

INSTITUTE ON MENTAL DEFICIENCY

January 14, 15, and 16, 1952

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UNIVERSITY OF MINNESOTA
Center for Continuation Study
Minneapolis 14

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UNIVERSITY OF MINNESOTA
Center for Continuation Study
Minneapolis 14

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Institute on Mental Deficiency

January 14, 15, and 16, 1952

Program

Monday, January 14

8:30 - 9:45 Complete registration. Dormitory Desk, Center for Continuation Study

Auditorium, Museum of Natural History

Presiding: Hazel C. Daniels

9:45 - 10:05 Introduction E. J. Engberg, Carl J. Jackson, J. M. Nolte
10:05 - 10:50 How does Minnesota plan and care for its
mentally deficient Mildred Thomson
10:50 - 11:20 The role of parents in a state program
(organization and goals of the parents'
groups in Minnesota) R. T. Lindh
11:20 - 11:55 Question period
12:00 - 1:00 Luncheon. Center dining room

THE CHILD IN THE HOME

Presiding: Mrs. Robert Patterson

1:00 - 1:45 The parent, the social worker, and the child Mrs. Thomas Hale
1:45 - 2:30 Helping the parents to understand and solve
their problems David Thorsen
2:30 - 3:00 Question period
3:00 Coffee. Center lounge

6:00 Dinner. Center dining room
"What Does the Future Hold for the Mentally
Retarded Child?" (Museum of Natural History) Arthur S. Hill

Tuesday, January 15

Presiding: Mildred Thomson

9:00 - 11:55 Panel discussion
Factors and resources to be considered in planning
for a mentally deficient person (background of home
situations will be presented, from case materials, up
to the point where planning becomes a problem. These
case materials are attached.)

Discussants: Phyllis Amacher, E. J. Engberg, R. J. Gully,
C. M. Henderson, John Holahan, Reynold Jensen, Alma Laabs,
Mabel Lenke, Helen Schulberg

Note: After each case is discussed by the panel, questions
will be received from the audience.

12:00 - 1:00 Luncheon. Center dining room

THIS ENDS THE PROGRAM FOR ALL RUT COUNTY SOCIAL WORKERS

Chapel, Center for Continuation Study

THE INSTITUTION, A COMMUNITY OF VARIED PERSONALITIES

Presiding: Harriet Blodgett

Discussants:

- 1:00 - 1:30 Minnesota School and Colony Caroline Perkins
- 1:30 - 2:00 Annex for Defective Delinquents Ralph Rosenberger
- 2:00 - 2:30 Cambridge State School and Hospital Albert Uecker
- 2:30 - 3:00 Owatonna State School Mary Mercer
- 3:00 - 3:15 Coffee. Center dining room
- 3:15 - 4:15 Discussion

Wednesday, January 16

PLANNING FOR RETURN FROM THE INSTITUTION TO THE COMMUNITY

Presiding: T. P. Christiansen

- 9:00 - 10:15 Criteria for determining readiness for placement E. J. Engberg, R. J. Gully, C. M. Henderson, A. R. Nordgren
- 10:15 - 10:30 Recess
- 10:30 - 11:30 Problems of placement and supervision in the community (for this discussion the social workers will break up into three groups and will probably use case work material as a basis for their discussion. The groups will be led by the social workers from the state office and will be divided according to the worker with whom they have personal contact)
 - East half of state Frances Coakley
 - West half of state Phyllis Mickelson
 - Hennepin and Ramsey counties Mildred Thomson
- 11:30 - 12:00 Reassemble. Ten-minute reports from each group on the points considered most necessary for placement and good supervision
- 12:00 - 1:00 Luncheon. Center dining room
- 1:00 - 2:00 The challenge of work with the mentally deficient in the community (especially showing how work with the mentally deficient differs from work with higher grade persons)
 - 1:00 - 1:20 - Manford Hall
 - 1:20 - 1:40 - Robert Hagaseth
 - 1:40 - 2:00 - George Sele
- 2:00 - 2:30 Discussion
- 2:30 - 3:00 Can the challenge be fully met? Malcolm B. Stinson

Faculty

- PHYLLIS AMACHER, Psychologist, Bureau of Psychological Services, Division of Public Institutions, St. Paul
- FRED E. BERGER, Program Director, Center for Continuation Study, University of Minnesota
- HARRIET BLODGETT, Institute of Child Welfare, University of Minnesota
- T. P. CHRISTIANSEN, Executive Secretary, Kanabec County Welfare Board, and President, of the Association of Welfare Board Executives, Mora
- FRANCES COAKLEY, Social Worker, Bureau for Mentally Deficient and Epileptic, Division of Public Institutions, St. Paul
- MERRILL K. CRAGUN, Course Coordinator, Center for Continuation Study, University of Minnesota

- HAZEL C. DANIELS, Administrative Assistant to the Director of Public Institutions, St. Paul
- E. J. ENGBERG, President, American Association on Mental Deficiency, and Superintendent, Minnesota School and Colony, Faribault
- R. J. GULLY, Superintendent, Cambridge State School and Hospital, Cambridge
- ROBERT HAGASETH, Social Worker, Mower County Welfare Board, Austin
- MRS. THOMAS HALE, Chairman of the Legislative Committee, Association of Friends of the Mentally Retarded, Minneapolis
- MANFORD HALL, Supervisor, Unit for the Mentally Deficient and Epileptic, Hennepin County Welfare Board, Minneapolis
- C. M. HENDERSON, Superintendent, Owatonna State School, Owatonna
- ARTHUR S. HILL, Chief, Exceptional Children and Youth, Federal Security Agency, Washington, D.C.
- JOHN HOLAHAN, President-Elect, Association of Friends of the Mentally Retarded, Minneapolis
- CARL J. JACKSON, Director, Division of Public Institutions, St. Paul
- REYNOLD JENSEN, Associate Professor, Departments of Pediatrics and Psychiatry, University of Minnesota
- NORMAN JOHNSON, Director, Center for Continuation Study, University of Minnesota
- ALMA LAABS, Visiting Teacher, Minneapolis Public Schools, Minneapolis
- MABEL LEMKE, Executive Secretary, Carver County Welfare Board, Chaska
- R. T. LINDH, President of the Society for the Mentally Retarded, Minneapolis
- MARY MERCER, Psychologist, Owatonna State School, Owatonna
- PHYLLIS MICKELSON, Social Worker, Bureau for Mentally Deficient and Epileptic, Division of Public Institutions, St. Paul
- J. M. NOLTE, Dean of University Extension, University of Minnesota
- A. R. NORDGREN, Chaplain, Annex for Defective Delinquents and Minnesota State Reformatory for Men, St. Cloud
- MRS. ROBERT PATTERSON, Program Chairman, St. Paul Association for Mentally Retarded Children, St. Paul
- CAROLINE PERKINS, Social Worker, Minnesota School and Colony, Faribault
- RALPH ROSENBERGER, Educational Director, Annex for Defective Delinquents, St. Cloud
- HELEN SCHULBERG, Public Health Nurse, Minnesota Department of Health, Minneapolis
- GEORGE SELE, Executive Secretary, Kittson County Welfare Board, Hallock
- MALCOLM B. STINSON, Lecturer, School of Social Work, University of Minnesota
- MILDRED THOMSON, Head, Bureau for Mentally Deficient and Epileptic, Division of Public Institutions, St. Paul
- DAVID THORSEN, M.D., St. Paul
- ALBERT UECKER, Psychologist, Cambridge State School and Hospital, Cambridge

Institute on Mental Deficiency

January 14, 15, and 16, 1952

Registrants

(Those attending the first day and a half)

Achterkirch, Flora M.	Jackson, Minnesota
Adair, Mrs. Floyd C.	Albert Lea, Minnesota
Bauman, E. F.	Frewster, Minnesota
Beecher, Mrs. A. H.	Minneapolis, Minnesota
Berdahl, Kenneth M.	Duluth, Minnesota
Bergstrom, Katherine	Minneapolis, Minnesota
Birkeness, Valborg	St. Paul, Minnesota
Sly, Petra	St. Paul, Minnesota
John, Mrs. Harold C.	Minneapolis, Minnesota
Bower, Mrs. Paul	St. Paul, Minnesota
Frandt, Mrs. John F.	Minneapolis, Minnesota
Carlson, Evelyn	Wayzata, Minnesota
Caven, Mary	St. Paul, Minnesota
Charbonneau, Mrs. Lee	St. Paul, Minnesota
Challman, Robert C.	Minneapolis, Minnesota
Chretien, Margaret K.	Minneapolis, Minnesota
Christopher, Mrs. Elmer J.	Minneapolis, Minnesota
Davies, Helen M.	Minneapolis, Minnesota
Dieteman, Mrs. L. E.	Minneapolis, Minnesota
Earlewine, Eulalia	Jackson, Minnesota
Gadbois, Mrs. A. P.	Albert Lea, Minnesota
Groetzinger, Martha B.	St. Paul, Minnesota
Gunderson, Frances M.	Minneapolis, Minnesota
Haasarud, Florence I.	Minneapolis, Minnesota
Haiden, Donna T.	Hopkins, Minnesota
Hale, Alice M.	Minneapolis, Minnesota
Hovda, Jennie	St. Paul, Minnesota
Husby, Mrs. Mark	Jackson, Minnesota
Husby, M. G.	Jackson, Minnesota
Jensen, Mrs. Alvin	Minneapolis, Minnesota
Karasek, Mrs. Raymond	Excelsior, Minnesota
Kittelson, Sam	Detroit Lakes, Minnesota
Knobel, Mrs. C. H.	Minneapolis, Minnesota
Kohner, Ray G.	Winona, Minnesota
Leibel, Mrs. Frank	White Bear Lake, Minnesota
Lender, Mrs. William H.	Minneapolis, Minnesota
Liddiard, Iva W.	Preston, Minnesota
McNerney, Margaret L.	St. Paul, Minnesota
Masterson, Mrs. William	St. Paul, Minnesota
Maun, Mrs. Joseph	St. Paul, Minnesota
Meyers, Mrs. H. A.	St. Paul, Minnesota
Moore, Sara W.	Minneapolis, Minnesota
Norberg, Mrs. Erick F.	Duluth, Minnesota
Nyquist, Ann	Minneapolis, Minnesota
O'Shaughnessy, Isabel	St. Paul, Minnesota
Obst, Mrs. Harold	St. Paul, Minnesota
Olsson, Melba	St. Paul, Minnesota
Omvedt, Mrs. Jack	Minneapolis, Minnesota
Peterson, Margery	Minneapolis, Minnesota
Peterson, Mrs. William A.	Minneapolis, Minnesota
Reynolds, Maynard C.	Minneapolis, Minnesota
Lorenz, Marcella H.	St. Paul, Minnesota
Ross, Mrs. John B.	Minneapolis, Minnesota
Troxell, Mrs. Benjamin F., Jr.	Minneapolis, Minnesota

Mental Deficiency

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Rice, Margaret
Rosen, Mrs. J. J.
Schiefelbein, Mary Ellen
Schimmele, E. H.
Scholz, Mrs. Al
Schubert, Walter H.
Schulz, Marie L.
Schwab, Mrs. P. Earl
Sears, Catherine
Siefert, Mrs. F. A.
Snyder, Eve
Steinberg, Ruth M.
Stevens, Margaret A.
Thompson, Mrs. Earl D.
Tokle, Mrs. Orval
Torgeson, Mrs. L. A.
Trench, Mrs. Paul E.
Vickerman, Pat
Vik, Dorothy B.
Welck, Mrs. H. C.
Jennings, Mrs. W. A.
Gustafson, Beatrice

Mankato, Minnesota
Minneapolis, Minnesota
Minneapolis, Minnesota
Minneapolis, Minnesota
St. Paul, Minnesota
Utica, Minnesota
Minneapolis, Minnesota
Winona, Minnesota
Lanesboro, Minnesota
St. Louis Park, Minnesota
Minneapolis, Minnesota
Minneapolis, Minnesota
West St. Paul, Minnesota
Minneapolis, Minnesota
Minneapolis, Minnesota
Minneapolis, Minnesota
Columbia Heights, Minnesota
Hopkins, Minnesota
St. Paul, Minnesota
St. Paul, Minnesota
Minneapolis, Minnesota
Minneapolis, Minnesota

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Registrants

(Those attending three days of the institute)

Barlow, Foster D.	Owatonna, Minnesota
Blager, Mildred R.	Minneapolis, Minnesota
Bolstad, Esther	Thief River Falls, Minnesota
Formann, Dolores J.	Breckenridge, Minnesota
Brinlo, Nansen B.	St. Paul, Minnesota
Broadbent, Betty	Montevideo, Minnesota
Buzzell, John S.	Walker, Minnesota
Casey, Michael R.	St. Cloud, Minnesota
Coleman, John H.	Fosston, Minnesota
Cox, Marilyn N.	Minneapolis, Minnesota
Dombovy, Irene G.	St. Cloud, Minnesota
Evans, Morris D.	Minneapolis, Minnesota
Fjetland, Elizabeth	Faribault, Minnesota
Fridner, Aileen E.	Litchfield, Minnesota
Frissell, Georgia	Thief River Falls, Minnesota
Gauper, Isabel H.	Bemidji, Minnesota
Hagaseth, Robert S.	Austin, Minnesota
Hall, Manford A.	Minneapolis, Minnesota
Hartig, Marion H.	Minneapolis, Minnesota
Holmquist, Joyce	Center City, Minnesota
Huizenga, Isabel	Rochester, Minnesota
Johnson, Florence A.	Raudette, Minnesota
Keable, Leah M.	Duluth, Minnesota
Klassen, Arnold	Luverne, Minnesota
Larson, Robert I.	Winona, Minnesota
McKellips, Neil R.	Cnaska, Minnesota
Martinson, Ruth C.	Worthington, Minnesota
Martin, Helen G.	Pine City, Minnesota
Murray, Philip	International Falls, Minnesota
Nelson, Lucile	Willmar, Minnesota
Olson, Marian S.	Crockston, Minnesota
Perkins, Caroline M.	Faribault, Minnesota
Peterson, Shirley A.	Faribault, Minnesota
Poehler, Josephine A.	Minneapolis, Minnesota
Radmacher, Roy L.	Caledonia, Minnesota
Scott, Robert L.	Elbow Lake, Minnesota
Seifert, Ardis	Mankato, Minnesota
Sale, George	Hallock, Minnesota
Snyder, Wilfred J.	Winona, Minnesota
Stahl, Lucille	Windom, Minnesota
Sundberg, Velma	Lindstrom, Minnesota
Wilcox, Kathryn	Mantorville, Minnesota
Zehnle, Julia C.	Long Prairie, Minnesota
Ziegler, Mildred E.	Mora, Minnesota
Bright, Sumner S.	Marshall, Minnesota
Boerr, Delores M.	Marshall, Minnesota
Erbe, Jean	Benson, Minnesota
Husebye, Marvin E.	Brainerd, Minnesota
Reardon, Eunice	St. Paul, Minnesota
Melberg, Charles E.	Moorhead, Minnesota

Mildred Thomson

"The world stands out on either side
No wider than the heart is wide;
Above the world is stretched the sky -
No higher than the soul is high.
The heart can push the sea and land
Farther away on either hand;
The soul can split the sky in two,
And let the face of God shine through."

