Director and then you became the Assistant Director or were you doing both?

AB: When I was the Assistant Director that was in Nursing Service and I had charge of all of the assignments of the personnel and all the purchasing of supplies, nursing supplies and that kind of stuff. Educational needs, stuff like that and the other Assistant Director was Assistant Director in Education and she or after Frances died why we had Don Ebocher [assumed spelling] and he had come from IU with a master's. Doris Stewart the state Director she fed a lot of nursing staff into Muscatatuck and so Don was the Assistant Director in Education and they developed all the educational programs and everybody went through, all the ST staff went through six weeks of training and orientation and they had a good background of how to care for people and training programs.

JHS: Did your job title change again? I just want to make sure I get all the progression of what your jobs were.

AB: Yes it went to a mental health administrator when I went to the module director.

JHS: Uh huh. And you then retired in that position?

[00:47:30]

AB: Yes. When Mr. Schieve was here though and we went into the module system we shifted all the clients into different developmental levels at that time and that was something. We spent weeks on trying to take all the patients at Muscatatuck and put them in a group where they would be compatible living together according to their functional levels, skill levels and what have you and it was all planned on this day in I think it was '87 and we, no it was earlier than that, we moved every client on grounds. You know from during the daytime. They ate their breakfast on their old unit and by mid-afternoon every client was shifted into their new living unit. All their belongings were moved and everything. We had every employee on grounds involved in that move and some of the maintenance men was griping and fussing you know they didn't want to do this but once they got into it that day it was a fun day. And everybody moved into their new living area.

JHS: How did the clients feel about this move?

[00:49:18]

AB: I don't remember any adverse reactions. I think they were all you know happy, looking forward to it. Also during this period of time we would have different professors come in with teaching programs. We had a Dr. Bates that came in from IU and taught us all about behaviors and we would have to write up behavior plans and everything. And then by that time they started in the seventies having task analysis. Are you familiar with task analysis of a job?

[00:50:03]

JHS: Sure. Breaking down those kind of behavioral philosophies.

AB: Yes and there weren't too many skills at that time that had task analysis. It was a new thing so if we didn't have it we had to do our own, make our own. So we really moved in terms of socialized or training into skill levels. Breaking down all kinds of skills, feeding programs and behavior programs, dressing programs, you name it. Everything that we did, or they did, everything skilled that they learned we had to have a task analysis for it. Everyone had a treatment program session once a year and then we were in the early eighties I believe started the Wyatt Stickney standards had started in, in some of the states and it came out of Alabama I believe and my husband during the legislature that year he went with some of the other employees and they went up and spoke before the legislature and influenced the legislature to put money in for treatment programs and that's how we started working with standards and then we went into the Medicare standards and that was oh, that was something. The way they surveyed us, the Department of Mental Health or not mental health but the Department, Justice Department and came out of Chicago and you talk about oh, they scared the daylights out of us. They were so thorough. They don't survey like that now but ...

[00:52:19]

JHS: When did they start doing that?

AB: I think the early eighties or late seventies and they just started in the beginning doing so many clients, a building at a time or something and they looked at every aspect of an individual's treatment plan and then we had all these scoring sheets. Every task analysis that you had you had to mark according to how the client performed, at what level on each task analysis sheet. Each step you would have to do that and then initial it every time you performed that task every day. And if something was missed those surveyors picked up on it. And then you were deficient in some of those areas.

JHS: So there was a big increase in paperwork?

AB: Oh, paperwork was terrible at that period of time.

JHS: And since then it's diminished or is it still that horrible.

AB: I don't think they do it now, no, not this, it was. They, when I left they still were doing it but not to the extent.

JHS: Tell me again the year you retired.

[00:53:52]

AB: '92. Mr. Schieve left and that's when Hal Green came in and he had been a teacher about fifteen years before and went to IU got his master's and came back as superintendent. And we were in the module system at that time and he, we had a pretty good staff of professionals with director and either one or two assistants in each module by that time and primarily we were working the day shift well when he

came, I think it was the first week he was here, half of our time would be on evenings and we did that until he left and then they kind of eased off at least one night or so and then

[00:54:53]

JHS: What was the reason behind that?

AB: He wanted to know what was going on till bedtime.

JHS: Uh huh. How did you feel about having to work evenings?

AB: It got rough at times. I mean half of your time on evenings and then trying to meet with your assistants or other things that you wanted to get involved in, you may be on evenings you know or something. But we learned to live with it and then we had a different director of the module system at that time when Dr. Green came Bill Culley came. He was a module director and Dr. Green put him in charge of the modules then. He was Assistant Superintendent and Module System and he is the one that got a lot of training programs for us and he made us do all kinds of projects and we would have seminars every week and somebody would have to present a paper and this was from the project that we had done and we would have to take a client with a particular behavior and work through this, a whole program and with what we came out with, how effective the program was and all that and then we presented it to all the professionals. And every professional would have to do this and then we would critique each other you know and we learned, he made us, I mean you know and he's the one that got Dr. Bates in. We had Richard Cox. Have you ever heard of him?

