12/14/77

Dear Gary,

The Mpls magazine article on you r center is great, as the center seems to be. Abd I'm sure your trip was!

I've sent Howard and Jim copies of the article. Both asked to read it. Happens that both called last evening.

Your comments on China interested me. I've heard other accounts of their medical care, some of whichx represent that it can be very good. The only reason care is so poor here is because other things are more important to those who have most to do with how the nation's income is spent. Given a choice between better medical care and an unnecessary aircraft carrier it is medical care than becomes unnecessary.

Howver, I think I'm making out prett well. The things I can't and don't do are not oppressive. For the most part if they were in my scale of values as important as what I do instead I'd be able to work out ways of doing them, too.

I have learned that the anticoagulent has to be respected, tho. On a return trip from Washington with an attache case full of FBI records I bumped into the case as I was walking down the aisle of the bus. I felt immediate warmth and wetness. By the time I was home you could see the area of internal bleeding-shaped like and big as a turkey egg. I now bleed very easily. - and where otherwise I would not.

I think this has never really been a real depressant to me. I think also that I've adjusted to its potential. I had a bad month before and after I learned that there is an arterial problem, too. As I look back on that oeriod all I recall aside from the occasional wooziness and the worry is the loss of apetite. So I now wight only 170 instead of 205. But I can't say that as a result of the loss of weight I feel better. I always felt OK except for thex weakness that signalled the arterial problem. Never know a headache. All in all I think I can honestly say that if it were not for the problem about which you appear to have been correct in saying nothing can be done I'd be content. I can say that under the circumstances I am as content as anyone can expect.

I get some exercise daily, varying with the day. I tend to shun the coldests weather. I have been carrying long limbs from the other side of our property, some of them 30$@ feet long. These are downed tree trunks. More than one with shorter ones. At the house, with care, I saw them up. I've finally put all the storm windows in on the porch. The first caused slight chest pain but did not stop me. I did two an afternoon until it was donw. (I have, it appears, hardening of the arteries and perhaps angina, too.) Some days I get in about 10 or moee simulated miles on the exercycle at 13-15 mph. When I Washington I walk all I can. It was, after the low point of the summer, as much as nine miles a day. Up from wooziness after 250 yards. Here I disagree with you on the work, however. If I had been able to do nothing but walk I doubt I'd have been able to walk as much without extraordinary boredom. But because I was initially limited to our lane I was able to learn to read while walking, to audition tapes I wanted to hear, and when all else failed, news on the radio while I squeezed balls with both hands. I still squeeze a ball when I wlak in DC, euven in DJ corridors. There is a great emotional value, a distinct medical benefit from contending, from what you might call fighting back. However, I do sleep more. I'm not having any real trouble sleeping. I awaken and I retunr to sleep promptly.

Without real medical advice I've learned how to live with the post-phlebitic condition. I've designed minor equipment for it. Special typewriter table, ottoman for keeping the legs up while I sit (each also a place of storage), one for getting into the lower file drawers, etc. I'm also luck to be able to put my plams on the floor without bending the knees because with the knee-bends the venous supports come out of adjustment. So I can bend over this way and shoulder the tree trunks, etc.

My memory is not what it was but my mind functions as well as ever, happily. My analyses turn out to be correct, even if they forecast what I do not want, as with the House assassins committee. Jim and I are doing as much of what we are trying to do as we can expect to do, perhaps more than others could. He is great and means much to me. In time you will learn

what this means in the King/Ray case. In it I'm now the government's consultant in its defense of itself against me? Incredible story! I'm not happy about this or the other matters that prevent my writing.

I was quite gratifying to hear from Howard last night that after his experiences as clark to a federal appeals court judge he thinks he'd like to specialize in appellate law. I asked him if he knew what his saying that meant to me. (I feel about Howard as father toward special son.) He said he did. I think it was when Howard was a soph, or junior at Penn, majoring in history. His father and he met Lil and me on City Line Ave. once when we werein Phila. His father took us to a nice dele lunch when he said he had been trying to persuade Howard to become a lawyer, without success. I appear to have taken an approach other than the father. It included telling Howard I thought he'd be well suited to appeallate work and that he'd be gratified by it. I went into it some. He then did decide on law school. He recalls that lunch, did last night Howard can make another Boudin. In some respect he can be superior, he is that well endowed.