These lines from Edna St. Vincent Millay's Renaissance were placed in a book on the mentally deficient when it was returned by the parent who had borrowed it. They have haunted me since I read them. Do they mean anything to us in considering plans and care for the mentally deficient?

The committee which planned this program felt that those participating would have a wide variety of responsibilities for the mentally deficient, and that thus there should be some statement which would give a common basis of understanding in order that everyone be in a position to take part in later discussions. Even in the time allotted, I can do little more than mention the most important points in Minnesota's plans and care of the mentally deficient and give brief explanations since the subject is indeed a broad one.

The first point to determine is: who is a mentally deficient - or mentally retarded - person. The terms will be used interchangeably. It is hard to give an all-inclusive definition and so perhaps a social definition using the words of the English authority, A.F. Tredgold, will be best. "Mental defectiveness means a condition of arrested or incomplete development of mind existing before the age of eighteen years whether arising from inherent causes or induced by disease or injury." Tredgold then limits the degree of defectiveness to one of the following descriptions: It must be such as to prevent the individual from guarding himself against common physical dangers; from managing himself and his affairs; or render him in need of care, supervision and control either for his own protection or for the protection of others.

In terms of this definition, the intelligence quotient is useful as a basis for analysis and planning. It is, of course, realized that in diagnosing or classifying persons as mentally deficient, more than an intelligence quotient is needed. Roughly speaking, however, children with an I.Q. under 25 will never have a mental age over 3 or 3½, and many will always need physical care. Those with I.Q.'s between 25 and 50 will when adult have a mental age under 8. They therefore could not ordinarily be expected to support themselves or to manage themselves and their affairs. They can, however, be taught to care for their own needs and many can learn to be very helpful in tasks where there is no pressure. Those with I.Q.'s above 50-- the moron -- can in many instances not only become self-supporting, but if given adequate training and then a good environment and understanding on the job, can become contributing members of society. However, they will need supervision and perhaps control to bring this about. There are children in each of these groups who come from all types of families - from the most highly cultured or wealthy to those where the parents are themselves mentally deficient and possibly in need of public support. However, a higher percentage of the moron group come from families where the parents are themselves incompetent, than of either of the groups of more severely retarded children.

In these incompetent families children may become serious behavior problems simply because they have been without adequate care and training. It is in

the moron group that delinquencies most often occur; sex delinquencies sometimes due only to bad habits or a poor environment and sometimes so deep-seated as to make the person really dangerous to society; or other delinquencies such as stealing, assault or forgery, again sometimes the result of poor training or lack of understanding and sometimes the result of seriously deep-seated anti-social attitudes. It is also in this group that the unaccountable behavior and temper tantrums frequently found in a child following a brain injury are most obvious and present a serious problem. This is true because the general level of ability is such that without this unaccountable behavior the person might not have been diagnosed as mentally deficient and might have made a very good community adjustment. Of course there are also many in this group whose most serious problem is just the fact of retardation and the need for understanding and special education.

While the topic of this paper does not include the epileptic, most of what is said will include them since most of the basic laws include epileptic persons in provisions for care, education and training. Epilepsy is, of course, primarily a medical problem, and many epileptic persons are of average intelligence or above. However, many are also mentally deficient.

It is estimated that there are at least 30,000 mentally deficient persons in Minnesota, because 1% of the general population is a minimum estimate of those who would be so classified. A large part of this 30,000 may never need help other than that rendered by the family and unofficially by the community if the demands made by the environment are not beyond the ability of the retarded person to understand and meet. This is true because the greater percentage of this total group is composed of persons who are on the moron level and are not in need of actual physical care. But perhaps all could make a better adjustment if aided by some part of Minnesota's planning.

In this paper "plans and care" are, of course, interpreted as including education and training and "Minnesota" is used to refer to an official agency of the state. Appreciation must be given, however, to unofficial agencies and individuals as we all work towards a common goal and they cooperate with "the state" to bring about better planning and care.

The basis of any state activity is the law which authorizes it and sets forth the responsibilities and limitations to be met in administering it. There are a number of state agencies or officials with widely differing services which have a very specific part in a total program of planning and care. After listing a number of these I shall devote most of this paper to laws and policies administered by the Division of Public Institutions.

The Department of Education has a very large and important part. A major responsibility is that of setting standards for the establishment of classes for the mentally retarded in the public schools.

The Department for Rehabilitation of the Physically and Mentally Handicapped is a division of the Department of Education but operates under a federal law and with a federal grant of funds. It aids some retarded persons to prepare themselves for earning a living by giving them an opportunity for needed training, sometimes on a carefully selected job under supervised conditions for learning.

The University and University Hospitals with their teaching staffs, psychological service and clinics may not have service to the mentally deficient mentioned specifically in the laws, but it is at least an implied responsibility in several departments and in the clinics, and is being constantly more fully accepted and met.

The State Department of Health has responsibility for setting and aiding

in maintenance of health standards in the institutions. Within this department also there are the Public Health Nurses. One or more such nurses are employed in most of the counties under the direction of the state office. They play an important part in plans, although again their legal responsibility is more implied than specific.

The Division of Social Welfare has such major responsibilities for children, old people and others that the Division of Public Institutions could not fully function under existing laws relating to the mentally deficient and epileptic without that Division. In fact, on a county level the welfare board -- which is the agency that functions in carrying out the responsibilities of the Director of Public Institutions locally -- is under the direction of the Division of Social Welfare; indeed, the members of the Board other than the commissioner members are appointed by the Director of that agency. The Division of Social Welfare is also responsible for licensing boarding homes and boarding or day care schools for the mentally deficient. Since it has general responsibility for the welfare of all children it must make certain that the Director of Public Institutions takes over planning when it should be done on a basis of mental deficiency or epilepsy.

The Probate Judge and the County Attorney have responsibility for carrying out the laws in a manner that protects the interests of the individual and of the community.

It takes many people with varied skills or from different professions to make and carry out a state plan that will give to each mentally deficient or epileptic person all that he needs to develop to his greatest capacity and to adjust happily to life. The American Association on Mental Deficiency recognizes five main professional fields of interest - each with its specific contribution to make to a total plan for an individual. The psychologist has the knowledge and technique to give an understanding of what each child really is; the educator promises him methods of teaching that will make it possible for him to learn; the social worker helps the family and the community to appreciate the needs of each individual and thus to meet the needs while recognizing and strengthening his assets; the doctor or psychiatrist promises not only the usual care to bring about physical and mental health but also a constant study of why he is "different" and a continued effort to change his condition; and the administrator offers him a home where life is fitted to his needs if it is found he will be happiest out of his own home.

There are, of course, persons employed by the various state agencies in every one of these fields of interest. They are all needed in order that the best possible plans be made. Also there are many from each profession who are not in state employment but who give of their knowledge and their time because of their interest. In addition to the five special fields of interest there are other professional persons such as ministers, public welfare nurses or geneticists, for example, who contribute a great deal. And no plan can in the long run be successful that in its administration does not have the understanding and cooperation of parents.

Although the activities of the state agencies and officials named are all necessary for a total state plan of care and education, the major responsibility is placed upon the Division of Public Institutions both because it provides institutional care, and because by law the family of any mentally retarded person or the person himself may ask for and get its services in the community as well as in an institution. In considering plans made and care given by the Division of Public Institutions, the functioning of three "agencies" will be stressed, one of which, the county welfare board, is a county and not a state agency. The first of the two state "agencies" is the institutions which have been created to meet the needs of many of the mentally deficient and epileptic, and the other is the Bureau for the Mentally Deficient and Epileptic, which directly represents the Director in carrying out specific responsibilities related to many of this group not in institutions.

In order to understand the activities of the Bureau for the Mentally Deficient and Epileptic and the part played by the welfare boards, certain laws must be understood. Other than laws creating institutions the basic law relating to mental deficiency and epilepsy is one which makes state guardianship possible for persons so diagnosed. This law is administered by the Director of Public Institutions through the Bureau.

In 1917 the guardianship law was one of thirty-odd laws the legislature passed for the protection of children - laws presented by a commission appointed by the governor two years previously. It is hoped that everyone will come to understand that this law is a protective one for individuals who cannot protect themselves. The law provides that a petition for commitment to the guardianship of the Director of Public Institutions may be filed in the probate court of the county where a person resides or has settlement, alleging the fact that he is thought to be mentally deficient and stating the reasons why this seems true - reasons which frequently include a definite diagnosis by a psychiatrist or psychologist. The court then sets a date for the hearing conforming to various legal requirements for the protection of the individual, and names two physicians - sometimes psychiatrists - to act with him to consider the evidence. If the person is found to be mentally deficient, the judge must commit him to the guardianship of the Director of Public Institutions, a life guardianship unless discharged by the court. (When the law was passed commitment was to the Board of Control, then the Director of Social Welfare and since 1943 the Director of Public Institutions, illustrating the continuity that exists in public administration in spite of changing laws.)

The guardianship law is based on the fact that whether there is severe retardation which makes actual physical care by others necessary or whether the retardation is only sufficient to render a person unable to use good judgment so that he is easily taken advantage of, someone must be ready to plan for and help the retarded person. Many parents can, of course, determine what is best for the child, and many can carry out their plans unless there should be illness -- at least for many years. But the future of the retarded child may be doubtful after the parents' death. Guardianship by the state can then be a comfort as the state continues to function though individuals connected with it may come and go. Also guardianship opens up a vista to parents of sharing responsibility. Parents want to do what is best for their children, the normal and the retarded, but it is not always easy to know what is best, especially for the retarded child. Guardianship places upon the state the responsibility for showing parents the possibilities of different plans and discussing their relative merits and drawbacks, and then to the extent that facilities are provided, aiding the parents to carry out the best possible plan whether it be institutional care or remaining in the community. Also the fact of guardianship can be a comfort as there is never the necessity of having to go through the process of an official finding of mental deficiency a second time in order to place a child in an institution if he has been there once, has been removed but should be re-entered. If it is advisable for him to return arrangements are easily made -- of course dependent upon existing space. That is, guardianship makes it possible to consider life for an incompetent person not as a possible series of unrelated little plans, but as a continuous plan with changes made as the need is shown. The parent is not alone in this planning nor is he left out. It is a cooperative act, the parent and a representative of the Director - usually on the county level - discussing it and working together.

From the explanation of guardianship one can see that the primary responsibility of the Director, and thus of those acting for him, is to persons placed under his guardianship. Planning for wards is more than a service; it is a legal mandate. For that reason in further describing the plans and care for the mentally deficient and epileptic from the standpoint of the Division of Public Institutions, emphasis will be placed on carrying out the laws which relate to those who are wards

of the Director. The total number of wards in Minnesota is only about 8500 and on a yearly basis the average number of those placed under guardianship each month is about 30. It can therefore be appreciated that many of the mentally deficient and epileptic who are not wards will need service -- or their families will -- and this will be given. This service may be primarily the discussion of problems created in the home because of unmet needs of the retarded child and giving information concerning boarding home care or other possible plans.

The same 1917 legislature which passed the guardianship law as one needed for the protection of children, gave authority to the State Board of Control for appointment of child welfare boards in counties requesting them. Under the direction of the Board of Control each child welfare board was to see that laws and policies made for the protection of children were carried out in their county and community. Since 1937 there have been county welfare boards responsible for the duties previously given to child welfare boards but with many others added. The members of the board serve without salary. Today every county has a welfare board which makes policies in conformance with the laws and policies of the cooperating state agencies. Each board employs an executive and clerical staff and most of them have at least one other social worker on their professional staff, the large counties or counties with large populations having staffs proportionate to the number of clients served. At least ideally the number is proportionate.

The staff of the welfare board is responsible for seeing that the mentally deficient and epileptic persons and their families get needed service. This may mean explanation of laws and policies or of possible facilities; aiding parents to file a petition for a guardianship hearing if they desire to do so; helping to secure desired community care, which sometimes includes finding a boarding home; arranging for entrance to an institution if that is desired and possible; arranging for return from the institution if and when that seems best, and giving service to help in community adjustment. This may include for older persons of higher mentality finding work and also providing for living arrangements and recreation. Perhaps a main responsibility of the welfare board is community education so that parents and others may know that the county welfare board is the local source of information on possible plans for the mentally deficient and epileptic as well as the agency which will give real assistance where needed for making and carrying out plans.

The professional staff members of the Bureau for the Mentally Deficient and Epileptic are social workers and so are able to help the county workers - also social workers - not only to understand the general policies and procedures, but specifically to aid them to make adequate plans on an individual basis.

Minnesota's plan for the mentally deficient places more emphasis on the responsibility of social workers than does that of other states. However, it is difficult to give a definition of social work or social worker although duties of the staff of the welfare boards listed above give an idea of what it is. A primary function of a social worker is to understand people and their needs and to know the community resources so as to secure for the client the services he should have. The social worker may call on the doctor, the psychologist, the public health nurse, the minister, the teacher or the employer. One or all of these may have something to contribute to the well being of the mentally retarded person and through the medium of the social worker their services can be coordinated so as to be most helpful. Indeed the social worker may have to help the neighbors and even the family to really understand the retarded member. It is always with the family that he works most closely. In Minnesota the Bureau for the Mentally Deficient and Epileptic, acting for the Director, never takes action contrary to the wishes of the family except when a ward is a menace in the community and the family does not cooperate, or the parents are themselves incompetent and unable to plan for their children. Even in such instances action is not taken without careful investigation and recommendations of the county welfare board.

The Bureau for the Mentally Deficient and Epileptic in its capacity of guardian, acting for the Director, not only advises with the county welfare boards on the interpretation of laws and on plans for wards, but coordinates the services of the welfare boards and the institutions. The Bureau, the county welfare board and frequently one of the institutions may act as a team to see that the retarded person has his needs met from the time he first becomes a ward until he no longer needs service. Of course plans for an individual even though a ward may never include institutional placement; they may mean placement in an institution for a comparatively short period for training - a school; or they may mean permanent institutional placement for care, - a home.

One of the services which the social worker most frequently has to secure for his client is that of a psychologist and this is provided by the Division of Public Institutions. Counties may get needed services from the Bureau for Psychological Services through travelling psychologists. Although the psychologist gives mental tests, he would be the last person to say that the intelligence quotient alone shows whether a person is or is not mentally deficient and what that person is capable of learning. In diagnosing mental deficiency or in prescribing the type of care and training needed, the psychologist considers not only the intelligence quotient secured on a test, but the age at which a child walked; talked, etc.; his behavior; his demonstrated ability to learn; his social adaptation. Family background is of interest and a full medical history showing illnesses and accidents. The psychologist may find one test of a specific type sufficient for a diagnosis if he has this additional information for consideration, and also makes his own observations. On the other hand, he may give many tests of many types before making his recommendations or there may be certain elements in the responses or social history that will cause him to ask for psychiatric study.