[00:56:58]

JHS: The name's not familiar to me.

AB: He was a well-known psychologist, nationwide and we had him here numerous times. He was very good on behaviors and he was very good on the Toileting, the Cox Toileting program and we did that. We taught that and it was on one of my units that we started out and he would come back and check on us to make sure we were doing it according to you know the way we were supposed to and we were toilet training all these adult clients that had never been toilet trained so we did a lot of treatment and I'm trying to think of the guy's name that wrote so many task analysis and everything. We had all of his works. He died with cancer. I can't remember. He was a nationally known individual. But we really, the staff became educated and when we had some remodeling going on I got to, two of the old buildings were remodeled and we had four clients to a bedroom there and I had carpet put down when they remodeled and this was where the clients had been toilet trained. We had a few accidents or something you know but we had carpet on all of our...

JHS: That was the first time that you'd been able to put carpet in?

[00:58:40]

AB: First time and...

[00:58:42]

JHS: And about when was that?

AB: 1987 and you know and at that time this one unit was low functional adult women and we had in the dining room in our basement, before we had the dining room for those two buildings we had tables this size, round tables most of them and we went out see staff donations and got material and staff made table cloths and every week one night a week we ate on tablecloths and candles with these low functional patients. That they had learned to feed themselves, feed and eat and everything and it was something to see all that progress.

JHS: Were there other instances where the staff kind of took the initiative to do something like that or use their own money or time to improve things?

AB: Yes, I think you found that quite often if there wasn't you know enough money for something special to have.

JHS: And would this again be more professional or direct care level?

[00:59:58]

AB: Direct care level. Yeah. Staff were really, most of them were interested and go-getters and they outdid themselves on the training programs. So many, many changes took place you know during that period of time. Then, I told you '87, that's not right when I moved into those, it was '77. I think it was '77 because then I was in those buildings for a while and we built a new hundred bed unit and that was the last living unit that they built and it was, had six well there was seven buildings and they connected but not with each other but they were built in a circle like and they had a courtyard in between all the buildings where you could go from one to the other and then the seventh building, had six units and the seventh was a big office building and had a great big multiple purpose area there with one of the nicest big fireplaces you ever saw but the units could go down there and had a great big TV down there and had programs or go down and you know have refreshments or something at night but this hundred bed unit then had sixteen people in each unit and it had a common kitchen and then each unit was, each building was divided where as you went out of the kitchen each had their own dining room, living room and four bedrooms and four baths. And I got to open that building and that was in 1987 and we had carpet in those areas too.

JHS: Sounds like there were just a lot of changes over the length of the time that you were there. At least there were some changes in philosophy. Did you feel generally that it was a positive progression or were there some things that you thought maybe they were better to do them the way they used to be done?

AB: No, I think for the most part it was all positive.

[01:02:57]

JHS: It sounds like you were very receptive to the changes or relatively receptive. Were there other people would you say that were more resistant to all those developments?

[01:03:13]

AB: I don't know they might have been resistant. We might have fussed about it among ourselves or something but once you know it was going to be why we just all went ahead with it. Then, but Dr. Culley was an educator and he had two-master's or three master's. He was a nut his wife said you know. That's all he did was be go to school all the time and everything oh he was exceptionally well educated. And through his efforts if he had to push us he did you know we did learn by doing all the projects or and our papers and things that we had to research.

JHS: What was your husband's, you mentioned that he was a Assistant, or temporary Superintendent. What were his other positions?

AB: He went from the storeroom to the fiscal officer which they don't have any more I don't, and then to the business administrator. He was a business administrator.

JHS: It sounds like there were a lot of opportunities for advancement like which is what people tend to do, move up the ladder?

AB: Yeah, if you were qualified or could do it then they moved you up rather than bring an outside person in.

JHS: And other than your husband have you have any other family members that worked at Muscatatuck?

[01:05:15]

AB: Yes, we lived on grounds until 1970 and then we moved off grounds but we just moved a couple miles north of Muscatatuck and we thought we would be getting away from the telephone but it didn't work. I mean they were, you know every time somebody wanted something they still called us at home but when we left we had eight children and today I have one daughter that is a rehab therapist assistant. It's non-professional but she's been here almost 30 years as an RTA in recreation. I have another one that's supervisor of the carpenter shop now and she's been here 25 years I think and then my youngest daughter is a rehab therapy assistant and she's only been here about five and then my daughter-in-law is purchasing supervisor. She just moved up out of the storeroom and then son-in-law that works now for the department and not for the state this past year they took so many of these case managers and they're working the community now trying to provide the group homes and they're not on Muscatatuck's payroll. They're on the Department of Mental Health, not department of Mental Health, Family Services now. So there's quite a few of the family there.

