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Library Trends

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Library Trends, a quarterly journal of librarianship, provides a medium for evaluative recapitulation of current thought and practice, searching for those ideas and procedures which hold the greatest potentialities for the future.

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Introduction

HARRIS C. McCLASKEY

From the beginnings of civilized societies, residents of institutions have been oppressed and experienced enforced social isolation and invisibility. The term institution as used in this issue includes those environments known variously as mental hospitals and residential centers, chronic disease hospitals, homes for the aged and dependent (which include nursing care), homes and schools for the mentally handicapped, homes and schools for the physically handicapped, homes for dependent and neglected children, homes for unwed mothers, and diagnostic reception centers. Residents of institutions have been subjected to discrimination and indignities which have prohibited their participation in the mainstream of life. The 1970s are ushering in substantial changes in these social patterns as the individual, both in the institution and in the community, demands recognition and rights as an independent, dignified citizen. While libraries and library services in institutions provide a working microcosm for insights into all areas of librarianship, they have become a matter of general professional awareness and concern only in the twentieth century.

Changes in legislation, advances in library services, and growing concern within both the general society and librarianship are reflected in the increased literature on library services designed for users with special needs. These changes are reinforced by federal law which requires affirmative action in employment, equal opportunity in education, accessible transportation, and barrier-free environments. Commitment of funds for library services in institutions, especially those generated by the Library Services and Construction Act (P.L. 93-29), marks a significant beginning, now reinforced by the Education of All Handicapped Children Act (P.L. 94-142).

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94-142) and regulations pursuant to Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112). These laws pinpoint discrimination and require definite actions; specifically, these new laws necessitate free, individualized education programs in existing school facilities, rights to employment, new emphasis on the individual's ability to do a specific job, and provision of auxiliary aids. These statutory demands recognize that individuals with special needs, categorized as handicapped, are unique citizens who can lead productive lives, and that such expanded civil rights call for basic changes in society. Of special impact for libraries is the prescription that "no otherwise qualified handicapped individual . . . shall, solely by reason of his handicap, be excluded the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The 1970 U.S. Census estimated that one of every eleven adults in the United States held self-perceptions of being "handicapped," i.e. were less educated, less likely to work, and (if employed) earned approximately $1,000 per year less than others in the population. A total of 36 percent of such individuals were categorized under the poverty level, compared to 20 percent in the general population.

This is the first issue of *Library Trends* to focus on institution libraries, and it includes discussion of users of libraries, institutional environments, historical changes, the varying needs of adults and children, library materials, public library cooperation, and education programs for institution librarians. Correctional facilities are excluded from the discussion, as these libraries were presented in the Summer 1977 issue of *Library Trends*.

The following discussion pertains to library users within institutions, their needs, and the responses of librarians and libraries to those needs. Library services in institutions have long been centered on the individual and are characterized by accelerating change evidenced in new attitudes and new behaviors. In 1973 the National Commission on Libraries and Information Science sponsored a conference on the library and information requirements of occupational, ethnic and other groups in the United States. Specific needs cited for institutionalized persons included: (1) the need to be accepted as intelligent, competent people; (2) the need to have an active role in decision-making as consumers; (3) the need to realize elimination of barriers to independence, including those related to attitudes as well as architecture; (4) the need to realize coordination of services for each individual; (5) the need to bridge the gap between the institutional community and the general society; (6) the need to use
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special materials and technology; and (7) the need to utilize materials appropriate to skills.²

Contributors to this issue address these areas in detail. Moya Duplica profiles users of institution libraries, both specific groups and persons, and distinguishes among "disability," "impairment," and "handicap." She asserts the psychological needs of the institutionalized and disabled person and correlates these factors with library services. Lethene Parks describes the library in the institutional setting and emphasizes human, organizational and physical environments, and administrative structures within which the institution library operates.

Henry Drennan presents federal perspectives in asserting the significance and potential of the institutionalized population as a national constituency, a constituency with clear and growing impact on public policy formation. The array of federally supported and administered institution libraries provides a context for discussion of federal legislation, especially the Library Services and Construction Act, the roles of federal and state governments, project operating data, evaluation of facilities, funding, and user data. The result is a matrix for consideration of past changes and future needs.

The two essays which follow Drennan's differentiate needs of the individual, the institution, the community, and the library. Emphasis is given to those aspects of exceptionality which are significant for the individual, and to the importance of interdisciplinary, team approaches in identifying needs, planning and adapting library services. Margaret Kinney, concentrating on the institutionalized adult, and Geraldine Matthews, on the institutionalized child, stress the roles of librarians in habilitative environments and the need for flexibility in library programming. Lois Hinseth describes materials and collections: selection, acquisition, organization and circulation requirements within library programs for both the institutionalized person and the formerly institutionalized, including special formats, equipment and research. Clara Lucioli addresses public library involvement and services in and with institution libraries, citing selected service programs. Planning, establishment and action in urban, suburban and rural areas are emphasized. In conclusion, Genevieve Casey presents education for institution librarianship through consideration of its history. Selected programs and future needs, including recruitment, field experience, the work of various library associations, and continuing education are considered. Throughout, attention is given to standards and the potential of various futures.

National, state and local governmental jurisdictions are involved in
serving the institutionalized person with library and information services, and there is general acceptance of the right of each citizen to access the totality of library resources, a right now articulated in law. As several contributors to this issue suggest, needed planning and action for the institutionalized library user should not be found so much in short-term problem-solving as in eliciting the intelligence and understanding of people served by institution libraries.

Progress in institution library services is dependent on recognition of the importance of political awareness and meaningful involvement in the planning and coordination of library services as essential components of society's total library and information needs. The institution library, as an integral part of the total pattern, provides opportunities for every librarian and every library. While cruelties and superstitions of the past are still reflected in popular belief, in public life, and in legal provisions and processes, current changes in legislation present the occasion for each individual to come as close as possible to generally accepted living conditions, considering degrees of intellectual, physical and social capacity realistically, but not allowing these facets to determine the life patterns of individual people.

Librarians concerned with the library and information needs of the institutionalized are appearing in increasing numbers before public policymaking bodies to obtain support, and they will continue to do so. The need for tangible resources and support continuity is great; in the future these requests will be couched more frequently within the framework of civil rights.

Crucial to any future success is change in both attitudes and priorities. Realistic consideration of the library service needs of the institutionalized is dependent on awareness and use of various political fronts — legislative, administrative and judicial. Is the library/information community prepared to provide quality programs for each user, programs which will stand the tests of both user and fiscal accountability? Too much legislation and library programming has been established without the active involvement of the institutionalized, yet these users of libraries are asked to endorse decisions, and when they present objections, the protest may be characterized as negative.

While oratory abounds there is increasing impatience. The 1977 White House Conference on Handicapped Individuals has generated user insight into legislative resolutions attacking discrimination, removal of attitudinal and architectural barriers, and enforcement of penalties for noncompliance. A major trend in library services for the institutionalized
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is increased recognition that the least well-educated individual can benefit most from increased education and access to information.

References


The Users of Institution Libraries

MOYA M. DUPLICA

Medical and technological advances are lengthening the lifespan of people, thus increasing the number of individuals who will survive with disabilities. Under the social security program, the disabled population in 1960 numbered 450,000; in 1970, under the same program, this population numbered about 1.5 million.¹ Current social security statistics indicate a steady growth in this segment of the beneficiary population.²

It is difficult to ascertain the number of institution libraries throughout the United States,³ but because of legislation⁴ and increased political activity⁵ among the disabled, librarians will be serving this special group of people perhaps more so than ever before. Whether or not they will be served in institution libraries remains to be seen, since current trends are toward deinstitutionalization.⁶

For purposes of this chapter, institutions will be defined as those places of “residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life...[where the] enforced activities are brought together into a single rational plan purportedly designed to fulfill the official aims of the institution.”⁷ Consequently, each resident lives, receives care and may work in a closely structured environment that reinforces conformity rather than individuality.

While the institution library will reflect administrative policy, and at times legislative posture, under the librarian’s skillful and creative leadership it can become an accepting and pleasant place where institution

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residents may find sanctuary from the imposed lifestyle and thus a semblance of freedom to be themselves.

WHO ARE THE USERS OF INSTITUTION LIBRARIES?

The people who use institution libraries will be as diverse as their disabilities and as individualistic as their background and personality. Above all, they will be human beings who are developmentally, physically or psychiatrically disabled. To be disabled means simply to be less able. Yet, this word is often used synonymously with handicap and sometimes with impairment. In 1969 the World Health Organization's Expert Committee on Medical Rehabilitation distinguished between disability and impairment and used a British definition to distinguish handicap. These definitions are:

Disability: The reduction of functional ability to lead a fruitful daily life. It is the result not only of mental and/or physical impairment but also of the individual's adjustment to this.

Impairment: A permanent or transitory pathological condition resulting in diminution of functions.

Handicap: The disadvantage or restriction of activity caused by disability.8

Since disability refers not only to mental and/or physical impairment but also to one's adjustment toward the impairment, disability is a more workable word. It is also more workable when seen in the context of Hamilton's time-tested definition: "A disability is a condition of impairment, physical or mental, having an objective aspect that can usually be described by a physician... A handicap is the cumulative result of the obstacles which disability interposes between the individual and his maximum functioning level."9

While this general understanding of disability is useful, some additional definitions will help to individualize the user of an institution library. Some of these users may be aging people or blind children. Some may be hearing-impaired adolescents, while others may be paraplegic adults. Some users may be mentally ill or mentally retarded. Thus, the institution librarian will be serving people who may be disabled developmentally, physically or psychiatrically.

To be developmentally disabled means to have a disability which originates before the age of eighteen, which may be expected to continue indefinitely, and which constitutes a substantial handicap to an individual.
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The disability is attributable to mental retardation, cerebral palsy, epilepsy or other neurologic conditions, and includes autism when it is found to be closely related to mental retardation and to require treatment similar to that required for mentally retarded individuals. A physical disability may be seen as an illness or as a bodily deprivation which "produces incapacity, and therefore limits or inhibits the performance of accustomed tasks." The psychiatrically disabled are people who have deprivation of intellectual or emotional capacity or fitness. As defined by the federal government, it is "inability to engage in substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last or has lasted for a continuous period of not less than 12 full months."

Not only will users of institution libraries bring their respective disabilities to the library, they will also bring their respective personalities and their respective social, economic and cultural backgrounds. Consequently, the librarian will meet the total person; responding to this total person can be a compelling experience. Some visibly disabled individuals may present such a startling physical appearance that the nondisabled person may experience an immediate visceral response; in addition, an attitudinal response may also occur. Furthermore, the response of an attitude as a value cannot be overlooked.

Uneasiness and uncertainty may arise as the user’s limited physical and/or intellectual functions are recognized; the librarian may be embarrassed to find himself/herself staring at the disability; discomfort may be forthcoming as one worries about hurting the disabled person’s feelings. Such responses may also be accompanied by attitudes about disability and about people who are disabled and hence different. How one views differences may depend on one’s value system. To be different may be seen by some as deviating from the norm; Erikson notes that deviance is not a property inherent in particular forms of behavior, but is rather a property conferred upon that behavior by the people who have direct contact with it. The nondisabled person must be aware not only of the disabled individual as a total person, but also of his/her own attitudes and how these are communicated. Such self-awareness requires the librarian’s self-evaluation and constant discipline in the professional use of self. This expectation can become less difficult when it is consciously remembered that disabled individuals are first and foremost human beings who share a common humanity with librarians.
SOME PSYCHOLOGICAL NEEDS OF INSTITUTIONALIZED DISABLED PEOPLE

While the spectrum and intricacies of human need cannot be studied here, a general awareness of some psychological needs besetting institutionalized disabled people can be noted in a manner which, it is hoped, will have utility for librarians working with these individuals.

Whenever anyone is removed from a familiar environment, he/she may experience fright and bewilderment. Older people may become disoriented; in fact, Otten and Shelley speak of a higher mortality rate among older people who are removed from familiar surroundings. According to one social worker in a state hospital, the newly committed patient's primary concern centers on the known environment, which usually means home and family.

Just as it is important for human beings to feel needed, it is also important for them to feel secure; throughout time the family has provided security, and this has been buttressed by positive social relationships leading one to know that he/she shares in the life of others. When a person is institutionalized, these relationships become limited at best and often terminate. Various defense mechanisms may be utilized to cope with these and other traumatizing events associated with separation from one's known world.

The child's reaction to institutionalization may have long-lasting effects on personality and behavior. The trauma of hospitalization and separation from parents is vividly illustrated in the film *A Two-Year-Old Goes to the Hospital* and Freud notes the regression which children undergo when they are separated from parents. Separation anxiety confronts institutionalized children of any age — nor is this anxiety a privilege possessed only by the young. Institutionalized children as well as adults may have to give up some hard-won independence. Such mastery is not easily relinquished by children, and adults — who must surrender their usual sense of freedom to become "passive partners" with those upon whom they must rely for protection and care — may respond with various reactions.

Motor restrictions may increase children's aggressiveness; it is not uncommon for a person who is a paraplegic or encased in a body cast to become verbally abusive. As Buxbaum says:

Aggression must have an outlet, and it finds this outlet in the motor apparatus. Hyperactivity in children can often be traced back to severe early restrictions. The reactions, in these cases, have contin-
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ued long after the original cause was removed. I remember a four-year-old girl who constantly ran through the schoolhouse and up and down the stairs; when we tried to stop her, she had a temper tantrum. We learned that the child had spent more than a year before starting the school term in a body cast.23

The onset of puberty and adolescence can be a time of turbulence for a healthy teenager. If this adolescent is disabled and institutionalized, the conflict can be heightened. Wright comments that adolescence requires attention in any discussion of disability: (1) because the adolescent's self-concept is changing; (2) the physique plays a prominent part in this new look at self; and (3) the psychological situation of the adolescent can be dynamically overlapping both childhood and adulthood.24 This observation is especially telling when Sorenson's findings point out that teenagers resent being defined as adolescents and dislike labels imposed by adults.25 Consequently, the inner commotion of a teenager who carries the label of disability and who is also institutionalized can be viewed with understanding. Such understanding can be deepened when it is remembered that hormonal changes are also occurring during this developmental phase; the primary and secondary sex characteristics are developing, and all of these are accompanied by changes in weight, height, muscular development and body proportions.26 Consequently, as Wright adds, the adolescent with a disability must cope with two persistent and overlapping situations, one owing to his/her disability and the other owing to his/her status as a child-adult.27

Regardless of age and sex, disabled individuals are often perceived as different from society's mainstream. Even though they may not feel handicapped, society may handicap them.28 Goffman notes that disability may separate the individual from society and thus spoil his/her identity.29 When institutionalization occurs, physical and geographical separation from society is complete. Such separation may be difficult to accept. Being institutionalized is a new experience. Even if the individual has been institutionalized before, each situation is different and some uncertainties and frustration are bound to arise. Anyone who comes in contact with the institutionalized person should remember the following statement:

Situations that are psychologically new in the sense that they are perceptually unclear, unstructured, or ambiguous arise in regard to a person's disability when: (1) the person is unsure as to whether he will be able to manage physically. (For example, he may not know whether the building has steps that he must negotiate but
that he may be unable to manage.) (2) the person is unsure of his reception by others. (For example, he may not know whether he will be accepted or rejected, shown sympathy or devaluing pity, reacted to with fear or trust, helped or ignored, etc.) (3) the person is unsure of what kind of person he himself is. (For example, he may have difficulty in reconciling his physically imperfect body with personality characteristics that are acceptable and even complimentary.)

The impact of institutionalization may be eased or intensified by the resident's acceptance of his/her disability. If the disability is recent his/her reconciliation with reality may not have happened. Even with a long-standing disability reconciliation may never be complete.

Wright has described acceptance of disability as a series of value changes including: "(1) enlarging the scope of values, (2) containing disability effects, (3) subordinating physique, and (4) transforming comparative values into asset values." She asserts that acceptance "frees the person of devaluation because of a disability and also frees him to seek satisfactions in activities that befit his own characteristics as a person rather than those of an idolized normal standard."

The findings of Linkowski and Dunn demonstrate a positive correlation between acceptance of disability and self-esteem and satisfaction with social relationships. Therefore, persons who accept their disability would appear to be better adjusted than those who do not.

In spite of this evidence, the institution librarian will be serving users who, whether or not they have accepted their disabilities, will also be coping constantly with the process of institutionalization, the meaning it holds for them and the impact it has on them. In such situations the librarian will be well served by the basic concept: "Emotional needs take priority over reasoning." So while it might be easier to work with the disabled person who has accepted his/her disability and adapted well to institutionalization, he/she still carries a heavy burden. Therefore, relating positively to the disabled user lies primarily with the librarian, because this is a facet of professional responsibility. As a professional the librarian must be prepared to give and to communicate.

**RELATING TO USERS OF INSTITUTION LIBRARIES**

To associate with someone in a meaningful way so that understanding and awareness exists is the essence of relating to people. An understanding of disability and of some general psychological needs of disabled
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people provides a solid foundation for relating to them. There are, however, additional actions which can bring a rich and remarkable dimension to the relationship between a librarian and a disabled user.

First, the librarian must be able to communicate with this special user. Interacting on a verbal and nonverbal level requires an ability to accept and individualize the user and to recognize his/her need for self-determination.

Acceptance is recognizing the person as he/she really is, with assets, with limitations and with dignity and worth as a human being. This principle provides an effective working base with disabled people, because if the librarian can truly accept the person, then the disability is also accepted. When this occurs, the disabled person can be individualized and seen and treated as this human being who has a name, a sex, a background and a personality, as well as a disability. All these factors make him/her unique not only among the institution residents, but also among the library users. Applying these two principles will help the user feel important to the librarian even if he/she feels the loss of self-identity noted by Goffman. If the user of an institution library is accepted, individualized and seen as an important person, the librarian will also recognize the significance of self-determination.

Of all the places within an institution, the library is probably one of the few where the individual can still make some free choices. If, for example, reading or listening to music is an important leisure-time activity for a retarded person, and since leisure time rather than work endeavors may be a more meaningful way for the developmentally disabled to grow and express themselves, the librarian will endorse self-determination in this direction.

If, on the other hand, the librarian has accepted and individualized a long-term user who becomes terminally ill and is passing through the stages of dealing with death, a firm relationship can be mutually rewarding during such a time of sharing.

Not only does application of the above principles demonstrate objectivity, but it also demonstrates sensitivity. To be lacking in objectivity implies a lack of professional discipline, and thus a lack of direction toward the person and his/her special needs. This is being insensitive. No incompatibility exists between objectivity and a sensitivity to the feelings of others. Newman notes the significance of sensitivity toward deaf people:

Let us go even further and mention emotions. Without the checks and balances of sound, what is a deaf person thinking when some-
one's laughter seems to be directed at him? What is a deaf person's feelings when there is a sea of communication around him and he is not a part of it? Perhaps the following [anecdote] will bring home to you the direction pent-up emotions can take:

... A [deaf] student returned to school highly agitated. She was like a cornered animal, coiled and ready to strike. "My father, my father," was all she could say. A few minutes later her father drove up. He was in tears. Again and again he said, "I can't make my daughter understand."

What is done to a deaf person's self-image when there is the constant and subtle pressure not to accept the fact one is deaf but to strive to be like those who can hear?43

While some studies have been conducted regarding societal attitudes toward disabled people, "little has been done," states Kutner, "to help understand how change may be brought about."44 Within this context and within Linkowski's and Dunn's findings, the "practical considerations" of Evans's study bear quoting:

One is that persons with disabilities themselves can affect the attitudes of those nondisabled persons with whom they socially interact. Disabled persons can place their nondisabled counterparts at ease during such social encounters, and the result of this reduction in any existing strain within the social interaction can lead to the formation of positive attitudes. ... Thus, a second applied, practical consideration is the possibility that specific skills can be made available to disabled persons through socialization courses. Such skills should focus on showing disabled persons how to accept the incapacity of the nondisabled and how to deal with it. However, disabled persons should not accept a passive, submissive role, but rather they should assume control of the social environment around them by creating a positive image and displaying behaviors that lead to positive, accepting attitudes on the part of the nondisabled population, both toward themselves and other persons.45

Therefore it can be said that the responsibility for attitudinal change is a mutual one to be undertaken by both the disabled and the nondisabled. The sensitive librarian may encourage self-determination in this direction when it pertains to library matters and when he/she is knowledgeable about and comfortable with encouraging assertiveness. However, as stated
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before, insofar as the users of institution libraries are concerned, the greater responsibility for attitudinal change rests with the professional, because he/she bears not only role authority, but also the lighter burden.

Until such time as formal studies are undertaken by the library profession to determine how attitudes can be changed, the immediate source for attitudinal change must be the librarians themselves. Motivation to provide a thoroughly effective professional service to users of institution libraries will strike a responsive chord about the efficacy of services and the usefulness of sound relationships. Consistent motivation to examine (and, when necessary, to modify) attitudes can be fostered through self-awareness, role simulation and keeping records of one's own progress. This is not new in librarianship; throughout the country libraries have taken new directions to meet some of the needs manifested during this age of anxiety.

This section has viewed the users of institution libraries as developmentally, physically and psychiatrically disabled human beings who must cope with institutionalization, with their disability and with their humanity. These are the people whom the institution library serves. The challenge of serving these people calls upon librarians' professional skill and creativity and upon their human ability to be an aware and informed professional who cares about the men, women and children who use institution libraries.

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12. Subcommittee of the Committee on Public Information, op. cit., p. 44.


16. Parrott, George (Chief Social Worker, Western State Hospital, Steilacoom, Wash.). Personal communication, May 13, 1977.


22. Ibid., p. 134.


27. Wright, op. cit., p. 185.

28. Ibid., p. 8.


30. Wright, op. cit., p. 100.

31. This writer is reminded of a conversation with an independent, middle-aged woman confined to a wheelchair since birth. We were discussing her disability and I said, quite thoughtlessly, “I suppose you are used to this by now.” She gave me a long look, then finally sighed, “I will never get used to this.”

32. Wright, op. cit., p. 108.

33. Ibid., p. 134.


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37. Ibid., p. 25.
38. Goffman, op. cit.
42. Fenlason, op. cit., p. 209.

ADDITIONAL REFERENCES

The Library in the Institution

LETHENE PARKS

Institutions, whether they are called hospitals, schools, prisons, treatment centers, nursing homes, or rehabilitation centers, are artificially created environments. Far too often they are located in the geographical isolation of rural areas and the human isolation of enclosed “microworlds” separated from the rest of society. They have been referred to, quite accurately, as “monuments to failure”1 and those who reside in them are seen as the rejects of society, persons whose behavior or appearance mark them as “different” in a world that places a very high value on sameness and conformity. In this setting there is an ever-present danger that the institution itself may become as deviant as those in its care, thus further dehumanizing the entire process of care and treatment.

In librarianship, as in society in general, there is a growing awareness of the dehumanizing effects of large, isolated institutions on people, and of the fact that the rehabilitation and treatment programs of such institutions are not succeeding, in spite of the vast amounts of money and human effort that have been poured into them. “Mainstreaming” — keeping people in their home communities or returning them there from institutions — is a trend that has the support of many health care and social service professionals, but the process moves slowly. Meanwhile, many persons remain in institutions, and some will always need the care and security provided by a sheltered environment.

Though there have been over a period of many years a number of more and less successful efforts at providing library services for the institutionalized, it has been in the decade since the passage of Titles IV-A and IV-B of the Library Services and Construction Act that there has

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been a widespread effort in the United States to develop effective library services in institutions, especially at the state level. Much has been accomplished and much has been learned.

This essay will discuss the human, organizational, and physical environments and administrative structures within which the library in an institution operates, and how the institution librarian works with and through these environments to provide user-oriented library and information services. Primary emphasis will be on libraries in state and federal institutions for the developmentally disabled, the mentally ill, the physically handicapped, and the elderly. Service to general hospitals and nursing homes, for the most part provided through public libraries, will only be touched upon here. Major emphasis will be on services for residents of institutions. Major emphasis will be given to the human aspects of the total institution environment and how these relate to the role of the library in the institution. This aspect, the crux of effective institutional library service, has been only meagerly treated in the library literature. Bits and pieces must be gleaned from articles on other subjects, and often almost as much must be inferred from what is not said as from what is said.

THE PHYSICAL ENVIRONMENT

An ample number of citations in the library literature attest to the fact that library architecture and buildings are topics of considerable interest to librarians. Few articles, however, are addressed specifically to the needs of hospital and institution libraries. Most of the pertinent information must be culled from books and articles describing library programs for special groups of users. Baskin and Harris point out that the physical plant provides the setting within which the library program functions, with the structural components serving as enabling or limiting factors. They identify five critical factors in the total physical environment of the library: size, layout, functionalism, comfort, and ambience, i.e. the degree to which the library is an inviting, stimulating place.

The “ideal” institution library would probably have all or most of the following features:

Central location on the ground floor, easy to find and convenient for book cart service to wards
Open, flexible floor plan, and uncluttered appearance
Sturdy, comfortable furniture, informally arranged
Clear signs and labels, color-coded and in large print or Braille if needed
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Adequate and pleasing lighting
Air conditioning
Sound control, through such features as acoustical ceiling tile and draperies
Carpeting
Adequate storage, work, and office space, separated from public service areas
Areas for quiet study, for both groups and individuals
Space for group activities such as storytelling, psychodrama, puppet shows, and discussion groups, preferably with large comfortable floor cushions or carpeting to sit on
Space for a variety of audiovisual materials and equipment — films, filmstrips, phonorecords, cassette tapes, video — and TTY if there are deaf users
Electric-eye or double-swing doors
Shelving not higher than six feet, against the walls or angled at forty-five degrees to the walls, with aisles five feet wide
Round tables at which chairbound persons can sit comfortably
Pleasant view, preferably with a garden or patio adjacent
Posters, art prints, and craft work attractively displayed
Revolving paperback racks
Growing plants
Aquarium or fish tank (or, for the more adventurous, gerbils, hamsters, chameleons, or a resident cat)
Noninstitutional appearance and homelike atmosphere
Therapeutic environment

A few institution libraries appear to have achieved a setting approaching this ideal. The library at the Human Resources School, an institution for physically handicapped children in Albertson, Long Island, for example, is a comfortable, centrally located room easily reached by the students. A fireplace and a patio provide pleasant backgrounds for story-hours. Wide aisles, low bookshelves, lightweight doors, and round tables make the library readily accessible to the many students in wheelchairs. Through these features, says librarian Ruth Velleman, the library “avoids being a confining enclosure by offering an open atmosphere — a feeling which is important to children who spend much of their time confined at home.”

The majority of libraries in institutions, however, still fall far short of the ideal, and libraries are likely to be located in space that is cramped,
poorly located, shabby, and not functional in layout. The space has more often than not been adapted from such uses as closets, basements, gymnasiums, storage areas, offices, classrooms, hallways, or patients' rooms. The first library for patients at Western State Hospital, Fort Steilacoom, Washington, was set up in an unused portion of the institution's morgue!

Paint, curtains, new or revamped furniture, improved lighting, growing plants, artwork, and a great deal of ingenuity and perseverance on the part of institution librarians have done much to convert unprepossessing quarters into attractive, inviting, functional library facilities. While the impact of the recent regulations for Section 504 of the Rehabilitation Act of 1973 is yet to be fully felt, it is to be hoped that this will provide an added impetus for achievement of completely accessible physical environments in libraries.

The institution library should provide an environment that will promote self-help skills and independent use of materials and equipment. Obstacles to independent functioning should be removed by modifying the facility, adapting furniture and equipment, changing procedures to fit users' needs, or by supplementing and improving residents' abilities through the use of appropriate aids. Residents' capabilities and limitations in terms of reaching, bending, lifting, carrying, hearing, viewing, and mobility will need to be considered.