There are some specific laws relating to persons who are under guardianship which are for the purpose of protecting the mentally deficient person or in some cases the community. The social worker must see that these are understood by the ward and his family. Major responsibility for administering some of these rests with the Bureau for the Mentally Deficient and Epileptic, or indeed, with the Director himself - but both the county welfare board and the institutions have a part in seeing that they are used for the benefit of the ward and society.

Some of the situations met by specific laws are:

Funds belonging to wards may be held in the state treasury and disbursed for the ward's benefit as seems best.

The mentally deficient and epileptic are prohibited from marriage.

An operation for sterilization of a mentally deficient ward may be performed with the consent of the spouse or nearest of kin under definite specifications as to type of operation, examinations and recommendations.

Provision is made for discharge of guardianship by the court on petition of the Director and for restoration to capacity on petition of either the Director or on behalf of the ward.

An enumeration of the institutions and a rough summary of the type of service each is equipped to give will indicate the many problems encountered if the needs of all of those committed by the court to the guardianship of the Director are met on an individual basis. Again this does not mean that all will need institutional care, but many will need education and training not possible in the community; some will need discipline and training as a protection against results following behavior difficulties; some older persons who previously had made a community adjustment will need a home when unable to longer support themselves; infants and young persons will need indefinite care and thus a permanent home.

Cambridge State School and Hospital has all epileptic patients who can walk up and down stairs. In addition to special medical care and treatment, the institution has academic schooling in the elementary grades, occupational therapy and training for outside job placement given by those responsible for the activities necessary to keep an institution functioning.

Owatonna State School has boys and girls who, according to the law, may through such education and training "be prepared for return to society as self-supporting individuals." It is thus really only a school and does not keep children beyond age 21. The lower intelligence quotient is usually 50, although many with I.Q.'s above 50 cannot become self-supporting because of physical or emotional handicaps and must also be planned for elsewhere.

The Annex for Defective Delinquents located at the St. Cloud Reformatory is for men and boys who are both retarded and delinquent. The lower age limit is usually at least 18, and preferably higher. Again this is primarily for morons but only for those whose conduct and attitude toward conforming to standards set by society is such that they cannot adjust in other groups.

The Minnesota School and Colony at Faribault is for all of those who do not fit into one of the more specialized institutions. Here there are infants and very old people; those who are helpless and know little of what goes on around them; and those who are in the higher levels of mental deficiency but if children are too physically handicapped to be placed at Owatonna or if older have been unable to adjust outside; those who can profit by some school training on very low levels but who could not be expected to support themselves; and those who should have the opportunity for training at Owatonna but are too emotionally unstable to compete with the other brighter children; girls and women who are seriously delinquent; and those who sometimes are placed in the institution before giving birth to an illegitimate child. There are also for short periods of time babies who are born in the institution, perhaps illegitimately conceived, or perhaps the mother has many other children and is no longer able to even try to care for them.

Two temporary institutions housing about a hundred and twenty children who would be in the Minnesota School and Colony if there were space and who will be transferred when older, are the Shakopee Home for Children and the Sauk Centre Home for Children. The former has 30 girls chronologically from 4-12 years and the latter 90 boys chronologically from 1-8 years.

This is a very brief statement of the laws administered by the Division of Public Institutions. We fully realize that within the framework of the same laws there can be stagnation or there can be growth, adaptation and administration with vision, and that only constant vigilance and cooperation with others can result in vision. An example of such cooperation resulted in the booklet Teach Me in 1945. The Director of Public Institutions called together county and state representatives from the five special professional fields, with the addition of public health nurses, to discuss the needs of the mentally retarded. The lack of any printed material to help parents or boarding parents teach children in the home was recognized and Teach Me is the result of the contributions of the whole group. It is given to Minnesota parents who will find it helpful but it is sold outside of Minnesota for a nominal sum. More than 80,000 copies have been printed, and a day rarely passes without orders from beyond the borders of Minnesota.

Another example of cooperative planning is a committee which is only in the process of formation. Since 1945 organizations of parents have shown that parents are interested not only in their own child but in all children who are retarded, and professional workers have realized how much parents can contribute to better planning for the retarded. Therefore, the Director has requested representatives from parents' organizations and staff members of county welfare boards to meet with those from the Division who have major responsibility for the welfare of the mentally

deficient, to confer on problems and advise together on how to meet them. This conference committee will soon have its first meeting.

The hope of the Division and of the welfare boards is that each person -- child or adult -- shall be considered as an individual and all of his needs met on that basis from infancy to the end of his life. I say hope as we do not have either the knowledge or the facilities to reach this goal. Much research is needed to give knowlege - but also more staff is needed in many counties as well as in the institutions to utilize the knowledge we now have. Special facilities are also needed. Everyone is acquainted with our "waiting list," but perhaps everyone does not realize that the seriously unadjusted boy or girl of moron mentality is without a place to have his needs met. The Youth Conservation Commission does not have plans for children needing years of institutional placement; from the standpoint of intellectual ability they should be at Owatonna but that school does not have the staff or proper facilities for coping with them so that sometimes such a child is a hazard to the other children there; the Minnesota School and Colony without adequate staff or facilities should not be asked to accept an occasional child of moron capacity but needing very understanding care when they have so many other needs to meet. This is only one example of unmet needs. There are, of course, others.

In planning and caring for the mentally deficient and epileptic there are certain basic principles that we believe hold for all agencies in Minnesota. The Division of Public Institutions gives them as a summary of its working principles:

A program based on a broad interpretation of the law.

Definite policies established to bring about smooth and just administration.

Each person considered as an individual.

Utilization of the interest, knowledge and skills of all who can contribute to greater understanding of the mentally deficient.

Also there is an intangible element that I believe is to a large extent prevalent in all work with mentally retarded persons whether they are in an institution or in the community. Many hundreds of years ago St. Paul, the man for whom our capital city is named, said: "Now abideth faith, hope and love, these three, But the greatest of these is love." It is our recognition of this that makes it possible to again repeat the verse with which I started, confident that we in Minnesota have sensed its significance and are trying to remember it as we plan and care for the mentally deficient.

"The world stands out on either side
No wider than the heart is wide;
Above the world is stretched the sky -
No higher than the soul is high.
The heart can push the sea and land
Farther away on either hand;
The soul can split the sky in two,
And let the face of God shine through."

Mrs. Thomas Hale

We parents are indeed very flattered to be included in this institute today. In our work thus far it has been a thrill to us to learn to know the professionals in the field and to realize how long and with what vital interest they have worked to make this a better world for our mentally retarded children. Now it makes us proud and humble that they should feel that we parents too, have a contribution to make in discussing with you social workers the problems of mental retardation.

I especially feel humble and wonder what I am doing here - for I classify as Housewife. I turn out a pretty good apple pie, but my speeches are confined to the more vehement ones when the kids break my best lamp in one of their better wrestles.

However, I was until very recently, a parent of a mentally retarded child. I know the heart break, the frustration, the hopeless feeling that goes with the realization that your child is not quite normal.

In the course of about two years with the Minneapolis parents group, I have learned to know many other parents and I hope that I am expressing their feelings and ideas too.

So the question is - what do we need from you social workers? First, let me tell you how parents feel when we go to a social worker. We are exhausted and numb. We have been through many a sleepless night of care and worry. We feel hopelessly perplexed. Most parents have read enough about bringing up children so that we know that our children need physical, social and emotional security. But how is it possible to provide such care for a mentally retarded child? We have lost our confidence in our ability to handle the situation - there is nothing left but frustration and a feeling of inadequacy.

How then can you help us? First somehow you must put yourselves into the parents shoes and give them sympathetic understanding. Yes, as Miss Thomson said this morning, you must first show that you are a friend. It has been hard for the parents to seek advice from you to begin with. You must at the outset show that you want to work out the problem with them.

The with them is the important word in that sentence. For the plan you eventually make must be the best for the child and the best for the family too. I realize that I am repeating here something you well know for in your Manual for Welfare Boards is this quote "It should always be remembered that since the child belongs to them, they are the ones to be satisfied with the decision". My intent in quoting this is to have the parents here know that your whole program is one of planning with them.

The parents have been trying recently to help all you professionals take the skeleton out of the closet about mental retardation by making the public realize that it is not a hush hush matter, but to be discussed just like any other handicap - such as blindness.

You have another skeleton to take out of your closet. You must sell to the parents the fact that you do not want to take their children away, to put them immediately in an institution. In fact many parents would go to a social worker much earlier (a wonderful help to both of us) if they realized that the program is so much bigger than just institutionalization.

Making it clear that you really are sympathetic and want to help will take

Careful, interested listening. As you listen and encourage, that wonderful ability of the social worker to help the parents express and interpret their feelings will be invaluable. This first interview, if possible, should be only a listening process, for the parent is in no condition to fill out a long questionnaire. That may be difficult, considering your tremendous case load, but since we know that you want to help it is important that this first contact be one of establishing the "friend" relationship I have been emphasizing.

And now you have reached the point of another great need of the parents - the need for information. We need that information to resolve our feelings of frustration. We need to know what we can do and that the picture is far from hopeless. We need to understand that we can work with your program of helping our children live up to their abilities within their limitations.

Since we know now that we have your sympathetic understanding you need not be so gingerly with us. We want to know all that you can tell us.

Now perhaps first of all parents should know that they are not the only ones with this problem. You may be surprised to know, that for many of us, our child is the only one we know who is not developing as he should. And it does help to know that there are others who have the problem too. Here I think I should throw in a little commercial - that belonging to a parents' group certainly takes away the feeling of being alone in having a mentally retarded child.

The next information you may need to give parents is the necessity for, and how to go about getting a thorough diagnostic study. When that study has been made, you may have to help the parent accept the diagnosis. And then you will be ready to start making a plan together.

Here your Manual for Welfare Boards states the case so well that I would like to quote it again: "Offer the family a choice of solutions. Ordinarily the choices are three: They can continue to care for their child at home, they can try to arrange care in a boarding home or in a religious or private institution, or they can take advantage of the facilities offered by the state." The first choice of keeping the child in the home is a very good one for many families. As you know many of our children fit well into their family and community situation. However, these parents should know how much help is available to them from you social workers and from other community facilities. As one example of the latter, the trend has been toward providing education and training in the public schools for many mentally retarded children. As early as 1913, a law was passed enabling the establishment of special classes in the public schools for the feebleminded (the term then used). To quote Miss Thomson's Review of the Laws of Minnesota Relating to the Feebleminded from 1851 to 1945, "This was an enlarged conception of the state's responsibility to the feebleminded not in institutions."

A new concept of educating the mentally retarded has been growing recently which indicates that much more can be accomplished, not only in training, but academically than was thought ten years ago. The state recognized that new concept in two ways last year: 1) The 1951 session of the legislature increased the state aid to the mentally retarded from a maximum of \$150 to a maximum of \$240 plus transportation aid up to \$160. The second, also of significance, a new set of requirements was made up by a group of educators, administrators, psychologist, psychiatrists and parents so that now many children under 50 I.Q. are eligible for special classes. In Minneapolis, the educators and parents are working together slowly but surely to establish those classes. One was started January 8th, three more are in the planning stage and will be opened shortly.

Now what help can you give the parents who have their children at home. First, you can give them the information they so badly need. You will need to tell them what school facilities are available in your community both public and private.

Visit the Beta classes in St. Paul, and Mrs. Fraser's Home Study School in Minneapolis. Have the fun of knowing what mentally retarded children are really like and how much can be done with them.

Then parents need good practical suggestions on how to handle their children in the home. Perhaps the best indication of that need is the fact that the Division of Public Institutions has distributed 80,000 copies of "Teach Me" that wonderful booklet which gets right down to cases and tells the parent exactly what to do. It always emphasizes the positive - for instance the chapter "It's fun to be Busy" says "You can teach words best in natural situations - meal time is a good time to teach the names of foods."

Those suggestions give us parents something positive to do in handling our children thereby eliminating for us that feeling of frustration and inadequacy. There are many more practical suggestions in your Manual (which I should have made famous by now) which would help parents. For instance the point that because the mentally retarded understand the concrete not the abstract simple directions work best, and also the fact that these children are more suggestible which can be used to their advantage.

Some of the suggestions for types of work suitable for various mental age levels would be adaptable for parents use. For instance, many would be glad to know that their children probably could learn to play a cornet or a saxophone with a mental age of 10 to 11.

You have available many excellent suggestions for training--we need those. Perhaps in your welfare office some of the material could be mimeographed and those sheets given to the parents.

You should sell your many services which are there for us to use. For instance, I doubt if many parents realize that you can and have successfully helped with a neighborhood problem or that a good part of your work consists in helping older mentally retarded find and keep jobs. Nor do we know of the group recently organized in Minneapolis which provides recreation and club activities for the mentally retarded from 18 to 40.

So sell your services! Sadly enough, it is not enough to offer a service for it has no value until it is used. Many of us know of your wonderful program, but too many do not. Your selling job will need to reach into the community with all varieties of publicity.

And now to go back to helping the parent with a plan. This time the parent who is considering placement outside the home - either in a boarding home or in a private or state institution. Remember here that parents will want to know exactly what is provided in each kind of care. They want to know locations, times for visits, the cost, the playground facilities etc. But most important of all, they want to know the fact that in the social work program, in the private homes and in the state institutions the emphasis is on the individual and what can be done for him. It is not so hard to place your child in someone else's care, if you know that he will be treated, not as case 522, but loved as Billy Hale. For, even at Faribault, where there are almost 3,000 cases, anyone the parents talk to - from the Superintendent to the aides - knows their child and what he is like.

I know that you always encourage parents to visit any home or institution they are considering for placement. Here it is important to remember and to warn us parents that the first sight of mentally retarded children in a group is pretty grim. There are all kinds of cases, and it is difficult to see that our child will possibly fit into this group. After we go several times, we see Johnny, who is having fun bouncing a ball, and Freddy, who, although he is in bed all the time, has such a wonderful smile for us. Eventually we learn that the children are happy

playing together and that our child will be happier than we can make him at home.

But here is one of the biggest hurdles for the parent to get over - placing our child in a group, and especially a large one. You social workers can help us a great deal here. Visit the institution yourselves - know the children and the program so we can ask you all the little but comforting details. What kind of clothes they wear, what the children do all day, what kind of toys they need. The fact that parents can provide clothes and toys and furnish treats for the gang occasionally, that we can visit, makes a link between us and the institution - which makes parting with our child easier.

Here again mimeographed sheets of practical suggestions which we could take home and digest at leisure would be helpful to parents. Those specific suggestions would be especially useful to a parent who is about to place a child in a state institution.