JHS: So did any of your sons end up working there at all?

[01:07:28]

AB: I had a son, my oldest son went to work in a waste treatment plant and we had a daughter killed in 1979 by a drunken driver. She was 20 years old and was killed one night and my son had just gotten out of Purdue in forestry and he had been out in California and had come home and he was looking into the areas that where he had a forestry degree and when she got killed he decided he would stay at home so he went to work in a waste treatment plant and then he had kidney failure and he ended up with two kidneys transplants and social security audited him just randomly and this lady that talked to him she

told him she didn't think he needed to draw social security anymore so she was going to have him lose his social security and he was within two years of losing his re-employment rights here at Muscatatuck and so he had three children so he decided he had to come back to work. The doctor finally let him. Well he didn't work a year until he developed a severe headache. This went on for a week and the doctor just kept ordering pain medicine. Well it got so bad we made him go in and he had a brain abscess and he picked up a bug at the disposal plant and he died then. Just four years ago, so he worked here for a while, quite a while. But that lady that was auditing him for social security the reason she did it she said you're better now than when you went on social security and he said yeah I was dying when I went on social security. Well because he had the transplant and why she said you can go back to work so he did.

[01:10:03]

JHS: And your other sons? Have they done anything at all related to this kind of work or are they in other fields?

AB: Oh, I had a son that worked with developmental services in Columbus for maybe 15 years and then the youngest son no, he's in another field so but they just thought that they owned this place. I mean they could go any you know around grounds. They, we had a patient in our home we kept, oh she stayed with us a couple of years, she'd come out every weekend and stay with the family and she was just about like family you know and she was building a bank account and everything and her sisters around Bloomfield someplace down in there got in contact with her and found out she had some money in the bank so they come and got her one day so I don't know what happened. She was a high functional patient.

JHS: And this was while you were on the grounds she was staying with you on the weekend?

AB: Uh huh.

JHS: How big a place did they give you for eight kids and?

AB: Every time we had another baby we moved and when we left we were in the split level homes over there and we had three bedrooms upstairs and a basement so we had a bedroom down in part of the basement and then we put, at our own expense we made the garage into a family room so it was adequate. But we just wanted to get away from the every day, 24 hour day you know job but it didn't always work out like that. But on nights, bad nights, snowy nights why some of the neighborhood guys and the bigger kids would get out and run the snowplows and help clear the roads and that kind of stuff. It was nice you know. You gave a lot and you received a lot.

JHS: So what did your children do when they were on the grounds? Did they relate a lot to the patients or did they play with oh get together with the staff kids or?

[01:12:47]

AB: Mostly other staff kids.

[01:12:51]

JHS: How did, did they get to know some of the patients or?

AB: Yes, they would.

JHS: How did they relate to them, how did they feel about them?

AB: I mean they just grew up with them. They were just like themselves you know. I think it was a good way for them to grow up. They're more caring I think than they, understanding of other people's problems and disabilities.

JHS: Who do you think? I guess you could run that connection to the job but you

AB: I think when we really got into the treatment phase of the latter years, the latter maybe 15, 20 years and you get you know you get so interested in what you were doing and seeing the outcomes and everything. Always trying something new. We had our own gardens a lot of the time. And get out there, plant seeds and that kind of thing, different things.

JHS: What do you think were the most important thing you did for the residents here in their lives?

AB: Well again, when you could work a program or do something and somebody did something for the first time and it meant so much to them, so much for their self-esteem, who am I, that kind of thing. And even staff when they could accomplish something you know.

JHS: The people you supervise?

AB: Uh huh.

JHS: What was the most difficult part of your job?

[01:15:41]

AB: That was back when there was so much punishment going on I think. And that one superintendent, I can't remember his name. I've blotted that out but we were talking about some individual client. I don't remember who at this point and the fellow that was head of the educational programs, rehab then it was under rehab and the minister and I were in this superintendent's office and we were discussing a female I remember that much about the use of a quiet room and I was trying to I think it was to be a 30 day stay in this quiet room and I was appalled and I thought I was trying to explain how something else might be more appropriate or be just as effective and the other two men were wanting the quiet room. I don't think they went for the 30 day but and this superintendent like I said I can't remember his name but he was the one that after Dr. Jolly and he didn't like nurses. He yelled at me, young lady would you shut up across the room you know. I about died. You know to and finally he went on talking and I finally said can I speak now? And I don't remember the outcome of the meeting but the minister that was in the meeting and this guy over rehab went to my husband and apologized for the superintendent and my husband didn't know at that point in time what had happened. But that I think

was my worst day ever to have someone of that caliber you know to act like that. So it was shortly after that, that he left. And his wife was a nurse.