Specific needs of users need to be assessed carefully in deciding what manipulations of the physical environment are needed to make the institution library safe, accessible, and therapeutic. If, for example, there are users in wheelchairs or braces, on crutches, or who use walkers, there should be fewer chairs in the library, and table heights may need to be adjusted. Floor covering should probably be tightly woven carpeting, glued to the floor rather than used with a pad. A hard surface, nonslip flooring may, on the other hand, be preferable for the blind as it may help them to "read" their environment. Phinney points out that some chairbound persons, especially if they lack strength in their arms and shoulders, also prefer a hard, smooth floor surface.

There will often be more stringent requirements for lighting, temperature control, and sound control. For example, persons with low vision may need as much as 150 foot-candles of light, more than twice the amount that is adequate for those with normal vision. As Velleman points out, temperature control may become critically important where there are residents who are highly susceptible to respiratory illnesses. Good sound control will be helpful to those with impaired hearing. It may also be an important factor with some retarded persons, who tend to be easily dis-
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ttracted and need a setting which will help them to focus on the one activity being directed to them. Central Wisconsin Colony in Madison uses carpeting on walls and floor, acoustical tile ceilings, draperies, and shelving extending into the room as barriers to help contain sounds in the areas in which they are produced.9

The amount of space needed is an area that merits further study, especially as it relates to its effects on behavior. Common sense dictates that where many of the users are in wheelchairs or where group activities are a major element in the library's program, more space than usual will be needed. Yet how many librarians are aware that a blind reader needs sixty square feet as opposed to the guideline of twenty-five square feet suggested by the Veterans Administration?10 Or that some psychiatric patients appear to need more "life space" than other persons, or that to some emotionally disturbed children, the stimulation of a large, open space may rouse their need to act out their impulses?11

Color is an element that has received insufficient attention in the planning of institution libraries. Robertson says only that colors should be "happy but calming."12 Margaret Liebig, describing the library at Central Wisconsin Colony, goes further when she states that in that institution, all redecorating projects "are designed to promote greater sensory-perceptual experiences through the use of appropriate colors, textures, and composition."13 Hyperactive children may need rather dull colors and monochromatic color schemes, while the retarded may need the stimulation of a variety of bright colors, and the elderly may need high tone contrast on such features as stairs and handrails to help counteract the flattening effect that can be a result of impaired vision due to aging.

There is some disagreement about how supportive the institution library environment should be. Normal standards for the surroundings are often advocated for the blind, on the theory that they must learn to adapt. Velleman14 contends that physically disabled children do not need extensive adaptations of the normal environment in order to function successfully, while Phinney15 says that normal environments may prove frustrating and difficult for the newly disabled.

In summary, as Wineman points out in his very fine article on the effects of the institution on the person,16 such things as spatial arrangements, kinds and amounts of equipment, the structuring of time, and exposure to certain physical props are aspects of the institution environment that do have an impact on people and must therefore receive attention from the staff.
THE ORGANIZATIONAL ENVIRONMENT

Barbara Johnson states that, organizationally, hospitals may be classified according to five factors: (1) pattern of financial support, (2) size, (3) average length of stay, (4) whether or not there is a formal teaching program, and (5) whether or not the hospital primarily serves one segment of the population, such as women, children, or the mentally ill. To this list, which is applicable to all of the types of institutions under discussion here, might be added such factors as whether there is a staff development or in-service training program, whether there is a formal education program for residents, and whether the institution is part of a larger department or has formalized cooperative arrangements with other institutions or agencies. Wineman additionally refers to such organization-related factors as basic social structure, behavioral regulations and group rituals, activity structure, “traffic” regulations, and behavioral management systems.

Within each institution, the administrative pattern into which these factors are organized varies considerably. Most institutions, in addition to administrative and support services, have all or most of the following: occupational therapy, recreation, industrial or work therapy, education (if appropriate to the resident population, there may be a separate adult education department), and clinical or treatment services. The latter vary according to the kinds of residents and the treatment and management philosophies of the administration.

Atascadero State Hospital, California, for example, has the following program or clinical units: admissions, acute intensive psychiatric, combined psychiatric, aggressive behavior management, assertive skills training, interpersonal communication skills, family interaction skills, sex offenders, predischarge, and medical-surgical. This list illustrates several criteria commonly used in establishing service units: division by progression through a total program (admissions, predischarge), by diagnosis (acute psychiatric, medical-surgical), by personality or character groupings (aggressive behavior, sex offenders), or by types of skills the residents need to acquire (assertive skills, communication skills, family interaction skills). The salient fact here for librarians is that they need to know what these organizational arrangements are, and to understand how and why they came about in the ways that they did—and to know where and how the library fits into the scheme. To learn these things and to use this knowledge to make the library an integral part of the institution’s total program is perhaps one of the most frequent admonitions in the literature on institution libraries. Tews has stated well the obvious fact that, what-

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ever the administrative structure and organizational patterns, "the smooth efficient working of an institution is built on effective interaction within its organization."20 She and others advocate less rigidity and more flexibility in organization, more free-flowing patterns, more creative thinking that looks beyond the traditional to organizational patterns allowing more freedom of interaction among people, and the melding of libraries and other agencies through cooperation.

Such concepts as total patient care, deinstitutionalization, multidisciplinary treatment teams, and the whole continuum of consumer health information-patient education are affecting not only program content but also organizational patterns in institutions, including the libraries. It is essential that librarians be aware of and knowledgeable about these concepts. It is also well to be aware that professionals in relevant fields are not necessarily in agreement on these topics. Even more important is the need not only to recognize, but to acknowledge in our administrative and organizational structures, that: "The user...does not care about the organizational structures...his concern is with service, service which is good or bad depending solely on whether it meets his needs."21

Given the reality of the organizational structure of the institution, and assuming knowledge and understanding of it, how then is it decided where the library fits into the scheme? How can the institution librarian or the consultant manipulate the organizational pattern to ensure for the library the place within the structure that will offer the best opportunities for the provision of user-oriented services? There is general agreement that the library should be an integral part of the institution, and preferably with the status of a department, reporting directly to the institution administrator or his designated representative. Some examples will illustrate variations on this theme.

The Veterans Administration, an acknowledged leader in the field of institution libraries, has a well-developed network of hospital libraries serving both staff and residents. The library functions as a department of the hospital, and all Veterans Administration libraries operate within the framework of the network, with some support and policy functions supplied through or coordinated by the central office in Washington, D.C.22

In general hospitals the library, where it exists at all, may be a department of the parent institution or may be under another department. Except for some of the large hospitals in urban centers, service is likely to be limited to staff, and sometimes to the professional medical staff. Service to patients, if provided at all, is most likely to be considered a responsibility of the public library and, in any case, is probably done by volunteers.
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Service to local long-term care institutions, such as nursing homes and retirement homes, is also most likely to be offered through the public library, most often through a special outreach department, as in Detroit or Cleveland. In some cases, however, service is integrated into the system and delivered through member libraries or branches, as in the Nassau Library System, New York. Service is often provided for residents with only token services for staff.

In state institutions, services for residents and services for staff are usually separate. The library is probably still struggling for department status within the institution, and there is wide variation in specific organizational patterns. A common thread, however, is that of a strong leadership role at the state level, a result not only of passage of LSCA Titles IV-A and IV-B, but also of the recommendation in the American Library Association's 1963 version of Standards for Library Functions at the State Level. This recommendation states that an official relationship be established between state libraries and institutional libraries for the purpose of establishing library services in those institutions.²³ In the 1970 revision, the role of the state library agency is described as one of "supplying supplementary resources and services" and of coordinating a statewide program.²⁴

Most state library agencies now have institutional library consultants who oversee the spending of LSCA funds and work toward gaining local support for the establishment of well-planned, adequately funded, ongoing programs of library service in state institutions of all kinds. While LSCA funds have been used to demonstrate quality library service — including the provision of trained staff, development of collections of a wide variety of print and nonprint materials, and the purchase of equipment — there is still a great deal of reliance on LSCA monies to fund ongoing operating expenses. There is thus a long way to go to establish a firm financial base of "hard" money.

The area of perhaps greatest disagreement among institution librarians is whether services for staff and residents of institutions should be integrated. The traditional view has kept the two separate, and has often further separated libraries for the medical or professional staff from those for nurses and other employees. The rationale for separation has been well stated by Barbara Johnson, librarian at Detroit's Harper Hospital:

Technical service to technical personnel is indirect service to the laity; therapeutic service to hospitalized patients ... is direct service. No librarian alive can put both first, and both ... have their necessary place in hospitals. The two needs must be coordinated so that
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each section knows what the other is doing, and so that each is aware of the importance of the other's function. But... a hospital librarian can no more be expected to wear two hats than can any other person. 25

She also expresses the traditional viewpoint that patients must not have direct access to technical medical literature, but should receive such information only as approved and interpreted by the physician.

Geraldine Matthews, on the other hand, expresses a different point of view when she deplores the tendency to categorize people and services, and makes a plea for an information services department with a director "responsible for knowing and translating the total needs of the hospital into workable information services." 26 The treatment-of-the-total-patient concept and the growth of the patients' rights movement are factors helping to bring about a fairly widespread swing toward the model recommended by Matthews.

The information center concept fits comfortably into the growing trend toward networking and multitype library cooperation. The medical library network is an early and successful model of the machine-readable data base supplying current information to its users almost instantaneously. Most programs of library service to state institutions involve formalized cooperative arrangements, of a much more basic who-will-provide-what nature. The following examples will illustrate how such cooperative arrangements work and some of the reasoning behind them.

Ohio, in a pattern common to the majority of states, has used LSCA funds for consultant services, in-service training programs, and incentive grants to develop and upgrade institution library collections. Operating from a philosophy of "pay your fair share" and not relying on federal dollars to provide basic library services, institutions must provide a 35 percent local match; these funds generally come from such sources as commissary profits or school budgets (in juvenile institutions). The local match cannot include salaries, nor are LSCA funds used for this purpose. By March 1977, Ohio institutions had established a total of fourteen professional library positions. LSCA funds have primarily been used for materials, and the program does not include service to institution staff. Some Ohio institution libraries have joined or are interested in joining multicounty library cooperatives, from which they can receive such services as telephone reference, interlibrary loans, and books-by-mail. 27

Arizona, following basically the same pattern as Ohio, asks for a 50 percent match from the institution. Philosophically, cooperation between institution and public libraries is encouraged, but implementation of
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to cooperative projects is slow, because many of the state's public libraries, especially in sparsely populated rural areas, are not themselves well-developed.28

Florida also asks institutions to provide a 50 percent match, which may not include salaries or indirect costs. The Florida State Library has successfully used grants as a "carrot" to get institutions to establish professional library positions by means of a policy of not granting funds to an institution until that institution has established and funded a full-time position for an MLS-level librarian to provide service for residents.29

In Washington the plan for institutional library services developed along rather different organizational lines. Starting in 1965 with the goal of providing good library service to both staff and residents of state institutions, a cooperative plan was developed in which the institution provided space and furnishings for the library. Personnel for institution libraries were on the state library payroll. Materials and equipment for staff libraries were provided directly by the state library, and service for residents was provided by means of contracts with public libraries.30 The rationale for this pattern of service was stated in a 1970 progress report:

This pattern was also, and correctly, perceived as a stimulus to public libraries to reach out to develop programs of service to local institutions and users with specialized needs. The validity of this approach is borne out by the fact that Illinois and Montana, among others, have incorporated elements of Washington's plan into their programs, and that the programs of a number of other states—Arizona, Minnesota, and Ohio are examples—have made, or are moving toward, formalized cooperative arrangements with public libraries.32

A particular strength of Washington's program has been that, from the beginning, it has not relied heavily on federal dollars. By latest estimate, less than 8 percent of the total budget for institutional library services comes from LSCA funds.33 In 1972 library personnel in state institutions were transferred to the payrolls of contracting public libraries. While the reasons for this were mainly political and financial, it was felt to
be a move that would further strengthen cooperative ties with public libraries. In a very recent move (effective July 1, 1977) occasioned primarily by legislative concern over the large number of state dollars going into service contracts with other agencies, personnel were pulled back to the state library's payroll and contracts with public libraries canceled; the state library will assume direct administration of the program. While this development appears to be a step backward for cooperation, it is too soon to assess how it will work out in practice.

Librarians have found that advisory groups are often useful in terms of gaining the institution's acceptance of the library's program. An advisory committee made up of institution staff from various disciplines can help to establish policy, evaluate programs, and provide public relations for the library within the institution. This committee may be concerned with both staff's and residents' libraries, or there may be separate committees for the two kinds of libraries. Residents should be included as members of advisory committees for residents' libraries. An alternate pattern is one in which the institution librarian serves on appropriate institution committees.

Outside advisory groups have also been found useful. Washington had an advisory committee within the state library association, and more recently has had a Special Populations Task Force of the Washington State Advisory Council on Libraries. Ohio has had an Advisory Council for Institution Libraries. It seems clear that although there are some general trends that are part of overall trends toward networking and other types of cooperative activity, specific organizational patterns for institution libraries will continue to vary, depending upon differences in funding and legal bases, and upon differences in management and treatment philosophies in the host institutions.

THE HUMAN ENVIRONMENT

Wineman identifies ten inherent features of the "social landscape" of the institution: (1) basic social structure — living arrangements, role system, pecking order, and communication network; (2) value systems of the staff; (3) behavioral rules, regulations, and group rituals; (4) impact of group processes; (5) trait clusters; (6) activity structure and the nature of constituent performances; (7) space, equipment, time and props; (8) amount and types of "seepage" from the outside world; (9) "umpiring" and intervention functions; and (10) resiliency and flexibility of the behavioral management function. Taken together, they represent a total climate and, says Wineman, the crucial question to ask regarding them is:
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"Are these pieces recognized and does the staff seek, in its planning and behavior toward the residents, to control them in the resident's favor as dictated by its central philosophy of treatment?"35 Wineman's article is an excellent reference for any librarian interested in providing user-oriented services.

The "social landscape" of institutions has been in the past, and too often still is, a bleak place of isolation, sterility, inactivity, and warehousing of people who cause problems. Furthermore, as Lucioli points out: "Traditionally, provisions for these people have been in the form of philanthropy rather than as perquisites of citizenship."36 Fortunately, this human climate is changing. Bills of rights and right to treatment decisions in the courts are establishing the philosophy that the institutionalized have a constitutional right to individualized treatment that will give each of them "reasonable" and "realistic" opportunities to lead the most meaningful possible lives in the mainstream of society.

Specifically, what are some of the human factors in the impact of the institution on the person, of which the librarian will need to be cognizant in order to plan and implement effective library services? Wineman contends that even so-called open settings foster a basic relationship between institution staff and residents which is a captor-captive one, and are basically "inimical to the human condition because they jeopardize the humanity of both captor and captive."37 This position, although not stated so baldly in the literature of librarianship, appears to be widely accepted by librarians, who describe the person in an institution as cut off from normal life, removed from the customary environment, and, as a result, often feeling threatened, fearful, angry, powerless, anxious, and suffering from a loss of self-identity and a loss of control over personal life. In an overview of the information needs of the hearing impaired, Lee Putnam takes issue to some extent with this prevailing view; she states that many deaf children have found the residential school to be a milieu in which they could lead happy and satisfying lives.38

The effects of the person's illness or disability, plus the often sudden thrust into an alien environment and a role that is, contrary to expectation, usually subordinate and comparatively powerless, may result in a variety of behaviors that need to be thoroughly understood by the librarian. It has been widely recognized that such characteristics as low self-esteem, an apparent lack of everyday living skills, inability to concentrate, withdrawal, refusal to participate, inadequate communication skills, acting out, or chronic fatigue or drowsiness will have an effect on how the person will function in the library setting. Librarians have also demon-
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strated that they are aware of and understand such relevant factors as the effects of medication, multiplicity of problems, and the particular effects of specific illnesses or handicapping conditions. It is to be hoped that they understand as well that, as Evelyn Aronow so eloquently expressed it: "We ... do not want sympathy, we want empathy. ... Degradation, for that is what sympathy is, yields stereotyping and stereotyping is not usually used in positive ways."³⁹

It is crucial also that librarians in institutions understand — and many do — that the institution affects those who work there, as well as those who live there. Some of Wineman's ten points, mentioned earlier, speak to this, as does the research of San Francisco psychologist Christina Maslach. As reported in National Observer, Maslach has identified a number of occupations — she does not include librarians — that are especially subject to "burnout," or loss of the ability to care.⁴⁰ This, she says, results in treatment of people in routine, dehumanizing ways. She offers some pertinent suggestions for "recharging": sharing problems with peers, seeking outside help, restructuring jobs to allow periods away from direct client contact, humor, developing a sense of one's own worth, snarling at people when they deserve it, or, as a last resort, changing occupations.

It is repeatedly stated in the literature that the key factor in the provision of effective library services in the institution is the staff.⁴¹ It is possible to compose a rather overwhelming list of qualities that institution librarians must have:

Empathy
Warmth and sincerity
Informed awareness
Sensativity
Honesty
Emotional stability
Good health
Common sense and maturity
Sense of humor
Creativity
Initiative
Flexibility and openness to change
Ability to communicate effectively with words, silence, or touch

Ability to listen actively and in an uncritical manner
Objectivity
Good judgment
Poise
Commitment to service
Ability to establish rapport and trust
Alertness to nonverbal communications
Intuition
Understanding of how it feels to be different
Ability to respond in an individual-ized way to the totality of each person

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It is becoming increasingly accepted that the qualities that make a person an effective member of a helping profession come "out of life experience and to a much lesser degree out of any kind of specialized training." In this context the research of Arthur Combs and his colleagues has relevance for librarians. In a series of research projects at the University of Florida, Combs examined the belief systems of workers in helping professions—teachers, counselors, professors, nurses, and clergymen—and was able to identify a set of beliefs that characterize effective workers in these fields. These beliefs may be summarized under five categories:

Beliefs about his/her subject — Knowledge alone is not enough; the effective helper must discover the personal meaning of knowledge and convert it to belief.

Beliefs about what people are like —
1. People are able and have the capacity to deal with their problems and find solutions.
2. People are essentially well-intentioned, friendly, and nonthreatening.
3. People are worthy, important, and possess a dignity and integrity which must be maintained.
4. People are creative and dynamic, and their behavior develops from within.
5. People are essentially trustworthy and dependable.
6. People are potentially fulfilling and enhancing, and an important source of satisfaction.

Beliefs about his/her own self-concept — Helpers see themselves as:
1. A part of all mankind, identified with rather than apart or alienated from others.
2. Basically adequate, and as having what is needed to deal with problems.
3. Trustworthy, dependable, and reliable; having the potential for coping.
4. Essentially likable, attractive, wanted, and capable of bringing forth a warm response in others.
5. Persons of worth, consequence, dignity, integrity, and worthy of respect.

Beliefs about purposes — Helpers perceive their purposes as:
1. Freeing rather than controlling people; the helping task is one of assisting and facilitating.
2. More concerned with large rather than small issues, viewing events in a broad perspective.
3. Self-revealing; willing to be themselves.
4. Involved with the people they work with and willingness to interact.
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5. Concerned with furthering processes rather than achieving goals, and with facilitating the process of search and discovery.

6. More oriented toward aiding and assisting other people than attending to narcissistic goals.

**Beliefs about approaches to the helping task** — Their approaches are:

1. Directed more toward people than toward objects, events, rules and regulations, and the like.

2. Likely to be subjective, and more concerned with perceptual experience than with objective facts.  

Combs and others go beyond this basic value system to the idea that the helper's primary tool is himself/herself, and that the first step to creative use of the self in helping others is self-knowledge and personal growth. Increased self-knowledge, personal growth, and the creative use of self provide skills which can be effectively applied to the processes of problem-solving and decision-making.

As a number of authorities point out, this process of self-growth is neither easy nor painless. Some doubts and apprehensions are inevitable. It is demanding and requires breaking old habits and coping with different patterns of behavior. It means becoming aware of one's own humanity.

Some other considerations in the interactive process between helper and client should be mentioned. Taylor states that the match between client and therapist is of considerable importance if effective interaction is to occur. One is reminded that it is sensitivity to the other's needs that sets the therapeutic process in motion, but also that one's own role performance will affect and be affected by both the ingredients of the setting and the role performances of others.

How does the institution librarian make creative use of self and of other human aspects of the institutional environment to provide library services that will effectively meet the needs of users? First, there will need to be an assessment of several factors related to treatment philosophy. For example, is the objective to be long-term custodial care, or eventual return to the community? Are specific treatment objectives stated in terms of opportunities and choices offered to the residents, or in terms of what the institution can do for the resident? What specific therapeutic techniques are used in the institution (e.g., individual psychoanalysis, group therapy, drugs, structured activity)? Is there consistency between philosophy and practice? Is the treatment philosophy one which recognizes that everyone has good days and bad days and that everyone, no matter how ill or how disabled, has certain strengths still available and usable? ("To
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build on and perfect what is not impaired, and to play down the importance of what is irrevocably damaged is,” says Prudence Sutherland, “the height of facing human reality.”50) Are all institution staff considered to be “licensed” to practice therapy, and thereby liable for possible damage to residents? This is an issue that has not been dealt with in the library literature. Lois Hinseth, a nurse as well as a librarian, takes a first step in her brief article on contracting in bibliotherapy.51 Librarians must differentiate between that which is “therapeutic” in the broad sense of “helpful” and the more specific term “therapy.”

Standards and overall plans for institutional library services state that libraries should be an essential and integral part of the institution’s total program, and should contribute to its rehabilitative and therapeutic goals. The Illinois plan outlines the general model for institutional library service, describing it as: “an active planned program. It should be diversified; it should be designed; and it should include a variety of materials.”52 The program should operate on standard library principles and should reach out to all residents, nonreaders as well as readers, with a wide variety of materials and formats to meet the needs of individual users and offer them choices.53 It should also be flexible and always ready to accept the challenge of change.54 The librarian should be seen as a member of the treatment team and the library program should have the same status as other programs in the institution — a large order!

The librarian’s creative use of his or her capabilities is the key because, as Lucioli says, “inadequate people will never convince administrators of the value and role of the library within the institution program.”55 Both Ohio and Washington found it effective to involve institution administrators in establishing goals for institutional library services.56 Regular distribution of library reports to administrators and other staff will help maintain their awareness.

Lucioli advocates good library service to all institution employees as an effective method of achieving and maintaining acceptance of library programs for residents.57 In an atmosphere where “new concepts and techniques in all of the helping professions are being developed and created at a rapid pace,”58 this makes sense. As with service for residents, the librarian must reach out to establish interpersonal relationships and build confidence in the library’s ability to provide current information in answer to the research, teaching, self-development, and clinical needs of the staff. Services will need to be diverse in order to meet the needs of all staff, from the custodian to the superintendent.

If institution libraries are to fulfill their treatment potential, they
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must be seen as an accepted part of life and the place to which all clients can turn in any information-seeking situation.\(^59\) "Talking up the library" by residents who use it or work in it is one effective and widely used technique. One Arizona juvenile institution promotes reading by means of a twice-daily 20-minute "reading break," during which everyone from the superintendent on down stops whatever they are doing and reads something.\(^60\)

The personal, one-to-one interaction is the basis for effective library and information service. The librarian who is client-oriented rather than book-oriented\(^61\) and who can accept people as they are and encourage them "to express choice, to discuss, to describe, to reject, to request"\(^62\) is the librarian who will have an effective library program. It will also be helpful if the librarian is flexible enough and persevering enough to change a procedure or restructure a program if that will better meet a patron's need,\(^63\) or to try something else, but not to give up.\(^64\)

A sampling of institutional program activities will illustrate applications of the concepts discussed. The librarian providing service in a nursing home, by taking time to engage an elderly patron in a brief, adult conversation, has made the person feel important for a little while, and thus reinforced his sense of self-worth, something many persons have lost in the dead-end atmosphere of most nursing homes.\(^65\)

Many librarians have recognized that it may be less threatening to talk to puppets or live animals than to other people, and therefore use them to help create a nontreating atmosphere in the library. The librarian will need to check to see whether live animals will present problems because of health considerations.

Music may have a cathartic effect or a calming one. It can also provide a means of self-expression that may be less threatening than direct conversation. A selection of phonorecords, cassette tapes, a guitar, or a piano invitingly open and supplied with music will offer choices to meet individual needs.

The librarian at Florida's Sunland Center, Orlando, modifies library activities for residents who are nonambulatory, can't speak clearly, and/or have limited use of their hands. The residents are taught to do as much as possible for themselves, and have taken Polaroid pictures, operated audiovisual equipment, and put on puppet shows.\(^66\)

"Writing from Rainier"\(^67\) is a booklet of poems "written" by nonverbal children from the Cerebral Palsy Center, Rainier School, Buckley, Washington. A poet was hired with grant funds from the Washington State Arts Commission and the Junior League of Tacoma. Utilizing a list
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of basic vocabulary words with which the children were familiar, he helped them to compose their poems by having them spell out words, point to words on the list, or rattle their wheelchairs to indicate which word should come next.

One of the best descriptions of a library program with more formalized therapeutic objectives can be found in "The Furious Children and the Library." The therapeutic aspects of the library's role were, first, that the library was a safe piece of the outside world where the children were welcome and where they were expected to conform to the same standards of behavior as anyone else. Second, the library was "uncontaminated," because it was not viewed as a part of the daily round of therapy on the ward. Third, it was a place where the children were made to feel important as people, and valued for their own sake, even though at first they had no real interest in books and reading. And last, it provided a refuge that was a realistic, positive way of coping with stress.

The interested librarian will find much in the literature on the subject of bibliotherapy, some of the best of it written by nonlibrarians. The point to stress in connection with institution libraries is that bibliotherapy, while it is one aspect of library service in the institutional setting, it is not the only aspect — and perhaps not the most important. There have been a few who have voiced the feeling that the very effort to prove whether a given activity is therapy or not may in fact detract from its therapeutic effect. Continued practice, discussion, and research may provide answers.

The neutral, nonthreatening aspect of the institution library — its familiar and normal atmosphere — can in itself be a therapeutic factor. It helps the library, perhaps more than any other activity within the institution, to become a bridge to the larger world outside. This ability, to let the world in safely and the institution resident out, says Margaret Hannigan, "gives the library a tremendous advantage in accomplishing its aim of serving as a bridge. . . . It should never be forgotten; it should permeate everything about the library." Harris McClaskey raises the further question of whether this same nonthreatening atmosphere could be possible for the library in other settings. This is a question that is beginning to be considered outside of hospital and institution libraries.

In 1971 Genevieve Casey, summarizing the status of library service to hospitals and institutions, observed that it was safe to assume that quality service was the exception rather than the rule. Although many institution libraries still fall far short of standards, much progress has been made in the intervening years. In these times of tight money, the continu-
Library in the Institution

ing struggles for establishment of adequate ongoing bases of financial support and professional positions continue to bear out her "too little too late" assessment. While it seems obvious that many librarians do possess the beliefs that make them good helpers, librarianship as a profession has not yet developed effective ways of identifying such people at the points of entry into library schools or the job market.

Just as most communities do not yet have a true climate of acceptance toward the institutions in their midst, most libraries do not yet recognize these institutions as major businesses in the community, and have not made much effort to develop library services geared to the needs of staff and residents. The staff and clients of the myriad social service agencies that tend to grow up in a community, as people move from institutions back into the community and as the noninstitutionalized handicapped become more visible, are related groups of largely unserved or underserved users.

Knowledgeable and caring librarians must come out of their isolation in institutions to provide leadership and liaison. It is time for institution libraries not only to continue the momentum they have built up over the years, but to extend it into the community at large.

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Institutional Libraries: Federal Perspectives*

HENRY T. DRENNAN

Any statement of library services to the institutionalized is a statement of need, unfilled need, impending need. The problems of the institutionalized are national. All levels of government are concerned. This paper sketches a federal concern. Librarians and media specialists are in the ranks of those who deal with the disabled constituency of care and custody. Helping agencies of all kinds participate.