Now, of course, all this is supposing that you and the parents have quickly worked out a plan for placement---and found a place. Actually you know well that it is not as simple as that. You know that you are going to have to lead us through the maze of understanding the laws - such as for instance, the commitment to guardianship and what a protection it is to us and that it requires only a simple court procedure etc.

You probably also will have a long period of tiding us over until space is available. During that time, an occasional telephone call explaining the current status of state planning - such as the new cottages at Sauk Centre etc., the probable wait now, and a few words of encouragement and sympathy would be gratefully received.

Another problem which I have not mentioned in this planning process, is that you often have the job of pulling together two parents who disagree or who have not found it possible to discuss the child together. Surely both parents should be present at all interviews if at all possible. While this may seem difficult, it may save time in the long run in making the plan.

In trying to make clear how you can help us, I have undoubtedly painted too simple a picture. Often a clear cut diagnosis cannot be made early, as we would like but includes a long period of watching and waiting - watching for developments and hoping. Often, because parents are too close to the problem, it is hard for them to evaluate the importance of the accomplishments of their child as against further indications of limitations. More help from a diagnostician will be necessary - and further help from you social workers. Remember that this watching and waiting is probably the hardest thing we parents ever had to do. Can we do it - yes, with your encouragement and help.

Now this little program I have outlined is a pretty tall order for one small social worker - or even a big one! The interviews to show you are a friend, the hours spent on planning with us and the job of selling your services to the public. All this adds up to quite a sum - especially considering your case load and the fact that some of you are comparatively new in the field of mental retardation.

Here we should be able to work together. Here we parents should be able to help. Well now here comes the commercial again.

In our parents group we can sell to our members the fact that you want to be a friend first, and that you want to plan with us. We can give you examples of how we have successfully solved our problems---which you can then pass on to other parents. We can give you information about private homes and institutions we have visited (as several parents have done).

And we can work to help provide the needed facilities for retarded children. We know much of your time is wasted on temporary planning because there are no facilities for permanent placement outside the home. We are working continually to educate the public and the legislators of the need for a new state institution. We are also working on providing better care and opportunities for children at home. For example, the Albert Lea parents' group opened a private school for mentally retarded children last year. The Minneapolis group has worked to get the new special classes for the lower I.Q. groups started here. By this group, too, the first scout troop in the country for the mentally retarded outside of an institution has been successfully organized. The cooperation of the Minneapolis group with the Hennepin County Welfare Board has helped organize the club for the retarded from 18-40 now meeting at Elliot Park Neighborhood House. Finally the newest plan of this group is to start a Day Care Center.

Now, how can we help sell your program of services to the parents and the public? Surely we can educate our members in our parents group. Furthermore, we are having increasing success selling publicity to the newspapers and radio - we should be able to tell your story too.

Who knows, in reaching for the stars (our favorite occupation) we might be able to convince the public that this program is so good - and that it will require more social workers.

Just one more super commercial. You have already been a great deal of help to us in forming parents' groups. We need more groups - for the more parents we reach, the more we can do to help you.

And now to close let me say briefly - this field is a thrill and a great challenge to all of us, any of us may have our own personal contribution to make but together with this new found mutual understanding - together we can, we are going to make this a better world for our mentally retarded children.

Arthur S. Hill

History indicates that, from time to time and in different cultures, retarded persons have been subjected to a variety of social attitudes. In ancient times the feeble-minded were persecuted, mistreated, or even destroyed. In the middle centuries they were pampered as jesters and fools. At times they seemed to be regarded as possessed of divine qualities; at other times their behavior was regarded as emanating from evil spirits.

It would be a mistake to conclude that these variant attitudes are restricted to particular cultures or periods of time. Attitudes may become cumulative and are frequently carried over from generation to generation or from culture to culture. In our present times we observe attitudes toward the mentally retarded that had their origin in the past.

Perhaps the most prevalent attitude that has its roots in the past is that of ridicule. Many of us have participated, perhaps vicariously, in jests directed toward the mentally handicapped individual. For example, a number of comedians appearing in theaters, on radio and television, depend to a great extent upon portraying the grotesque speech and behavior of the obviously mentally deficient segment of society.

If criticism is to be levelled at their antics, it should hardly be directed toward the performers themselves, for they are merely indulging in the type of low comedy that is appealing to their audiences. Neither should the criticism be directed toward the millions who applaud their efforts. It is to us, professionals, who should have interpreted to the public the dignity of the deviating personality, to whom criticism should be applied. Perhaps, then, the first point that we must put forward in this discussion, must be that the future of the mentally handicapped must be dependent upon the extent to which our professional personnel can reinterpret to the general public the fundamental worthwhileness of those who are different.

The task is not an easy one, for it involves first of all our own convictions and beliefs. It will be quite impossible for us to convince the public of the dignity of deviating personality unless we, ourselves, thoroughly believe our message. I am not sure that all of us who are employed in human engineering activities are thoroughly convinced that the child who is mentally deficient has competence for worthwhile contributions to our society. I have talked to teachers who were not sure that the education of the mentally retarded is worthwhile or economically sound and to clinicians who rejected the mentally retarded as being incapable of profiting from therapeutic procedures. As long as these attitudes prevail among professional child welfare workers it is almost hopeless to assume that lay members of society will become seriously concerned about our mentally deficient boys and girls.

For many years we have been told by our students of child growth that children who are different resemble the so-called normal child to a much greater extent that they deviate. At one time it was the general opinion that the mentally retarded person was equally deficient in moral and spiritual development. So much was this so that, even today, the term "moron" frequently implies mental deficiency accompanied by a lack of moral behavior. Insofar as learning is concerned it was once common to conclude that intellectual impairment resulted in a general ineptitude for learning in all areas of behavior. And as long as this opinion prevailed, the prospect of adequate social and vocational adjustment for the retarded child was delimited and restricted.

Perhaps one of the most promising developments in the total outlook for the retarded child has come about as the result of recent research. The significance of this research seems to be in its implication that even the mentally retarded vary in their possession of specific abilities. I am not sure when our attitudes relative to general vs. specific abilities began to change. In some ways it might seem that the tendency to assume a condition of general impairment was a result of wishful or lazy thinking. I can remember, during my training in giving the old Stanford-Binet test, that emphasis was placed upon observing the unevenness of responses. Actually, there is nothing about a Binet test that would warrant the application of the resulting I.Q. to all types of performance. Perhaps the most damaging effect of recording I.Q.'s has been their use by uninformed people who choose to interpret their own failures in teaching and training children in terms of the pupil's supposed general deficiency.

The advent and acceptance of some of the newer tests of intelligence have done much to modify our thinking about the competence of mentally retarded children. Both the Wechsler tests and the SRA Primary Mental Abilities tests emphasize that abilities are often specific rather than hewing closely to a measure of central tendency. It is not uncommon on the Wechsler tests to find children who measure in the ranges of mental deficiency in the abstract areas of intelligence but well within the normal ranges in performance areas. Similarly, on the SRA scale the child whose total I.Q. is at the level of borderline deficiency may register in the normal ranges in one or more of the sub-tests.

Segal, of the OE staff, recently pointed out that, while intelligence seems to be of a very generalized character in the young child, a process of differentiation of responses continues throughout the life of the child. This tendency seems to be pointed up by an unpublished study made by Blanchard at the Colorado State College of Education. Blanchard administered a number of aptitude tests to 179 adolescent boys and girls in the special classes of a midwestern school system. All of these children had Binet or Wechsler I.Q.s under 80 and ranged downward to 52. Their results on the battery of aptitude tests were compared with those of pupils of comparable ages in the regular secondary grades of the same school system. In the majority of instances the mentally retarded boy or girl measured within the normal range for high school pupils in one or more types of aptitude. For instance: Joe, I.Q. 52, measured in the 90th and 95th percentiles for normal high school youth on several tests of the Purdue Pegboard series; John, I.Q. 72, at the 95th percentile on those of the Seashore Measures of Musical Talents, while Mary, I.Q. 72, ranked at the 50th percentile (average) on the Minnesota Paper Form Board and the space perception section of the SRA Primary Mental Abilities Tests, at the 60th to 70th percentiles of several pegboard tests, and at the 75th percentiles on two musical talents tests. These are only random examples from the records of the 179 mentally retarded boys and girls studied by Blanchard, but they are eloquent of the fact that limited verbal reasoning ability does not necessarily indicate comparable disabilities in all areas of performance.

Furthermore, lack of intellectual ability is no reliable prognosticator of personal and social attitudes or adjustment. That mentally retarded boys and girls can effect adequate individual and social adjustments, especially under suitable environmental conditions is also attested to by the results of Blanchard's study. Assuming that scores above the 35th percentile on the California Test of Personality are indicative of relatively normal adjustment, we find that more than one half of Blanchard's mentally retarded subjects ranked in the normal ranges for high school youth in self adjustment and a similar proportion ranked in the normal ranges in social adjustment.

Needless to say, Blanchard's findings support Dr. Ypsen's recent statement that the subnormal mind is abler than we think.

Unless we are tempted to go too far afield in interpreting their findings I would like to pause a moment on a word of caution. Despite the fact that many mentally retarded boys and girls can make satisfactory personal and social adjustments and have competence for achieving normally in specific areas and skills we must remember that modern living still puts a premium upon those abilities that are dependent upon the use of symbols and abstract reasoning. Educationally speaking, the fact that Joe, 1252, ranks up to the 95th percentile of normal high school youth in manipulative abilities does not mean that he can be thrust into the regular high school classes in vocational education, nor that John, 1272, should take music in the regular high school music classes. Neither do high measurements of personal and social adjustment necessarily mean that these retarded children should be thrown into society without the provision of guidance and follow-up services. The problem is more complex than that. Perhaps the implications can best be interpreted in terms of strengths which educational and guidance services must recognize and develop. Our obligations to the mentally retarded and for the development of special services for his welfare are increased when we admit his potentials for useful living. In terms of the future outlook for the mentally retarded child, our second point must be that modern research, by pointing out that the mentally handicapped often possess strength comparable to those of normal individuals, has reinforced the argument that special services designed to promote the welfare of the retarded child are both well advised and should be productive of positive results.

So much for changing concepts of retardation and their implications for the future outlook of mentally retarded boys and girls. I would like to spend the remainder of the time in reviewing the accomplishments and needs, of various services for the retarded as they exist at the present. Since I am essentially a school oriented specialist my first consideration will concern educational developments.

The history of public school education of the mentally retarded goes back only about 50 years. Prior to that time the care and education of the retarded had been solely a function of institutional schools, and these had been in existence for only a limited number of years. During this half century of public day school special education development, a variety of emphases have occurred. We have gone through eras of basketry, keeping them happy at all costs--the Ted Lewis era!--the watered-down curriculum era and the vocational emphasis era. However, special education for the mentally retarded seems to be coming of age and the mistakes and successes of the past are being used in the development of a more scientifically sound curriculum for retarded boys and girls. The modern emphasis is upon a program that will meet the specific needs of retarded children and which will include materials within the range of understanding of the pupils who are served. This is far from being a "watered down" regular school program. It is built upon the experiences that will be necessary for the retarded pupil to make adequate social and vocational adjustments. For instance, learnings are restricted to those within the pupil's range of understanding and the teaching aids and equipment are selected from those especially prepared for pupils with interests that are considerably beyond their reading and number-work achievements. A number of states and local school systems have spent considerable time in developing curriculum outlines for mentally retarded boys and girls. In New York the curriculum is developed around a core of occupational information and preparation. The Illinois State Department of Public Instruction has recently prepared a curriculum guide for the teaching of the mentally retarded at the secondary school levels. All of this points to the fact that the educational outlook for the mentally retarded in many modern school systems is good, indeed. Fifty years of experience and experimentation are bearing results in improved and intelligently planned curriculum practices.

For many years in the field of education there raged a battle between those who thought of educational services for retarded children in terms of special schools and classes and those who advocated a modification of requirements within the regular classes. This was referred to as segregation vs. non-segregation, and while the battle raged no quarter was given and no middle-ground sought. Those who favored a policy of non-segregation pointed out that the mentally retarded pupils need the stimulation of and to understand normal children, while the normal pupils need to learn to accept their less well-endowed members of society. Segregation, they stated, separated the retarded child from the stream of normal society in which he will eventually have to live and adjust, and it separated the school program for the retarded pupil--including its teachers--from the total education program. However, within the past two years a study by G. Orville Johnson, of the University of Illinois, has indicated that retention of mentally retarded children in the regular grades may be damaging to the social adjustment of the retarded pupils. At least, pupils assigned to special classes were better accepted and apparently more socially mature than those who had been kept in the regular grades. It has frequently been stated that assignment of handicapped pupils to regular school classes does not eliminate either stigma nor segregation.

A few brave souls attempted to compromise by assigning retarded children to part time attendance in special classes and participation with normal children in certain subject fields. As a general rule this may be a dangerous procedure, since learning experiences are highly integrated and the identification of the sub-normal child with his more normal school mates at the expense of compartmentalizing educational experiences is of doubtful value.

More recently many school systems have demonstrated that mentally retarded pupils can participate with normal children even though most of their classroom experiences are in special groups and under conditions which made it possible for them to enjoy a curriculum tailor-made for their needs. In these programs special classes function as units of neighborhood schools at the various levels, their pupils participate with normal children by sharing their experiences with regular class groups, and the special class teachers accept an active role as members of the regular school faculty. In some respects this represents a modified policy of segregation, without the evaluation of either pupils or teachers. I believe that I can state that this type of program is on the increase, and, that as such programs develop both the education and social adjustment of the mentally retarded children enrolled in them should be greatly improved.

Another tendency that has significance for the future of the mentally retarded child has to do with the widening of the period of school attendance for these children. The present developments are generally in the direction of an upward extension of school services. Until recently the education of retarded boys and girls was usually considered a function of the elementary schools and this type of special education was terminal at the legal school-leaving ages. However, several factors have contributed to a change in this concept. First, the various school programs have been successful to the extent that mentally retarded boys and girls have become well adjusted pupils and, therefore, an increasing number demands their right to remain in school after the legal school leaving age. Second, the development of special classes as units of regular school organizations took the programs for older retarded youth out of elementary schools and put them into, first, the junior high schools, and, second, the senior high schools. Once in the secondary schools retarded boys and girls are reluctant to leave until completion of their full quota of instruction. Third, the tightening up of child labor restrictions makes many jobs for which the mentally retarded can prepare, unavailable until after their eighteenth birthday. As a result, it is becoming fairly common to find special education programs at all school levels, serving retarded youth up to and beyond the legal school leaving ages.

The effect of these extended school programs is not only to create a desirable occupation for older retarded youth but it enables the schools to develop better and extended curricula. It results in more adequate opportunities for social adjustments and boys and girls who are better prepared to accept employment. Since these programs are still growing in number the future should be more promising educationally for many retarded children.

At the present there is a growing awareness that special education for retarded children should also extend downward into the pre-school years. Many specialists in this field of education believe that socialization and training at the pre-kindergarten level should increase the eventual potential for adjustment of a large number of mentally retarded children. Dr. Sam Kirk, of the University of Illinois, now has under way an experimental program in pre-school education of retarded children. Looking into the future it might be safe to prophesy that more such experimental programs will be undertaken. The results should be interesting and worth while.