Almost time for the a.m. TV news, to which I exercycle. Glad to hear what I've heard from you. Wish there were a chance you'd be around here soon.

best,

WALK-IN COUNSELING CENTER
2421 CHICAGO AVENUE SOUTH
MINNEAPOLIS, MINNESOTA 55404
(612) 870-0565 or 870-0566

Dec. 10, 1977

Dear Harold,

My deepest apologies for taking so long to answer your letters of 8/29 and 10/17.

I returned to a pile of work and some unexpected medical problems ranging from the flu to a bad toothache which was not properly treated by a quack dentist who I saw on an emergency basis. Fortunately, a friend who is a dentist, saw me on an emergency basis and got me going on penecillan or I would have been in real trouble. It was only a gum problem, but a big infection resulted with a lot of pain.

Enclosed is a newspaper interview on my China trip, an article on therapists screwing clients in which our work figures prominently, and an article on our center published in connection with our having won the Gold Achievement Award of the APA. The latteris still hard to believe since we don't have too much in common with the APA in terms of political views.

I'm glad that you and Wyndal are in touch. I try to find time to help him direct his activities and have loaned him my set of the 26 volumes, but I really don't have time to devote to the case much anymore. I still have a great interest in it--just no time.

Sorry to hear that your physical troubles continue. In China one option for your condition, which some workers are accorded, is a 3 month stay in a worker's sanitorium. We visited one ######## ##### on an island in Lake Taihu near Wushi (in turn near Shanghai). It's a beautiful location and workers are given a chance to develppe good habits, exercise, and to relax and recreate.

Your trouble sleeping undoubtedly has to do with your work pace and the responsibilities you have continued to take on with regard to the case. You still carry far more than two people's loads. I respect you for this, but frankly wish you would slow down because even someone in perfect health couldn't continue at the pace which is suggested in your letters.

As for the letter in connection with the King FOIA suit, I would be glad to attest to your sharing your information and granting access to files. Obviously, documenting what you do in the public interest should be easily supported.

I could not begin to describe the China trip in a letter, but it was an incredible experience. What they have done and are doing is remarkable and they are far more open now than they were a year ago. The "smashing of the Gang of Four" has had a real effect on openness, comparing our trip to ones taken only a year ago.

Take care of yourself and give my regards to Lil.

Gary

P.S. The CIA is still stalling on my request for my records. They say appeals take 18 months or longer!

Sun Newspaper Oct. 12, 1977 p. 1

China visit held many surprises

By THOMAS LASSITER

China seemed to hold almost as many surprises as people for a group of mid-western visitors to that country led by a south Minneapolis resident, Gary Schoener, 400 W. Franklin Ave.

Schoener, a psychologist and executive director of the Walk-In Counseling Center, left Sept. 10 with a group of 24 individuals, five from Minnesota, to tour the Peoples Republic of China. The trip was sponsored by the U.S.-China Peoples Friendship Association of Minnesota, one of 70 chapters of that organization.

"I had a real sense of safety while in China," said Schoener, as he described the absence of any noticable criminal activity and the numerous cases of lost articles returned to tour members. "We felt free to walk anywhere anytime of the day or night. It was a fantastic experience," Schoener said.

The great freedom of movement allowed the visitors also came as somewhat of a surprise to Schoener as most people, Schoener pointed out, are under the impression that visitors to that country are restricted to tour sites with little opportunity to roam about.

"That just isn't true," Schoener said. "While we were kept pretty busy with scheduled tour activities, we had the opportunity to wander about on our own quite a bit."

Arriving in Peking, the group worked its way south, passing through Kai f'feng, an old imperial capital, Wu-shi, a resort town and finally, to Shanghai, the last stop on the 18 day tour.