THE INSTITUTIONALIZED: A NATIONAL CONSTITUENCY

In 1970, the national census reported 2,160,280 persons residing in institutions. One in every 100 Americans counted was in an institution. They are young. Some 1800 infants under the age of one were reported to be "inmates"; 10,000 institutionalized people were reported under the age of ten. Their numbers grow; 165,000 were teenagers. They are also very old. One-half million of them were older than eighty. Their common median age was 60.2 in 1970. Many are incarcerated; some are blind; some are deaf; many are confused; some are silent. To confront the institutionalized is to confront the human condition.

In 1970, 58 percent of all white women in homes for the aged were over the age of eighty. These aged white women were 33 percent of all institutionalized women. Typical residents of institutions are older white women and young black prisoners. Black men and black women have disproportionately high rates of incarceration in terms of their proportion in

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* The opinions expressed in this article are the author's own. Points of view or opinions stated do not, therefore, necessarily represent official USOE position or policy.
the general population. Four percent of all institutionalized black women are jailed, as are 32 percent of institutionalized black men.²

Butler estimates that there are "a million persons over 65 years of age in institutions, primarily nursing homes, and well over 50 percent of these have evidence of some psychiatric symptomology and mental impairment."³ The aged and the mentally impaired constitute the largest portion of the institutionalized. The 1970 U.S. Census counted 635,882 persons with mental impairments in mental institutions. Combined, these two groups may account for 78 percent of the institutionalized.

The constituency of the institutionalized is considered in this paper as a federal concern for the support of library and information services. At times, the provision of or assistance to library services through the federal government is questioned as prudent public policy. Such questioning may overlook stated public policy as expressed in Section 2 of P.L. 91-345.⁴ That section holds that library and information services adequate to meet the needs of the people are essential to achieve national goals and to use educational resources more effectively. The law commits the federal government to cooperate with other levels of government.⁵

Federal activity in the development, support and operation of library services occurs through:

1. public policy formation and oversight by the U.S. Congress;
2. the counsel and advocacy of the National Commission on Libraries and Information Science;
3. the operation of libraries (including institutional libraries) by federal departments;
4. the conduct of a program of special materials for the impaired by the Library of Congress; and
5. the administration of legislated programs for libraries, principally by the U.S. Office of Education (USOE).

PUBLIC POLICY FORMATION

That P.L. 91-345 does not discriminate among persons to receive educational benefits from improved library service, with federal assistance, is plain-faced. Generally, social consciousness has resulted in implicit consideration of the law, if in fact it was thought of at all as something that might help public libraries. The law applies, as well, to a more critical constituency: the impaired. Now, the most forceful advocacy comes from the impaired and their families. The professions are responding, and librarians are acting. The State Department of Education of South Dakota is an example. Its Division of Elementary and Secondary Education plans
to train library media specialists to work with the handicapped. In its application to the Research and Demonstration Program of the Office of Libraries and Learning Resources (USOE), it emphasizes the need. In an 8-state region of the midwest (including South Dakota), there are an estimated 710,000 impaired educable children. A content analysis of testimony given before congressional committees legislating library programs, however, presents a minimum of evidence of need in the important area of library services to the institutionalized/impaired. The American Library Association (ALA) legislative office, which coordinates testimony, has in recent hearings cited exemplary institutional library models, yet put negligible emphasis on the needs of the institutionalized.

A second gatekeeping group, the National Commission on Libraries and Information Science (NCLIS), presents testimony in its advisory role on national library needs. NCLIS has a strong record of developing well-researched essays and studies on the state of libraries. Both NCLIS and ALA have stressed continued system building and financial need, particularly of larger urban public libraries. The absence of substantial testimony by these advocates on the needs of the institutionalized is puzzling.

NCLIS has developed at least two statements that briefly but comprehensively set forth the needs of the institutionalized. In the proceedings of the Denver conference, McClaskey said:

Too often, agencies have tended to behave as if they believed that the institutionalized need or should have those services that happen to be offered by libraries rather than that libraries should modify and create services in response to the needs of the institutionalized.'

Smith reported at the same conference:

Of 132 State institutions for the mentally retarded, 45 have no libraries. The Wisconsin State Department of Public Instruction conducted a nationwide questionnaire survey ... [stating that] there are 167,963 mentally retarded ... in the various States, in which 139 library staff were employed, including clerks. Nationwide, the ratio is less than 1 library worker for every 1,900 residents.

The "folding-in" of institutional services (and services to the handicapped) into LSCA Title I in the early 1970s may have deprived these programs of extensive review and oversight in the process of public policy formation. The needs of the vulnerable constituency of the impaired, however, are too critical to remain unstated, particularly when library advocacy and legislative responsiveness has been so effective on Capitol Hill.
Institutional libraries operated by the federal government are an important part of a worldwide system of federal departmental libraries. The institutional libraries of the federal system (excluding penal libraries) are mainly components of the Department of Defense and the Veterans Administration. In 1972, 189 institutional libraries were federally operated. These institutional libraries were part of the federal library system of 1550 libraries, of which 1386 submitted substantial operating data in 1972. This section of the paper is primarily based upon those data.

THE FEDERAL INSTITUTIONAL CONSTITUENCY

A numerical estimate of the federal institutional population is difficult to determine. There were 42,953 patients counted in federal mental hospitals in 1970. In the same year, there were 2012 patients in federal tuberculosis hospitals. The writer estimates there were 37,084 persons residing in federal homes for the aged and dependent. The total federal institutional population (exclusive of penal) can be estimated at something more than 100,000 persons.

The majority of federal institutional residents are military veterans. Thus the institutional constituency is overwhelmingly male; only an estimated 3 percent are female. The age curve of the institutional residents reflects America’s wars; principally World War I and World War II. In 1970, a majority (51 percent) of the federal institutionalized were between the ages of 40 and 54, which placed them in the military service range during the 1940s. Another demographic cluster occurs in the age range of 70-84 years. Men at that age in 1970 were of military service age during World War I. Thirty-two percent of the federal institutionalized males were subject to military service by age. In testimony to the Senate in 1976, the administrator of the Veterans Administration reported:

In our long-term care programs, the number of veterans on a typical day were: 6,933 in VA nursing homes; 6,571 in community contract nursing homes; 9,222 in VA domiciliaries; 1,062 in State hospitals (VA supported); 4,268 in State nursing homes (VA supported); and 5,754 in State domiciliaries (VA supported). Of all VA inpatients under care on October 1, 1975, approximately 33 percent (36,700) were 65 years of age or older. Compared to the census day
**Federal Perspectives**

In 1970, this represents a 7.2 percent increase in the proportion of older patients receiving health care.\(^{11}\)

Table I estimates the age of the federally institutionalized.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Federal Institutional Residents by Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-24</td>
<td>2.4</td>
</tr>
<tr>
<td>25-34</td>
<td>5.0</td>
</tr>
<tr>
<td>35-44</td>
<td>15.5</td>
</tr>
<tr>
<td>45-64</td>
<td>40.1</td>
</tr>
<tr>
<td>65-85</td>
<td>37.0</td>
</tr>
</tbody>
</table>

Table 1. Ages of the federally institutionalized (1970)

There are 158 institutional libraries operated by the Veterans Administration. Fifteen are operated by the Navy and fourteen by the Army. The Department of Health, Education and Welfare operates one.

**FEDERAL INSTITUTIONAL LIBRARY MANPOWER**

In 1972, 240 persons served in federal institutional libraries, out of a total of 11,000 federal library employees. Institutional libraries accounted for $3.7 million of all federal library operational expenditures of $89.9 million. Expenditures were 4 percent of total outlays; institutional manpower assignments accounted for 2 percent of total federal library employment. Twenty-nine percent of federal library employees are classified as librarians (1410 series). In their proportion of professional classification to all library positions, federal institutional librarians have the highest proportion of professional positions (58 percent) to all staff members. These institutional librarians constitute 6 percent (193 persons) of all federal professional library assignments.

**LEVELS OF RESPONSIBILITY OF FEDERAL INSTITUTIONAL LIBRARIANS**

In 1972, the median position for civil service grade of all federal librarians was at the GS-9 level; however, federal librarians in total have 19 percent of their ranks in the more favorable GS-12 rating and above. Considered as a separate category, federal institutional librarians place only 3 percent at the GS-12 level, with none rated above that status. Eight percent of other federal librarians exceed the GS-12 level (1972), with eight positions beyond that, at the GS-16 level and above.
Grade level 13 is the dividing point in federal libraries in assignment by sex. Men hold 52 percent of the GS-13 librarian positions. Table 2 illustrates significant disparities by sex in the assignment of federal institutional librarians and all federal librarians.

<table>
<thead>
<tr>
<th>Type</th>
<th>7-8</th>
<th>9</th>
<th>10-11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>All federal librarians</td>
<td>80</td>
<td>86</td>
<td>74</td>
<td>64</td>
<td>48</td>
<td>40</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Federal institutional librarians</td>
<td>83</td>
<td>85</td>
<td>80</td>
<td>73</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2. Federal librarians by grade and sex, 1972

Male ascendancy increases to 60 percent at the GS-14 level, and to 75 percent at GS-15; no female librarians appear at GS-16, the supergrades or above. Female institutional librarians’ grade assignments are compressed into GS-12 and below. Female institutional librarians are overrepresented at lower grade levels. They are 3 percent over at GS-7 and GS-8; a slight decline of 1 percent at GS-9; 6 percent over at GS-10; and 9 percent overrepresented at GS-12, the actual terminus of their opportunity. Thus, in 1972, no female federal institutional librarian, nor indeed male federal institutional librarian, held rank above GS-12. At the Veterans Administration, principal employer of federal institutional librarians, 99 percent of library employees (which includes other than institutional librarians) were classified below the GS-12 level. Nearly one-half (48 percent) were at the GS-8 level or below.

SALARIES

The federal government expended $2,967,961 for institutional library salaries and wages in 1972. Available data presentations do not permit an analysis of distribution of funds by classification, i.e. by professional versus support staff. The mean annual salary for federal library employees in 1972 (6329 employees reported) was $9443. For institutional library employees, the mean annual salary is estimated to be $12,366. This estimate significantly exceeds the general estimated mean above, which contains a much higher proportion of nonprofessional positions. For all federal library purposes, 66 percent of the total expenditures of $89.9 million, i.e. $60 million, went for personnel services.
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THE CHARACTERISTIC FEDERAL INSTITUTIONAL LIBRARY

Federal institutional libraries expended an estimated $5.12 per resident in 1972. These institutional libraries have the highest proportion of professional staff assignments: 58 percent. This reflects more of an imbalance than an advantage. The median number of all positions on institutional staffs is one. The institutional library is small, and its staff consists of one person.

The median or most characteristic institutional library had a collection of 4334 volumes, administered by one staff member. The library, in 1972, conducted a minimum interlibrary loan activity, only finding it necessary to borrow ten volumes annually. Compared with other types of libraries, however, its circulation activity is high. For all federal libraries in 1972, the ratio of volumes held to volumes circulated was 1:1.28. Each volume considered circulated on the average about one and one-quarter times. Institutional libraries, however, established a higher circulation ratio of 1:2.13. Considered statistically, each volume held would have circulated annually somewhat more than twice.

Collection turnover for institutional libraries, i.e. the period of time in which all books in the collection would be read at least once, was the shortest span. Turnover time for all federal institutional libraries was once every six months. The mean turnover time for all federal libraries was, in 1972, more than fifteen months (see Table 3). Federal libraries may serve 10 percent or more of the institutionalized persons in the United States. The relative wealth of data available through the federal library survey permits the comparison of activities—with caution. As a type to be studied, they offer the opportunity to examine what is actually three large institutional library systems at a time when systemic operations are advocated for economy, efficiency and other benefits.

A SPECIAL MATERIALS PROGRAM: THE DIVISION FOR THE BLIND AND PHYSICALLY HANDICAPPED

The Division for the Blind and Physically Handicapped of the Library of Congress has conducted a special materials program for the impaired since its inception through the Pratt-Smoot Act of 1931. In 1970, there were 22,739 persons receiving care in homes and schools for the physically handicapped. Many others, lodged in all types of institutions, receive aid from the division. Seventy-two percent were in public homes and schools, with 6448 in private institutions.

The most recent institutional count of the division reported services to institutions with 170,380 active readers. Institutional readership ac-
counts for 40 percent of the estimated 429,613 readers served in fiscal year (FY) 1977.

The number of institutional readers in the 6-month period October 1, 1976-March 31, 1977 had increased a substantial 14.2 percent over a similar 6-month period in FY 1976. Readership for all categories of readers served by the division grew by 10 percent. Statistical notes from the Division for the Blind and Physically Handicapped reported overall trends, including:

1. Two new regional and subregional libraries added during the year;
2. An increase in readership of 15 percent;
3. An expected decrease in open reel circulation; and
4. An expected increase of 43 percent in closed reel circulation and readership.

Table 4 presents the use of media by type for institutional readers.

<table>
<thead>
<tr>
<th>Media</th>
<th>Use</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>227,540</td>
<td>16.3%</td>
</tr>
<tr>
<td>Talking books</td>
<td>143,550</td>
<td>10.2</td>
</tr>
<tr>
<td>Braille</td>
<td>5,570</td>
<td>9.0</td>
</tr>
<tr>
<td>Cassette tapes</td>
<td>51,080</td>
<td>43.0</td>
</tr>
<tr>
<td>Open reel tape</td>
<td>890</td>
<td>-24.6</td>
</tr>
<tr>
<td>Large type</td>
<td>26,450</td>
<td>13.1</td>
</tr>
</tbody>
</table>

Table 4. Institutional use of materials furnished by the Division for the Blind and Physically Handicapped, FY 1976-77

Working together with the Library Services and Construction Act (the principal federal program for public and institutional library services), the Division for the Blind and Physically Handicapped and hun-
dreds of librarians and staff members of the nation have created, through the designation of regional and subregional distribution nodes, a de facto national service network that strongly supports the knowledge needs of impaired people. In testimony before Congress on activities of LSCA, this national cooperation was summarized:

Both the LSCA and the Library of Congress programs for the physically handicapped include large numbers of older handicapped persons: they account for a major portion of readers of talking books, braille and other special reading materials available on loan through a network of 52 regional and sub-regional libraries for the blind and physically handicapped throughout the country.  

THE LIBRARY SERVICES AND CONSTRUCTION ACT, A FEDERAL GRANT PROGRAM

Institutional library service assisted financially by the federal government is described in most detail in the evaluation of LSCA conducted in 1972. Here, the principal emphasis will be on the fiscal aspects of the program, for it is a formula grant program with policy, planning and implementation activities delegated to state government. Some, but lesser, attention will be paid to operating characteristics and estimates of achievement and need.

The state library agencies exercise their policy-making choices within a set of national priorities. Those priorities are satisfied in allocating federal funds for various activities. The choice of activities to be initiated depends on the state agency's perception of critical urgencies and on the local, state and federal funds available.

The surveyors of 1972 identified 1521 projects in files up to 1971 that concerned the betterment of services for target groups (disadvantaged persons). A separate analysis for 1972 identified 915 projects with LSCA support. State agencies estimated in that year that they would expend $35,064,926 from all sources for targeted projects. Of that amount, LSCA contributed 43 percent; other federal sources, 5.4 percent; state support, 30 percent; and local support, 21 percent. Twenty-two percent of the total number of projects identified were conducted for the institutionalized. On the basis of an average monthly count of use, the projected annual use of targeted projects involved 333,420 visits (27,785 monthly).

THE FUNDING OF LSCA INSTITUTIONAL PROJECTS

In FY 1975, a compilation of state library agency reports aggregating expenditures under Title I of LSCA for institutional services (including
correctional) amounted to $2,700,933. Of that amount, the states had allocated $1,200,283 to correctional institutions. Other institutions, the subject of this paper, received allocations of $1,500,600 in federal aid.

No series of annual federal fiscal expenditures for solely institutional libraries is available nationally. The data in this section are assembled from various sources, estimated and projected to approximate what a full accounting could provide. From working with the 1972 data developed by the Systems Development Corporation (SDC), this writer is convinced that institutional library expenditures are underreported. However, working principally from the SDC survey (supplemented with other information), the following analysis and reconstructed estimates describe a substantial portion of fiscal assistance to state government for institutional library services up to 1973. Until that year, a total of $138 million from all sources is estimated to have been expended on target groups, including service to the institutionalized (data based on 1521 projects). Table 5 depicts the distribution of funds.

Nearly 58 percent of funds for target group services were derived from nonfederal sources. However, the state share (34.4 percent) and the federal (42.6 percent) combined accounted for 80 percent of target group services funding. This proportion is far above the traditional allocation of state and federal participation in general library development. That traditional contribution seldom rises, as a mean, above 26 percent (state and federal combined). Two factors are illustrated here: (1) the state's response to national priorities, and (2) the dependence in the early 1970s of target group services on nonlocal support. Table 6 illustrates the national effect of state library agency distribution of funds by individual target groups.

When the distribution of funding by source to institutionalized library services is examined, one could expect that state funds would be strongly involved in supporting services that have been operated by state departments. Despite this expectation, when sources of funds for institutionalized service are compared with other target group services in 1972, the shift to state sources is not strongly developed. There is an offsetting factor in a substantial increase in federal sources other than Title I of LSCA. For example, all target groups received 2.9 percent federal funding other than LSCA (see Table 7). The institutional services sector considered alone, however, nearly doubled that share, with 5.75 percent from other federal sources.

State allocations of federal LSCA funds up to 1973 came close to a total of $8 million. For FY 1972, the states allocated an estimated
Table 5. Allocation of fiscal assistance to target group library services by all sources to 1973 (in millions of dollars)

<table>
<thead>
<tr>
<th></th>
<th>LSCA</th>
<th>Other</th>
<th>State</th>
<th>Local</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>$58.7</td>
<td>$4.0</td>
<td>$47.4</td>
<td>$27.3</td>
<td>$0.5</td>
<td>$138</td>
</tr>
<tr>
<td>Percentage</td>
<td>42.6</td>
<td>2.9</td>
<td>34.4</td>
<td>19.8</td>
<td>0.3</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 6. Distribution by states of LSCA funds to target groups to 1973 (in millions of dollars)

<table>
<thead>
<tr>
<th>Target Groups</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disadvantaged</td>
<td>$42.7</td>
<td>73.0</td>
</tr>
<tr>
<td>Institutional</td>
<td>7.7</td>
<td>13.0</td>
</tr>
<tr>
<td>Handicapped</td>
<td>8.3</td>
<td>14.0</td>
</tr>
<tr>
<td>All</td>
<td>58.7</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 7. Funding sources compared for all target groups versus sources solely for library services for the institutionalized for operational projects in 1972 (by percentage)

$1,874,763 of LSCA funds to services for the institutionalized. The writer believes that the 1975 figure of $1.56 million is understated because of a reporting system that does not allow for more categories.

FUNDING BY STATE

Through the resident population count of the institutionalized and the array of LSCA expenditures for 1975 by state, it is possible to present the distribution of funds by amount (see Table 8). There is a strong supposition (with the usual exceptions) that states with small institutional populations correlate with high per capita resident expenditure. Large states may choose to spend less on institutional residents from their LSCA funds, and employ their federal assistance for other priority purposes. A controlling variable for all states is the total LSCA allocation available to
them in any fiscal year. The national average of per institutional-resident expenditure, estimated to be $1.95 in 1975 from LSCA funds, is a slender resource for library and information services to the critical, vulnerable constituency of institutional library users.

The costs of institutional library services are better illustrated by constructing per resident expenditures based on actual project costs, as opposed to estimated annual per resident cost ($1.95). That figure would indicate what the distribution to each resident would be if the total amount were to be divided equally—but that is obviously not the case. It is not known how many inmates are without any service.

Information is not available for 1975 costs per resident in the LSCA project. Table 9 shows the share of LSCA funds expended per resident at an earlier date. The median LSCA allocation per resident was $2.85; that was joined by a median from all other sources of $2.31. When all sources of funds are combined for targeted projects, the median is $4.44. That figure is similar to the mean expenditure of $5.12 per resident for federal institutional libraries. The similarity can at best be considered interesting, because the magnitude of contributed services (if any) for either federal or nonfederal institutional libraries is unknown.

In 1972 the mean allocation by the states for all target group projects from LSCA funds was $16,472. The mean allocation based on all revenue sources for target group projects was $35,403. The LSCA mean allocation was 47 percent of the combined mean. However, institutional libraries which received LSCA funds in 1972 exhibited considerable variance from the mean expenditure for all target groups (handicapped, disadvantaged, etc.). Institutional library projects under LSCA in 1972 operated with a mean expenditure of $20,950, well below (40 percent) the mean expenditure of $35,043 for target group projects for the disadvantaged.

The mean allocation of LSCA funds for institutional library purposes was $13,704. This figure is 17 percent below the mean allocation of $16,472 of such funds for all targeted groups in 1972. Table 10 presents

---

Table 8. Estimated distribution of LSCA funds per institutional resident by 42 states reporting for 1975

<table>
<thead>
<tr>
<th>Amount</th>
<th>.50-</th>
<th>$1.00-</th>
<th>$1.50-</th>
<th>$2.00-</th>
<th>$2.50-</th>
<th>$3.00-</th>
<th>$4.00+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>17</td>
<td>24</td>
<td>9.5</td>
<td>16.6</td>
<td>9.5</td>
<td>2.4</td>
<td>9.5</td>
</tr>
<tr>
<td>Cumulative</td>
<td>17</td>
<td>41</td>
<td>50.5</td>
<td>67.1</td>
<td>76.6</td>
<td>79.0</td>
<td>88.5</td>
</tr>
</tbody>
</table>

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[352] LIBRARY TRENDS
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<table>
<thead>
<tr>
<th>Project category</th>
<th>LSCA</th>
<th>All others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized</td>
<td>$1.68</td>
<td>$3.30</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>2.13</td>
<td>4.17</td>
</tr>
<tr>
<td>Physically Handicapped</td>
<td>8.67</td>
<td>7.23</td>
</tr>
<tr>
<td>Aged</td>
<td>3.93</td>
<td>5.84</td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>3.56</td>
<td>2.31</td>
</tr>
<tr>
<td>Hospitals and Nursing Homes</td>
<td>4.39</td>
<td>.30</td>
</tr>
<tr>
<td>Disadvantaged &amp; Institutionalized</td>
<td>1.74</td>
<td>2.01</td>
</tr>
<tr>
<td>Institutionalized &amp; Handicapped</td>
<td>1.82</td>
<td>1.86</td>
</tr>
<tr>
<td>Other Institutional combinations</td>
<td>0.30</td>
<td>1.60</td>
</tr>
</tbody>
</table>

Table 9. Estimated per-resident expenditures comparing LSCA and all other sources for current projects in 1972 that provided institutional library services

<table>
<thead>
<tr>
<th>Project category</th>
<th>All sources</th>
<th>LSCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalized</td>
<td>$15,180</td>
<td>$ 5,014</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>8,450</td>
<td>2,854</td>
</tr>
<tr>
<td>Physically Handicapped</td>
<td>30,114</td>
<td>16,563</td>
</tr>
<tr>
<td>Aged</td>
<td>15,411</td>
<td>6,199</td>
</tr>
<tr>
<td>Disadvantaged</td>
<td>30,335</td>
<td>18,407</td>
</tr>
<tr>
<td>Hospitals and Nursing Homes</td>
<td>14,778</td>
<td>13,892</td>
</tr>
<tr>
<td>Disadvantaged &amp; Institutionalized</td>
<td>40,863</td>
<td>19,018</td>
</tr>
<tr>
<td>Other Institutionalized</td>
<td>39,956</td>
<td>23,250</td>
</tr>
</tbody>
</table>

Table 10. Targeted institutional project library expenditures from all sources compared with LSCA allocation (mean), 1972

the average project expenditure from federal LSCA funds and all other funds, by type of project.

STANDARD PROJECT OPERATING DATA

Institutional library projects tended to be small in 1972, and the median expenditure (from the array above) was $30,114 annually from all sources. Table 11 provides a sense of the magnitude of characteristic institutional project materials holdings contrasted with all other types of targeted projects. Institutional libraries, because of their residential nature, are likely to have a higher volume of circulation of materials. Furthermore, because of their restricted constituency, their operating figures are apt to be more valid. The median circulation of volumes, with 455 agencies reporting, is slightly more than 5000 volumes monthly. Table 12 below gives the distribution of agencies by circulation. Forty-six percent of target
HENRY T. DRENNAN

<table>
<thead>
<tr>
<th>Media</th>
<th>Mean number of items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Institutional</td>
</tr>
<tr>
<td>Books</td>
<td>9,779</td>
</tr>
<tr>
<td>Periodicals</td>
<td>251</td>
</tr>
<tr>
<td>Pamphlets</td>
<td>339</td>
</tr>
<tr>
<td>Film/Slides</td>
<td>776</td>
</tr>
<tr>
<td>Records</td>
<td>33</td>
</tr>
<tr>
<td>Tapes</td>
<td>73</td>
</tr>
<tr>
<td>Large Print</td>
<td>102</td>
</tr>
<tr>
<td>Other Nonprint</td>
<td>1</td>
</tr>
<tr>
<td>Ethnic Materials</td>
<td>36</td>
</tr>
<tr>
<td>Non-English Material</td>
<td>18</td>
</tr>
</tbody>
</table>

Table 11. Institutional project materials holdings compared to those of other targeted projects, 1972

<table>
<thead>
<tr>
<th>0-999</th>
<th>1000-1999</th>
<th>2000-2999</th>
<th>3000-3999</th>
<th>4000-4999</th>
<th>5000+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agencies</td>
<td>47</td>
<td>128</td>
<td>56</td>
<td>64</td>
<td>0</td>
</tr>
<tr>
<td>Percentage</td>
<td>10.3</td>
<td>6.1</td>
<td>12.3</td>
<td>14.0</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative</td>
<td>10.3</td>
<td>16.4</td>
<td>28.7</td>
<td>42.7</td>
<td>42.7</td>
</tr>
</tbody>
</table>

Table 12. Distribution of agencies by volumes circulated monthly

Group projects conducted special events in or through their libraries. Somewhat surprisingly, a significantly smaller proportion of institutional libraries (41 percent) conducted programs for their residents.

SELF-EVALUATION: FACILITIES

Institutional libraries funded by LSCA rated somewhat low in adequacy of facilities by their project directors. Twenty-five percent of the directors rated facilities better than expected; 7 percent did not rate them as well as expected. Deirdre Donohue, conducting an experimental library project for elderly institutionalized mentally ill in Rhode Island, spoke of the difficulty of facilities for program operations:

It became obvious that building visits would have to be made. . . . The “outreach” effort to the building involves tremendous lugging and hauling of projection equipment. . . . The 16mm projector which weighs about fifty pounds is even heavy for a man to carry. . . . The buildings are back from the parking area and the film program may be presented at the far end of the building.14

[354] LIBRARY TRENDS
SELF-EVALUATION: FUNDING

It is not unremarkable for librarians to complain of insufficient funds, particularly for materials. In the 1972 survey of LSCA target group projects, it was related staff members who considered that the institutional libraries were operating with insufficient funds. In the four broad categories of agencies studied in the survey, institutional libraries were considered the most deficient in funds. A related criticism from staff was that of inadequate materials. Thirty-one percent thought the library's materials to be insufficient.

SELF-EVALUATION: THE PATRON

To institutionalized persons the library is a haven. Donohue describes this in the report of her investigation:

Beatrice appears to be about 62 years old and she visits the library with Theresa, a 28-year-old chronic mentally ill woman from her building. . . . They are apparently from a closed ward and visit the library while on parole from their ward. Beatrice enjoys listening to music, helps pass out punch, and will look at books with pictures. She will also make simple puzzles with encouragement. . . . Beatrice appears to be a very lonely person and the library seems to offer her a place to go and see people and a place to be busy.15

In user responses to the national SDC survey, 50 percent of the institutionalized reported the library’s function as a reading area to be its highest use. In addition, 50 percent of the respondents visit to obtain the librarian’s assistance in obtaining information.

CHANGE IN INSTITUTIONAL LIBRARIES

Change has been the one dominant theme in American society since its foundation — and even prior to it. Whatever the phenomenon we are examining, we seem compelled to attribute change to it. We accept change as beneficial, but change may be difficult to describe. While the status of institutional libraries may be perceived as a continuous alteration for the better, there are difficulties. As record, it is difficult to establish a continuity of change, because the data are discrete and discontinuous.