I do not wish to indicate that, as a nation or in local school districts, we have made adequate progress in the provision of the necessary educational adjustments for retarded children. The progress has probably been more qualitative rather than quantitative. In 1948, when the latest statistics were compiled, 87,000 mentally retarded children were enrolled in the special classes of 730 school systems. The total public school population during that year was approximately 24 million. The 87,000 retarded children enrolled in special classes represented less than 4/10 of 1% of the total school enrollment; it is generally conceded that 2 to 3% of all school children should have the advantages of special educational services because of retarded intellectual growth. It is evident that, in 1948, we were serving only 1/5 to 1/7 of all retarded children in need of these services. While it is probable that during the past 3 years the number of children enrolled in special classes has increased, so has the total school population. I doubt if our coverage of today's needs is any more extensive than it was three years ago.

A review of the attitudes of the various states, as expressed by their legislatures, would indicate that the need for better educational services for retarded children are being increasingly recognized. In this observation there is cause for both encouragement and despair--more about that in a few minutes. Since 1949 at least 12 states have passed legislation, supplemented by appropriations, encouraging their local school districts to provide special classes for mentally retarded children. There seems to be no doubt but what the public is rapidly becoming aware of this unmet need in our educational programs. The discouraging note arises from the knowledge that the recognition of our needs and the provision of funds for this type of school service far outstrip the availability of trained personnel to do the job. It is doubtful if enough teachers are being trained to care for the increases in population in those states and local schools which had special education programs in 1948. When the newly developing programs are added to the list, the situation seems almost hopeless. And so to the report of progress we must certainly add a discouraging note of inadequate personnel. Our only hope in this regard is to accept discouragement as a challenge rather than a cause for despair.

Perhaps the most dramatic development in the education of mentally retarded children has come about recently through the movement to provide school facilities for those children who are not ordinarily accepted in present public school classes. I choose to call these severely retarded children. They constitute a borderline group between those who are obviously custodial problems and those who can develop competence for total self-sufficiency and vocational adjustment. Your own school code describes them as children who are retarded in mental capacity below the level of self-support, but for whom a positive result can be anticipated in education of social, emotional, physical, as well as more commonly accepted patterns of learning.

To date, three states, Minnesota, California, and Wisconsin, have placed the responsibility for the education of these children upon the public schools, while in Ohio a training program has been made the responsibility of the Department of Public Welfare. Prior to the passage of these legislative acts a number of public school systems had voluntarily established classes for more seriously retarded children. Some of these still exist; a few have been discontinued, while still others have been established recently in school districts outside of the states affected by legislative action.

I do not wish to discourse at length upon the many problems that we face in developing adequate school provisions for severely retarded children. However, there are certain important implications that we can hardly overlook in attempting to look into what the future holds for mentally retarded boys and girls.

First, as you are well aware, much of the emphasis upon day school provisions for severely retarded boys and girls has come from associations of parents of these children. Perhaps the greatest single result of these parent organizations is not represented by their achievements in obtaining services for their mentally handicapped children, but rather it is in their education of the public to the dignity and worthwhileness of the deviating personality. In a very short time some of these parent groups have achieved what we, as professionals, have failed to accomplish in many years of none too effective efforts. The fact that these parents are willing to stand up and be counted has gained much in lending dignity to the cause of the retarded child.

Second, the emphasis upon school facilities for the more seriously mentally handicapped presents complicating problems that we may not be quite ready to solve. I have already pointed out that school facilities for the moderately retarded pupil are far from adequate in terms of coverage. As long as, throughout the nation, we are serving only 1/5 to 1/7 of all moderately retarded children, there may be some question raised as to whether or not we are ready to tackle a more involved extension of services for the more severely handicapped. If the total effect is to dissipate over a wider area already thinly distributed efforts, the results may be tragic, indeed, for the cause of retarded youth. I am well aware that the benefits of bringing the problem out into the open, of the educational program initiated by parent organizations, can prove valuable to the total program for retarded youth, but is essential that we approach our job realizing that our problem is one involving the education and training of all retarded youth, not just the segment in which our particular interests are involved. I doubt if it is advisable to move too rapidly into a program for those who deviate to an extreme degree unless the needs of less severely retarded children are already being met. Unless educational services for the more moderately retarded are established and constitute a "going" program, the introduction of facilities for more severely handicapped children will, in many instances, result in a hybrid program in which the range of handicaps will be so wide that no effectual results will be forthcoming. Furthermore, we need to have experience in dealing with less severe differences before venturing into services for more severely handicapped pupils, to say nothing of the fact that the child who has the potentials for self-sufficiency also has a right to suitable educational services. This means that we must work together, presenting a united front, for a program of education and welfare which will serve all retarded children--the so-called educables and those who are more severely handicapped.

The third point I would like to make relative to the current movement for services to severely retarded youth has most positive implications. In the literature relating to the welfare of severely retarded children, it has been pointed out that extended school services as well as other types of services must be developed if the problem is to be met adequately. One of the recognized needs is for better diagnostic facilities. If these severely retarded children are to

be enrolled in public school classes, the necessity for improved psychological services for the placement and evaluation of pupils and the guidance of teachers becomes very apparent. It will no longer be a question of whether the pupil is retarded in intelligence and maladjusted in the regular school classes, but in addition, whether he has the competence for achievement in a class for educable pupils, for a modified training program in which academic achievement will not be required or whether he is a problem for custodial care. All of this will call for better training and insight on the part of the diagnostician and a more intensive study of the applicant. The need for such services will require better staffed clinics in the larger school systems and the availability of community or traveling services in smaller centers of population.

Then, too, adequate facilities for the more severely retarded child will require improved services for parent consultation. Teachers of public school groups must necessarily be competent in interpreting to parents the capabilities as well as the insufficiencies of their children. But it is probable that the teacher, alone, cannot do the entire job. Certainly the school clinic, when it exists, must accept a part of this responsibility. However, the parent of the more severely retarded child especially, is frequently in need of counselling that can come only from workers trained in understanding and dealing with problems of family relationships - and this is where the social worker and mental hygiene clinic must serve in this expanding area of service. Unfortunately it would seem that these services often have been unavailable or inadequate, for parent associations have resorted in many instances to a program of mutual-self-counselling. I doubt if many of our social workers and clinicians have been given the specific training necessary to deal with the problems of families disorganized by the presence of a mentally retarded child. Certainly if we are to provide adequate services for mentally retarded boys and girls we must train our social service personnel to deal with parents about their problems of mental retardation in the family as well as with the children who are the cause of the problem.

The movement to provide services for severely retarded children, therefore, has important implications for the future of retarded youth. It has provided the public with better understandings of the problem and pointed up needs that must be met. Its danger may be in a resulting effort to extend too rapidly already inadequate services. It can have either beneficial or damaging effects upon the total program, but the final result may depend upon how we, as professionals, can work cooperatively with each other and with lay organizations to develop a sound program for all retarded youth.

There is one other development which must be mentioned in this discussion, and which lends great promise to our total program for mentally retarded boys and girls. I refer to the inclusion of the mentally retarded in the rehabilitation services of the State Vocational Rehabilitation departments. Education and training are futile if job placements are impossible. We are quite aware that mentally retarded youth, more than any other group, are in need of vocational placement and follow-up services. The development of these services in the various State Rehabilitation programs constitutes a very bright spot in the total picture for retarded youth.

In making a final summarization on what the future holds for the retarded child, we can report and recognize progress that is encouraging but in the total picture also there must be recognized needs to expand further qualitatively good, but quantitatively inadequate services as well as the development of new and relatively unexplored services.

We must recognize that the problem has been brought out into the daylight, that many more parents of retarded children are willing to cooperate in the establishment of necessary services for retarded children. Their activities and

those of the professional workers in the field have achieved significant results in obtaining the understanding and support of the public for the education and welfare of retarded pupils. This is exemplified by the actions of state legislatures authorizing and providing funds for special education programs. However, the education of the public is far from complete.

Our schools have made progress in developing suitable curricula for mentally retarded boys and girls and some are now venturing into programs for more severely retarded children. Much credit must also be given to institutional and residential school programs in this regard. But the progress is more qualitative than quantitative, and unless some way is found of attracting into educational work for retarded children a vastly increased number of competent and devoted personnel our educational programs face a serious breakdown.

Supplementary services have been recognized and seem to be attempting to keep pace with classroom services insofar as vocational rehabilitation is concerned, but even in this important type of service it is probable that the quantity of service available is no more adequate than are existing educational programs. In the development of diagnostic services--psychological and medical--social work which is specifically directed toward the problem of mentally retarded persons and their families, and parent counselling facilities, it is probably that we are even less prepared to assume our obligations than we are in the various educational services.

All in all, then, we face the future with mixed feelings--of satisfaction for some remarkable progress already made, and of concern for the growing immensity of the problem, for the need to extend existing facilities and to develop newly recognized services. The outlook for the future might be described as fraught with danger but not alarming, providing that we, as professional educators, clinicians, social workers and medical specialists can work together as a unit with our lay organizations to produce an effective public education program and better facilities for the education, training and welfare of our three quarters of a million mentally retarded and sometimes forgotten boys and girls.

SUMMARY OF PANEL DISCUSSION
 "FACTORS AND RESOURCES TO BE CONSIDERED IN PLANNING FOR AN INDIVIDUAL."

DISCUSSANTS: Phyllis Amacher, E. J. Engberg, Louis L. Flynn, R. J. Gully,
 C. M. Henderson, John Holahan, Alma Laabs, Mabel Lemke,
 Helen Schulberg.

COORDINATOR: Mildred Thomson

The cases discussed are not actual situations but type situations and therefore lacking in detail. Copies are attached to the programs. It was assumed in each situation that adequate medical, psychological and psychiatric study was made and the diagnosis was mental deficiency or epilepsy. Each case was discussed from the two standpoints of (1) factors to be considered; (2) resources available.

A point which came up in several discussions but is not related to any one case is that parents need to know where to go to get various types of service including diagnosis. It was therefore suggested that every county should have available for wide distribution a list of all public and private agencies and resources and what service each gives. This should include state agencies that give service to individuals.

CASE I

John is a five-year-old hyperactive child in a home with three children, the other two younger than John. He is very destructive not only of playthings but of the furnishings in the home. He also has to be watched constantly to keep him from injuring the younger children. In spite of this and the fact that the younger children walked and talked much sooner than he did the parents have felt that when he started school everything would be all right. However when application was made for kindergarten they were told that John was not developed sufficiently to be classed in a group of other five-year-old children.

The discussion centered around the fact of the school's responsibility of explaining to the family why John was unable to enter kindergarten. The public health nurse and the social worker both would have a part in helping the parents to consider other plans. The three possible alternatives for the parents were as follows: to keep the child in the home, place him in a boarding home or private institution; place him in a public institution. Comments on the alternatives were made by a parent, Mr. Holahan.

Mr. Holahan: "This represents the exact situation we had in our home. Peter, our retarded child, is now in the Minnesota School and Colony. In considering keeping him at home, we simply had this situation to contend with. He was destructive to the extent that it was difficult if not impossible to keep any decent furniture in the home. He preferred breaking things to anything else. That made it rather embarrassing since when friends were invited over you cannot ask them to sit on orange crates.

In point of view of the other children it was a little hard in that they would be asked not to do certain things that Peter would do all the time. We therefore had to have two or three standards of discipline in the home, which wasn't practical. Also in trying to understand why he was as he was, we concluded he wasn't too happy or contented. He realized that he could not do things that other people could and often that expressed itself in a frustrated feeling that contributed to his activity around the place.

Being mentally deficient, we realized the time would inevitably come when we would not be able to take care of him. What do you do then? We also realized that we could not expect anyone else to take care of him.

So far as the private boarding homes or institutions are concerned, like most parents we went through the gamut on that. Also considering those in Minnesota and other parts of the United States, one thing you come up against is the cost factor. The best ones in the country often times are extremely high priced. We did find several good private institutions. An outstanding example is St. Colletta's school, as cheap as any, one of the best in the United States. But there again they have a tremendous waiting list. They have certain requirements for children; they have to be able to handle them in somewhat large groups; the problem is that of providing the ratio of people caring for the children to number of children involved; the child has to be socially acceptable to a certain extent; manageable in large groups.

That leaves you to consider the alternative of considering a state institution. We had to drag ourselves down to Faribault to look the place over. The first time parents visit Faribault they get a terribly depressed feeling. The reason Faribault seems so bad on the first visit is because of the physical picture the inmates there present. Most of them are conspicuous because of their physical appearance. As you come away the first time you very much dislike to place your child there. As you go back you begin to accept the people and come to love them. Your entire attitude changes and you begin to see Faribault for what it is.

Placing children with others of the same relative age or activity group seems to help it seems to remove this frustrated feeling; it tends to make them more content and satisfied; reduces destructiveness."

Dr. Engberg was then asked to state rather definitely what could be done for this child at Faribault.

Dr. Engberg: "We have facilities to make studies that are necessary in regard to the physical condition of the patients, which often may influence the type of treatment that is carried on. Also facilities to make complete psychological studies so that there is an understanding of the total individual. We can arrange for the individual to get into a group where there are others of similar type and where for that reason they get along much better than they would if they were with groups that are entirely different. Aides who are trained to take care of the particular type of patients they are caring for give an opportunity for the physical activity that these individuals require. They have an opportunity to give thought to the total individual. It is important to think not only of one but of all the aspects of the individual's make-up. We feel it is essential that there be an adequate play area for children. Sufficient playroom space inside the buildings, on the playgrounds or exercise areas about the buildings. Although there are some exceptions, most patients do quiet down in the institution."

In relation to Mr. Holahan's comment on the visit to Faribault several parents in the audience suggested that before parents visited the institution they should be prepared by social workers or others for seeing a group of retarded children together. It was also suggested that if a parent who was considering placing a child can visit the institution with a parent who has a child there, it would be helpful.

There was some further discussion by the panel on whether there was medical research going on which would make it possible to reduce the hyperactivity of children. Dr. Engberg did not know of any but Dr. Gully called attention to the fact that some lobotomies had been performed and some of these had resulted in reduction of activity.

CASE II

Mary is a very pretty child about twelve years old in a home with a younger brother, two older sisters, and one older brother. She has always been high strung and the doctor has raised the question of possible

petit mal seizures. When in the sixth grade at school she had her first grand mal seizure. Following this for the next several months there were hard seizures, sometimes at intervals of only a few days and others of about two weeks. It seems doubtful if she can continue in school. She has become more irritable and difficult to adjust to the home routine and the others in the home.