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China

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During his travels, Schoener came to view the Chinese people as "very friendly and candid in their answers to our questions and living a slow but steady paced life."

As a psychologist, Schoener was interested in assessing the cultural and social characteristics of a people that he said many view as almost robot-like and working constantly.

"While it is difficult to assess people across cultural lines, I found many of the stereotypes about the people to be untrue," Schoener said.

Noting that many people view China as a society of highly regimented people, Schoener said he was impressed with the great deal of innovation and ingenuity exhibited by the people.

The numerous communes and industrial areas are self-contained, Schoener said, and as "are very similar to old American small towns." This leads to a tight knit community which, according to Schoener, might account for the lack of crime and social ills such as prostitution and drug abuse found in many of the highly industrialized societies of the West. Police and military were not seen in great numbers, Schoener said.

While Schoener said he did not see any signs of dissent, he felt, from speaking with a number of people, that dissent was not handled with imprisonment but rather by peer pressure. "The fear of public criticism is a real source of social control in China," Schoener said.

And what were the Chinese people interested in asking the visitors about? "Many of the people wanted to know about the working conditions in this country," Schoener said. "And, they were very interested in maps and picture books of the U.S."

"There were also a lot of technical questions. We got a very eager response from the scientific community," said Schoener. The group was allowed to observe several operations utilizing acupuncture.

As far as tourist sights, the group visited the famous Forbidden City as well as numerous museums and historical sites. "We also got to see Mao's memorial. We may have been the first group from the U.S. to do so," said Schoener.

"I am glad I had the chance to visit China now because I think the country will begin to change as mechanization begins to increase. I think the country is at the peak of the Mao influence right now. It will be very interesting to see what changes do take place in the future," Schoener concluded.

him use a traditional agency, a private practitioner, or an agency specifically set up to deal with his kind of problem. For instance, clients with an abortion-related problem or severe mental illness such as schizophrenia likely would be referred to a program specially oriented to that problem.

Clients' income levels vary considerably. Of those who have indicated their incomes, about three-fifths have family incomes of less than $7000 a year. But even some wealthy people visit the clinic; they report that they feel more comfortable coming to WICC than to a traditional agency.

HOW THE CENTER WORKS

The center is staffed each afternoon and evening by a volunteer team consisting of a supervisor, three or four counselors, and a receptionist, who is a paraprofessional. The counselors—and, during a busy afternoon or evening, the supervisor—see incoming clients. The team model is very much used. The supervisor usually takes part as a co-therapist in at least one counseling session. Counselors who would like some consultation during a session first ask the client's permission and then leave the room to consult with another counselor or the supervisor. Sometimes they bring the other counselor or supervisor into the session.

A team meeting is held at the end of each clinic session; all cases are discussed by all team members, in the format of group supervision. During that time client contact forms are also filled out for each client, including no-shows. Formal diagnoses are sometimes noted in case reports but generally are not the central focus of treatment. What is considered important is "the problem," and it is defined as what's bothering the client, what brought him in for help.

The center also offers some group therapy, most of it short-term and time-limited. Relatively few groups are conducted—usually one to three are in operation—because so many other group services are available in the community and because the center's clientele is so diverse that it is difficult to pull together an appropriate group at any one time. However, some recent groups have been highly specialized; they have included groups for men who need assertiveness training and for women who were sexually involved with a previous therapist.

WICC is governed by a board of directors composed of community and agency representatives as well as professionals from the volunteer force. Currently there are three full-time paid staff members: the executive director, Gary Schoener, a licensed psychologist who was one of the group that set up the program; a community coordinator, Jeanette Hofstee Milgrom, M.S.W., who is responsible for the center's extensive consultation and education program; and an administrative coordinator, Martha Hughes. The center also has four paid part-time staff members: a half-time clinic supervisor, Irving Benoist-Bloss, Ph.D.; a half-time secretary-receptionist (the other receptionists are volunteer paraprofessionals); and two half-time interns, one in psychology and one in social work.