When one studies the late years of the 1960s and the first half of this decade, the impression arises of inventory-building and inventory-taking. There is a tremendous concern with furnishing libraries with all the things they should have. Many of the standards appeared as lists. As the 1970s progressed, however, more attention was paid to institutional
clientele. Barbara Allen covered the years 1969-1975 in her succinct compendium of LSCA and services to the institutionalized. In her section on the New Mexico State Hospital, she reports:

LSCA has enabled outreach services from the library to wards, and programs such as bibliotherapy and film production which combine therapy and enjoyment. "It has allowed us a freedom in planning programs, since without LSCA we would be totally dependent on regular hospital budgeting which does not normally allow for expanded programming."16

At the New Mexico State Hospital Library, the agency spent $22 for books in 1970; $23 in 1971; nothing in 1972; $115 in 1973; $6 in 1974; and $150 in 1975. In the same 6-year period, the agency spent $34,439 on salaries and wages — an annual average of $5740. The state library allocated $8207 in LSCA funds for supporting planned programs in the period, which is an annual average of $1368. The hospital's resident population averaged 411 persons. In the period 1969-75, per resident expenditure was $8.80 annually. Of that amount, LSCA (there were no other federal funds) contributed $3.33 per resident annually.

At the Villa Solano in New Mexico, the administrator reported that, before LSCA, "We didn't own enough books to warrant setting up a library room." The agency works to educate and train from eighty to ninety moderately retarded school-age boys. Villa Solano has received $2801 in LSCA funds; it has also received $5537 in state and other federal program funds.17

A series of surveys of state library agencies and of institutional libraries was conducted in the early 1970s with the assistance of the Library Services and Construction Act. In tenor they were item surveys. Some notable surveys were conducted by Marion Vedder from her experiences in New York state. The evaluation of the Pilot Library Program of the Louisiana State Library is an example of one of Vedder's comprehensive institutional library evaluations. The Pilot Library Program of Louisiana had, by 1974, implemented a cooperative program between the state library and the individual institution for eleven of the thirty-three eligible institutions.18

While Vedder constructed a searching enumeration of the libraries' facilities and materials, in the final analysis she showed insight into administrative relationships:

The cooperation of State Library staff and agency administrators was unable to secure and allocate well located and adequate facili-
ties. Nor had they been able to arrive at successful library budgets to insure continuation of library resources and services at the level recommended by national standards and desired by Louisiana residents of institutions. Librarians are too timid or uncertain to prepare an adequate budget. This problem becomes more urgent as institutional libraries go off "Pilot."19

By 1972, two years prior to the Vedder survey in Louisiana, LSCA had participated in 335 projects assisting institutional libraries. In 1970 there were 34,000 operating institutions. LSCA had managed to touch the equivalent of 1 percent of them with severely limited funds.

CHANGES OF THE PAST, CHANGES OF THE FUTURE

Impending change made the efforts of the 1960s and early 1970s an achievement for a future that did not arrive. So swiftly has impending change occurred, that the raison d'être of both the institutional library and the institutional agency is placed on the public policy agenda. The major change of individualization, of moving the impaired into the human circle, of habilitating them as a civic responsibility through education, questions the conventional role of the institutional library. The deinstitutionalization which accompanies this approach promises (or threatens) to secularize the institutionalized and substantially to achieve the devolution of the agencies.

Readers of the institutional surveys and evaluations of the late 1960s and of more recent date are perhaps puzzled over the absence of one word generally missing in the documents: education. Its absence has not gone unnoticed; Vinton Smith in his essay called for it:

No consideration is given to integrating the library services with education, habilitation, training, and recreation programs. There are almost no adequate facilities for effective use by mentally or physically handicapped.... Only a few institutional libraries for the handicapped are used directly in support of school programs or incorporated into specific training activities.20

Smith's statement should be contrasted with this section of the Education of the Handicapped Act: "It is the purpose of this Act to assure that all handicapped children have available to them... a free appropriate public education which emphasizes special education and related services."21

There are 123,000 institutional residents who have had no education. The median educational achievement is 8.7 years; 56 percent did not complete the eighth grade. More than 123,000 persons are unlettered, and
814,589 are functionally illiterate. Any institutional library interested in supporting literacy will know that there is a strong chance that 56 percent of its clientele will have difficulty reading or be unable to read at all.

The institutional population needing schooling is large. There are 635,882 mentally impaired persons in institutions. Of these, 201,992 were persons receiving care in homes and schools for the mentally handicapped. In 1973, 45 of 132 state institutions for the mentally retarded had no libraries. There are 138,931 young persons of conventional school attendance age in custody for mental impairment. Another 22,739 persons are in homes for the physically handicapped, the largest group being the deaf (8911). Of these physically impaired, 5000 are children under the age of ten. Residents of institutions between the ages of 5 and 34 amounted to 629,360 persons. Slightly more than 75 percent (474,000) were not enrolled in any school program. Institutional libraries must provide opportunity for these people.

Barbara Donahue, working in the Shawnee Regional Library Program (Illinois) at the A.L. Bowen Children's Center, reported that in the early fall of 1973, the children could be classified as shown in Table 13. Thirty-three percent of the children were girls; 67 percent were boys. Two-thirds of the children were between fourteen and twenty-one years old.

In 1963 the federal government initiated a new approach to improve the care and treatment of the mentally retarded and the mentally ill. The new approach involved initiatives in supporting an array of community services as an alternative to institutional care. The General Accounting Office of the Congress reported on the program in 1976: "A 1975 State inter-agency committee study of 18 mentally retarded persons in four nursing homes showed that the formal individualized programs for the retarded did not exist. The committee's report indicated that this lack of programming was typical of the nursing homes."

In 1969 there was an average of 427,779 persons housed in state mental hospitals on any given day. In 1974, only 237,692 remained. The average daily population had been reduced 44 percent in five years. In the same 5-year period, there had been a 56 percent decrease in the number of older Americans in state institutions on any one day. Nursing homes manage mental patients poorly, largely because of the generally limited number of personnel in nursing homes. There are 5.3 nursing home employees for every 10 patients. The great majority are aides or orderlies who have had no special training, and their turnover rate is 75 percent annually. There are comparatively few registered nurses in nursing homes:
Table 13. Intelligence rating of children at A.L. Bowen Children's Center


about 65,000 for 23,000 homes. The nurses have a 71 percent turnover rate per year.

The impact of deinstitutionalization will place severe strains on institutions of care and their components. The shift to individualization through education will place strong new requirements on institutional libraries and the competencies of their staffing. This paper does not propose recommendations; there are good suggestions now available. One impression is inescapable, however. Probably because of the fragmented nature of institutional library life, there is a need for nodes, i.e. for integrating mechanisms that can strongly, informedly express the needs of the institutionalized in a library professional context. Other voices are crying out the needs of the handicapped; here there is only stillness.

References


15. Ibid., p. 11.


17. Ibid., pp. 49-51.


19. Ibid.


The Institutionalized Adult’s Needs for Library Service

MARGARET M. KINNEY

Thoreau reminds us: “If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music which he hears, however measured or far away.” The institutionalized adult in his/her exceptionality could be considered to listen to a drummer somewhat different from that of the staff of the institution, the librarian, the family and the community. In order to provide optimum library service for the institutionalized adult, the librarian must therefore be cognizant of the significance of the exceptionality not only to the particular individual, but to all others concerned, and identify as far as possible the goals and needs considered to be related to that disability.

Of equal importance is the awareness and identification of the respective individual’s own attitudes, goals and expectations toward living, which may or may not be the same as those determined or provided for by others. Furthermore, the needs and goals set for the individual by the policies of the institution must be taken into account, as should the attitude of the community; however seemingly remote it may be, the community attitude influences the visitor, the family, the institution staff, the librarian, and the individual. Lastly, the librarian must examine his or her own attitudes toward the institution, the person involved, and the specific disability.

In another article in this issue, the different groups of the exceptional adult (the aging, the blind, the deaf, the deaf-blind, the mentally retarded, the mentally ill, etc.) were categorized. By far the largest group (one that potentially includes everyone) is that of the aging. The remaining group of institutionalized adults is included in one or more of the

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other categories. Many of the latter have had a specific disability from childhood, and usually have been institutionalized or in and out of institutions for most of their lives. Therefore, these individuals carry into adulthood the influence of the institution programs which they have experienced. These programs, in cooperation with the educational system, the community and the family, have been directed toward reeducating, reinforcing, redeveloping (or developing), and/or sustaining residual capabilities, however limited.

Goals and needs in these cases would tend to be somewhat different from those of individuals who had not had a previous history of institutionalization. Therefore, the institutionalized adult's need for library service varies in many respects with the reason for institutionalization and with prior experience. It should thus be most helpful to the librarian to obtain information from personnel of previous institutions, from family, and, if possible, from existing records in order to determine the cultural, economic, religious, educational background of the individual library user, as well as information concerning the particular disability.

In the case of the cerebral palsied adult, the goal might be to continue to assist and reinforce the capabilities developed prior to institutionalization, and to assist the individual in adjusting to the present environment with some degree of satisfaction. The goal might be similar in the case of the mentally retarded adult, the brain-injured, or the developmentally retarded. An attempt should be made, however, to ascertain the goals and needs (if any) as perceived by the particular individual. In all situations, of course, the general goal would be to improve the general quality of life, which might be defined as the "relative sense of well-being of a person measured in terms of physical, mental, emotional, and economic factors." Within this framework, the goals must also be realistic.

Those adults not previously institutionalized have no prior experience to cushion the shock of having to leave their accustomed habitats, their independence, their families and to adjust to an entirely new environment. As a result, this shock will likely have some psychological effect in addition to that of the reason or reasons for institutionalization. Laboratory studies indicate that environmental changes induce stress, and that the negative effects of stress are manifested in feelings of lack of control and helplessness. These persons are confronted with a disparity between their predmission living arrangement and the institutional lifestyle. The institutional demands for passivity are perceived as a loss in ability to control the environment. The institutionalized adult's library needs and goals arise thus not only from their mental and physical disabilities, but also are
Institutionalized Adult's Needs
directly influenced by psychological experiences related to these both within and without the institution, and are best oriented toward improvement in the quality of life.

According to the report of the Conference on Long-Term Care, the "conditions of long-term individuals are multiple in origin and interacting in their manifestation, in principle if not in practice; no clear boundary exists between somatic and psychiatric services on the one hand and social and welfare services on the other." Cooperation of many disciplines and support programs is essential to cope successfully with the individual's difficulties. Long-term health care should aim first and foremost at the improvement and/or maintenance of the patient's capabilities to function independently, as well as to aid the patient in adjusting to and coping with individual disabilities. Thorough evaluation of individual status is necessary, and includes: (1) complete medical analysis (and psychiatric analysis, if appropriate); (2) records concerning emotional, social, and economic status; (3) information about family and community relationships; and (4) information about the individual's situation itself, e.g., personal goals (when the patient is capable of such independent decisions). This information will help to determine the appropriate type of service and method of its provision.

The institution staff, the physical care and continual supportive relationships of the nurse, the physician, the paramedical staff, and particularly that individual who has the most contact with the person (i.e. the nursing assistant) are members of the team with which the successful librarian can become involved. However, studies show that most long-term care facilities have very few professional staff. Some have visiting physicians, but the majority have physicians only on call, and lack professional and nursing staff also. Once the individual has been admitted, it behooves the librarian to determine who will actually have contact with the person, and to plan to work closely with them.

Among institutionalized adult groups, as already noted, the largest is and will continue to be the aging. All of the special groups of exceptionality mentioned heretofore will have this added factor.

Many studies have shown that depression is the most serious psychiatric problem associated with the aging, and that this problem is distinctly sex-related, women showing higher rates of depression than men throughout the age span. Leo Hollister believes that many older persons are considered senile when in fact they may be only depressed. Depression among the elderly can arise from many factors, including poverty, loneli-
ness, and even from side effects of drugs used to treat physical problems. Illness and death of spouse and friends, as well as loss of personal sense of prestige, can be understandably depressing. Hollister asserts that as many as one in four or one in three persons 65 and older have depression or other emotional conditions such as anxiety, while only one in six in this age group has some symptom of organic brain condition from hardening of the arteries or other physical damage. Because the functional and organic conditions mimic each other, depression in many older persons doubtless is unrecognized by their families and physicians.7

Clark's detailed study, Culture and the Aging, has many helpful insights for the librarian, particularly in working with the elderly mentally ill. The study found that survival and self-esteem were the overriding goals among those she surveyed. The various aspects of the goal of self-esteem included: (1) independence, (2) adequate personal resources, (3) social acceptance, (4) being able to cope with external threat or loss, (5) being able to cope with change in the self, and (6) maintaining significant goals or meaning in later life.8 The study also found that the mentally ill people surveyed considered social acceptability to be as important a factor in self-esteem as did the elderly in the community. Perception of possessing self-esteem among the mentally ill differed, however, in that they believe this quality to be dependent on the idea that the individual considers himself/herself to be somehow superior to other people, i.e. that recognition derives from some kind of special status, ability or power. The mentally healthy, on the other hand, considered congeniality, consideration and supportive attitude to be important factors in social acceptability. In other words, the mentally ill "do not seem to agree with the theory that people respond with love and care to those who try to give happiness and pleasure to others; rather, they feel that the only path to social respect is to command it from a position of strength."9

Clark found that the institutionalized subjects complained of "physical discomfort and sensory loss" less frequently than did those surveyed in the community, despite the fact that members of the former group generally have greater physical impairment and more severe illness. The institutionalized group felt that loneliness and loss of relationships through death were the problems causing the greatest loss of personal morale:

The mentally-ill aged seem to have considerable difficulties in establishing and maintaining relationships. . . . Their range of social contact is much smaller than that of the mentally healthy. The loss, then, of even one or two intimates may leave them completely iso-
Clark concluded that the mentally ill perceive their physical problems to be secondary in importance or concern to their psychiatric ones. In this context, it should be noted that lack of activity and boredom were problems cited by both groups sampled, but the problem on the part of those subjects in the community seemed to be due more to physical limitations than to lack of interest. Both groups also expressed dissatisfaction with what they viewed as decreasing respect or prestige, but institutionalized subjects expressed fear of dying—and particularly concern about the circumstances of one’s death—nearly twice as often as did the members of the community sample.

In 1976, Robert Fulton commented on the problem of facing death, pointing out that of 2 million deaths in the United States that year, 62 percent were predicted to occur among persons aged sixty-five and older—a group forming 9 percent of the population. Almost two-thirds of the total estimated number of deaths would be in either hospitals or nursing care facilities. In this context, Kastenbaum and Aisenburg have noted that as society has relegated death to the aging and institutionalized, it has also “transposed, insulated, technologized, and decontextualized” death. He further cites the feelings of alienation commonly experienced toward the dying person (e.g., the sense of embarrassment, of not knowing what to do) as a manifestation of this phenomenon.

Aware of all this, the librarian is in a better position to estimate situations and work with the terminally ill realizing that “the dying are not dead; they are alive and still engaged in the life-long effort to make their interaction with others satisfying and productive.”

Clark has identified several factors important to the maintenance of morale of the aged. These factors include: (1) the ability to maintain enough autonomy to continue to possess self-integrity; (2) pleasant personal relationships and opportunity for interaction with others, including some source of help where necessary; (3) sufficient personal comfort, both personal and mental; (4) mental stimulation and use of imagination without physical overexertion; (5) some variety in the environment; and (6) sufficient involvement with some part of life in order to avoid preoccupation with the idea of dying.

In regard to the community and institutionalized adult (since to some extent all have been in and out of the community at one time or another), the influences of society are subtle and pervasive. As already noted, so-
ciety's attitude toward death may be taken as a case in point. One author noted that those persons with some kind of disability — whether it be one affecting the individual physically, intellectually, emotionally, or sensorily — generally are considered somehow devalued by other members of society, including themselves. When the disability involves loss of hearing or sight, Beatrice Wright has noted, much of the difficulty in adjustment relates to problems of "the threat of social isolation, the struggle for independence, acceptance of a personal limitation, and so on — experiences with which many, if not all, human beings are conversant."16

Margaret Clark's study also found that loneliness and bereavement underscored by the attitude of the community and society in general were the most demoralizing problems for the institutionalized. She stated that, increasingly, the elderly find themselves unable to perform any kind of productive work, and thus tend to adapt modern society's prevalent opinion of their own lack of worth.17 This conclusion is to be found again and again in studies and articles on the aging population of the United States.18

The librarian, then, in order to be most effective in identifying and satisfying the institutionalized adult's need for library services must be knowledgeable of the goals, needs, problems, attitudes, anticipations, and of policies related to the individual and the environment. In addition, an honest, unforgiving, and complete examination of self attitudes must be undertaken. Bert K. Smith has commented in this connection: "If the traits we have today, the interests, the concerns, and activities were enlarged and exaggerated what kind of persons would we be? Compassionate? Intent? Loving? Or selfish, uninvolved, rejecting? For we are what we were only more so and we are what we will be only less so."19 Smith believes that it is the responsibility of the librarian to interpret the needs (spoken or unspoken) of the institutionalized, and to understand and allow for the guilt and fatigue commonly experienced. At the same time, however, the librarian should remain alert and balanced in viewpoint while he/she strives to understand the problems of the elderly.

The various library programs and services will be predicated, therefore, on all of the foregoing. Many studies indicate the type of service to be provided when goals and needs are examined. Services such as audiovisuals, talking books, health care education, poetry readings, bibliotherapy, discussion groups on all subjects, information reading, social reading, and reading related to activities such as nature walks will be able to be applied with the greatest effectiveness.

Specific expressed interests are particularly valuable. Clark found
that the most frequently mentioned sources of satisfaction among two-thirds of those interviewed were reading and watching television.\textsuperscript{20} In several cases, studies of services offered in nursing homes found that writing was an activity included among "arts and crafts." Because of increased emphasis on rehabilitation, reading and writing groups have been formed as part of the therapy program, particularly with the individuals disabled by strokes.\textsuperscript{21}

Discussion groups have long been recognized as a means of socialization and resocialization and as an antidote to loneliness and depression. This approach obviously provides much potential for library service. In order to give library service most effectively, the librarian must also continually seek out those concerned with the institutionalized adult, e.g., the other paramedical staff, the recreation specialist, the speech specialist, the volunteer members, etc. Many programs and activities planned by these people can be augmented by offering related reading material for discussion groups, and so on. These can also be a valuable source of information concerning all aspects of the individual, including his/her potential.

The librarian may also wish to keep in mind that according to Tamara Dembo:

In cases of permanent losses and in terminal cases in general, where adjustment and acceptance of the loss is involved, the professional has, as yet, hardly any pertinent knowledge helpful to the client, and what there is points to the necessity of serious consideration of the wishes and beliefs of the client rather than those of the professional.\textsuperscript{22}

Considering all the problems that have been discussed here, the job is an uphill one for the librarian. According to data of the National Health Survey published in 1972, long-term care facilities (nursing homes, personal care with nursing homes, personal care homes) numbered 19,533. Of this number, 13,526 establishments are without any rehabilitation programs. Furthermore, many without any rehabilitation programs were under the supervision of someone "below the level of a nurse's aide."\textsuperscript{23}

What was reported by Elliott Avedon\textsuperscript{24} to be the general attitude of institution staff as a whole could well be applied to library service. He found that staff consider recreation in terms of where to hold it and what space is needed for it. They believe it to be a "nice" activity to be made available to the institutionalized, but rarely treat it as an essential part of rehabilitation services. This attitude, of course, provides yet another challenge for the innovative librarian.
References


10. Ibíd., p. 231.

11. Fulton, op. cit.


17. Clark, op. cit., p. 15.

18. See Fulton, op. cit.; Kastenbaum, op. cit.; Epstein, op. cit.; and Vash, op. cit.


20. Clark, op. cit.


ADDITIONAL REFERENCES

Institutionalized Adult's Needs


The Institutionalized Child’s Need for Library Service

GERALDINE M. MATTHEWS

To develop appropriate library services for the child in an institutional setting, the librarian needs a thorough understanding of normal child development, as well as insight into the special problems facing the child who is receiving treatment for one or another handicapping condition. Knowledge of how a child learns about himself and his/her environment will provide orientation and guidelines for library program planning. Insight into some of the ways in which institutionalization affects the child’s developmental stages will assist the librarian in individualizing library activities to help reduce the traumas and difficulties each child experiences as he/she tries to adjust to a handicapping condition, whether temporary or life-long. The effectiveness of the services of any library program designed to contribute to the normalization process of the child will depend on the degree to which the librarian understands the basic needs of all children and is consequently able to find ways of designing individualized programs that can address the specific needs of any particular child at crucial points in the treatment or therapeutic process. To be able to mesh the contribution of the library with the goals of the institution’s treatment efforts, as well as with the highly individual and changing needs of the child, is the test and the challenge of therapeutic librarianship.

This paper will attempt: (1) to examine one of a number of systems designed to give a theoretical (or conceptual) framework for understanding the psychological needs of human beings, and to relate these principles to the basic needs of children in institutional settings; (2) to look at some of the specific effects which illness and institutionalization...
have on the present and future psychological development of the child; and (3) to suggest ways in which knowledge in these two areas can be used to develop a library program that is sufficiently perceptive and flexible to meet the child’s expression (via words or interpretable behavior/actions) of his or her unfulfilled psychological and physical needs.

THE CHILD AS A CHILD

Child development has been one of the fastest-growing specialities of the last thirty years. While the field labeled “child development” has conventionally been viewed and/or dismissed (depending on attitude and orientation) as being primarily the concern of the psychologists, psychological principles and results of psychological investigations are basic to every profession concerned with child welfare and growth. As a result, new psychological knowledge is quickly assimilated into the professional literature as well as into the therapeutic activities of education, medicine, social work, parenting, communication development and other therapeutic professions. Curiously enough, there is little formal study of the subject in the ordinary library curriculum. While most of these applied areas of treatment or training have incorporated into the professional training curricula the principles of one or another system of child study in order to understand the child as he/she relates to their own particular discipline, librarians typically do not have this kind of formal requirement built into the coursework sequence. One of many organizational structures that may be useful for the librarian in orienting himself/herself to an appreciation of the child’s psychological needs is the theoretical model proposed by the psychologist Abraham Maslow. Although usually associated with theories of motivation, Maslow’s observations have a wider application, in that they can be used to delineate individual needs and to clarify the several developmental stages through which all humans pass if not thwarted or handicapped. Even if, by training or inclination, one follows the principles of another psychological theorist such as Piaget, an understanding of this approach to child development would still serve to give librarians a structure and a model for understanding the basis and the “rationale” for the relationship the child might develop with library personnel, as well as a rationale for the therapeutic interventions and psychological needs fulfillment that the library program can supply.

Maslow’s observations are based on a hierarchical system of needs which he believes is present within each individual. Maslow’s needs system has been slightly adapted here to emphasize those conditions which
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must be present in order to contribute to the welfare and emotional/psychological growth of an institutionalized child.

PHYSICAL NEEDS

This refers to physiological needs related to basic life maintenance. Included in this category would be carefully prepared, nutritionally adequate food, clean and healthful air, wide-ranging health care including protection from disease, complete basic program of daily hygiene, planned physical activity to meet exercise needs compatible with the handicapping condition, and a program of medical and therapeutically oriented treatment directed toward removing or ameliorating the handicapping condition.

LOVE NEEDS

The major components of love include: (1) acceptance by others with whom the child may come in contact regardless of severity or type of handicapping condition; (2) a stable, accepting relationship with adult authority figures; (3) the opportunity to develop peer group relationships; and (4) the opportunity to express love to other family, peer group, or individual friends and to feel loved in return.

SELF-ACTUALIZATION

Maslow summarizes this need by saying: "What man can be, he must be," while Allport refers to the same phenomenon as "becoming." The motivational force related to self-actualization is considered to be a basic one by a number of different theorists operating within a variety of psychological orientations. However, to translate basic human needs into a child's terms and perceptions, one would very likely discover that the institutionalized child, like other children, seeks growth and self-actualization in the following areas:

1. Physical development refers to ambulation and mobility, coordination of perceptual-motor skills, self-confidence in the use of the body, and freedom of movement. Activity may range from physical stimulation for the multihandicapped, to organized sport activities for the more mobile adolescent.

2. Interaction with environment refers to the child's awareness of and active engagement with his/her surroundings, including human relationships. Awareness of and interaction with one's environment constitutes the first major step to self-actualization.
3. *Curiosity, play and creative expression* are considered of great significance to the individual's development. Every effort must be made to assure opportunities for the individual to satisfy his/her curiosity, to interact with his environment in a variety of play experiences (structured and unstructured), and to express himself/herself creatively to the extent permitted by individual ability.

4. *Family life* involves a wide range of experiences which should be available to each individual. This includes a family-like setting within the institution (e.g., a stable mother and father figure, small group living, and living within a family or home-type atmosphere). It also includes extended contact with families through frequent vacations, visitations and home holidays if at all possible. Also, efforts must be made to provide for family weekends, outings with volunteers and other staff members, and visits with adoptive parents.

5. *Communication skills* must be developed as soon and as extensively as possible. It is desirable that each child acquire some form of communication (verbal or nonverbal) to the extent that he/she may establish contact with others and make known personal needs.

6. *Social skills*, which include simple manners and respect for others and their property, are essential to each individual's adjustment within or outside of an institution setting.

7. *Self-care skills* include various activities of daily living, e.g., eating, dressing, toileting, personal hygiene and grooming. The acquisition of these skills is an important avenue to increasing the individual's degree of independence and positive self-regard.

8. *Independence* is considered to be one of the most important of all self-actualization needs. All programs should aim at increasing independence by enabling the individual to conduct his/her own affairs to the fullest possible degree, and by recognizing personal needs and right to privacy with regard to possession of property, living area, and freedom of choice (e.g., friends, clothes and leisure activities). Each individual has the right to tend to daily needs with the minimum degree of supervision compatible with adequate care. In addition, opportunities should be made available for the individual to increase his/her mobility in and around the facility.

9. *Interests, hobbies, and self activities* should be an integral part of the individual's daily life, and specialized programs should be developed for each resident to permit active pursuit of individual interests.

10. *Occupational adequacy* should be encouraged whenever possible. It is desirable that each individual in the quest for self-esteem and
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productivity have an opportunity to participate in some form of meaningful occupational activity.

11. Formal training and educational needs, which refer to school activities, prevocational and vocational training and counseling, and physical education, should be provided for all individuals capable of any level of participation.

12. Recreational needs should be met through structured and/or unstructured individual and group activities. Such experiences should be included both in the basic living unit and in specialized programs such as those that can be provided by the library and by other professional resources.

13. Sexual development and feelings in residents should be taken into consideration when planning programs. Each individual should be helped to identify with a proper sexual role, engaging whenever possible in coeducational activities, and receiving training in sexual development and in socially appropriate modes of expressing or acknowledging sexually motivated behavior.

14. Religion, or the satisfaction of spiritual needs, is an area in which individuals should be able to find fulfillment and expression. Whenever possible, children in the institution should be encouraged to participate in the religious programs offered by the facility.