The discussion in this case centered around the fact that the teacher and the school nurse had a great deal of responsibility for trying to have the other children in school understand that epileptic seizures were nothing to be afraid of and to help the child adjust to the school situation. It was felt if the seizures would be controlled by medication and it was at all possible to keep her at home, that a child of normal mentality should not be institutionalized. However, it was felt that the other children in the home should be considered, and if the children in the neighborhood made it difficult for them some consideration should be given to an institutional plan for Mary.

If institutionalization was necessary Dr. Gully stated that Cambridge would offer elementary school training plus some training in occupational and therapeutic therapy and somewhat in the trades; not as a trade school but in teaching how to do certain work.

It was further brought out that if the child remained at home the parents would need help and it was up to the visiting teacher or school nurse to help the family understand the child. However, it was emphasized that the primary responsibility for diagnosis and guiding medical and social treatment was that of the physician.

CASE III

Jean is an eight-year-old, attractive-looking child with three younger children in the home. She was started in kindergarten at six years of age, the parents having realized that she seemed a little slow. At eight she was placed in the first grade. The teacher told the mother that Jean is not ready to learn to read and should be taken out of school unless a class could be found where she could be with other children who learn slowly. Jean's six-year-old brother is doing excellent first grade work and even the four-year-old is able to follow directions better than she can. The mother has constantly protected her against the younger children and there has thus developed considerable friction between them. Now that the parents have been asked to remove her from school they realize something must be done.

It was brought out that since this child had remained in school for two years the probability was that she was one who would be capable of some definite school training of the type given at Owatonna.

Dr. Flynn indicated that when the parents first asked for help in a situation such as this they seemed to feel the one problem in the home is this child, but after discussion with the psychiatrist they must come to realize that the whole family must be considered, including the other children. The fact that up to this point the mother has over protected this child does not hide the fact that apparently Jean is a child who eventually could be trained to do a good job. Whether the parents wish to send her to an institution such as Owatonna or to keep her at home must be determined by them after they have seen the institution and have information concerning the implications of retardation in order to make a decision. It is assumed that the child has an intelligence quotient between 50 and 70 and has no physical disability. The parents should understand what the eventual development may be.

Mr. Holahan felt that there was such a large group in this general level of intelligence - probably about 3200 with only approximately 600 now having special

schooling -- that it was more a problem for the public schools than for institutions.

Mr. Henderson stated that children who did come to Owatonna made the adjustment much more quickly in many cases than the parents. Parents in the audience brought out the fact that parents of a child of this type who face for the first time the need for definite planning should be in touch with other parents who had faced the problem.

It was brought out that if state guardianship were secured for a child such as Jean then in the event of the death of the parents the local welfare board would have responsibility for planning.

Mr. Holahan made the following statement: "The social problem here is strictly education for people in this mental age group and then of planning for their group when they become older, and I think there is much to be done in that direction yet. That is the big social problem."

CASE IV

Paul is a Mongoloid child of nineteen in a home with three older siblings and one younger sister. The parents had recognized his retardation when he was unable to do school work but had kept him in the home, trying to adjust the home routine to fit his abilities. The younger sister seemed to resent the attention given to Paul as the older children had not done. When she was seventeen she refused to bring her friends into the home and insisted on going out with them in spite of the fact that her parents did not know them personally. The parents feel they should now consider a possible change in arrangements.

During the discussion of this case the parents felt very definitely that it was related to plans for an infant which had been listed as Case #6 but was changed to Case #5 in order that the two be discussed together.

On Case #4 it was agreed that the real problem in this situation was the 17-year-old girl and that it would be difficult to meet. Dr. Flynn pointed out that it would be surprising if there had not already been contact with some agency and the family really had an organized plan in mind but that at this point they could be very easily pushed into a position of making a wrong decision.

As a basis for discussion Dr. Engberg was asked what the institution would have to offer if commitment and institutionalization were considered.

Dr. Engberg: "I think there would be very little difficulty in that adjustment. Most Mongolians adjust very well. Occasionally you will see one that is not well behaved and then they are terrible. For instance, we had one who was about twenty who came to us, though his mother insisted that he was perfectly all right, the community insisted that he be institutionalized because he had practically killed the mother. He came to us, would sit down at the table and all of a sudden would grab the tablecloth and all of the dishes and food would be on the floor. He has been there for three years now. He is now helping to do work round there. The mother still insists that he should be home but is accepting it a little better than she did."

Persons in the audience were rather insistent in an answer from the members of the panel on whether Paul should be institutionalized; also whether it is ever practical to keep a retarded child at home with other children. The position of the members of the panel was that in each situation there were many factors to be considered and that definite advice should not be given but information made available on what could be expected in the several plans that might be possible. It was emphasized that parents must make their own decision.

In answer to the question of whether in this case the child should be removed from the home Dr. Flynn made the following statements:

Dr. Flynn: "In a decision like that you have to know the total problem again. Look at the whole family and talk it over with them. If you can afford to look into yourself you probably are closer to the right answer. It is interesting to note that families want someone else to make hard decisions for them. But always it takes time and nobody can give you a definite opinion until you think about it and talk about it. Even once a family has made a decision, they may need to talk it over with you some more."

Dr. Engberg felt that Paul would be happy in the institution and that ordinarily he would feel a child such as this should be institutionalized. He further stated: "I think that we who are professionals in the field should take time so that the parents may come and discuss the matter with us and to see what facilities there are and to help them go into the matter as fully as possible. If that is done the family should be expected to make the decision."

Mr. Holahan also made a statement: "From the moral aspects of this thing, it is perfectly O.K. to put a child in an institution. That is what the institution is for. By the same token it is perfectly O.K. to keep him at home. Final decision by parents depends on home conditions and what they estimate is going to be best for the other children."

Miss Amacher: "I often think if parents are still in that undecided state, giving an opinion of your own may throw them off on the wrong way."

Dr. Gully called attention to the fact that Paul would not have to remain in the institution if placing him there did not help to relieve the problem of the daughter, but that consideration should be given to helping her to make an adjustment.

Parents in the audience were very insistent that this case could not be considered except in relation to the following case which was then discussed.

In preparation for the arrival of a new baby, Mr. and Mrs. A talked to their two children, both of whom are under six years of age. After the birth of the baby the doctor told the father that the baby was a mongoloid type and recommended that permanent plans be made without taking it home.

It was brought out quite definitely that in this case the doctor must make the diagnosis and must tell the parents. This type of situation is so important it was felt it should be discussed at a medical meeting where pediatricians and obstetricians could participate. Dr. Flynn felt that in all cases he had seen parents were not satisfied with the diagnosis of one doctor but wanted confirmation and even after accepting the diagnosis there was need for talking it through.

Dr. Engberg: "I have an open mind on it. I still think it should be an individual problem. The matter should be discussed with the family and sufficient time given so that they are given just as much information as possible and have an opportunity to think it over carefully. I think it is important that they emphasize whatever their decision is, if later on they change their minds they can look back and say "we took time and made an effort to think this thing through sufficiently and the decision as we made it then did seem wise". In that way they are not going to blame themselves.

Mr. Holahan: "Since in the state of Minnesota as well as all over the United States we do not yet have adequate facilities to handle all types of mentally retarded, it seems to me that the parents are going to take a very important part in bringing this sort of thing around. The less experience they have with their own

children the less active part they are going to take in seeing that adequate facilities are available."

There was practically no time left for discussion of the last case.

CASE V - discussed as CASE VI

Joe is one of six children - three older and two younger. All of the others have done well in school and have made friends easily. Joe did not do well and repeated most of the grades. He had frequent colds and was often kept at home. The parents gave this as a reason for his slow progress and also the fact that he was not understood by the teacher. When fifteen he was in the sixth grade but was not able to keep up. It was then that he began to truant from school. This was not recognized until he was picked up by the police with two other boys who had stolen an automobile. It was then that they found he had been one of a group who had done some stealing. There has never been any such delinquency on the part of the other children and the parents are at a loss to explain why Joe was different. They feel that the time has come when they must get some help in knowing how to plan for him.

Caroline Perkins

It is hard to imagine the beginnings of Minnesota's care of the mentally deficient in a frame dwelling house in Faribault, 73 years ago, when fourteen children were brought over from St. Peter State Hospital because they were quite retarded and not psychotic. At that time, Mrs. Knight, wife of Dr. George H. Knight, who had come from Connecticut to organize the school, had her troubles with mice invading the place, and with the wintry blasts sweeping through fire-place heated rooms.

Now the same problems are magnified to the extent that highly specialized services are needed to care for 2900 individuals of all ages and degrees of sub-normality. In the Spring, this number will be increased by about 250 from the waiting-list, as the three new buildings are opened.

The trend of our population is downward in mental level. The imbecile group used to be about as large as the moron. Now it comprises one-half of the institution population, while the moron group is slightly larger than one-fourth. The idiot group is slightly less than one-fourth.

The first concept of institutional care was to accept children, only, for education and training in accordance with the principles of Dr. Edward Seguin of France. He used the term "Synergy", - the definition of which is the combined, healthy action of every organ of the system. This term denoted a method of training which comprised the "physiological", and included a varied program of music, dances, gymnastics, habit and sense lessons, and instruction in academic subjects. The underlying philosophy of physical activity while learning does not differ radically from the methods being tried in our institution today.

In later years, the older mentally deficient individuals who became involved in petty delinquencies, or even serious crimes, held the spotlight. They were considered dangerous per se, and were thought to require indefinite segregation. Papers were written 25 to 30 years ago on "The Menace of the Feeble-Minded". Gradually we came to realize that the mentally handicapped delinquent is only a part of a larger assemblage of normal persons who are engaging in the same anti-social practices, (and perhaps "getting away with it") and to plan a course of treatment which is still in an experimental stage.

Today, we think of the all-purpose institution as providing facilities for tenderly and scientifically caring for the persons who are severely handicapped mentally, or more often, both physically and mentally, from the beginning of life, and whose removal from the home adds immeasurably to the well-being and peace of mind of the other members of the family.

For those of higher degree, entrance to the institution is not due to intellectual impairment alone, but to emotional instability, - or personality deviations, which may manifest themselves in overt acts in the home, or to unacceptable behavior in the community. Sometimes adverse environmental factors are very strong indeed, but we must look for more beneath the surface of the personality. In other words, why do some persons rise above the degradation of very unfavorable home conditions while others succumb to the worst influences there. No one sees these variations in human nature more than you who work with the families of limited mentality in the counties. We have reached the era of the psychiatric approach, and by that term I mean the study of all factors in the developing mental growth of the deficient one, and their evaluations, in order to determine the best course of treatment and the program most suited to him. In a very broad sense, the neurological and psychological aspects would be included in the psychiatric.

In an attempt to attain this end, the institution staff, by means of case conferences, tries to gain a picture of the newly admitted ward. That is why the history and report of the physical examination mean so much to us. Such information as family background, the state of the mother during pregnancy, abnormal birth conditions, school progress if any, individual characteristics, social conduct, and physical diseases and disability, - all throw light on the present condition of the person who comes to us. In particular, reports of other examinations by clinics, such as Crippled Children's Services, Mayo Clinic, medical specialists, and University Hospitals, are invaluable. Some times this material is impossible to secure if the ward is along in years. In many cases there is an interval between commitment and institutionalization. Any information which bridges this gap is very helpful.

(When I think of how busy the County Worker is with the many problems pertaining to cases in the community, I am deeply appreciative for the wealth of detailed information which is often sent to us on a case, - of the verbal account which may be sandwiched in during a hurried visit to the institution. The sheriff may be waiting impatiently to drive the Worker the many miles to the county seat.)

At the Case Conference, a plan of placement within the institution is outlined upon the recommendation of the staff physician who has completed the examination of the new admission. If capable of school training (and our program includes classes for children with intelligence quotients in the higher thirties and the forties, as well), the case is referred to a committee consisting of the psychologist, the patient program supervisor, the school principal, the doctor of the division, and the social worker, so that a curriculum may be selected after careful study, which will fit the individual. If beyond school age, the patient is assigned to a work detail by a trained social worker, and provided with recreational activities, - or there may be an opportunity to attend a class in handicraft, sewing, music or art. The physical stamina must always be taken into account, so that those who are suffering from cerebral palsy, and other crippling conditions, are given a program of television, movies, music, and quiet handicraft. Those who seem unable, by reason of severe retardation or extreme helplessness, to participate in any activity whatsoever, are not neglected, but are given good care, and many may be present for the program which the activity workers present in the playrooms. They seem to enjoy watching and listening, even if they can not perform a circle game or sing a song.

None are excluded from attending religious services if they wish to come. They are held separately for Lutheran, Catholic, and Nondenominational groups. Jewish services are conducted once a month by a visiting Rabbi. The Chaplain is sincerely interested in all patients, and personally conducts services and shows religious films in the ward for those who have tuberculosis, the hospital, the infirmaries, and wherever there might be a group who would be unable to come to the Assembly Hall.

The processing of so many persons during the year (there is a turnover of nearly 200, even when no new buildings are opened), makes one realize more and more the fact that there is no one patient who can be designated as typically mentally deficient. Even the mongoloids vary, with a range from very low infantilism to mental ages of eight or slightly higher. There are also mongoloids with cerebral palsy, blindness, epilepsy, and other anomalies.

As for the brighter ones, the so-called "garden variety", the great variation in personality is akin to normal people, and it is as if we were looking into mirrors found in some amusement places, where we see ourselves slightly or grossly distorted. Often we find ourselves dealing with an end result of endowment and environment, so that it is very difficult to salvage enough positive material in the personality to build constructively. For example, an individual may have become an escapist, who runs from any unfavorable situation. We have had a number who have not remained long enough to try any program, and to become adjusted.

The border-line cases present the greatest challenge. One such returned to the community last year, but the memory of her poetry still lingers. When she was admitted, she had neglected her family of five children, had served various sentences for alcoholism and had even registered paranoid on the Minnesota Multiphasic. She felt that the world was against her. She came from a family of sixteen brothers and sisters, and her own mother had busied herself acting as a midwife and masseuse, and when interviewed had said that there was nothing more she could do for this ward. Yet this patient composed a poem on Mothers' Day, which reads in part as follows:

BELOVED MOTHER

Mother dear whom you are,
 You are the same, near or far
 Dear Mother, so gray and old
 Means more to me than purest gold.

Your innocent heart is full of love
 True as a star in the sky above
 You are always merry as can be
 And all of you belongs to me.

Mother dear, your eyes so bright
 Shines to me the love of light
 Love in your eyes to me it gleams
 Like the glare of a bright sunbeam.

Mother's arms so soft and old
 So tenderly around me tightly hold
 Your soft old arms that hold me tight
 It is only mother, can teach me right.

Mother dear, with silvery hair
 You always give the loving care
 No one other can take your place
 Like dear old mother with a smiling face.

Another poem which the same patient wrote, shows her insight in regard to the Institution:

MORON AND IDIOT OF FARIBAULT SCHOOL

Moron and Idiot met one day
 They made plans to run away,
 Moron knew more, Idiot knew less
 It's up to Dr. Engberg to know the rest.