Some 80 professionals serve as volunteer therapists or supervisors each academic quarter; they are drawn from a pool of about 120 who are active during any given year. A supervisor must hold an M.S.W., M.D., or Ph.D. in one of the mental health professions. A counselor must be a fully trained professional or must have completed at least two years of postgraduate work and at least a year's supervised experience in counseling or psychotherapy.

All WICC volunteers fill out an application form that includes their training, experience, and therapeutic orientations; each is interviewed by the clinic supervisor, who also contacts their most recent therapy supervisors. The applicant must also demonstrate his counseling skills in a role-playing situation with the clinic supervisor.

Volunteers accepted for the program agree to be present at their assigned clinic session every other week (or every week if so designated) for a minimum of one academic quarter. Each supervisor is advised to act as co-therapist with each counselor on his team until he is thoroughly familiar and comfortable with his counsel-

The paid staff of the center include, standing from left to right, Gary Schoener, executive director; Martha Hughes, administrative coordinator; and Geoff Abbott, an intern in social work. Seated are Jeanette Milgrom, left, community coordinator; and Irving Benoist-Bloss, clinic supervisor.

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Gold Award

No-Red-Tape Counseling for Clients Alienated From Traditional Services

Walk-In Counseling Center
Minneapolis, Minnesota

Since 1969 the Walk-In Counseling Center in Minneapolis has offered free, no-red-tape counseling to individuals and families alienated from traditional services. All counseling is provided by teams of mental health professionals who volunteer their services. The emphasis is on crisis and short-term counseling with a maximum of ten sessions. The center was established mainly to serve young drug abusers, but the clientele has diversified to include individuals of all ages and socioeconomic groups. The center also conducts an active consultation and education program with more than 200 community groups a year.

Free, no-red-tape counseling for clients who are alienated from traditional resources is the best-known service of the Walk-In Counseling Center, located in a house in a lower-middle-class section of Minneapolis. One of the striking features of the program is that, ever since the center opened, all counseling has been provided by mental health professionals—psychologists, psychiatrists, social workers, and advanced graduate students—who volunteer their services. They donate $300,000 to $400,000 of skilled therapy time to about 900 clients a year.

Counseling is available to clients, on a walk-in basis, four evenings and two afternoons a week: from 7 to 9 p.m. Monday through Thursday and from 1 to 3:30 p.m. Monday and Wednesday. The center emphasizes crisis and short-term therapy. Clients are generally seen for a maximum of ten sessions; in fact, four-fifths of them are seen for six or fewer sessions.

The program started in mid-1969 when a group of psychologists and psychology graduate students, most of them from the University of Minnesota, decided to offer free counseling and consultation services to a growing group of alienated young people, many of them drug abusers. They approached a group of pediatricians and other physicians who were operating a free medical clinic, called the Teenage Medical Service, in the West Bank area of Minneapolis, and almost immediately they set up a free counseling program in conjunction with that group. The no-red-tape approach meant walk-in service, no intake forms, and no need for clients to give their names.

For two years the medical service provided free space and telephone service for the Walk-In Counseling Center, and in mid-1971 the agencies became the joint recipients of a two-year grant from the Law Enforcement Assistance Administration. Under the grant WICC was able to hire one full-time and two part-time staff members to supplement the work of its volunteer professional staff. Since mid-1973 WICC has been funded mainly through a purchase-of-services agreement with Hennepin County's mental health, mental retardation, and chemical dependency program; it also receives some foundation grants and some donations from clients.

More information about the center is available from Gary Schoener, Executive Director, Walk-In Counseling Center, 2421 Chicago Avenue South, Minneapolis, Minnesota 55404.

THE CLIENTS

Over the years the clientele of the center has changed and diversified, as the culture has changed and as more traditional agencies have set up services to deal with certain problems or groups. At first many of the clients had drug-related problems. Then alienated veterans came in large numbers. Then the gay population became more visible and sought more services. The center also began serving larger numbers of raped or battered women, victims of incest, and clients who had been sexually involved with their therapists. As the center has developed expertise in dealing with each new wave of problems, it also works through its consultation and education program to help other agencies establish or improve programs directed at those problems.