Since Maslow's ideas are based on a hierarchical model, as was previously noted, it is necessary to have attained the first, most basic objectives and needs before success in other areas can be anticipated. With respect to these more elementary needs, namely adequate food and shelter and medical care, most facilities are required by a variety of federal and state laws to meet at least minimal standards of providing these basic survival-type needs. It is more difficult, obviously, to legislate love or adequately to determine whether a child feels that his or her full potential is being realized. These less tangible facets of Maslow's needs system, therefore, have become the areas which: (1) are most easily neglected; (2) are more difficult to plan and design, due to the variety of different institutional circumstances and individual lifestyles; and (3) frequently cannot be assessed precisely as they relate to each specific individual, because adequate communication with the child is often lacking. Even those self-actualization aspirations and achievements which are particularly meaningful to the individual may, from time to time, go unnoticed or unrecognized. Such areas of need are undoubtedly the most difficult to perceive and to satisfy in the developmentally disabled individual.
Meaningful human existence depends on the acquisition and retention of a complex matrix of interpersonal experiences and positive social valences. The alternative—withdrawal into an environment of one's own making—is a choice which signifies that coping is too complicated an enterprise to undertake, much less endure. The child in a residential or long-term treatment center usually manages to adapt in some fashion, and does so by working through (and, on occasion, repeating) the various psychological stages and reactions all children go through when faced with trauma or stress. In this instance, the stress is associated with hospital treatment and the separation anxiety that is an inevitable part of the institutional experience. The child in long-term care, however, must also have the inner resources to accept institutional life as a way of living or must be helped to acquire these resources in order to accept and adapt to the environment as best as possible, if both physiological and psychological needs are to be met. The extent to which the child is able to do so is the criterion for a judgment regarding his/her degree of life satisfaction and state of inner peace.

For any child entering a treatment setting from a home-based life, predictable stages of accommodation can be observed as the child attempts to understand and then to adjust to the new environment. For very young children (under four years of age), the typical transition from the home to the hospital situation may be characterized by reactions related to protest, despair, denial, and, if the child anticipates separation for an extended period of time, by emotional flattening. This protest stage is usually characterized by outward signs of distress, such as crying, noncompliance with hospital schedules and care routines, and by persistent calling for the mother.

The next stage of adaptation typically involves less overt expressions of unhappiness, such as clutching a toy or blanket with whimpering and occasional crying. If the hospitalization continues for a week or longer, the child frequently tries to deny the entire experience (the pain and discomfort, the comings and goings of the mother) and begins to partake in institutional routines albeit in a perfunctory and dispirited manner. A long period of separation, as in a long-term illness, frequently results in the child developing the highly self-protective device of not permitting himself/herself to become excessively attached to hospital personnel, and he/she may even display a lack of openness and trust toward parents when they visit.
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Older children, who have had an opportunity to be away from home from time to time and who are better able to understand the reason why hospitalization is necessary, often appear to suffer much less personal trauma from either short- or long-term treatment programs. In addition, since children between the ages of five or six and twelve are involved in the process of identifying and competing with peers, these children may well have had some opportunity to gain personal experience in coping with anxiety and stress, as well as in adjusting or adapting to changing social and physical environments. During this period in a child's life, an illness (especially a chronic one) becomes a critical formative factor in personality development and demands enormous expenditures of the child's inner psychological resources. In some cases the personality may be distorted in deeply pathological directions by chronic illness; in others, a strong premorbid ego structure may permit maintenance of the personality organization; while in still others, the illness may provide an occasion to develop defenses and coping mechanisms that may not have been acquired as young children.

In addition to the generalized reactions which children may display toward illness and handicapping conditions, certain kinds of illness seem to elicit quite divergent reactions from children. Orthopedic patients, for example, often appear to accept their situation with a positive outlook, at least initially. There may be surprisingly little overt depression and, as a rule, the children cooperate with the staff and focus on the future rather than on their present discomfort. Not only do body casts and other orthopedic devices provide visible signs of treatment, but these children often share rooms with peers who are having similar problems. Furthermore, the treatment period is usually fixed, with a definite anticipated ending date that can be shared with the child. The difficult period of treatment for orthopedic patients comes when casts or traction are removed, and when retraining the muscles or learning to walk become the primary focus of treatment. All of the hopes and expectations that were developed during the period of immobilization are now clearly unfulfilled, and the child may react with frustration, complaints, irritability, and loss of patience and resolve.

In contrast to orthopedic conditions, which seem to elicit active participation by the child in his own rehabilitation program, other illnesses may elicit a different response in the young patient. Children with cardiac disease, for example, often become preoccupied with monitoring their heartbeats and may adopt a passive-dependent, hypochondriacal stance;
asthmatic children, on the contrary, are strikingly affected by the degree and affective direction of parental support and expression of parental concern. Amputation usually creates extreme anxiety due to the double burden of pain and the major assault on body image integrity. Blindness and deafness, if present since birth or early childhood, seem to be accepted by such children as a given condition of life. These children's affective and self-actualizing needs are often successfully worked out within the context of a social-vocational environment and training program optimally altered to circumvent or minimize the disability and to develop attitudes and self-perceptions of satisfaction and worth. Children with mental retardation will be especially affected by the kind of environment which their parents choose for them — home or institution — and by the affective/intellectual milieu provided in either setting. Mentally retarded individuals may have an especially difficult time in fulfilling needs beyond those at the basic safety level of food and bodily care. By the very nature of their handicapping condition, the mentally retarded require sustained encouragement and training to develop a realistic basis for appropriate fulfillment of independence and occupation adequacy needs.

Given this brief survey of some of the basic needs of handicapped individuals in an institutional setting, several questions may now be raised regarding the implications of these special needs for the institutional library. The answer may be that appreciation of these needs could well be the key to help the librarian determine professional expectancies, and also to delineate the library's role in the habilitation process and the relationship of the library to the "multidisciplinary team" typically involved in rehabilitation settings. Finally, and perhaps most importantly, the librarian's view of the library's relationship to the child and his/her treatment needs should become at once sharper and broader in focus.

THE LIBRARIAN'S ROLE IN HABILITATIVE ENVIRONMENTS

In 1974, Lawrence Allen, a librarian and adult educator, looked at the field of special libraries and concluded that while special libraries (within the context of his particular study) were indeed concerned with various issues relating to professionalism, one of the major concerns dealt with questions of the identity of librarianship, the role of the library, and how to mesh the library's functions with the total goals of the parent institution.

It is distressing to read the cries from librarians lamenting that they appear not to have valid reasons for their existence.... Who am I?
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Where do I belong? Where am I going? Akin to this is that special librarians have a particular need for an understanding of the role of the library and librarian within an institution that is different from a library... and a clearer picture of the forces that condition the special librarian in this work environment.6

While Allen did not answer these questions specifically, they are certainly valid exercises in introspection which librarians in most work situations frequently should ask themselves. The solution, at least in theory, might be a fairly simple one if librarians would define education and information as synonymous terms and view library activities as a broad range of teaching/learning interactions and experiences requiring mutual professional/client investment. This attitude and position in no way is meant to diminish the traditional information-provision role of the library, but it does perhaps provide an approach and reperception which might give greater depth and a follow-through dimension to library services in institutional settings. This professional stance might also give other disciplines increased appreciation and insight into what should be expected of any library program which purports to contribute unique services to the overall habilitative process.

Thus, the relationship of the library to the child in habilitation settings should be viewed for purposes of this discussion as one of a mutual learning process. The implicit and overriding goal of any direct or indirect contact with the library staff or library program would be to assist the child in the continuing process of Allport's "becoming." This process might consist of objective teaching or learning in the conventional and traditional sense, or it might be expressed via more dynamically oriented internalized activities which will help the child to understand himself/herself and others better and help the child in the development of feelings of self-acceptance, worth and personal competence.

The importance of the role of the library in helping the child learn to know himself in relation to his/her current life situation, and perhaps to give him/her grounds for anticipating a meaningful future, cannot be dismissed lightly. Insight, after all, is an important attribute of learning and it may be, in the end, the most valuable gift we can impart to the people we serve. For the librarian's part, he/she must plan and provide services with this learning goal in mind. It is no longer sufficient to provide little "typical" library activities (i.e. book-cart and story times) to captive groups of children nor to select an activity which superficially appears to be appropriate, but may have little to do with the child's state of need at
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that particular moment in his/her developmental process and coping struggles. While outward physical habilitation goals are being met and physical necessities provided for by other members of the therapeutic team, there must be some unit within the total treatment program that consciously understands the nature and importance of the higher need levels and incorporates them as formal objectives for programming.

This is not to say that the library cannot also have improvement of physical functioning as a worthwhile goal. It can — and usually should. If, for example, the goal of the physical therapy plan is to encourage a child to reach to his/her own body midline, the library should be completely aware of the goal, offer a sensible plan and/or procedure as to how this can be facilitated in the child's contacts with library-based programs, and proceed to identify and incorporate an activity that leads to that end during the time spent with the librarian. For example, an interesting toy appropriate for the child's interest level should always be presented to encourage the desired reaching motion. However, the librarian must also be able, through personal knowledge of the child's psychological, social and educational records, to plan activities which: (1) are appropriate for the present functioning of the child, (2) anticipate the next developmental stage, and (3) are chosen to meet the life-functioning need level the child is or should be experiencing. It should also be noted that this approach to planning library services — i.e. programs based on principles of normal child development adjusted as required by the characteristics of each person's illness and unique complex of physical and psychological needs — might very well include such traditional activities as story hours. However, librarians should not feel that a story hour is the only tool available to them or, conversely, that storytelling is the exclusive province of the library. It is entirely justifiable for the librarian to use techniques frequently associated with other treatment professionals. After all, books are not disregarded by the teacher just because they are viewed as the sine qua non of the properly furnished library. By the same token, the occupational therapist frequently relies heavily on toys (which might also be classified as instructional materials) in order to elicit certain responses from children. The librarian, therefore, while not engaging in physical or occupational therapy, should find ways to develop programs using the ideas, activities and utensils that are appropriate to the children's needs, rather than attempting to build a program that slavishly conforms to constricted current norms of what libraries are supposed and not supposed to do. In most situations this less traditional professional stance will be accepted easily by all concerned with the child, and should under
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normal circumstances lead to a closer, more responsible, and mutually supportive relationship with other disciplines.

LIBRARY PROGRAMMING

The preceding comments on the psychology of the handicapped child are meant to highlight how important it is for librarians to understand the individuals with whom they are working. It is unfortunate that librarianship has somehow worked itself into the position of trying to impose the materials of its trade on people and situations without establishing a logical basis for the activity. Perhaps this problem arises from the fact that librarians typically are taught to deal with masses of people and to find the common thread from a much larger data base rather than to work with single individuals and approach the issues from a developmental model such as Maslow's.

The first skill which must be emphasized, therefore, is that which is concerned with developing expertise in assessing the child's present motor, social or psychological status. Second (and building upon this assessment), the librarian should learn to be able to make a judgment about the next psychological or physical level to be encouraged and achieved. From these inferences — and the conclusions should eventually be accurate enough to qualify as clinical insights rather than mere inferences — the librarian should be sufficiently knowledgeable about the materials at his/her command to be able to prescribe (select) the right activity or item for each child and his/her idiosyncratic needs at the moment. While admittedly this process has not yet become refined or even fully understood, it certainly has reached a level that is competitive with other disciplines, such as education, activity therapy or psychology. While the librarian is not going to administer a Wechsler intelligence test before allowing a child to see a film, the data amassed in the child's chart have the potential to help the librarian (as well as other disciplines) understand the child's needs, need level, and any abnormal psychological reactions, such as withdrawal or denial, that might be contributing to the diminished receptive state of the child at the period of time available for interaction and skillful programming. The process of using this information for program planning should not be significantly different from the process used by other disciplines. The psychologist, for example, will observe a self-destructive child, ascertain when and under what conditions the undesirable activity takes place, and from a collage including his/her background of knowledge in the field, application of current research literature and practice, plus
considerable ingenuity and common sense, will develop a program for the child which is designed to stop the head-banging or other self-destructive behavior. Depending on the situation and the inter- or intrapersonal variables operating, the program may involve principles of behavior modification, change of environment, change of personnel, and/or addition of any of the above plus new stimuli. The librarian, if following the same approach and presented with the same symptom complex, might find that thorough study of the child would indicate that certain library activities would have high interest value, low distractibility, could be carried on in an appropriate area, would require use of hands and feet (many manipulative and tension-reducing skills), yield an immediate reward, and would be similar enough to an activity or item adaptable to ward use that the two therapeutic program activities could act as mutual reinforcers.

Parallels to this approach can also be shown in relation to several other activity areas. For example, many children in a variety of institutional settings have problems with the development of clear or extensive speech patterns and vocabulary. Since it is obviously impractical for the speech therapist to be constantly at the side of the child, much of the progress (or lack of it) that is made in speech development or correction must occur as a result of interaction outside of the therapeutic setting as it relates specifically to communication disorders. If the librarian can acquire enough information to understand the child’s problem and his/her stage of speech habilitation, and is knowledgeable enough to make (or become informed about—in this instance, sound and speech progression are well-known phenomena) an accurate assessment of the next developmental step in the corrective process, then activities designed by the library for the child should identify the short- and long-term goals, clarify ways in which the library intends to contribute to goal attainment, and document the progress toward that end. The program results, the observations made during the process, and the interfacing activities that could be presented in tandem with other disciplines will clearly indicate that library programs need not be places for mere leisure-time activities. An even more specific example of what could happen in such a program might be illustrated by a child who has a speech handicap resulting from cerebral palsy. While intelligence may or may not be a complicating factor, the physical limitations may be such that speech is difficult or not understandable, and the child consequently needs to use a language board. If the language board is, for example, the one used in Bliss symbol programs, then the goal for the child will be the acquisition of vocabulary and learning how to combine symbols for the communication of ideas.
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some instances, the goal might even be the further control of an arm movement so that pointing to the symbol can be carried out. Since communication is an important element in the child’s life (speech or a speech substitute is vital to each person’s well-being and constitutes a basic priority on which other life-enhancing conditions are built), the library, as well as all other disciplines, must devote considerable effort to establishing and/or developing this skill. However, for severely handicapped children, the mastery of language boards does not come easily. It is a progressive undertaking accomplished at great effort and only in infinitesimal increments. To assist in the process, the librarian must: (1) know the Bliss symbol structure and philosophy; (2) know the specific goals for the child; (3) understand the child’s capabilities, strengths and weaknesses, and understand how to use the most intact physical and cognitive structures available in working toward mastering the symbolic language; and (4) devise a program that will help the child to reach these ends, using the library as a therapeutic setting. In related communication development areas, the same organization and procedure would be used if the goal were, for example, to become skilled in manual communication. While it would be assumed that the librarian in an educational center for the deaf would have full mastery of this technique, and that the areas that the library could work in would be related to the normalization questions common to children of potentially average capability overlaid with this particular handicap, it should be noted that manual communication may be useful for a number of other user-related disabilities that affect speech and oral communication. In these instances, new learning in communication is coordinated with the training necessary for compensating for these other deficits, and the techniques the librarian devises for meeting the coordinated goals of the child will determine how he/she designs the particular library activities for any one individual. Other problems relating to speech acquisition that the child may have could include such basic issues as need for infant auditory stimulation, prespeech training, beginning language or presyntax stimulation, and (certainly in advanced language programs where the goal is to enable the child to use language spontaneously and creatively) making needs, desires, emotions, and ideas known and, having developed this interactive mode, beginning to participate more fully in his/her own normalization process.

For reasons known only to conceptually fuzzy tradition, many institutional library programs find themselves part of the education unit. This is an unfortunate arrangement and tends to place the residents’ library in the position of having to devote considerable resources to education as a
department rather than to the needs of the children as a whole. A much-preferred solution is more typically found in smaller residential facilities, where the library, while perhaps not physically as large as the materials centers in major state institutions, may have more individualized and specialized input as a discipline into the total therapeutic program. Thus, the optimal relationship of the library with the education unit or department of a residential facility should be the same as its relationship with any other unit. The educational activities and obligations of the library in this association should be viewed on a par with those in others.

Viewing the relationship objectively, it is easy to see that some basis exists for the traditional close association between libraries and education units. The most obvious basis, of course, is that the relationship was borrowed from the "normal" school pattern—an organizational situation about which many school libraries frequently express unhappiness—at least in its hierarchical implications. More to the point is the fact that it is traditional to think of libraries as an ancillary service to education, although having certain commonalities in activities. This parallel, at least for libraries working in residential facilities, may tend to break down under close scrutiny. Let us look first at the education program.

Long-term facilities for the mentally retarded probably encompass the largest number of children living in institutional settings today. Because the zeitgeist has placed such great emphasis on normalization and on the development of community alternative care settings during the last few years, the children found in these institutions are usually both severely retarded and extremely physically disabled. The typical teacher or education activities, therefore, are not related to the acquisition of reading, writing or mathematical skills. Rather, the typical classroom teacher (if he/she is still found in the classroom) is involved in trying to establish or reinforce such basic functions as stimulation activities, gross and fine motor skills, self-care training, preschool readiness (such as attending and/or visual-auditory matching), and discrimination learning. If the child is functioning at a "trainable" retarded level, the teacher's efforts may be directed toward skills related to reading readiness, very simple number concepts, or leisure-time games and skills. For children who have perceptual problems in addition to mental deficiency, programs place great emphasis (depending on the handicap) on areas such as auditory, tactile, taste or smell stimulation, mobility in independent daily living needs, signing, and improved social interaction with others. None of these activities by law, or even by tradition, is the exclusive property of an education department. Many of the programs have, in fact, been
borrowed and adapted from other disciplines such as occupational therapy and psychology, and incorporated into programs labeled "education," because they are the "learning" experiences currently held as meaningful for children not able to manage what has been traditionally considered the proper content of an educational program. There is no reason why most of these functions cannot or should not be incorporated into formal and informal library activities. Certainly, such an approach seems logical, natural and reasonable. Since in many situations this has not been the case, a reexamination of library programming and its origins is clearly in order. In determining what this programming should be, the librarian may find it useful to rethink the traditional relationship of libraries to the education structure, as discussed earlier. He/she may also obtain some insights from the development of the education field (and others) as such disciplines have tried to cope with inherent inadequacies of approach when faced with children for whom traditional forms or programs of education have no relevance. As has been noted, a certain amount of adaptation has been necessary and, as a result, a teacher specializing in education of the handicapped child with a bachelor's or master's degree may find himself/herself engaged in teaching, eating or dressing skills—a very relevant activity for the needs of the child.

Another area of program similarity that should be examined by librarians in order to determine which library activities are being used by another group of professionals claiming identity as a discipline is the field of recreation or activity therapy. Frequently found under the heading of activity therapy are arts and crafts programs. As library programmers know, arts and crafts can include activities ranging from work with crayons and paint, to water colors, paper construction, collages, potato painting, paste and glue constructions, drawing, woodworking, ceramics, clay, or even sewing. All have been and can be used in many areas in conjunction with various programs. However, it should be noted that these kinds of planned activity are not simply designed to fill time. As in all other programs, they are planned to develop or rehabilitate certain physical or mental deficits. The objectives can range from striving to improve gross and fine movement, to a development of manipulative skills, and then to cognitive development, self-expression, and an appreciation of the general field of arts. On another level, arts and crafts are used to train and/or establish manipulative functions of the hands and arms; to encourage attending behaviors to specific tasks; to enhance dexterity; to establish a sense of size, color, shape relationships; or simply to learn a
new skill or enlarge on older latent ones that bring a sense of pleasure and accomplishment to the child. For the librarian programmer, all of the above activities, goals and motivations are valid reasons for incorporating such activities into present library programs or for introducing such objectives into new programs. As the librarian examines the needs of each child, it should be part of the program-planning philosophy to determine how each of these activities can be beneficial to the child who may need to develop attention span, learn to interact with peers, learn to relate to adults, develop working habits either alone or in cooperation with others, strengthen receptive or expressive language, learn to be less destructive, and control impulses and develop self-control related to hyperactivity. The important point is not the particular activity used in a particular setting, but rather that the child’s needs are assessed properly and that both activity and setting are selected with therapeutic goals for the child in mind, rather than simple attendance at some diffuse, library-sponsored activity.

Activities related to music, whether they be listening, singing, rhythm or playing an instrument, form another extraordinarily successful program element that can be used with considerable specificity by the librarian. There is considerable literature in the music field that can be extremely valuable to the library program-planner. It is easy to obtain and should be studied as an example of a rationale that has been developed by a “soft” therapy. The general goals of most music programs include providing sensory stimulation, the development of communication skills, improvement of eye-hand as well as total body coordination, and the encouragement of self-esteem and self-expression. Even more specifically, the incorporation of music into a library program can, either alone or in conjunction with another activity, be used to encourage in the individual child any of the following skills: eye contact, physical response such as clapping hands together, improving attention span, awareness of expected response to a stimulus, vocalization, finger or hand dexterity, learning the concept of taking turns and sharing, practice in the technique of relaxation, sound discrimination, development of the component parts of music, and musical composition. Again, it is necessary that the programs be tailored for the child’s needs and that the librarian maintain individualized records, in a format meaningful to others, which document the claims the librarian may or may not be making for the efficacy of this or any program being offered. It is to be hoped that in all library program efforts, the librarian working with handicapped children can be adaptive in philosophy, imaginative in program construction, and educationally and psychologically equipped to enter into the therapeutic relationship as an
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equal and contributing professional: a feat that in many situations may require rethinking by all disciplines concerned.

References

5. Ibid., p. 22.
6. Leisure-time activities do take place in the library, but in most instances where the child is in a rehabilitation facility, leisure time is also part of the therapeutic plan and should not be expected to be a time that will "just work out" without direction or that should have no direction. Almost all activities in a facility need to be planned with some therapeutic or needs fulfillment goal in mind.

ADDITIONAL REFERENCES

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Materials and Collections

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Review of the recent literature on materials and collections for institution libraries reinforces the conviction that what is involved is special case application of general principles. At the end of his discussion of evaluation of collections, Bonn says:

Among the concepts and ideas that have appeared and reappeared in this review of the literature on evaluation of library collections, four seem to have the most far-reaching implications for the development and the evaluation of all types of libraries:

1. The emphasis of library goals and objectives as the foundation for a library's selection or acquisition policy, and as the framework within which the library's collection is to be evaluated.

2. The stress on quality and on user needs rather than on quantity and on basic lists alone as the decisive factors in building a collection and in evaluating it.

3. The realization that no library can ever be completely self-sufficient, and that increased interlibrary cooperation may be the only possible solution to the growing problem of providing library collections adequate to meet the needs of library users, wherever they may be.

4. The virtual necessity of having competent professional librarians in such strategic spots as selection and public service, to insure proper development and use of the library's collection.¹

Prominent in the literature of collection development for institution libraries are articles and manuals written by consultants from either

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regional medical libraries or state library agencies, or by outreach department librarians in large public library systems. References will be given to the individual manuals as they are mentioned in relation to the type of institution which is their major concern. The general comment prevalent in the literature stresses the importance of articulating the library's goals and objectives relative to the goals and objectives of the particular institution. For example, there is mention of specific core lists as starting points for selection, tailored to the individual institution's needs and not as "opening day necessities" or collection evaluation standards. Detailed instructions are also available for use of existing networks, for consortia establishment or for negotiating contract arrangements; great emphasis is put on continuing education of the person selecting and mediating the collection. A study of hospital libraries by the American Hospital Association, reported in 1971, indicated that less than one-half of all U.S. hospitals provided library service even part-time, and that 45 percent of the personnel in the hospitals with libraries had a high school diploma as their highest educational degree. Nevertheless, the network organizations and their instructional literature keep these principles in simple translation and in scholarly reiteration, before the hospital library and administrative personnel.

SPECIAL PROBLEMS IN INSTITUTIONS OF ALL TYPES

Special problems are related to shifting economic and decision-making power and value definition in the health care delivery system as a whole, causing and being affected by such shifts in the society surrounding the health care system. It is no accident or intellectual fad that systems theory is prominent in nursing, allied health, hospital, medical and health care delivery literature as basic to understanding the process in each. Process in each is in open-system relation to process in the others, and in the surrounding society. The effect of all this on libraries in institutions and on the library world is perhaps as apparent right now in yeasty ambivalence at professional meetings as in the literature. This writer found some dissonance between the literature reviewed for this paper and face-to-face contacts at the annual meetings of the Medical Library Association (MLA) in Seattle and the American Library Association (ALA) in Detroit in June 1977. Publication of some of the convention papers will occur between this writing and its publication; and other papers will address themselves more fully to these issues. This paper intends only to allude to impressions of changes which materially affect "goals and objectives as the foundation for a library's selection or acquisition policy."
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There is shifting related to understanding the lay user as patient or as consumer of health care and health information. Early literature has a strong flavor of the assumption that he/she is a patient who needs literature for relaxation, for escape from pain and institutional confinement, and to turn convalescence into a period of self-improvement (sometimes only because of the kind, sensitive librarian's direction). The assumption of dependency on the patient's part was shared by the doctor, the nurse, the hospital or institution, and its librarian. The individual prerogatives and duties of each to deal with that dependency were fairly clear and held in rather firm consensus. Current literature may still define the individual as patient, but the needs and objectives are described in terms of informed consent, formal health education (sometimes even with pre- and post-tests) and patient compliance. Results may be measured by effect on malpractice suits and on recidivism. There is less consensus, but much strong feeling, about whose role is what. Health systems agency literature is also defining the consumer of health information differently than the earlier definition as student in a personal hygiene or social problems course or curious citizen; he is now the taxpaying 51 percent on the planning board. Perhaps the most crucial and shifting change is the individual's own definition of himself/herself as dependent patient, autonomous human being coping with a problem with expert technical assistance, consumer of health care, and taxpaying supporter of the delivery system. (For an interesting story illustrating the second of these three concepts, see Norman Cousins's account of his illness and his doctor-patient relationship.3) The librarian, whether of the staff or patient library, has to write selection policies which not only take into consideration the individual characteristics of the institution which can be determined objectively, such as its type, size, specialties, etc., but also its current stance and its trend on these more subjective issues — and must peruse the literature not only for those items which fit the selection policy, but for those trends which may change it, due to both clinical discoveries and social changes.

Grant funding is another area which needs careful consideration. Covering details of this process is beyond the scope of this paper, but discussion with institution librarians indicate that conscious selection/service choices are made in relation to putting energy into securing grants for collection development and materials production, as opposed to putting energy into mediating the collection obtainable from regularly budgeted funds. The policy about grants can be analyzed in relation to the four concepts mentioned above and kept consistent with overall approach to needs and objectives. The presence of grant possibilities through third-
party payments, health care legislation, health information legislation, education legislation, library legislation, and private sources complicates the milieu in the institution library, however.

Selection policy also includes a policy on gifts. The various manuals all include the standard cautions to avoid accepting materials that do not fit the scope of the library, to avoid restrictions on disposal when weeding policy would call for this, and to avoid giving appraisals. Crawford gives criteria for decisions about what might and might not have long-term or actual high monetary value, what should be retained locally, what should be retained regionally, and what should be resolutely destroyed. The Librarian and the Patient has suggestions for use of gifts in a variety of ways other than placing them in the collection. Institution libraries will also find the exchange programs such as those of the MLA or the United States Book Exchange useful. The manuals all give details about these and, in addition, the regional medical library manuals describe regional exchange plans. Consortia agreements frequently have exchanges included.

Selection policy will also be influenced by the institution’s relation to the community — the extent to which it sees itself as an outreach unit for health education, or is a special subject resource in its geographic area, or has a highly specialized research component.

In the manuals, the library committee is consistently referred to as advisory only, but is considered useful in this capacity. Such a committee would seem especially important in a time of change as a discussion forum to mediate unevenness in rate of change as each group receives different messages from its own professional organization. To achieve consensus on policy, and budget support to implement policy, such a group may be more crucial in an atmosphere of yeasty change in the surrounding ambience than in a time of more stability. The Northwest Institute of Ethics and Life Sciences (6241 31st N.E., Seattle, Washington 98115) is an example of the kind of organization springing up to provide patient advocacy. While many librarians of patient libraries see themselves as patient advocates, and most see themselves as carefully and sensitively responding to needs, in the eyes of the various health care providers the librarian may be seen as promoting his/her own “reading is good” and “more circulation is better” biases. It may, then, be wiser for the librarian to have information on these groups available and to welcome rather than be threatened by such an additional position in his/her institution — even to the point of seriously promoting representation of such a role on the library committee if it exists in the institution. This should strengthen rather than weaken advocacy effectiveness.
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APPLICATIONS TO SPECIFIC TYPES OF INSTITUTIONS

Hospitals ("Acute Care")

Hospitals will find helpful, and perhaps sufficient, the materials and consultation supplied by the regional medical libraries and the MLA. The *Handbook of Medical Library Practice* is in its third edition, and revision as necessary is considered an important responsibility by the Medical Library Association. The fourth chapter particularly applies to the subject of this paper, but the entire volume is a useful, professional-level reference for any library serving the health science professions. To the benefit of the hospital librarian, the regional medical libraries have produced translations of the handbook principles into language and scope readily usable by the high school graduate, and suited to the small size of many of these libraries. Help from the ground up is given in a context that encourages skill development. At intermediate levels of difficulty between these manuals and the handbook are texts designed for courses at the regional or local level. Consultant service, meshed with the excellent continuing education program of MLA, allows the individual assigned to the collection custody another opportunity to give good service — and to grow as the library grows.