Moron and Idiot are two fools,
 Mental patients of Faribault school,
 Moron took off, and didn't turn back,
 Idiot got cold feet, and back tracked.

Moron and Idiot, can be "I or you",
 Which (exprined) their sorrows too
 They are classified low, and not very smart,
 But a lot they do know,
 With a understanding heart.

They are not so bad, for which been told
 All troubles they had
 These young and old,
 Something went wrong, and they went astray
 But hoping, all to go home some day.

This poem may sound silly and very unkind
 About this Moron and Idiot with defected mind,
 Now this what I've wrote and already said,
 They are not really ill, or deformed in head.

These border-line and moron individuals seem to build up a Utopian concept of home and family after a stay in the institution. This is really a very natural reaction.

Another group are those who are bright enough to profit by school training, but they have multiple handicaps, so that they can not fit in at Owatonna. For example, we have several who are hard of hearing, spastic, and mentally deficient. They need specialized instruction, and an attempt is being made to secure a teacher who is trained in the instructing of the deaf. There are also a few who are blind and mentally deficient. One patient of moron mentality was tried at the Braille School, but was returned, although it was felt that her mental age was high enough to learn Braille.

Since the Aides have the closest association with the patients, they may be very influential in guiding and training them. They are "in locus parentis", in place of parents, to our wards. In order to prepare them for their work, they are given an 80-hour in-service training course under a nurse instructor, and are oriented in institutional organization by having lectures from heads of departments and trips about the campus to all Divisions. An annual Aide Award to the Outstanding Aide of the Year, is made by the National Association for Mental Health. In selecting such a candidate, nominations are made by anyone employed at the institution, including fellow Aides, - and then a committee receives and considers them. Finally a vote is taken in order to choose the one person who is truly outstanding. It is gratifying to note that there are many Aides who are nominated and whose qualifications are discussed. All of them possessed high standards of duty and achievement. The one who was finally selected had had a record of long years of service and continued devotion to those who were entrusted to her care.

In conclusion, the very size of the Minnesota School and Colony tends to produce serious problems. One of the most discouraging ones is the difficulty in focusing attention upon each individual patient, so that he or she is enabled to make the best possible adjustment within the institution, responsibility has to be delegated to others, and also a great deal of routine work is required, so that the energy of the staff members is absorbed by the ones who are maladjusted rather than by those who get along well. To emphasize this point, let us go back in time again to Dr. Seguin, who wrote, in 1870, the pamphlet entitled "New Facts and Remarks Concerning Idiocy". The reference to "physicians" in the following excerpt would today mean those who create the program of training and care which is in effect for our patients in a large institution. They would include all the members of the staff, even social workers:

"Let us hope that the State institutions for idiots will escape that evil of excessive growth, which has already overtaken other establishments of similar character, in which patients are so numerous, that the accomplished physicians who have them in charge can not remember the name of each; where to superintend, practically means building, repairing, laying pipes for air, gas heat, water, in the houses, in the grounds or fields, or under the Legislature. The man whose eminent capacities would be engrossed by these and similar cares could not easily be also the father, the physician, and teacher of idiots. Nor is it probable that he could contribute much toward the elucidation of those problems of hygiene, nutrition, creation of synergy in his pupils, etc., which are constantly recurring in his work."

THE NEW NEIGHBOR

Ralph Rosenberger

When I was a small boy one of the most interesting things that happened in our block was the arrival of a new neighbor; and I suppose that is still true today in thousands of towns. Let a moving van pull up at the vacant house next door and right away every woman in the block is standing at the window trying to get a glimpse of the furniture that the new people have. Father wants to know what kind of a car they drive and does their lawn mower look like it's in pretty good condition.

My chief interest of course was in the boy next door. Was he a sissy, did he look tough? What were his possessions? Did he have skates, a bike or a catchers glove?

If he had a sister, I was inclined to look upon her with a great deal of suspicion and a certain amount of hostility. As long as she minded her own business and played with her paper dolls she was OK, as girls go and I was perfectly willing to ignore her.

But then, as I say, I was very young. Now as I stand here and look over this group I wonder how the welfare departments can get such a group of nice looking girls to work for them. Now that I have a granddaughter of my own who has given me a liberal education in these matters, I have discovered that little girls with paper dolls can be a lot of fun--even though I still find that it is wise to regard their actions with a certain amount of suspicion.

So in any situation the arrival of a new neighbor is bound to excite a good deal of curiosity, some speculation, and some misgivings and since it appears that I am the "boy next door" perhaps I should tell you something about my family--The Annex for Defective Delinquents--and what we are doing in our comparatively new home, because we have only moved in since July, 1945.

This is one of those occasions where the conventional remark is also the appropriate one.

It is conventional to say that one is happy to be with a group to speak on a certain subject. Certainly, I can say sincerely that I am happy to be with you today to discuss our mutual interests.

It is also conventional to say that our organizations have much in common. This remark too, although trite, is appropriate. For the institution that is keeping and retraining the defectives from your local counties, and the welfare workers in the counties have much in common. In fact, the institutions and the county welfare workers have been bedfellows for many years.

In this respect we are not like the much-married actress who played a parlor game with a group, which included the late great humorist Robert Benchley. The object of the game was for each person to prepare his own epitaph. Turning to Benchley, she said, she just couldn't think of a thing to write. Obliginglly he scratched off a few words. His epitaph for her read, "At last she sleeps alone."

Ours isn't going to be that kind of a relationship. Let me inform you welfare workers that you are never going to get away from us while we are in the business. Sink or swim we are going to be hanging on to you like leeches. In fact you are stuck with us. That is one of our family traits.

I would like to tell you some more family secrets. We are known as the Annex for Defective Delinquents. We were established by law in July, 1945. Our

members have been committed as feeble-minded by the State and are considered wards or patients. We differ from other institutions in that all of these wards also are delinquent. That is, they have committed illegal acts besides being defective. In fact, some of them have been found guilty of crimes in district court. We also differ in that we usually take only a select group of defectives. Practically all of our group fall into the moron class. We have practically no defectives that fall into the imbecile group or lower. In fact many of our group have borderline or better intelligence. We feel that in most cases defective intelligence is not their most disabling social disability, but that the personality disturbances and weakness they have acquired and that have made them delinquent are their most serious difficulties.

In all cases our group can do some productive work. Most can acquire occupational skills to the degree of making a living.

Our staff feels that personality is the product of repeated choices and that a good personality is not a gift from the Gods. We feel that good personality involves definite social skills that can be acquired. This feeling puts desirable personality traits on an attainable basis and describes its elements and definite skills. We feel that perhaps the basis of our whole training program is to develop a balanced personality. Thus the real needs that characterize defective delinquents and provide the motivation for their actions are the need of affection, recognition, individuality and the feeling of adequacy that comes from successful achievement.

In order to attain these personality needs we have developed our program on an individual basis hoping to provide these necessary characteristics thru a program of occupational skills and resocialization thru the changing of concepts by counselling and mental hygiene classes.

None of these ideas is original. We have obtained most of our objectives and our program from specialists in their fields.

Ever since I received the invitation to speak some weeks ago, I have been trying to think of some really worth while service or individual idea that our staff has offered and after going over our six years of service I have come to the conclusion that the greatest and perhaps the only significant contribution that we have been able to make is this! That we have believed in what we are doing. That we believe in the defective delinquents as individual personalities. That we believe in the basic rightness of this principle.

A lawyer in the performance of his duties may be called upon to defend a man who he knows should be in jail. A doctor in fulfillment of his medical oath, may be required to prolong the life of a patient, who he knows would be better off dead. I have heard it said that even a statesman, at times, may be compelled to "rise above principle." But I know of no case in which a member of our staff is obliged to compromise his conscience, or to pursue a course which he believes to be socially, morally or economically wrong in following our principles in dealing with the defective delinquents. We feel that we are honest in our reports and that we have individually given our best although recent investigation finds our services inadequate. Such an investigation is always a challenge and with your cooperation and help we hope to meet it.

I could list our general and specific objectives for you but I feel that you will get a better picture of the Annex if I would give you a picture of a typical day.

The patients are housed in a dormitory. They get up at 6:30 in the morning and are ready to eat breakfast at 7:15. At 7:45 they attend a special mental hygiene class for one hour. At 9:00 they go to work. Those patients that have progressed to the point of earning individual work placements report to the various shops. The

rest of the group work under close supervision on a special crew. At 11:30 they have their noon meal and are back in the dormitory. At 1:00 those patients that have individual work placements again report to the shops for work and the closely supervised crew cleans up the dormitory and then have the rest of the afternoon for recreation. At 4:00 they have their evening meal and are back in the dormitory at 4:30.

Of course they are given continual counselling and their individual personality defects are pointed out to them. The dormitory supervisor works with them, the individual shop instructors work with them. They are also counselled and directed by the Chaplains, our Psychologist, the Educational Director, the Recreational Director and during their stay each one has contact with our Psychiatrist.

Following are some of the topics we have discussed in our mental hygiene classes.

1. The need of learning to take orders,
2. The need of self effort and appreciation when helped.
3. Helping others as a means of helping ourselves.
4. How to be a good citizen.
5. Courtesy.

Each week we deal with a new topic.

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SUMMARY OF ADDRESS GIVEN
THE INSTITUTION AS A COMMUNITY OF VARIED PERSONALITIES

Albert E. Uecker

The subject of varied personalities may seem out of place when applied to the patients of an institution for epileptics if one is committed to the point-of-view that epileptics do not have varied personalities--that there is "an epileptic" personality from which the individuals do not deviate greatly. This does not seem to be the case at the Cambridge State School and Hospital.

There is in the first place a great deal of variation in regard to epilepsy itself. Some patients at Cambridge are mentally deficient rather than epileptic. Those who are suffering from convulsive disorders, vary a great deal in regard to the frequency and severity of their seizures. In a great many cases, epilepsy is accompanied by other physical defects. There are a variety of brain injured cases, spastice, hemiplegics, etc. and a few patients who are handicapped by blindness or deafness in addition to their convulsive disorders.

There is also a great deal of variation in mentality. The patients range all the way from idiocy to highly superior intelligence, although there are very few of the latter. Although one patient has been found to have an I. Q. of 145, the majority are dull if not actually deficient in intelligence. These differences in intelligence are qualitative as well as quantitative. Those who fall into the class of the familial or "garden variety" class of mental deficiency are likely to do better on performance tests than they do on verbal tests. These same patients are likely to succeed better in industrial classes or handicrafts than in academic work. This is not necessarily true of the brain injured. These, although they are deficient in verbal ability may be relatively worse in performance tests and handicrafts. Therefore, these may be continued in the three R's beyond the point of diminishing returns. These institutional patients show certain definite characteristics in their performance on intelligence tests. In spite of radios and television in most of the wards, they are very lacking in current information. Many of the adolescents who are still in school are unable to give the name of the president of the United States. Instead of Truman, they are apt to name Washington, Lincoln, exgovernor Youngdahl, and in one case the superintendent of the institution was named as president of the United States.

The patients seem to be equally variable in regard to other factors of personality. In some cases the problem of epilepsy was secondary to delinquency or other behavior problems. As in any other institutional group of this size, there are a few neurotics and psychotics, especially among the older age group. There is a great deal of variation in regard to the patients' relative adjustments to the illness itself. Most of them are apt to minimize their handicap. Because of constant association with mentally deficient and severely epileptic individuals, those who are relatively normal tend to over-estimate their abilities and to minimize the extent to which they are handicapped by seizures. This tendency toward over-estimation of their capabilities is not limited to intellectual ability; several women have expressed aspirations to become models. (Without sufficient natural endowment in the judgment of the psychologist.)

Many problems are encountered in coping with individual differences. Because of the epileptic population of the institution, many of which are post-encephalitic cases, a great deal of routine and regulation is necessary. This is accepted fairly well by those who are dull or deficient in intellect; but it often becomes intolerable to those who are normal or better in intelligence. The program of the school and hospital tends to be pitched at a level that is satisfactory for the vast majority who are dull or deficient, but it does not adapt too readily to the brighter and more capable patients. Some patients are in academic classes only,

some in industrial classes or handicrafts only, some are in both, depending on their past performance and on psychological tests.

The music program and the recreational program in general, including psychodrama, are the principal means of dealing with individual differences. In general, it is the more capable patients who participate and lead in these activities. Psychodrama is handled in the form of a dramatic club, conducted by workers from the University of Minnesota. In this organization, patients write skits, direct and dramatize them for the entertainment of the patients in general. Later the skits and their production are criticized both by the participants themselves, other members of the club and by the directors.

Usually the counseling of potential placements consists to a large extent of helping the patient to realize the severity of his handicap and to accept it. Usually there is a problem of scaling down unrealistic ambitions, but sometimes it seems desirable to stimulate an intelligent patient with an adequate personality to aspire above common labor or domestic service. Such cases are referred to the Division of Vocational Rehabilitation.

These remarks do not throw much light on the question of whether there is 'an epileptic personality.' However, it is quite probable that what often appears to be an "epileptic personality" is often in reality an "institutional personality", which is to a large degree a creation of the institution itself and the workers in it.

Mary Mercer

Strange as it may seem, the process of individualizing the child within the institution begins back in the county from which he comes. To be specific, it begins with the social worker who sends us the social history. This is our introduction to the child and is the only way we have of knowing what he is like.

Let us see what happens from the time the history comes to our attention. On my desk will be data about the vacancies in each cottage. In my mind will be data about the group make-up in each of these twelve houses and I will be thinking about just where this child will be most happily placed. As a relatively small institution we are able to keep in rather close touch with cottage life. The guidance supervisor makes daily rounds and gets in on the ground floor, so to speak, of problems as they arise. The superintendent has weekly meetings with the houseparents. The superintendent, guidance supervisor, school principal, nurse and psychologist have frequent conferences about the children and their development. We are very informal about these things at the State School. Any houseparent or other employee dealing with the children has ready access to the central staff and, all in all, we do manage to get a fairly clear picture of the personalities we have on hand and the social inter-action within each group. So, with this data in mind, I am thinking about this new, unknown personality who is to come to us.

The child is going to live in a group. He is going to have houseparents and houseparents are like other people. They differ. We try to fit the child to the right one. Here are a few examples.

Housefather A is a quiet man, always there in a secure way that is very satisfying. Fancy, out-of-this world types who go in for peculiar kinds of misbehavior and have been subjected to peculiar kinds of rejection settle down very nicely with him. Their tensions become less and their problems slowly decrease. These same boys are much less well placed with Housefather B.

He does his best work with more ordinary boys, perhaps more outwardly expressive types. He is a hearty sort of person himself, much more talkative than A and less sensitive to subtleties in attitude. B is just the right man for certain tough adolescents who need a firm but fatherly hand.

Now Housefather C is apt to be floored by the little terrors B manages with ease, but he has a wonderful feeling for those very slow ones who are neither delinquent or on the off side of utter peculiarity.

And so it goes. The incoming child is going to live in one of our twelve groups. No two groups are exactly alike but it is our job to know the dynamics of each situation well enough to place the child wisely from the start, if possible.