[01:18:10]

JHS: So this was kind of the exception that nurses were not respected in other instances but you were respected as a professional?

AB: I think yeah, but not with him. But he tried to be overly kind after that. But he never managed to do it again and I sure wouldn't but

JHS: Did he feel that you were perhaps more assertive than some of the others for speaking up for what you believed?

AB: Probably. Probably was.

JHS: And that's what your trouble?

AB: But I guess I was always assertive though but it never got me into trouble before. Maybe I knew when to draw back or something. But when you felt that what you were doing was so much better you know and how you treat human beings why, but it all changed in the end I mean you know the

[01:19:33]

JHS: Uh huh. Why do you think you had that different perspective? Did that come from your own experience working with these people every day or did that come from something else? I mean where did come from?

AB: Oh, I don't know. Maybe it was, I don't know unless it was just from the different teachings that I've had or something.

JHS: Before you came to Muscatatuck or your training with?

AB: Yes, probably. But when I was at Madison they had just got a new superintendent and a new director of nurses who was also one of these graduates from IU and psych nursing and they didn't have nurses except in their hospital area so this director of nurses she had a bunch of young nurses and she told us to start going out on these they called them wards down there, wards and start going through and introduce yourselves and make yourself known. She was trying to get the nursing idea integrated down there and it was just before Mental Health took over in '54 and this one older doctor met me one day on the wards and he said and what are you doing back here? He was nice about it though. He said I don't believe any of my boys, that was his staff, his attendants, has told me there was a problem. So I think he felt uncomfortable at the time that the nurses were starting to you know come into his area but he eventually you know understood what was happening and the changes that was taking place.

[01:21:48]

JHS: Where did you get your nursing training?

[01:21:50]

AB: St. Elizabeth Hospital in Dayton, Ohio.

JHS: Did you get a referral from Indiana or [unclear]?

AB: Madison. I just picked out that school because it had some of the highest ratings and I went there in '48 I went to school. We were associated with the University of Dayton and we had a nun that was Director of Nurses and while she was Director there was never anyone that failed boards. So we had a good education.

JHS: How do you feel about the closure of Muscatatuck?

AB: I think it's wrong. There is a core group and I can't say how many that I think will need some place like Muscatatuck and there's no place out in the community at this point in time and I think the state has wasted money and I think it's politics. It's still there. They're building a new unit at Madison. It's supposed to have been a hundred bed unit but it's over that right now but why not take that hundred bed unit that was at Muscatatuck that was just opened in '87 and use that for the ones that's going to you know be hard to place and some of those that's there now are so fragile. And like I say there's no place out there for them and I hear by the grapevine that the state's out of money and can't open up any more homes so I don't know.

[01:23:59]

JHS: What kind of patients do you think or residents do you think are not suitable or would be better served in a place like

AB: Those that like with feeding tubes, skilled nursing and some of your behavioral problems. Now they can't treat behaviors out there now. They're not treating them. It's and this again is just from what I can hear. You have somebody that's acting out and I mean demolish units and things, they put them on a unit all by themselves, put them with a TV, increase their staff levels. When they want to order something from town they let them order a pizza or something like that. And you don't treat behaviors like that.

JHS: And reward [unclear]

AB: And the other day I can talk about this too because there was a big like laundry truck sitting up at those two cottages as you come in the driveway of Muscatatuck and this guy got into it, a consumer got into it, got it started somehow, and he ran into where they had a shelter with a picnic table, he ran into that, demolished that, backed it up trying to hit a staff person and then put it in forward again, went across the road and down over on the other side of the road and a big culvert stopped him. Somebody got the paper out there and they did have that in the paper but they took him in, gave him a cigarette, patted him on the back you know he was upset. So I mean you know they're rewarding the negative.

[01:26:11]

JHS: So it sounds like they kind of have the philosophy that you don't agree with.

[01:26:15]

AB: That's why I left. I would have probably worked another year or two but we had a lady and I can't remember her name was superintendent and that's when they got rid of Dr. Culley. They just one day he just didn't have a job and they got this Dr. Mohr and I just could not work with his philosophy. We just didn't agree.

JHS: What would you characterize [unclear]?

AB: He was only had experience in a community setting for one thing. And so I thought well rather than let my blood pressure get the best of me why I'll bow out.

JHS: What was that like retiring after so many years of?

AB: Oh, that last day was terrible but and I didn't have a farewell party. I mean not, I didn't want a grounds one but just my own area or the staff.

JHS: You didn't want a big party?

AB: Huh uh, no, so rather go quietly and the other departments very few of them came in and he didn't.

[End of interview]