Continuing education courses are given by MLA at its annual meeting and in various regions throughout the year. The various "Literature of..." courses are all guides to selection. Further information on these is available from the association and is published with the annual meeting announcements in *Medical Library News*.

Each of the manuals and texts has short lists of essential reference tools with information on their use and purpose. Reference tools are no longer listed in the handbook, because comprehensive listing has required its own separate volume. There are also several core lists, such as the one with frequent updates by Brandon. Selection and use of journals and indexes are also covered in the above. Audiovisual materials are of use in both in-service education and patient education, as well as for patient recreation and for patients with handicaps. Uses for educational purposes are mentioned in the above manuals, and the regional medical library consultants are available for more detailed help with selection. Other purposes will be discussed later in the paper.

The biomedical library network, with the National Library of Medicine (NLM) as its hub, provides a number of resource services for hospital libraries which have a bearing on local selection. Consultants have been mentioned. Consortia are encouraged and subsidized. There is literature...
from the now-experienced trailblazers in this level of network-building, and includes an abundance of journal articles and local handouts available at conventions and from regional consultants. There is now also an MLA continuing education course on this subject. The various computer data bases, both the full array from NLM and the various commercial ones in the sciences, are available as relevant from resource libraries within consortia or from the regional libraries.

The guide for the patient’s library comparable to the handbook for the staff library is *The Librarian and the Patient*. While public library systems are not as well designed as the biomedical library network, which has assigned regional responsibility, they do have various kinds of cooperative and contractual arrangements for providing library service to hospitals in their service areas. This book covers the similarities and differences in selection for those members of a community who are hospitalized compared to selection within the public library as a whole, discusses ways of drawing on community resources, and describes several different existing patterns of service with details of policy and agreements. While it discusses health education in several places, the book’s orientation is more that of good patient libraries to serve the purposes of good public and school libraries when the patient cannot physically avail himself of these.

Before attending the MLA convention in 1977, this writer was aware of a growing interest in patient education, but was really not aware of the acute nature of this interest in library circles as compared to the interest among health care providers, and felt the latter’s interest was beyond the scope of this article. Neither time nor the scope of this paper permits attention to the latter’s interest here. The literature should continue to burgeon in library publications as well as in those of the health care providers for several reasons: (1) the merger of the Association of State Library Agencies and the Health and Rehabilitative Library Services Division in ALA; (2) a stronger structure for interest groups in MLA; (3) the shift in power brought about by the health system agency legislation; and (4) the widespread effect of AHA’s *A Patient’s Bill of Rights*, given funding of P.L. 94-317. There may be some delay in completing the reorganization process in these two library groups, but there are committees in both organizations concerned with guidelines, standards, clearinghouse information on programs, and publication. Need for liaison between the two groups is being recognized. Hospital librarians of both staff and patient libraries should find opportunity to contribute in both the Hospital Library Interest Group of MLA (or its successor) and in ASLA/HRLSD, and to benefit from guidelines, selection information and
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program ideas from each. *Standards for Library Services in Health Care Institutions*\(^\text{18}\) does not address itself to this as fully as is rapidly becoming necessary, and MLA has not yet taken any official position, although the need to take a position is being discussed,\(^\text{16}\) and several program meetings have been held on the subject.\(^\text{17}\)

One other factor that may change selection in hospital libraries (and other institution libraries) is the copyright law. On June 14, 1977, at the annual meeting of MLA, opinions were expressed that hospital libraries would be materially affected by the new law, but in the absence of statistics, definitions of key terms and information on the Association of American Publishers copy payment center, no one could say exactly what the effects will be. As this issue is published, the effects will be appearing in real time rather than conjecture.

Integration of patient and staff libraries is not as well accepted as is integration of collection and services to all staff in one health sciences library. However, there is agreement that, administratively, there can be integration of all library service under one head librarian even if reasons exist for physical separation of the staff and patient collections with differing policies for service.\(^\text{18}\) This writer would like to make the personal plea that nursing and allied health literature be examined closely for content suitable for use in both libraries, rather than delegating it only to the staff library because of its label. Much of it is very suitable in terms of patient education — more so than medical literature — because its focus is on evaluation of the patients’ strengths and cooperation with the physician rather than substituting for the physician.

The editor of this issue requested treatment of the topics with less emphasis on hospital libraries than on other institutions. They will, however, be given more prominence here in order to treat the biomedical library network at its point of greatest impact, to be able to refer to it without repeating details as they apply in differing combinations with other services to each of the other types of institutions, and to emphasize the differing mix of network or resource backup applicable.

**NURSING, AMBULATORY CARE AND LONG-TERM RESIDENTIAL INSTITUTIONS**

This second group of institutions have a higher degree of participation in public library outreach services and are less apt to have their own libraries on site. Selection is therefore similar in content to general public library selection, but with greater attention to format for various handicaps — which will be discussed later. *The Librarian and the Patient* and *Libraries in the Therapeutic Society*\(^\text{19}\) contain information about specific
modification of overall public library selection policy for collections used in these special services. Staff in these institutions can usually use the public library in their off-duty time and can access the biomedical library network through their affiliated or parent institutions, so that service will be patient-centered and may have explicit policy excluding service to staff. The logistics of service to staff should be reviewed by the librarian giving service to patients, however, because pulling these institutions firmly into the available local networks may require either modification in selection policy by the public library, or cooperative delivery plans between it and the local biomedical libraries. Creative planning in this area is going on in various parts of the country, although has not yet progressed enough to appear in the literature reviewed here. Perhaps P.L. 94-317 funds will provide the missing piece to tie the service fragments available to these institutions into convenient document delivery networks for staff and patient education, in addition to public library and, sometimes, educational library service to residents.

MENTAL HOSPITALS

These institutions may have selection problems which cover the print materials waterfront, even though they may be considered highly specialized and out of the mainstream by those who relegate the whole concept of mental illness to the "boonies" (as society did physically not so long ago). Physical illness among the mentally ill, especially among the aged, means that the librarian may have to pay attention to the above-mentioned biomedical network as much as many acute-care hospital librarians. Training programs and research programs may require selection in areas overlapping academic selection from the junior-college to graduate-student levels. Many mental hospitals have three different libraries: (1) a staff library, covering a wide range of disciplines and levels; (2) a school library (elementary through high school, depending on the ages of those accepted as patients); and (3) a residents' library which usually is, in character if not by actual contractual administration, a small public library branch. Cooperative arrangements among the three and with their counterparts in the surrounding community are essential. The trend toward community mental health centers means that many requests for staff materials will come from outside the grounds, while within the grounds, patients will require proportionately more intensive work.

Legal materials, remedial educational materials, and materials similar to those used with the developmentally disabled require a larger propor-
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tion of the budget than would light and soothing fiction or inspirational nonfiction, highly recommended in times past (and still useful in its place). All of the general remarks about selection in earlier sections apply here, but they are combined in a way that requires a day-to-day, high level of professional skill in selection itself and in interlibrary relations. The MLA Mental Health Librarians Interest Group has prepared a "Literature of Mental Health" CE course. Its syllabus, published in 1977, constitutes an extensive bibliography useful as a selection tool, and the annotations in the instructor's manual which are given in the course itself are even more helpful. The National Clearinghouse for Mental Health Information constitutes an important specialized backup for this group of libraries by providing important free publications, in-depth indexing, and specialized reference service. Consultant service and collection backup may frequently be available from the state library agency. Cooperative agreements with academic libraries may be as helpful to the staff library as agreements with the public library are to the patient library. Cooperative arrangements may also be possible with correctional libraries and law libraries for shared legal materials. Far from being able to survive in isolation with an esoteric collection, the mental hospital librarian may really need a part of everyone's action—and may be able to make a unique contribution in more than one place in his/her surrounding area.

INSTITUTIONS FOR THE DEVELOPMENTALLY DISABLED

These institutions also cover a variety of subjects in their staff libraries. Biochemical and genetic research into etiology, medical and nursing care of the physical health of the multiple-handicapped, special education, rehabilitative therapy, and the operational support of the institution itself mean again that selection in the staff library requires a high level of professional skill to ensure that the best of the current and reference materials are on site, and that there is access through surrounding networks to the additional materials needed. Here the librarian will be aware of, and using to some degree, all of the backup resources mentioned earlier but, in addition, will be particularly concerned with the special education resources in the area (and nationally) in more depth than other institutional librarians.

Here also, the move to the community has meant a noticeable increase in the proportion of the severely and profoundly disabled to the total remaining population, and created an increased need for consultation services within the community, directed both toward local professional
staff of various disciplines and toward families. Therefore, as with mental hospitals, declining census is by no means correlated directly and positively with declining library work load; it, in fact, means greater complexity and very likely increased work load.

In this type of library the absence of suitable materials, especially in the form of audiovisuals and coordinated kits for use in community consultation, is mentioned. Central Wisconsin Center for the Developmentally Disabled in Madison is in a position to assist in the solution of this problem, with its coordinated information services department which combines under one administrative head staff and resident library service, audiovisuals (including a production studio), in-service training resources, patient education, community outreach, and grant-writing for the institution. An energetic ongoing procurement of grant funds allows production of materials in response to documented need and retention for future use in a coordinated way by a variety of intra- and extramural groups. This library has a number of lists of useful material, which are available on request. The materials are primarily for use in connection with the community outreach service in Wisconsin.

High interest, low reading-level materials have been associated with these institutions, and knowledge of what is available is still important. Use is, however, increasing more in the community outreach programs, and within the residential institutions is decreasing in favor of even simpler materials. This means more selection in this area by public librarians, and more consultation rather than selection by the institution librarian. A review of this literature is beyond the scope of this paper, but as starting points for anyone interested in investigating further, two names are: Helen Lyman (Director, Library Materials Research Project, University of Wisconsin, Madison, Wis. 53706), and Laubach Literacy, Inc. (Box 131, Syracuse, N.Y. 13210). Mimeographed handouts on currently useful materials are available on request from many of the state institutions.

The Librarian and the Patient includes discussion of the developmentally disabled, and literature regarding selection is present in the journal literature in too much volume to be detailed here. Educational literature, in addition to library literature, is more fruitful than biomedical literature which has more relevance to staff support — except that the literature of occupational therapy has helpful information on the use of realia on an irregular basis. The major difference in selection for patients in these institutions is the preponderant emphasis on realia and audiovisuals; these will be discussed under special formats.
The problems here are arranged according to institution size rather than institution type. Individual hospital or institution libraries may be required to go through a purchasing department which does not understand the differences between library purchasing and other kinds of institutional purchasing. Even after the purchasing agent has been educated to the nuances and procedures, the arrangement may have ongoing communication problems which may increase with the size of the institution. The smaller the institution and/or its library budget, the less reliable will be the usual acquisitions instructions regarding using agents or going directly to the publisher, and the greater will be the possibility that a relationship with a local retailer may, on balance, be worthwhile.

Consortia have problems of deciding whether cooperative or centralized acquisitions are more suitable considering their ability to absorb or fund the workload of a centralized service. There are also problems of dealing with differing purchase regulations in member institutions and of setting up communication and decision mechanisms that allow for efficiency and a sense of equity among all the participants. Some institutions have options of: (1) joining larger centralized processing services, (2) purchasing commercial processing, or (3) going it alone. Decisions can be based on cost related to effect on service. Cost includes indirect as well as direct costs, and effect on service includes speed of availability of materials related to urgency of user need, as well as amount of staff time taken from mediating the collection or carrying on library-based programs supportive of the institution’s goals and important to the library’s visibility. In some cases, the institution library has no option but is, by act of outside administration, part of a larger system. In this case, the problems relate to responsiveness of the system to the individual institution’s needs, influencing that responsiveness, or being able to make suitable, on-site adaptations.

There is, of course, a great body of general acquisitions literature. There are sections in the handbooks, texts and manuals mentioned earlier that are specifically suited to institutions. MLA offers a continuing education course in this area which considers the range of situations experienced by biomedical libraries. Courses at varying levels, with varying relevance to institution libraries, are offered through other library groups, both nationally and regionally. For individual problems, the aforementioned re-
regional medical library, state library agency and public library system consultants are widely available.

SPECIAL CONSIDERATIONS

Locally produced working documents and publications may have current use, archival value, or regional or professional historical value wider than that being attended to by the producers. The institutional librarian who is visible as an acquisitions clearinghouse for these materials will be able to build ephemera files in-house and facilitate acquisitions of such materials by appropriate depository libraries and archives without becoming an archives curator in the process.

Acquisition of pamphlets is sometimes cautioned against and sometimes suggested as a suitable activity for a volunteer or service organization. If it can be acquired with a minimum of the librarian’s time, a pamphlet file does provide a valuable supplementary collection, especially for patient education. Various voluntary associations, and pharmaceutical, appliance and food manufacturers are good sources of such material; listings appear regularly in health care professional journals. Here, of course, the usual library approaches to vertical files are applicable. In one medical school library, a listing of 270 associations and companies was compiled to which requests for information about available free materials were sent. Response varied from none, to sending a requested item with no further comment on the cover letter, to supplying a catalog, to supplying a catalog with information regarding its update schedule, to putting the library on a regular mailing list. A tally of the 270 showed: 67 did not reply or do not provide free or inexpensive materials, 121 provide free materials, 60 provide materials for a price (frequently within the $.10-.50 range), and 22 provide both free and priced materials. The library technician in charge of this project believes that the proportion of free to priced material is decreasing, but she has not kept comparative figures long enough to demonstrate this. Such lists become outdated rapidly except for the very large associations and firms; a followup mailing as soon as six months later results in a substantial number of returns as undeliverable, so it will usually be more profitable to build files from recent directories and advertisements than to use published lists that are even only two or three years old. A service club with an interest in keeping the source file up to date and contributing $50-$100 a year for postage and inexpensively priced materials might take pride in such a project as its own more than it might in contributing the same time and money in a general unidentified way. Most library staffs in institutions would, how-
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ever, have to be very selective of only the most productive stable sources in order not to take time from acquisitions of other materials or from services.

The National Library of Medicine annually publishes a guide to its publications and their procurement as a supplement to National Library of Medicine News. Acquisitions of government documents as a subject in itself is beyond the scope of this paper, but they are of some importance to institution library collections. The consultants mentioned earlier and the nearest depository library are sources of information, while some institution libraries will find it useful to obtain the Monthly Catalog of U.S. Government Publications.

ORGANIZATION

CLASSIFICATION

In some institutions collections are so small that classification is unnecessary or that broad subject area divisions are quite sufficient, whether achieved by using the first level of a classification scheme or by using the term on a color-coded shelf sign with the color indicated on the spine by tape. In larger collections, a classification scheme is necessary. In the biomedical libraries, the NLM schedule seems dominant, because the other schemes (e.g., the Cunningham Classification) are no longer being revised. For collections with large mental health or education components, the Library of Congress Classification (LCC) has advantages — whether it is used exclusively or coordinated with the NLM schedule. Where the clinical medicine portion is small, the use of the LCC “R” schedule may be no problem; where the basic science portion is large, the LCC “Q” schedule may be preferable to the NLM system. The Dewey Decimal Classification (DDC) is used in some institutions — and is probably the system of choice in a resident’s collection in a community where DDC is used in the public libraries which will be used by the residents upon their return to the community.

In collections for the developmentally disabled, color codes and symbols may be used for books. Realia, toys and games will be more functionally organized according to the skills which they are designed to develop rather than by name.

CATALOG

The amount of original descriptive cataloging necessary in a given institution will depend on the access to national cataloging sources or to
network processing, as already discussed. Documents produced within the institution usually can receive vertical file treatment, but may require original cataloging.

Subject cataloging consistency throughout the collection, insofar as possible, is to be preferred, i.e. the use of the same subject heading list for other types of materials as is used for books. Depth of analytic subject cataloging is influenced by size of collection and presence of a professional mediator. Where the collection is small, with the mediator usually present who is intimately familiar with it, a shelflist may be sufficient in addition to author/title listings. Where the mediator is present only a fraction of the time, a small collection may be more useful with in-depth analytics, whereas this would be unnecessary in a larger collection. Annotated lists may sometimes substitute for the author/title catalog in a small collection. Book catalogs or computer-produced microfiche catalogs may be the very serviceable choice in institution libraries that are part of a larger system. Rotating card files may be better than drawers in patient's libraries where manual dexterity is not adequate to manipulate cards in the usual cabinets.

PHYSICAL ARRANGEMENT

Whether materials should be arranged by format or with all formats intershelved by subject will depend both on space availability and use patterns. Institution libraries are small enough that distance to audiovisual equipment from any place in the collection need not be great. Thus, both with staff collections and patient education collections, subject integrity may be paramount, especially where stack space and packaging of non-book items allow for this. In many patient library collections, subject content is subordinate to activity. Here separation of various formats will be preferable — including keeping the live-animal portion of the realia in the place most suited to their health and convenient to their care, rather than next to the books about them.

One of the drawbacks to combination of resident and staff libraries is the differing activity which remains even if one group is not being restricted from access to the materials of the other. Staff may want quiet individual study space, or space for small conferences which may require some level of confidentiality. Resident libraries may, on the other hand, be expressly arranged to promote socialization and group activity; for example, a pool table can be an asset in such an arrangement (except for the very rare occasions in which the cues become weapons).

A third factor which must be taken into account in institution librar-
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ies more so than in others—although more and more attention is, and should be, given to this in all libraries—is accessible arrangement for the physically handicapped. (The ninth chapter of The Librarian and the Patient, "The Library as a Therapeutic Environment," addresses itself to this in great detail, which is therefore unnecessary to repeat here.)

USE OF THE COLLECTION

CIRCULATION

Many staff libraries in institutions allow 24-hour access to the staff library by controlled access to the key. This necessitates an honor system for charge-outs in off-hours, and a system simple enough to be used as self-charge by someone in a hurry to return to the unit.

Policy must cover the use of resident library materials by staff and the use of staff library materials by residents. The reasons that this must be spelled out have been covered in the section on selection. Here it need only be affirmed that no matter how restrictive (for whatever reason) the policy is, materials should be circulated from on-campus sources before resorting to interlibrary loan from outside sources.

Fines for overdues are not applicable in these libraries; however, responsibility for replacement of lost materials, and for securing the return of or sharing of materials when others need them do require policy. In the staff library, peer pressure is generally more effective than librarian pressure. Fostering, in deed as well as word, the idea that the collection represents an important working tool for the institution which requires responsible care is most effective. Confidentiality of reader records within the institution community may have to be relaxed to allow sharing of an item by staff members having simultaneous but not constant need for it. Responsible followup by the librarian should keep staff, whose attention is absorbed elsewhere, from forgetting that they have library materials in their possession, and from depleting the collection of material necessary to answer questions within the library. Materials from other places need to be returned as agreed. Beyond this, there is little justification for regulation. In the resident library, return may be dependent on the librarian’s rounds, or may be part of therapeutic habit-building; emotional dependence on a particular item may need to be respected until a personal copy can be secured. Flexibility is the operational approach in circulation policy in institutional libraries, but underlying assumptions bear clear statement so that consensus among librarian, funders and users gives firm purpose the parameters within which flexibility can comfortably be granted.

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Replacement of lost materials generally is requested of staff, but policies of library clearance before final paycheck issuance vary widely. Replacement of lost materials generally is not required of patients (signifying their dependent status), and in contract arrangements is frequently not required of the institution responsible for care, either—for the very good reason that an administration only lukewarm to library service to patients might well refuse service from the library agency if it had to assume responsibility for the materials. Practice on this point varies. The appendix of *The Librarian and the Patient* has contracts and agreements which illustrate various approaches to avoiding abuse and figuring some replacement cost as normal operating expense. The point is made that the goodwill generated by service to patients may generate gifts sufficient to offset losses. Returns from discharged patients seem to be facilitated by good relations with the nursing staff and book boxes in the units, more than by business-office library checkoff systems (although these have sometimes been used in long-term institutions where turnover is not too great). In wards where destruction of materials is somewhat the rule, expendable collections of gifts are used, with replenishment the only circulation activity.

SPECIAL METHODS OF CIRCULATION

Book-carts, mail delivery, bookmobile stops at specific institutions, bookmobiles with special lift apparatus for access by the handicapped, deposit collections on closed wards, or rotating collections for infrequently visited facilities are all specialized circulation ways of serving those in institutions without libraries or those who cannot get from bed or ward to the institution library. There is, again, a large body of journal literature with summaries and principles given in the books already cited. The main guiding principles seem to be: (1) personal contact with the user adds values beyond the delivery of the item or its passive presence; (2) where a small collection is catered to an individual or small group of individuals, selection needs to be tailored closely to that individuality; and (3) materials should be brought to the bed patient as a refusable service, not as a burdensome intrusion.

ROLE OF THE LIBRARIAN

This is a personal statement this writer makes from a dual background: that of provider of health care apart from libraries, and librarian apart from the health care scene. There are ethics and legal responsibilities regarding personal freedom, professional responsibility and confidentiality
in each profession. In some ways these are at opposite poles in underlying assumptions. The library profession stands for personal freedom to seek information without labels, and without being labeled, and promotes an ideal of access to all of the human record, governed in the final analysis only by the individual's autonomous seeking and desire to know. The health care professions have stood for an ideal of "do no harm" and of having correct knowledge to apply to an individual who has, at least temporarily, surrendered or been deprived of some autonomy. The individual is in a different relation to each, and one of the strengths of the institution library has always been that it brought something of the outside into the institutional setting. The public library across the street from an institution represents one end of a continuum, with the health educator or bibliotherapist who is a full member of the health care team at the other end. There are different assumptions on the part of the health care team and on the part of the patient about roles relating to safety of revealing information, expectations of boundaries of confidentiality, responsibility for outcome, protection, and control. The institution librarian is somewhere in the middle of this continuum and needs clarity within, and explicit explanation without, so that both the patient and the staff know where he/she stands and how far he/she is willing to go. It is also important that the librarian and the staff understand what will be lost to the patient if he/she goes, or is required to go, all the way to the health care team side without leaving someone in the library to mind the shop as a professional librarian only.

A particular incident in this writer's experience in a mental hospital library brings this problem into focus. A female paranoid patient spent much time sitting in the library staring at staff in such a way that staff members had a somewhat uneasy feeling of being spooked. Her reading tastes were in the occult. One day she made a specific request for a book on witchcraft which was listed as a reference in a parapsychology book she had been reading. As librarian, I felt obligated to send the interlibrary loan request to validate our claim to be operating a good public library service in the institution. As a nurse, I knew that witchcraft is not a particularly apt bibliotherapy prescription for paranoid schizophrenia. Therefore, I felt obligated to clarify the situation to the health care team. I went to the counselor and explained that, should he see the patient with the book, he should be aware that she had it because her request had been respected and not because she had been "reader guided" into choosing it, and that he would be notified if and when the book arrived, if he wished. It was expected that he deal with her use of the book, not with
her right to have her request respected by the library. He agreed that the book should be given to her without his prior censorship, agreed to keep his relating to her around her use of the book, and thanked me for the forewarning. What happened next was not predicted or controlled; it came as a serendipitous gift. This particular system had a good interlibrary forwarding and report-back procedure; thus, at regular intervals, the patient was informed: “Your request arrived at the state library. They didn’t have the book, so it has been forwarded to the Bibliographic Center”; “The Bibliographic Center received your request and could not fill it from the region, so it has been forwarded to the Library of Congress”; and “The Library of Congress has forwarded your request to a Canadian university.” When the book did indeed arrive from a Canadian university library, the patient had real evidence that her request had put an international library network into motion at the academic level. This writer never discussed the book or its contents with the patient, or discussed the incident with her counselor (except for the initial conference to clarify the librarian role). Some time before the request, the patient had been considered unlikely ever to be a suitable candidate for halfway house plans. A few months after the interlibrary loan incident, she was placed in a halfway house near the public library branch. It is unclear what happened on the ward because of the book, or completely unrelated to the book, to bring about this changed disposition. Nevertheless, in the library, as progress of her request was related to her (showing her the forms each time), her relationship to the staff and her reading interests became more logical and “in contact.” What might have happened if the state library had had the book and had sent it immediately cannot be determined, nor can what would have happened if the state library’s policy had been to refuse to forward requests for patients. It was fortunate, however, to have distinguished the role of librarian from that of bibliotherapist or health care provider.

A number of institution librarians have clarified their position in their own minds at somewhere midpoint on this continuum, and have found it possible to explain this position to both patients and staff—e.g., to the staff: “Up to this point I will not compromise the user’s decisional integrity and confidence even if he is a patient”; and to the patient: “Past this point I have to remember that we are in an institution and will have to share this information with the staff unless you will tell them yourself.” A number of other librarians, who have muddied ambivalence about their role, perhaps deny that there is any difference and may jump back and
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forth between the two ethics in actual practice. The plea made here is that the staff and patients not be mystified by the librarian jumping back and forth between the role of librarian and that of health care provider through information—and that the librarian who chooses to be the health care team member-with-library-skills be aware that some of the patients may still need access to libraries with unattenuated librarians. Selection, network participation, circulation, and reader guidance practice will all be affected by clarity or confusion on this role issue. Any spot on the continuum that fits both the institutional reality and the librarian's individuality is the right place, as long as all involved have the same information and are not laboring under conflicting assumptions.

SPECIAL FORMATS AND EQUIPMENT

AUDIOVISUAL EDUCATIONAL MATERIALS

Microforms are a bridge between print and nonprint media, in that content is print but method of use requires equipment not so different from that used by other audiovisuals. Furthermore, some equipment provides magnification sufficient for the visually handicapped. Space and price considerations may cause microforms to increase rather than decrease in some institutional libraries.

More usual educational audiovisual materials include films of various sizes, videotapes, slide-tapes, filmstrips, and audiotapes. The revised copyright law may affect some libraries where copying and reformatting was being carried on by their supplying system. However, the general problems will be those of expense, bibliographic control and obtaining adequate evaluation. Again there is a large body of general literature. The handbook has a full chapter with many references, and most institutions will find audiovisual specialists in their backup system, if not closer to home. Union lists of audiovisual holdings is one of the highly attractive projects for consortia, although within an institution, in-service departments may be more possessive of departmental audiovisuals than of their departmental book collection. Production capabilities exist very widely and in-house use of videotape as a teaching-therapy modality is common. Speech compressors/expanders add to the flexibility of audiotapes as learning devices. Whether audiovisuals are part of the library or a separate department varies, but in any case, "kit" arrangement (by actual packaging or by bibliographic listing which combines print and nonprint on the same subject) allows for strengthened learning.
The same formats with recreational and general content form an important part of the resident library collection, although here phonodiscs will be added, and video- and slide-tapes may not be important. Audios will not be usable by the deaf except where music rhythm comes through as perceptible vibration. Audiovisuals will be more usable by the deaf with captioning, a printed text in hand, or an accompanying sign-language interpreter in group presentations, as lip-reading is only a sometime skill among the deaf, and is frequently poorly or not at all provided for in the presentation. (Teletypewriter phone connections — TTY — may not be as applicable to the institutionalized deaf as to those in their own homes, but can be mentioned as something which may be applicable in some institutions for either staff or residents, and of which the institution librarian, especially the hospital librarian, should be aware in planning for discharge of patients newly deaf.)