The center's clients now range in age from about six to 75, although nearly two-thirds of them are between 18 and 34. Their presenting complaints vary markedly, but the most common involve problems in relationships with family or friends or sexual relationships, often accompanied by anxiety and depression.

After the first walk-in session, 50 or 60 per cent of the clients agree to return for additional sessions, and about a fourth are referred elsewhere. Ten to 15 per cent feel they need only one session, and 10 per cent leave with the decision about returning unmade. Sometimes a one- or two-session contact deals mainly with the client's problems in getting help; its outcome is to help

ors' therapy style and level of competence. All the volunteer therapists also receive group supervision through the team meeting, and they can take part in inservice training sessions offered by the clinic.

WHAT THE CENTER ACCOMPLISHES

One of the center's main objectives is to reach people who would not use other services. In a survey of 127 clients, more than two-thirds reported that they definitely would not have gone elsewhere for help, or that they might have sought help elsewhere but did not have any idea where to find it. The major reasons for seeking service at WICC included no fee (a reason listed by 70 per cent of the respondents), the counselors' being mental health professionals (listed by 54 per cent), no waiting (47 per cent), and the informal atmosphere (46 per cent).

In numerous surveys of clients' satisfaction, clients uniformly rate the center as a good to excellent service that meets their expectations. Almost 90 per cent of the appointments for scheduled individual counseling (that is, for appointments after the initial walk-in visit) are kept by the clients, which is another indication of satisfaction. The center's data also show that few clients who receive WICC short-term counseling need to be referred for longer-term therapy.

Over the years WICC has been able to attract and retain as volunteers many first-rate professionals. In fact, sometimes more therapists volunteer than can be accepted. Among the reasons they enter and stay in the program, they cite the contact with other professionals and disciplines (many of the volunteers are fairly isolated in their practices outside the center), exposure to new therapy techniques and a variety of clients, community experience, and the inservice training sessions. Many professionals have indicated that their service at WICC has inspired them to change the direction of their work outside the center.

A number of other agencies have adopted aspects of the center's model. For example, WICC has been instrumental in fostering community response to the problems of rape, incest, battering of women, and sex between client and therapist. The Veterans Administration Hospital in Minneapolis has developed the Veterans Counseling Center, a free, no-red-tape service for younger alienated veterans, as a result of WICC's program.

A large proportion of the center's total hours of service, especially those by paid staff, is devoted to consultation, education, and training, and the effects have been widely felt in the community. For example, one organization the center has worked closely with is the Gay Community Services, a counseling program for homosexuals. WICC helped a group of homosexuals organize the program and then trained its counselors, supplied continuing consultation, and provided office space for the program until it became largely independent. In fact, WICC staff provide training for paraprofessionals in a variety of programs, including hotlines, drop-in centers, street-worker programs, and community corrections programs.

At the end of each afternoon and evening session, members of the volunteer team on duty meet to discuss all clients who were seen and to share professional expertise.

Currently the center is offering consultation services to more than 200 different community groups each year. WICC staff are also consulted by local, state, and federal officials about program issues. And the center not only has developed enough credibility, even as a street agency, to obtain county funding but also has helped other organizations serving alienated groups, such as the Gay Community Services, YES (a hotline), and the Chrysallis center for women, to obtain such funds.

During the last two years, WICC has played a major role in the development among various agencies of a Consortium on Battered Women, which has brought about major changes in the community's response to this increasingly recognized problem. The consortium's activities have included the opening of a shelter for battered women, training for hospital emergency-room staff, public education, data collection, work with clergymen, and the development of a resources guide and information card for police officers to give to battered women.

Among the center's projects for the future are a consumer's guide on how to choose a therapist and the development of special programs for men who beat wives or girlfriends. WICC also plans to recruit additional volunteer therapists; they will help the center expand its practice of lending professional therapists or therapist teams to agencies such as neighborhood centers that are in the process of setting up counseling programs.■