Audiovisual materials may have the widest audience in an institution and form strong group activity foundations. Levels of activity and purpose may vary with a given piece, and here the skill of the librarian in guiding and assessing use may be as crucial to full utilization as is reader guidance with print materials. It is also important to consider additional languages in these formats (as in print materials) if different ethnic groups are being served.

MATERIALS AND EQUIPMENT FOR SPECIAL HANDICAPS

Since the deaf, with justification, feel they are more an ethnic group than a handicapped group, they are mentioned above, and thus separated from discussion of the needs of the developmentally disabled, the blind and visually handicapped, and the physically handicapped.

Toys, puppets, pictures, realia and live animals predominate in libraries for the developmentally disabled. Toys may range from trampolines and bicycles to very small objects. They are acquired for use in developing specific skills such as ambulation, balance, gross motor skills, fine motor skills, sensory discrimination, speech and social skills. Sources both of materials and evaluative information include the literature of early education, special education, occupational therapy and physical therapy. An important source is the American Foundation for Educational Teaching Aids (A. Daigger Co., 159 W. Kinzie, Chicago, Ill. 60610), but the library that regards this as an important source will have three file drawers of catalogs, and will search widely for the appropriate materials.25

Realia includes a kitchen with color-coded utensils and recipes; a
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tactile wall with a fascinating array of switches that light lights or cause movements; levers, catches and fastenings that can be turned, opened and closed — all against a textured cloth background (even heavy carpeting), with other textures, such as small mirrors, distributed throughout. It also includes real-life objects of many kinds, and live creatures such as fish, plants, gerbils and a rabbit. Everything is chosen for more than one level of use, if possible, but also to allow one idea to be repeated many times at whatever level. Picture files and films follow this principle, also.

For the physically handicapped, many of the above are useful aids for exercise and retraining; they may find materials for the blind useful because of problems with manual dexterity in holding materials. In addition, they may need book-holders, page-turners, overhead projectors, prism glasses, or other assistive devices in order to use regular print materials.

Talking books and braille typewriters have been well known for many years. The radio talking book (an FM subchannel broadcasting to specially tuned receivers) is somewhat newer and spreading. The local programming includes reading the newspaper and giving local shopping and entertainment information, as well as reading magazines and reading books serially. Blind users may want to have a particular talking book obtained because of missing part of the radio talking book.

Information about these and other LC Division for the Blind and Physically Handicapped programs and its research endeavors may be obtained from the regional libraries for the blind and physically handicapped. Individual equipment may be borrowed from the regional libraries also, some under the regular program for use as long as needed, and some as a demonstration unit to aid the library or individual to make a decision about purchase. The American Federation for the Blind is a source of information regarding equipment for the blind for many activities of daily living as well as for reading.

Closed-circuit electronic magnifiers, in a price range of $900 to $2000 (with attachments), have been available for some time, as has the Optacon, an “optical to tactile converter” which converts print into a vibrational pattern which the blind can feel. At least one library has reported obtaining this device. It is an expensive device, and for many people provides only slow, letter-by-letter reading. This may be very worthwhile for personal financial statements and correspondence, but is not a substitute for other methods of obtaining book information.

The LC Division for the Blind and Physically Handicapped (DBPH) is engaged in research with: “emphasis on supporting developments and refinements that result in cost-effective multiple-use devices and materials.
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...[It] also undertake[s] experimental ventures — testing applications of various technologies to determine whether they can be and should be incorporated into the Division’s program.”27 A list of projects provided by the division includes a number of user surveys and projects to refine existing equipment and programs. However, several exciting projects listed were described in detail in the HRLSD program meeting at the ALA conference in Detroit, and deserve mention here.

The Telebook project in its first phase involves transmitting talking books by telephone in the Washington, D.C. area. Phase III will include a field test in Columbus, Ohio, using cable TV transmission and FM receivers. These services would be very convenient in many institutions.

The Kurzweil Computer Products company (Cambridge, Massachusetts) is working with the DBPH to adapt a machine which now converts print into speech to convert print into braille. This machine would be for institutional purchase rather than individual purchase, because the cost would be more than $10,000, but it would allow the blind reader to read any book in a library owning the machine. This machine is not likely to be purchased by many of the libraries covered by this article, but would be of interest if located in the area.

Finally, perhaps the most exciting item is ELINGA, a cassette braille machine which is only about the size of a small book (8”x9”x2”), and which allows exposure of braille characters through a small aperture from a cassette which can then store a 220-page book equal to 6 braille volumes. Braille cassettes could be produced on demand in all libraries having sound duplication equipment, with no storage problem. Frank Cylke, chief of DBPH, informed conference attendees that 500 of these machines are now being tested, and that DBPH hopes eventually to be able to supply one for each braille-reading person in the country.28

References

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28. This entire session of the ALA Detroit conference, which included other reports from libraries and from commercial firms producing equipment, was taped and is available by sending three 60-minute blank tapes to Grace Lyons, District of Columbia Public Library, 901 G Street N.W., Washington, D.C. 20001.
An Overview of Public Library Services to Institutions

CLARA E. LUCIOLI

The task of gaining a clearly focused overview of services provided by the public library to institutions is like looking for planets in the universe of constellations. Here and there a few bright lights shine steadily, but many librarians involved in this field are too busy to publish: "To survive, one must be part octopus, part greyhound."1 Others, new to the work, may feel too inexperienced; e.g., "I have notes and mental notes... Attempting to publish something like that would be a totally new adventure for me."2 Frequently, the use of the word institution in the literature refers only to correctional institutions; more often, however, the search leads one into a great Milky Way, where the record is scattered in the nebulae of "outreach."

Outreach is used as an umbrella word to shelter all sorts of programs. Brown3 defines it as the area of public library service to the disadvantaged, which covers service to illiterates, minorities, migrants, economically disadvantaged, those with language barriers, along with the ill, aged, handicapped and institutionalized. In organizing the Midwest Library Outreach Cooperative in early 1977, the Outreach Round Table of the Missouri Library Association adopted a definition notable for its emphasis on people, rather than on agencies or buildings:

library services to shut-ins, to patients in local and state medical facilities for the aged or mentally handicapped; to children who because of geographic, family, or other circumstances do not have ready access to libraries; to people confined in local correctional and detention facilities; and to people who, because of their occupations, have limited access to library facilities.4

The most succinct definition is that of a Rhode Island librarian: "Out-

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reach is doing more than just standing in the library waiting for someone to come in." When "the institution library itself is striving for its place in library literature," it is not surprising that the unique factors of service from its public library partner must be identified and sorted out of reports dealing with the homebound, handicapped, aged and disadvantaged. For the purpose of this paper, in accordance with the direction of the issue editor, services to correctional institutions and short-term hospitals will be omitted, and work with the handicapped and aged in group settings will be examined.

Two publications of the 1970s offer guidance to the field. First, Brown’s *Library Service to the Disadvantaged* contains an enormous amount of information, philosophy of service, bibliographies and a broad coverage of program examples; the planning and operational techniques of service to institutions are discussed according to type of disability, and with specific suggestions for the public librarian. Phinney’s *The Librarian and the Patient* is a landmark compendium of the principles of librarianship as they relate to the nature of each individual patient’s needs and to the objectives of the total care program of the institution. Of the various possible arrangements between the local public library and the institution, Phinney lists the following as typical:

1. The public library may provide deposit collections only [as defined in ALA’s *Standards for Library Services in Health Care Institutions*, p. 10] staffed by institutional personnel and/or volunteers, who are responsible for circulation of the materials within the institution.
2. The public library may set up a library unit within an institution to serve both personnel and patients, providing both walk-in and book cart service.
3. The public library may extend bookmobile service to institutions within its service area. Equipment can include hydraulic lifts to accommodate wheelchairs and book carts so that nonambulatory patients can be visited.
4. The public library may extend interlibrary loan services to established libraries maintained by personnel attached to the institution’s staff, and funded by the institution. This service may be limited to filling requests for specific materials, or enlarged to providing supplementary, frequently changed loan collections.

Phinney also cites numerous examples of practice throughout the text and appends descriptions of the different library services which are
made available to area health-care agencies by seven public libraries and library systems. They are: Chicago, Detroit, Cleveland, Toronto public libraries, and Nassau County, Daniel Boone Regional, and Pierce County library systems. "These are given not as exemplary programs but because of the variety of approaches and situations they represent, and because they illustrate many of the principles and practices" discussed in the book. Together, these two publications cover almost every type of institution milieu and choice of library service patterns.

Professional standards and statements of goals and objectives have long defined the public library's role in serving the institutionalized; both Yast and the New York Library Association agree that these are interpreted to mean provision of facilities with ease of access, new techniques of service, specialized materials, staff with special competence, and financial support. These standards are designed for implementation by public library systems. In practice, as a carryover from the old LSCA Title IV division of funding into two categories (work with the blind and physically handicapped and work with state institutions), the former tended to become a responsibility of local public libraries as LSCA grants enabled many of them to reach out to local health-care centers, nursing homes, hospitals, day care and workshops for the handicapped, and housing for the elderly. Standards for service to state institutions, included in the ALA Standards for Library Functions at the State Level, must be implemented by the state library in coordination with other libraries.

In his introduction to the report of a study of cooperation in Ohio, Joseph F. Shubert repeats the questions asked by the Ohio State Library Board and its Advisory Committee for Institutional Library Services: "Is there unnecessary duplication of collections between institutions and public libraries in the local service areas? Can the public library adequately meet the needs of the institution population with its materials, services and programs?" In the study, Lucioli reminds the committee of the common practice of locating large institutions in rural or semirural settings and populating them with a clientele from urban centers, people with different cultural backgrounds: "The nearest local public library, frequently underfinanced and understaffed, with a collection geared mainly to the interests of families and workers in a small community would be 'hard put' to stretch its holdings to meet an institution's library needs." Nevertheless, in spite of limitations and the barriers that exist, many public libraries maintain cooperative relationships with state and national institutions. Again, in Ohio, borrowing from the local city, town or district library has helped in emergency situations when the institu-
tion's population has changed in age or type of resident, e.g., with the development of geriatric units in long-term mental health institutions, or with the shifting of juvenile retardates to depopulated adult facilities. The institution librarians, without means to acquire appropriate materials quickly for the new patrons, turned to local public libraries for juvenile books, large-print editions of adult books, audiovisual materials, and any available program aids of storytelling and films.

Aside from obvious needs in emergencies, if institutions have their own libraries, what do they need from others? Barnard has listed five kinds of service normally requested in North Dakota: reference, interlibrary loan, consultant, bookmobile, and deposit collections. From responses to her questionnaire, those services offered by public libraries can be tabulated: interlibrary loan (7 libraries), reference (2), and bookmobile (2). Thus, some public libraries of North Dakota help to expand library resources for the mentally ill, retarded, blind, deaf and elderly in soldiers' homes, and for the criminal and delinquent wards of the state. The key to regularizing this type of outreach is a state plan to meet the standards mentioned earlier, a plan to coordinate the institution library program with both total efforts of the state library and those of other agencies. The state plan would need to develop policies and procedures for the use of collections and services of other libraries to supplement the institutional library collections. Barnard makes an urgent plea for the State Library of North Dakota to move into the pivotal position of a state plan, while Lucioli recommends that the State Library of Ohio promote and, if necessary, fund the cost of full membership of institution libraries in Ohio's multicounty cooperatives: "Services, now informal, would be legitimized so the institution library can become an active part of a network."

The tripart system has worked well in several states, notably in Washington, where state, institution and public libraries contract to equalize and to make available meaningful quality library services to people behind the barriers. Unfortunately, the comprehensive Pierce County program described by Parks was in jeopardy in the summer of 1977, when Washington ceased making contractual grants to public libraries. Parks warns that because of serious cutbacks, funding problems, and the ebb and flow of LSCA, social security and revenue-sharing monies, cooperative outreach to institutions has an uncertain future unless public libraries can absorb the cost of the program.

The incentives provided by state library grants from federal funds give testimony to the influence of seed dollars when public libraries ab-
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sorb costs and continue services to local institutions. Where these funds have also been used for in-service training, institutes and workshops, librarians have become aware of the broader implications of "service," especially when institutional residents have been part of the learning process. Conversation, listening and responsiveness, services one would give the patron within the walls of the public library, make the dusty deposit collection a futile gesture; building an entrance ramp does not necessarily provide equal access to all. In 1974, 81 of Ohio's 249 public libraries reported that they were serving local city and county institutions or were willing to do so; in 1977, the number increased to 192. This growth relates directly to the workshops generated by the library development consultants of the state library and the creative suggestions and information disseminated in the bimonthly news sheet, "Ohio Libraries Reach Out to the Handicapped." 

In the catalog Library Programs Worth Knowing About, gathered from a sampling of ten states, thirty programs originally funded by USOE and LSCA grants are highlighted and described. Six of these are designed to meet the diverse needs of handicapped, institutionalized people in a variety of ways:

1. **Deaf Awareness** — provides information, bibliographies, consultation, books relating to the hearing impaired in thirty New Mexico public libraries, and state library bookmobiles, ultimately to benefit the residential New Mexico School for the Deaf students and those in five satellite preschools by making easily available material that will help them and their families adjust to and accept the handicap.

2. **Enlite** — aims to serve the elderly in individual and group living quarters within the target group of economically disadvantaged and socially isolated in Newton, Kansas. Service includes individually selected books delivered through visits and by mail, specialized events and programs, such as genealogy workshops, literature reviews, films, income tax assistance and training. Older adults serve as resource persons for children's interest groups, mothers' discussion seminars, and adult literature groups. "No other new program initiated by the library has received as much positive feedback."

3. **Hand Up, Not a Hand Out** — "Services to disadvantaged persons in the 13-county North Central Iowa Region consist of Books-by-Mail, Spanish materials, audio-visual materials, and the Books-on-Wheels program. Persons in health-care facilities, day-care centers... are served in various facets of the program."
4. **Special Delivery** — Large-print books, magnifiers, books-by-mail, and audiovisual materials for handicapped persons residing in nursing homes, retirement centers, Handicap Village, county homes, and for other nonusers. Covers the 13-county area of the North Central Regional Library System, Mason City, Iowa.

5. **Reach Out and Grow** — Residents of nursing homes, retirement centers, and apartments for the aged; the homebound; Headstart; several groups of mentally handicapped adults and children are provided with large-print books, films, cassettes and story hours. Serves as a resource center for approximately 5000 people, the educationally, socioeconomically, and culturally deprived in Clay County and the immediate surrounding counties. Headquarters are in Spencer Public Library, Spencer, Iowa.

6. **Two Approaches to Library Service for Preschool Children and Senior Citizens** — A Fort Worth (Texas) Public Library outreach program, it extends services to these groups in designated areas “for those whose lack of mobility generally precludes their use of a fixed-location library.” Programs are held in day care centers and senior citizen centers, a bookmobile serves inner city people, and transportation is provided for those in two branch areas.

Two other programs originally funded by LSCA grants to urban libraries illustrate the adaptation of traditional bookmobile practices to older persons in group homes:

Toledo-Lucas County Public Library has a 14-foot GMC van which has been converted by the library's carpenter shop. It has a TODCO hydraulic lift in the back. Most of the stops on their 4-week schedule are at nursing homes and senior housing units. The few persons who can go to the van are encouraged to do so. They deliver books to others in a variety of vehicles, including a book cart with special wheels which makes it easier to steer over thresholds and a metal shopping cart which isn’t too heavy, when filled with books, to lift up a flight of stairs.

The bookmobile at the Cleveland Public Library is called the “Senior Bookshelf”; it was especially designed by Gerstenslager Co. to serve the elderly and has a hydraulic lift to accommodate persons who can’t manage the steps. The Senior Bookshelf goes to nutrition centers for the Elderly Meals Program, and to the large Metropolitan Housing apartment enclaves for housing the elderly poor every two weeks, uses volunteers to publicize its services,
and has an advisory committee whose members include older consumers, recreation and social workers experienced in work with the elderly. Both bookmobiles carry an assortment of books to please their readers' tastes, large print books, magnifiers in a variety of styles, records and cassettes. Toledo loans super-8 films and projectors to nursing home administrators. Cleveland has a "Granny" collection of books for entertaining grandchildren, a few games and puzzles, and materials in foreign languages. Mr. John, Cleveland's driver, is a man of many talents: he speaks several languages, to the joy of some of the Bookshelf regulars; and he shows films at some of the stops. In both bookmobiles, the staff consists of a librarian, a bookmobile driver, and a clerk.27

Although federal-state funding has supported strategies to reach the nonuser and, in so doing, benefited the institutionalized, many public libraries have traditionally included such programs in general budgets as a natural extension of service to all citizens. They have long taken the same direction as recommended in The Cecil County Library System — A Portrait of the Present and Directions for the Future. In planning for the future of a small library presently serving a population of 55,000, the surveyors noted that: (1) basically, the current users are young and from families of average or above-average income who make up the 10-15 percent of the population most often served by public libraries; (2) "some 55 percent of the County's householders did not use the library at all in the year surveyed"; and (3) the intensity of consumption of library services and proportionate number of users may be increased by...increasing the bookmobile operations and/or offering books-by-mail; increasing the size and variety of branch book collections, especially those items with high circulation volume; provide a quarterly library bulletin to all households with information on new acquisitions, hours of operation, bookmobile schedules, etc.; service to shut-ins, senior citizen centers, hospitals and prisons. ...The problem is not so much dissatisfaction with service...but rather indifference. By lessening the constraints to consumption of library services, many residents may discover what they have been missing, and valuable library services and resources will begin to be utilized to their fullest potential.28

One cannot help but comment here that although the planners bring in the services to the institutional patrons at the end of all other projected
activities (the usual place), the response will never be indifference. Some insights can be gained from a few ongoing programs recently integrated into the structures of public libraries of varying size.

LARGE URBAN LIBRARY

The headquarters of the Special Services Division of the District of Columbia Public Library is housed in the new Martin Luther King Memorial Library. The division has as its objective:

The delivery of services to all those living in the District of Columbia or in institutions housing District of Columbia residents who cannot read regular print or visit their local public library. These services include information programs as well as delivery of reading materials in formats accessible to the blind, handicapped and home-bound. In April of 1973, Special Services opened its door with most of its funding from LSCA for twenty-three positions and operating costs. As of April 1, 1975, the District of Columbia Public Library was funded by Congress to assume these expenses through regular budget.29

The division is organized into three main programs: (1) it serves as a regional library for the blind and physically handicapped, with a projected clientele of more than 5000 persons; (2) a homebound program, with a potential clientele estimated at 35,000 persons; and (3) a service to the institutionalized (who number over 12,000) in the District of Columbia. The Chief of Special Services reports:

The Librarian for the Homebound is currently surveying all [18] D.C. accredited homes for the aged to evaluate present programs, complete an Institution Fact Sheet on each, identify individuals in each facility who wish direct homebound service, and tentatively decide upon which of three programs are appropriate for each institution. Factors such as the availability of volunteers on site must be considered. Volunteers were noted as "scarce" on one of her sample Fact Sheet reports, a situation now acknowledged by many large city agencies that depend on volunteer help. [There are] three program formats: small book deposits rotated every two months; regular visits to individuals in facilities; regular book-cart and package programs, i.e. films, filmstrip/film/record programs, which could be developed and then turned over to volunteers for continuance.... The Librarian for the Homebound and the Librarian for the Blind and Physically Handicapped have developed
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a combined program approach to service to homes for the aged; they share the development of volunteer training, visit individuals referring them to each other as each librarian's skills and knowledge seem more appropriate to that individual's reading needs.30

Although the position of adult institutions librarian was vacant at the time of the report, the flexibility of Special Services Division staff made possible the implementation of programs in many types of agencies, including those in federally funded hospitals, residential and correctional facilities. The librarian for juvenile institutions carried an active schedule of storytelling, film and discussion programs, book service and talks, with an attendance of 11,698 children during the year. Excerpts from the FY 1976 report give only a partial index of the division's many and varied activities, working relationships, publications, and range of resources. Although in existence only three and one-half years, the integrated, centralized organization has not only made a successful impact on the community of the handicapped and institutionalized, but also on the consciousness of the entire community, thereby creating a wider comprehension of the special needs of this clientele and the public library's excellent resources of materials and skills to satisfy them.

AN INSTITUTION IN SUBURBIA

A program originating in the Fairview Park Regional Library of the Cuyahoga County (Ohio) Public Library System reaches some 162 trainable mentally retarded adults in the Rocky River Adult Training Center. It was developed by a staff member who attended the 1975 HELP Workshop31 and had done some reading in the field of retardation. She visited the center to talk with counselors and clients, and held one meeting with colleagues in the library in anticipation of training center class visits, to acquaint them with the purpose and procedures. In talking with clients of the center, the librarian recognized that the greatest interest expressed was in visiting the library; after this was accomplished, the librarian arranged to make regular visits to the center "to be able to reach more people more frequently and provide exposure to more printed materials." In her plan for becoming acquainted with patrons, the librarian hoped to be able to read the background records of clients, but these were confidential; later, she found it was not necessary: "As I came to know each trainee, I became aware of individual interests, needs, capabilities and limitations sufficiently well for my purpose in library programming and service."32 She routinely accepts subject requests and informally notes reactions to what is offered.
The project now provides for weekly visits to the Fairview Park Regional Library with very good cooperation from the staff at all levels. A busload of trainees arrives every Friday and each new group has an initial tour of the building. Some of the trainees have physical problems, but all are able to manage. Programs vary; there are film showings, filmstrips, some storytelling, and chalk talks. The response to films is excellent when they are well chosen and allow for discussion; supporting realia help, as do displays with simple book talks; chalk talks are more popular than stories, although the response varies. Music and recordings are used; songs are awkward. Discussions focus on subjects of general interest or concern and are designed to promote understanding, better self-expression and communication, social skills and shared enjoyment. Reading interests are varied; some read a good deal, and subjects such as pets, sports, machines, and television, movie and music personalities are always popular. Some of the training center staff are regularly consulted and a marked improvement has developed in staff interest, with varying degrees of involvement and helpfulness. Individual contacts, circulation of materials, books and magazines take place at the center when the librarian makes her bimonthly visits. At first, there was one great rush for books after lunch, but now each of the ten groups making up the entire body is seen separately. Each trainee shows an identification card, signs his or her name and has a brief talk with the librarian. Information and reference service by telephone is not feasible, because many trainees have difficulty using the telephone. Fear of losing books, once a real problem of the center staff, still seems to worry the trainees. Few of them have been encouraged enough to come to the library individually.

A similar program in Berkeley Heights, N.J., developed by the public library for the retarded adults of the John E. Runnells Hospital First-Step House, has used videotapes to help them to acquire life skills: "Adults visit the library regularly and create their own programs while also participating in scheduled library activities."

THE TOWN LIBRARY'S PLANS

The plan of the Grove City (Ohio) library has several notable aspects. First is the goal to increase visitation from one to two days a week to meet the expanded growth of the local hospital and give special attention to the new geriatric division, and to make more use of the library's demonstration talking book machine with long-term patients who qualify.

A second goal is to set up several planning sessions with occupational
therapists in the local nursing home to assist the therapists in an endeavor to begin a new remotivation program. Continuing ongoing work of special bedside service is to be available to individuals, as are a rotating deposit collection in the home's occupational therapy room, a monthly movie day for all residents, and a special technical collection for the nursing staff. In addition, the library program hopes to reach new readers and give assistance by being part of the remotivation gatherings. Effort will be made to educate the residents about the equipment aids available, e.g., large-print books, Ednalite lens, and talking books. Also to be scheduled are book reviews, slide presentations and puppet shows.

A third goal involves initiation of new library contacts with two large remotivation agencies of the county. These agencies cater to children and youth and infrequently use the library. The staff will try to develop new rapport for better library communication with their residents. After six months of preparation and planning, this has resulted in the establishment of a deposit collection at the county children's home of 400 excellent paperbound books. Old donated books were discarded and hauled away, the shelves scrubbed and polished, and wall areas brightened with posters. A circulation system was worked out that was approved by the home, and new books were purchased to encourage interest in reading. Service to the other county institutions, housing fifty boys, was not initiated because the boys now come to the library each week and enjoy the outing as part of a reward system.

RURAL INSTITUTIONS REQUIRE A FOOT IN THE DOOR

Millersburg, Ohio, is the center of numerous psychiatric nursing homes where farm women find steady employment caring for retired and ailing refugees from the cities. Like librarians of Arizona when the Sun City-type of resident appeared in ever-increasing numbers, the librarian of Holmes County Public Library in Millersburg knew that climate, scenery and security are not enough to sustain life:

It was a long hard pull to get started at the Castle Nursing Homes, their staff was busy and reluctant to add the responsibility for books to their duties, and all manner of obstacles and delays ensued. However,... the Recreational Therapist arranged for our visits to three homes and introduced us to the patients and staff. This was in November and, as these visits proved successful, two more homes were added.85

In 1976, the number of homes visited increased to seven, and a part-
time staff member and one volunteer are now in charge of book selection and visits. Homes are visited once a month and patients are assembled to meet with the librarian to exchange or renew books. Books not borrowed are returned to the library, because there are no facilities for them. This, in itself, removes one cause of friction with the staff. A different procedure is used in a large home, where residents in private and semi-private rooms receive book-cart service and personal visits.

The library in Millersburg displays paintings by local artists; already the outreach librarian, who has great empathy with her clientele, has brought in drawings and paintings of one patient and arranged a display pleasing to the artist and library patrons alike. As a final triumph, the library moved one of its branches to the premises of a new retirement home in Walnut Creek, an area and resident population not yet served.

THE FUTURE OF PUBLIC LIBRARY SERVICE TO INSTITUTIONS

There is no doubt that an ominous thread of uncertainty runs through the record of the public library's venture into the space of outreach. At its board meeting in July 1976, the Health and Rehabilitative Library Services Division of ALA noted that large urban public libraries are experiencing special problems and needs. Such libraries serve large numbers of elderly and physically handicapped persons and people with social and economic needs who require specialized library services; these services are frequently the first to be cut back during financial and other crises. HRLSD passed a resolution urging Congress and the president "to provide special financial assistance to those urban areas over 100,000 population which have demonstrated need to permit them to purchase adequate library materials with which to maintain local services to a high caliber and also to remain strong resources in national and state interlibrary networks."

In addition to the threatened loss of financial support, there is also fear of weak administrative and professional commitment. The "Outreach Issue" of the Rhode Island Library Association (RILA) Bulletin explored the dangers in some detail through interviews with experienced professionals. Stephanie Kirkes posed the problem of outreach service cutbacks in some libraries because of economic crunch. She asked Carlton Rochell in an interview if this area was important to continue and whether cutbacks should be made elsewhere. He responded:

Hindsight availeth little, but the mistake that was made from the funding sources, primarily the federal government in many cases, right on down to and through the local public libraries, is that
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outreach services were always treated and structured and funded as something extra. . . . These programs, because they were not institutionalized, so to speak, and not looked upon as bread and butter services, are the first to go. I think that’s a sad commentary because the basic tenet of the public library . . . is that [the services] are supposed to be for all the people. . . . Until librarians themselves are trained and philosophically committed in the direction of outreach services, it’s almost a hopeless task.37

In an interview with Susan Reed, Cathy Compton, Senior Awareness Librarian, reported that the Senior Awareness Program was originally funded by a United Way grant to bring library materials to Class II nursing homes. It was later funded from Northern Interrelated Library money through the Pawtucket (R.I.) Public Library, with those funds expiring June 30, 1977. Asked for her ideas on the outreach programs designed to meet the needs of residents of nursing and rest homes, and whether or not the program was an idea whose time had come, Compton responded:

Most elderly people in nursing homes or rest homes . . . have had very little throughout their lives but have worked very hard. They have very little means of support . . . because their job categories were often not covered by social security. It seems to me that those who control the community’s resources have an obligation to these people to make their lives better now than they have been in the past. Nursing home residents should be entitled to book and film services that the library can provide. After all, they paid taxes too. It is something that all libraries will have to do eventually. . . . In 2030 the percentage of people over 65 could be as high as 50%. Libraries are going to be forced into establishing outreach departments to serve the elderly as their numbers and political awareness increase . . . the elderly vote. Their record in voting is, as a group, one of the highest in the U.S. . . . They will be far more vocal than other impoverished minorities.38

Compton believed that through service to the elderly, outreach would prove itself; once part of the public library structure, movements to serve others would also be funded in the regular budget.

In discussing four possible alternatives for the future of the public library, Casey suggests that one alternative could be the library as a rehabilitation center:
The library with mission to the institutionalized...one public that nobody else is in any position to serve. These commonly are not people who have professional libraries at their disposal. These are people who have nothing—no access to the human record unless we as public librarians choose to provide it for them. Again this is not a new idea, many public libraries are offering some measure of service to one or another of these groups....We are going to have to do a great deal of rethinking and restructuring of our library services...to provide a truly meaningful service...to these people who are really locked away in a variety of ways from using our agencies as they presently are.30

To meet such a challenge, Thompson underlines Luckham’s opinion that the librarian of the future will go out into the field, creating relationships, activities or groups which do not occur spontaneously, but which will enable the library to benefit all sections of the public, disseminating cultural traditions more widely, and in fact becoming a positive social force within the community.40 Thompson added that libraries can be powerful instruments of social and political change, but that the obstacle is the bureaucratic orthodoxy of the library profession itself.

Mathews sees one of the great challenges and great glories of the public library as its huge effort of the past ten years to enlarge the user pool across the social, educational and economic lines: “The challenge now is to use what has been learned....Some people may wonder if public libraries are only trying to ‘do more’ for the nonusers...the poor, the handicapped and others....This is emphatically not the case....They have tried to gear [their services to] a huge new clientele, while continuing to give good services to their traditional clientele.”41 Mathews cites as an example the Tulsa Public Library’s extensive program of specialized services to shut-ins, nursing home residents, the mentally and physically handicapped, and people with learning disabilities; to these the Tulsa library also added a supplementary project of information and recreation for the aged.42

The emphasis of integration of outreach to the institutionalized into the context, and as a genuine part, of total regular service patterns finds its best expression in Mathews’s forceful statement:

These user-oriented programs for the yet-to-be-reached users must have specific commitment in terms of planning and the setting of objectives, but they must not be seen as add-ons, apart from the “real work” of the library, the system, or the network. The over-all
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implication is that there is, and must be, in the making a whole new way of conducting all library service for all user groups — those who constitute special challenges and those who do not.48

Seven hallmarks of quality library service sum up all that is required to bring public library service up to its full potential, but the essentials are:

1. Humaneness, acceptance, respect, concern for all users in dealings that all library workers — professional and otherwise — have with them;
2. Willingness and ability to take programs and services to people where they are and where they need them, in every sense: physically and psychologically;
3. Materials and equipment in all formats that are geared to the handicaps, sensibilities, interests and abilities of those who want to use them.44

At a time when there is growing alienation from the printed word and a daily impoverishment of language itself, the star of the public library would seem to be on the wane. Service and commitment to the institutionalized have shown no great stellar attributes; the here-and-there, off-again, on-again treatment resembles more the flickering of a light bulb with a loose connection. Surely the opportunity to strengthen light is offered by increasing public library service to these individuals to give them the support of knowledge and imagination throughout their lives and especially when and where circumstances place them outside the traditional library orbit.

References

2. Ibid., July 24, 1976.
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24. Ibid., pp. 54-55.
25. Ibid., pp. 44-45.
26. Ibid., pp. 60-61.
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38. Ibid., pp. 9-10.
40. Thompson, James. Library Power; A New Philosophy of Librarianship.
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42. Ibid., p. 92.
43. Ibid., p. 158.
44. Ibid., p. 159.
Education for Institutional Library Service

GENEVIEVE M. CASEY

"Institutional library service" as considered in this article will include service to residents and staff in institutions for the physically and mentally ill, the developmentally disabled, the aged, the abandoned, as well as to those in prisons, jails and other correctional institutions. It will include federal, state, county and local institutions, private as well as public. Although emphasis will be given to long-term care institutions, general hospitals and jails will not be excluded. Library service administered by state and public libraries and library systems, as well as services provided by institutions themselves, will be included.

The term education will cover professional preparation for institutional library service on both the preservice and continuing education levels. It will include education carrying graduate credit, noncredit workshops, in-service training by state and public libraries, and activities of library associations.

Although too many institutions and too many libraries imagine that library service can be provided by unattended (and often ill-chosen) collections, this article assumes the central importance of qualified staff to the quality of institutional library service. As Rittenhouse wrote in his article on "Prisoners, Patients and Public Libraries," "without a personable, sympathetic, and competent staff member at the point of contact with his patrons, no amount of provision in top quality facilities, collections, and programming will succeed." Again, as House stated in Adult Leadership, "The staff itself is of utmost importance in the development and growth of the corrections library."

This centrality of the librarian to quality library service is recognized in the various standards articulated by professional associations con-

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cerned with institutional library service. "A qualified, competent professional librarian is the key to any successful program of library service," states the *Standards for Library Service in Health Care Institutions* approved by American Library Association, and the Catholic, Medical and Special library associations:

These concepts of library service [upon which the Health Care Standards are based] imply that an academically and professionally qualified librarian will be responsible for administering an institution's library programs. Where the level of need for service does not require the full-time employment of a professional librarian, the following should be considered:

1. the use of consultant service or supervisory personnel,
2. the pooling of resources and the sharing of services by two or more health care institutions in a geographic area, and
3. service supplied through a regional library system.³

The *Standards for Library Service for the Blind and Visually Handicapped*, now being revised by the ALA Health and Rehabilitative Library Services Division (HRLSD), recommends for state and regional libraries for the blind and physically handicapped: "an administrative librarian plus one professional staff member for each 750 registered readers, and additional professional staff as needed." The standards require that regional libraries "employ professional staff members who are graduates of an accredited library school and/or meet state library certification," and that they "recognize the importance of professional library experience with readers and of personal qualifications for competent performance."⁴

The *Minimum Standards for Public Library Systems*, in its consideration of library service to "individuals and groups with special needs," emphasizes the necessity for "staff with special competence."⁵ The *Standards for Library Functions at the State Level* acknowledge the obligation of the state library to provide state institutions and state agency personnel responsible for them with "continuing and consistent advisory and consultative services ... including participation in in-service training programs for library staffs."⁶ The chapter on library services, issued by the American Correctional Association as part of its *Manual of Correctional Standards*, states: "Undoubtedly the most vital element of good library service is the librarian and library staff. Without the knowledge and skill of a trained librarian, the other essential elements of a library cannot be achieved."⁷ Such underscoring of the importance of qualified personnel could be multiplied from numerous standards and guidelines.
Education for Institutional Service

What are the special insights, skills and personality characteristics necessary for the institutional librarian? In the first place, institutional librarianship is interdisciplinary in nature. In order to function as part of the institution team, the librarian must possess a minimal understanding of the other disciplines in the institution in addition to his/her own professional skills. Ruth Tews, formerly librarian at Mayo Clinic in Rochester, Minnesota, underscored this point in a speech on "The Role of the Librarian on the Interdisciplinary Team," delivered at an adult services institute at the University of Wisconsin at Madison. "Planning library activities," she said, "involves inter-team collaboration."8 She called for a preservice curriculum designed to prepare the institution librarian to participate in the "remedial, therapeutic, and rehabilitative care of the individual"; such a curriculum, she proposed, must include a "balance of the behavioral and biological sciences . . . in addition to library techniques and an extensive knowledge of literature."9 Arleen Hynes, speaking from her experience as a librarian in a mental hospital, stated: "The librarian interested in bibliotherapy needs courses in psychology and literature in undergraduate and continuing education, as well as courses in group dynamics."10 Ruth Tews and Arleen Hynes view the interdisciplinary team from the standpoint of hospital librarians. For a librarian in an institution for the mentally disabled, other disciplines might include occupational therapy, nursing or social work. For a correctional librarian, the need might be for a background in criminology, educational psychology, recreation, and adult basic education. In prisons especially, but potentially in all institutions, the Supreme Court decision of November 1971 (that indigent prisoners have a right to adequate law libraries) is requiring of librarians the skill to select, organize and retrieve law materials.

In addition to having ordinary library skills (and some not-so-ordinary skills in law librarianship), and at least a measure of academic/theoretical grounding in other relevant disciplines, the librarian needs, in order to function as a productive member of the institution team, a practical understanding of how specific institutions function — where the lines of authority are, how the various services of the institution relate to each other, what the written and unwritten rules of procedure are. Some sophistication and sensitivity in this area, which can only be gained by on-the-job experience and training, can be crucial. As Clara Lucioli, pioneer director of Cleveland Public Library's institutional service, observed: "When we send staff to outside institutions, armed with books, exhibits, films, audio-visual reading aids, their strength must de-
rive from confidence in their training and the supporting help of their supervisors through advice, counsel, conferences and staff meetings.”11

Along with some acquaintance with the literature, language and modus operandi of other appropriate disciplines, and a basic understanding of how the institution works, the institutional librarian must above all have the ability to relate to people in a warm, empathetic, unsentimental, personal manner. As Lucioli has stated, it is the “interpersonal exchange with books and ideas as the medium [which leads to] renewal of mind and spirit for the patient and deeper understanding for the librarian.”12 Ruth Tews concludes that in addition to “technical knowledge in librarianship,” and some knowledge and experience in related fields, the hospital librarian must: “have developed a sensitivity to people and their needs. It is this sensitivity which is the hidden quality, the undefinable skill, which sets therapy in motion and establishes interpersonal relationships, respect, mutual trust and understanding. When this is established with the patient, the service of books in therapy can begin.”13 As David Rittenhouse sums up, “Sympathetic contact with the patient is a key element in this service to institutionalized persons.”14

Whether this outgoing, empathetic personality can be developed at the graduate or postgraduate level or whether it must be recruited is a moot question. One can only hope that librarians will self-select themselves into institutional service, or at least that librarians who do not have the necessary personality will recognize the demands of institution service and will seek employment elsewhere.

For the librarian working directly with institutionalized persons, commonly in a site far from a catalog and other library tools, and often with patrons who have limited library experience, a wide knowledge of books is also vitally important. As Lucioli wrote: “The librarian who goes into this field must follow the path of omnivorous reading, of searching, sifting, exploring and exchanging ideas, experimenting with subjects and styles and levels of writing — all with one aim — to satisfy the reader, to make the act of reading an enjoyable experience.”15 Because many institutionalized persons are functionally illiterate, the librarian must also have skills in identifying materials of high interest and easy readability, and some understanding of both the mechanics of reading and how to help individuals to teach themselves to read.

Institutional library consultants, employed by most, if not all, state libraries, are key personnel in the development of quality institutional library service. Among their duties are the development and improvement of library service in state correctional, mental health and mental
Education for Institutional Service

retardation institutions, technical assistance to state officials in planning and evaluating library service, consultant services to public libraries in the development of outreach services to local institutions and homebound patrons, direct administration of regional libraries for the blind and physically handicapped, and the provision of statewide information and training concerning institutional library programs. Andree B. Lowry, formerly institution library consultant for the state of Florida, identifies the personal qualities, experience and training required for this demanding and key job: "The person should be dynamic, intelligent, emotionally mature, empathetic, patient, personable, and not easily discouraged. Prior course work in penology, sociology, psychology, and developmental disabilities...[and] a minimum of two years post-MLS experience in a public service area of a public, institutional, or state library" are usually necessary. In summary, the institutional librarian as well as the institution library consultant should possess, in addition to the ordinary library science skills and insights, some background in other disciplines relevant to the institution or institutions in which he/she works, some knowledge of psychology, some sophistication in institutional structure, a wide and deep reading knowledge and acquaintance with nonprint media, and above all, a warm personality anchored in the bedrock of common sense.

Training for institutional library service can begin with the preservice level in the graduate library schools. In 1976 the ALA Office for Research conducted a survey of specializations offered by ALA-accredited graduate library education programs. The survey was in two parts, one on schools offering specializations or concentrations, and the second on schools providing one or two courses. Among the specializations identified were: "Institutions-General," "Institutions-Prisons," "Hospitals," "Bibliotherapy," "Rehabilitation," the "Physically Handicapped," "Aging," and "Literacy Programs." Seven library schools—North Texas, San Jose State, Syracuse, Wayne State and Catholic universities, and the universities of Wisconsin and North Carolina—offered students the opportunity to specialize in five of these eight fields: Aging, Hospitals, Institutions-General, Institutions-Prisons, and the Physically Handicapped. Four of the seven schools offer specialization in aging. Only one school, Wayne State University, offers specialization in all five of the concentrations (see Table 1).

Wayne State's library/gerontology curriculum may be typical of the specialized curricula offered at all seven schools. It depends for its success on interdisciplinary strength in gerontology throughout the university and opportunity for field experience in nearby public and institution libraries.
Students pursue the regular library science core curriculum and elect library science courses relevant to service to the aging, such as: “Public Library Systems and Services,” “Selection and Evaluation of Library Materials for Adults,” and “Library Service to Special Groups.” In addition, they complete at least twelve quarter hours of cognate courses in gerontology in such fields as sociology, political science, psychology, communication, and special education. Supervised field experience in a library offering excellent service to the aging and a research project focused on some aspect of library service to the aging are required. Most students have gained their field experience in the Detroit Public Library’s services to the institutionalized and retirees, although some have gone as far afield as the Library of Congress Division for the Blind and Physically Handicapped, and the Cleveland and Milwaukee public libraries. Students affiliate with the Institute of Gerontology, a training-research institute operating on the campuses of Wayne State University and the University of Michigan, and are required to attend a noncredit seminar which brings gerontology students in all schools and departments together about once each quarter to consider some aspect of service to the aging.

This library/gerontology program serves as a model for specialization in other aspects of institutional library service. Electives and cognates, as well as field experience, are tailored to each student’s particular interest and background. The essential ingredients are a knowledgeable faculty member in the library school, suitable courses in other schools and departments in the university, and good libraries available for field service. At Wayne State, only one course (“Library Service to Special Groups”) is offered in the library school itself, although if the student wishes, he/she may also prepare for medical librarianship. Students aspir-


**Education for Institutional Service**

..ing to work as patients' librarians in hospitals find this additional preparation important, since the health care standards recommend that both medical and patients' library service be administered under a single head.

In its 1976-77 catalog, St. John's University lists an area of specialization not reported in the ALA 1976 survey: a "specialty in drug information." According to the catalog:

> Students with appropriate bioscience background and an interest in a career in drug information may elect courses from the College of Pharmacy and Allied Health Professions. Six or more credits may be elected, subject to the approval of the Chairman... [in] drug information, biostatistics, pharmacology...[and] an internship... in a drug information center, industrial pharmacy library, or drug information organization.18

Table 2 charts those schools which do not have a program of specialization or concentration, but rather offer one or two courses in some phase of institutional library service, or service to target groups often found in institutions (see Table 2). Nineteen schools, the survey documented, offer one or two courses in areas relating to institution library service, with the heaviest emphases on hospital librarianship (8 schools) and institutional service in general (7 schools). Although course descriptions in catalogs are not totally revealing of content and/or methodology, the two course descriptions which follow may be somewhat typical. Columbia's 1973-74 catalog describes "Institution and Hospital Library Services" (3 semester hours) as: "Development and trends in library programs for patients, inmates and staffs of health, hygiene, social welfare, correctional and other institutions that serve the needs of handicapped, deprived or disadvantaged persons."19 St. John's University 1976-77 catalog lists "Materials and Services to the Handicapped and Aged" (3 semester hours) as:

> A study of services for the exceptional reader, e.g., the retarded reader, the visually, physically, mentally handicapped, the aging. Consideration of professional attitudes, as well as materials, techniques, equipment and programs aimed at helping teachers and librarians work with all levels and types of readers in classroom, library or home setting.20

The names of the instructors of the courses identified in the ALA survey, their qualifications in education and experience, the degree to which the courses draw on insights from other disciplines and from
practicing librarians, the frequency with which they are offered, and the number of students counseled into them are all data which would require much more extensive research than the ALA survey entailed. Without extensive research it is also impossible to discern whether there is a trend in preservice library education toward more emphasis on institutional library service. It is this writer's impression that library schools and libraries are becoming more aware of the potential in library service to the aging. In 1976, eleven of the sixty-seven accredited schools (16 percent) offered either a specialization or at least one course in services to the aging; at least two other schools have recently entered or are planning soon to enter this field. However, since only 5 percent of those over 65 are institutionalized (according to the 1970 census), library service to the aging is or should be only marginally institutional.

Table 2. Accredited Library Schools Offering One or Two Courses in Institution Library Service

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<tr>
<th>School</th>
<th>Aging</th>
<th>Hospital</th>
<th>Institutions - General</th>
<th>Institutions - Prison</th>
<th>Literacy Programs</th>
<th>Physically Handicapped</th>
<th>Rehabilitation</th>
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In summary, the evidence collected by ALA in 1976 would certainly document that library schools generally placed low priority on education for institutional library service, and related fields at the first professional-degree level.

Continuing post-master's education of practicing librarians by library schools, state libraries and library associations may present a slightly brighter picture. For example, the University of Wisconsin at Madison conducts a sixth-year specialist program for librarians interested in library service to the aging, with courses and learning experiences tailored to the needs and interests of the individuals enrolled. Catholic University announced in its 1975-77 catalog a series of three semester-hour summer courses "open only to persons who hold a graduate degree in librarianship and to advanced library science students who have relevant working experience." Among these are "Developing Library Programs to Serve the Handicapped," "Library Service to the Aging," "Seminar on Institutional Library Services," "Workshop on Library Service to the Hearing Impaired," and "Bibliotherapy." Further inquiry might substantiate that all or most of the library schools reporting courses in the ALA survey open those courses to practicing librarians, as well as to preservice students.

Institutes and fellowships funded under the Higher Education Act Title II-B have provided opportunity and incentive for preparation of librarians for institution library service. The following data have been taken from reports on institutes for training in librarianship supplied by the Division of Library Programs, USOE, through the courtesy of Frank Stevens. Since the beginning of the institute program in 1968-69, a total of 16 institutes have trained more than 500 librarians in some phase of institutional library service. Institutes have been held throughout the country: four in the middle west (Michigan and Wisconsin), five in the west (Utah, Arizona, Oklahoma, New Mexico and Texas), three in the south (Georgia, Florida, and Kentucky), and four in the east (Pennsylvania, New Hampshire, New York, and New Jersey). No grants were made for institutes in institutional library service or related areas in 1975-76 or 1976-77. Whether this is coincidental or indicates a declining interest in institutional library service on the part either of the library schools (who submit the bulk of the proposals) or of the Bureau of Libraries and Educational Technology (which administers the program) is difficult to assess. The record of the last two years must be judged against the fact that the total number of grants for institutes under Title II-B of HEA has declined from a high of ninety-two in 1969-70 to five in 1976-77.
GENEVIEVE M. CASEY

With the exception of one grant to the New Jersey State Library, all HEA Title II-B grants for institutes relating to institutional library service went to universities, the bulk of them to library education programs accredited by ALA.

Intensive, short-term institutes bring together librarians from across the country to learn from experts in the library and institution disciplines. Usually offered by a university library education program and funded by the U.S. Office of Education, the institutes are one excellent way to enhance professional competence and motivation, but they are not the only method.

Out of a lifetime of dedication to hospital and institutional library service, Eleanor Phinney recommends for the hospital librarian an informal program of self-education, which includes regular attendance at meetings and workshops, lectures and seminars planned for the medical staff, and a systematic reading program of general and specialized medical journals, focused on a few topics of local concern. Phinney also suggests that patients' librarians in large residential institutions for the mentally retarded hold workshops for nearby public libraries, sharing their expertise and stimulating them to serve the retarded living in their own communities. With the policy in most (if not all) states to move patients from large state institutions to adult foster-care homes (in effect, into small community-based institutions), this suggestion is especially timely.

Ruth Wender describes a project, conducted by the University of Oklahoma Health Sciences Center Library under a grant from the National Library of Medicine, to train librarians in small hospitals by the "preceptor method." The plan included two weeks of on-the-job training in one of two excellent area medical/hospital libraries and at least two followup consultation visits to participants in their own hospitals. Although the Oklahoma project focused on medical libraries, it might well serve as a model for training librarians responsible for library service to residents in a wide variety of institutions.

Some of the most productive preparation for library service to institutions is currently being conducted by state libraries under the direction of the state institution library consultants. As an example of an excellent program, a description follows of education for institutional librarianship offered by the Ohio State Library. These data were supplied from the reports and records maintained by Philip Koons, Institutional Library Consultant, Ohio State Library.

Although "Library Service to Institutions" had been identified as one of ten state library programs as early as 1946, Ohio's emphasis on insti-
Education for Institutional Service

tutional library service did not get into high gear until 1966 with the passage of Title IV-A of the Library Services and Construction Act. The state library program over the last eleven years has been based on three ingredients, two of which relate directly to personnel: (1) consultant services, (2) in-service training, and (3) grants-in-aid. In addition to the support of institution officials, the state library recognized that capable library staff were vital to a successful program. Capable staff should be characterized, the library believed, by commitment to service, understanding of the programming techniques, and rapport with staff and residents.

During the 10-year period, 1966-76, the state library sponsored 11 in-service training workshops for 351 participants, including 23 community librarians. During that time, the content of the workshops moved from an emphasis on internal library problems (cataloging and classification, book selection, reference) to one on management concepts (the role of the library in the institution, objectives and planning, interpreting the library to the institution community).

A vigorous consultant program over the years has focused on the development of objectives for library programs in Ohio's institutions and has increased awareness on the part of state officials of the value and importance of library service to institution residents. Library committees bring together librarians from the several adult and youth correctional institutions — providing in themselves a learning experience.

As a result of Ohio's ten years of effort, fourteen institution libraries were professionally staffed in 1976, whereas in 1966, no institution library had professional staff. Moreover, by 1976 all Ohio institution libraries had developed short- and long-range plans. Priorities for future development include continued consultant services directed at librarians and institution officials, in-service training programs for institution librarians and supportive staff, and increased involvement of institution libraries with local public libraries and public library cooperative systems.

In 1976, the state library board directed the state librarian to develop plans for a "study of the accomplishments and potential of public library participation in the improvement of institutional library service." The study, completed by Lucioli, traces a new dimension of education for institutional library service. Exploring what relationship the local and area public libraries can offer to the institutional librarian, Lucioli found that not only does such association extend institution resources by inter-library loan, but also (and more importantly) it provides opportunity for professional growth through interaction with other librarians: "Keeping
current in association with colleagues of related interest makes the difference between a career commitment and a sense of being at a dead end."30

Speculating on what the public librarian can learn from institutional librarians, Lucioli indicates that all signs point to an end of the "warehousing of human beings" in large institutions, and an average stay for most residents of state institutions of from a few months to two years.31 Within this context, patrons previously institutionalized for long periods now become squarely the public library's responsibility. In relating to this new public, public librarians have much to learn from their institutional colleagues - insights into how members of the "new public" were conditioned to the fears, misconceptions and prejudices which make them hard to deal with; techniques of user counseling and referral to other agencies and libraries; development of user advisory committees for materials selection; use of filmstrips and correlated paperbacks to stimulate "rap" sessions; inexpensive and effective modernization of drab space with paint and paper; the teaching of storytelling to develop self-respect among troubled boys; the use of poetry as therapy — all activities carried on by competent institutional librarians. Most importantly, good institution librarians could share their ability to create in the library a warm, informal atmosphere where a "mingling of trust, respect and affection characterize attitudes of clients toward the librarians."32

Agnes Griffen, one of the leaders in institutional library service, underscored Lucioli's opinion when she wrote in Illinois Libraries that:

[The institution library is but] a microcosm of the world of library service delivery systems . . . While the closed institution setting provides an exaggerated situation (everything is more closely linked so everything has a more immediate impact upon each interdependent factor), it could serve as a superb training ground for testing and refining the kind of people that librarianship desperately needs — people who know how to fight for the freedom to read against all the subtle and not-so-subtle pressures now threatening the right of the people to know. Where better could we teach the realities of censorship, the necessity of political involvement and action and compromise, the requirements of strategic and tactical planning, the methods of developing services to meet human needs, than in the prison library?33

In conclusion, Lucioli's study led her to recommend to the state library the following activities to enhance the competence of Ohio librarians to serve people who are or have been institutionalized:
Education for Institutional Service

1. Use the able and resourceful people now operating libraries in some of the state institutions in "Peace Corps" visits to the graduate library schools, the undergraduate library programs and O.L.A. annual meetings. These people could tell the institution story and present it realistically to the profession.

2. Explore the possibility of reinstating the fairly generous paid internship programs once operated by state departments. Three to six months' internships could interest work-study students. The Library Development Consultant for Institution Services could coordinate the program and deploy the interns to stable and well-organized sites.

3. Use Library Development Consultants as liaison between the public and institution libraries to encourage an exchange of visits, field trips and short in-service training sessions. The public library could deal with materials and techniques. The institution libraries could draw on the institution's specialists to speak on behavior and human needs, etc.

4. Develop publicity. A newsletter four times a year is needed to create an identity for institution libraries both internally and externally.34

Since the completion of Clara Lucioli's study, the Ohio State Library has implemented her recommendations by: (1) producing a slide/tape program about institutional library service to be shown at Ohio Library Association regional conferences, and other meetings; (2) convening quarterly meetings of an advisory committee for institutional library service; and (3) conducting a major conference in April 1977 of departmental, institutional and community library personnel, highlighting accomplishments in institution library service during the past eight years, and setting directions for the future.

Much of Ohio's impressive record in institutional library service is due to genuine commitment on the part of the state library board and administration, the dedication and ingenuity of Ohio's state institution library consultant, a tradition of cooperation between the Ohio State Library and the Ohio Library Association, and the availability of LSCA funds to support the vigorous program of continuing education and consultation. The same winning combination could be identified in many, if not most, states.

In summary, empathetic, competent librarians are the key to productive library service to institution residents and staff. In addition to
technical library skills in the selection, organization and retrieval of print and nonprint materials, institution librarians need a comprehensive reading background and the ability to work with law materials. They need, as well, familiarity with other professions and other disciplines represented on institution staffs, and sophistication in the modus operandi of specific institutions.

Preservice education for institutional librarianship should be interdisciplinary and should include internship or supervised field experience. It requires a knowledgeable faculty member and careful selection policies to recruit candidates who are empathetic and highly motivated. Because institution librarianship is a (slowly) growing field, library schools need to develop competency-based specialization in this area. Continuing education to upgrade the quality of institution library service is currently being offered by a few library schools and by most state libraries, often in cooperation with library associations.

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15. Lucioli, op. cit., p. 53.
23. Ibid., p. 88.
27. Ibid., p. 16.
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31. Ibid., p. 6.
32. Ibid., p. 7.
34. Lucioli, Trend Toward Partnership, op. cit., p. 10.
ACRONYMS

AHA — American Hospital Association
ALA — American Library Association
ASLA — Association of State Library Agencies
CE — Continuing Education
DDC — Dewey Decimal Classification
DBPH — Division for the Blind and Physically Handicapped (ALA)
FY — Fiscal Year
HEA — Higher Education Act
HELP — Help Extend Libraries to People with Handicaps
HRLSD — Health and Rehabilitative Library Services Division (ALA)
LC — Library of Congress
LCC — Library of Congress Classification
LSCA — Library Services and Construction Act
MLA — Medical Library Association
MLS — Master of Library Science
NCLIS — National Commission on Libraries and Information Science
NLM — National Library of Medicine
P.L. — Public Law
RILA — Rhode Island Library Association
SDC — Systems Development Corporation
USOE — U.S. Office of Education
VA — Veterans Administration
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†Also available in clothbound edition.
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Spring 1978, Publishing in the Third World. Editors: Philip G. Altbach, Professor, Faculty of Educational Studies, State University of New York, Buffalo; and Keith Smith, Inter Action Inprint, London.


Fall 1978, State Agency Involvement in Library Services. Editor: John A. McCrossan, Associate Professor, Department of Library Studies, University of South Florida, Tampa.