We want to know as much as possible about the child and his family. Our insistence upon an adequate history is not due to an overwhelming passion for statistics - although this is important, too- but because we can do a better job if we have it. Literally nothing we ask for is useless.

The child's physical history is of basic importance in his training. The child who comes from a familial family, has had no brain damage from illness or injury and has temper tantrums is a different type of child from the one who comes from a normal family, did have brain damage and also has temper tantrums. The prognosis is different, the treatment is different and even the tantrum is different. Perhaps some examples will show this.

Little Harold comes from a family that has produced retardates for at least three generations. He developed slowly in everything but had no diseases or injuries of a traumatic nature. His retarded parents gave him the usual lack of care and school, of course, put far too much strain on his I.Q. of 64. He was hyperactive, destructive and full of tantrums but, now that he is under consistent care with a school program geared to his level, his tantrums are within reasonable limits. When he is mad it is about something. His interest can be deflected and peace can be restored with Harold easily. But, let us look at Joseph. He comes from a much better family but he had cerebral palsy. He, too, was described as hyperactive, destructive and full of temper tantrums. His I.Q. also is 64. Joseph's tantrums have not lessened to reasonable limits. They come on without warning - suddenly, explosively. They are not about something external as Harold's are and they are not easily deflected. More often than not, Joseph must go to the hospital for a few days rest. On the basis of what we already know about these two types we can predict that Harold will, in all probability, make a much better adjustment than Joseph. In fact, the chances for Joseph's becoming worse are quite good. We are not at all certain that Owatonna is the right place for him. We don't know whether the state has a "right place" for this type of child but if you get a report back from me sometime saying that on the basis of previous experience such and such a child is a very doubtful risk for training for self-support, please bear these cases in mind.

Now not all brain-damaged cases are as unstable as this and not all families are quiet, easy-going types. Also - and this is upsetting - a familial case can also be brain damaged. There is nothing in the nature of moronity itself that prevents it from being adversely affected by a birth injury or scarlet fever at the age of six weeks. The whole thing is very complicated but the better physical histories we can get the more accurate diagnoses we can make and, ultimately, the better training we can give.

Then there is the angle of behavioral data. We want to know how the child acts. If he steals we want to know what he steals, from whom and under what circumstances. If he is a sex problem we want to know what he has done. We expect a certain amount of delinquency in the children who are referred to us but there is a point beyond which we cannot successfully cope. For instance, a big husky boy of 16 who has attacked girls or smaller boys is not likely to be suitable for us even if his I.Q. is 65. That boy needs a type of security set-up within the institution which Owatonna does not have. In a coeducational situation where there is quite a bit of freedom and no locked doors such a boy is too much of a hazard to the safety of others. The more we know about how the child behaves the more able we are to make wise decisions about how to deal with him right from the start.

Let us look at a few situations. Perhaps our prize example of what can happen with inadequate data is shown by the burning of Cottage 10 a few years ago. The boy who set that fire was known to have set several fires in his home community but that information was not given in the social history. The loss in dollars was impressive but, fortunately, no lives were lost. It is needless to say that we are particularly anxious to prevent a recurrence of such a thing. No matter how small a fire a child has set we want to know all about it. We will underline the fact in the report, place him with utmost care and keep a very close eye on him if he comes to us.

Consider now the little twins, Jimmie and Johnnie, upon whom we do have adequate information. We know all about how they behaved. They are only eight years old and had we not known how they act toward their less vigorous contemporaries we would automatically have considered them for the little boy's cottage. As it is as we placed them with Housefather A whose boys are older, able to defend themselves and capable of exercising a more tolerant attitude toward the twins than would children of their own age. So far this has worked out very well. Jimmie and Johnnie are becoming more acceptable socially, their houseparents are delighted with them and even the other boys comment on their improvement, but the picture would

have been very, very different had we not known what to expect.

Then there is Donald, a continual runaway and beggar on the streets. Nobody wanted Donald in his home and nobody wanted him less than his mother. Knowing this, we placed Donald with Housemother F who has a very protective attitude toward her boys. This is not always a good thing but for Donald with his fears and insecurity it has turned out to be very effective.

The third vital area of information concerns the family and its attitudes toward the child and his commitment. When we take over the upbringing of a child we take on more than just the child himself. Little Jack is not just an isolated unit with no other relationships. He is going to be visited by his parents, boarding parents or relatives. They are going to write him letters and ask us questions. When summer comes he may be going home and the social worker and the State School are going to be asking each other questions on whether the vacation is advisable. As he grows up both the welfare board and we are going to be talking about whether Jack is placeable and, if so, where. Sometimes the family wants to keep the child at home long before we think he is mature enough for a job. Sometimes they refuse to return him at the end of a vacation and this makes extra work for all of us. Usually this type of family presents other problems. Its members may also be mentally retarded and incapable of understanding the child's needs and limitations.

In brief and to sum up, we are all in this business together. Each child is an individual and each of us contributes our share of understanding him as such. We at the State School are exceptionally pleased with the cooperation we have come to rely on from the county workers and the State office. Our latch string is always out and we are looking forward to seeing you when we begin our spring conferences on the older boys and girls.

CRITERIA FOR DETERMINING READINESS FOR COMMUNITY PLACEMENT
FROM THE MINNESOTA SCHOOL & COLONY

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E. J. Engberg

I have been asked this morning to discuss the criteria for determining readiness for community placement of mentally retarded. Many of those for successful placement from the Minnesota School and Colony are the same as from the other institutions represented here today. Therefore, I shall make my presentation in the form of an outline so that time will remain for the other speakers to develop further those criteria necessary or desirable for successful placement from their institutions.

The criteria required for placement from the Minnesota School and Colony will depend upon the type of person as we have individuals of all degrees of mental defect, of all ages from infancy to advanced years and from the completely helpless to those of good physical fitness. They fall into one of the following classes:

- 1) The helpless person. For this type no special criteria are required as it is only necessary that nursing care and medical attention be provided if returned to a home in the community.
- 2) The non-self-supporting dependent patient who will need the following abilities or qualities:
 - a) Can care for own physical needs such as feeding, dressing, going to the toilet and bathing.
 - b) Can follow simple directions and make his needs known by speech or signs.
 - c) Is moderately docile--not destructive or hyperactive.
 - d) Is capable of making use of his time through drawing or doing handicraft, looking at magazines, listening to radio, or watching television.
- 3) The partially self-supporting dependent person who will require in addition to the criteria necessary for those in class 2, the following:
 - a) Can care for personal grooming and select his clothes for the day's wear.
 - b) Is pleasant, co-operative, and emotionally stable.
 - c) Is able to communicate well enough to transmit his ideas.
 - d) Can perform chores and run errands.
 - e) Is able to recognize apparent physical dangers.
 - f) May be trusted to go about immediate neighborhood unattended.
- 4) The person capable of self-support under favorable conditions should possess the following qualities:
 - a) Is able and willing to do a full day's work.
 - b) Has good health and good habits.
 - c) Is able to read and write.
 - d) Will be able to go about city or town unattended.
 - e) Has friends with whom leisure time may be spent or will seek such upon placement.
 - f) Takes complete responsibility for the care of his clothing, grooming, and hygiene.
 - g) Is moral and knows how to behave in a simple social setting.
 - h) Is prepared for successful living outside an institution.
 - i) Is willing to accept the supervision that will be provided by the County Welfare Board.

In discussing the criteria necessary for placement of those capable of self-support, we must think not only of the qualities which the person leaving the institution should possess but also of the conditions which should be present in the community in which he will live. For placement to be likely to succeed there must, first of all, be an opportunity for regular employment. In addition, the employer and intimate associates should have a knowledge of and accept the person's limitations, an appreciation of his abilities and be willing to utilize them, an attitude of true friendship and respect for the person so he will have a feeling of worthiness and a sense of security in his new home. It is essential that intelligent supervision for as long a time as needed be provided also. For the community to measure up fully to these needs, should be a commendable and wise objective as success in meeting them will reduce the need for the amount of institutional space required for the treatment and care of mental defectives.

CRITERIA FOR DETERMINING READINESS FOR PLACEMENT

R. J. Gully

Since Dr. Engberg has discussed the readiness of the mentally deficient individual for placement, I will devote a little time to the placement of people suffering from convulsive disorders. In considering placement, we assume that we mean the individual is to leave the institution, taking a place in life and being able to adjust satisfactorily with a minimum amount of supervision. However, many other individuals can be placed outside of the institution if friends, relatives, or others are willing to assume the obligation of caring for them, providing they are not a menace to society. It is desirable for as many people as possible, with convulsive disorders, to be placed or retained in society. With this thought in mind, certain criteria for placement are considered. Yet we realize that we can not state with a final degree of assurance just which one of these individuals will make a suitable candidate for placement. In other words, we do not know which ones will be able to care for themselves without aid, or who will get along with a little assistance or supervision. Therefore, we may consider, along with the criteria for placements, the factors which may be considered obstacles for placement.

In the placement of an individual suffering from a convulsive disorder, I would state that the first criteria is that the individual is able to adjust satisfactorily within the institution. By that we mean that they are able to get along with themselves, the institution personnel, and the other patients.

Considering this criteria satisfactory, the next question to be considered is the intelligence of the patient. I am under the impression that people with a mental I.Q. rating below 60 are handicapped considerably when thought of placement is given them. Those with a higher I.Q. have a much better chance of adjusting socially and economically.

Another criteria to be considered is the number of seizures the individual is having, or is apt to have during each day, week, or month. Those suffering 1, 2, or 3 seizures each day, regardless of whether the seizure is minor or major, are handicapped to such an extent that in all probability, they will be unable to adjust satisfactorily. However, individuals having a few seizures a year may also have difficulty in getting along in society if the seizures are extremely severe and occur without a period of warning. These individuals may suffer bodily harm or injuries, and in this event there is little possibility of a permanent placement, for the simple reason that the danger of injuries is too great to be assumed by an employer.

The temperament of an individual being considered for placement is also a very important factor. If the individual is happy, cheerful, and makes friends easily, they have a great asset. Yet if they are carefree and do not assume responsibility, their chances for success are doubtful. On the other hand, if the individual has a cross, irritable, and quarrelsome disposition, they are not tolerated well by society and their chances for satisfactory adjustment or placement are limited. The expected result of placement of these people is that they sooner or later will be returned to the institution.

It is my belief that a large percentage of individuals suffering from a convulsive disorder are also suffering from an accentuated ego. When this characteristic is too predominant their chance of success in society is extremely limited. Due to this fact they rate their abilities much higher than other people who come in contact with them. The result is that they become intolerable and their adjustment is unsatisfactory.

CRITERIA FOR DETERMINING READINESS FOR PLACEMENT AT THE
OWATONNA STATE SCHOOL

C. M. Henderson

The term readiness implies that a person has reached a point of maturity on the one hand and also that he is capable of beginning something that he has up to this point not been ready to perform because of lack of maturity or skill. One can, therefore, be said to be ready to read before he has acquired any actual skill in reading. If he is ready to read, though, he must have the equipment necessary for learning to read with a reasonable amount of efficiency and ease.

Readiness for reading as well as readiness for placement on a job, or as for that matter any other kind of readiness, presupposes a minimum amount of physical maturity plus a given amount of practice and training. For example, one must possess a certain degree of visual discrimination before he can be expected to learn to read. Visual discrimination requires that the optic nerve and the eye must have reached a certain degree of maturity from the physiological point of view. But it implies also that the eye must have been used enough to have acquired the necessary skills for discrimination. There are then two important factors in reaching a point of readiness. One of these is maturity which takes place as a result of normal physiological growth. The other is the acquisition of certain basic skills without which the thing to be learned cannot be accomplished.

The very fact that mentally handicapped children are our raw material makes it impossible to reach completely the point of maturity that is desirable for community and job placement. Mental retardation is by very definition always accompanied by immaturity. And this immaturity is at least in part physical because it is the result of damaged or underdeveloped brain cells. Where we find a static or irreparable immaturity, such as is found in mental deficiency, there is a greater need for training than would otherwise be the case. The training must necessarily be more intense and more specific. And this training by virtue of its intensity must be classed as specialized. It must be realized moreover that readiness as it is used here means readiness within the limitations of mental retardation. And though the mentally retarded child may be said to be capable of self support, self support may have a different meaning entirely for the mentally retarded person than it does for the mentally normal person. Self support, for example, may mean self support with varying degrees of supervision in the case of the mentally retarded person whereas it should not involve any supervision whatever in the case of the mentally normal person.

It should be recognized in the beginning that if it is definitely established that a person who is thought to be mentally retarded needs no supervision whatever then his alleged retardation needs to be seriously questioned. Anna M. Engel defines readiness as it is applied to the mentally retarded child as follows: "If young men and women can leave school with enough academic skill to adequately read notices and fill out blanks; be clean, courteous and punctual; and can cooperate with fellow workers, they will be an asset on the job, not a liability". This certainly is not high enough standard for a person who is normal mentally.

However, before taking up the question of what the criteria are for determining readiness for placement we should make it quite clear just what is meant by readiness. No authority that I know of in the field of mental retardation seriously questions the statement that "the mentally handicapped have a much larger percentage of physical defects than is reported for normal youth". It is important then to attempt to discover whether a retardate has the physical capacity necessary for community living within the limits of his otherwise mental retardation.

In the first place, the person in question must not have a physical difficulty that incapacitates for a period long enough that he would be unable to render service to an employer and thus make his over-all usefulness invalid. A case in point would be a boy or girl who has attacks of hayfever or asthma so severe that they incapacitate the individual for several weeks or even months during the year. This has been the situation with one or two pupils of our school. A person with such a deficiency can only be placed in a very limited and special community placement if indeed he can be placed at all.

It goes almost without saying that a person to be ready for placement must not have a physical defect great enough to put limitation on his usefulness in a given job. The person who has a weak leg due to hemiplegia would be unlikely to succeed on a job where he would have to be on his feet for long periods of time. Or the presence of a serious deformity of the face might make one unfit for certain jobs where he would have to come into contact with the public even if he could otherwise do all that was required of him.

Moreover, there must be a certain degree of manual skill and dexterity if one is to succeed in any job. However, the degree of skill will depend on the type of job that the person is attempting to fill. It is hardly possible that a person who is slow in his movements could be successful on any kind of assembly line work but he might well succeed on a farm or on a job where speed is not as important a factor.

In conclusion it may be said that one's physical maturity is certainly an important factor in his readiness for placement. The mere presence of good health is in itself an asset to anyone whether he be normal or subnormal. His outlook on life and his ability to do a day-by-day job will be directly affected by his general state of health.

It is not implied here that physical skill in any way insures success on a job. On the contrary the implication is that there is a minimum requirement for physical maturity and development and skill as the basis for success on any job. Nor should one conclude that the more skillful one is from a physical point of view the more likely he is to succeed. Engel stated that "There was no indication that physical strength had much significance in predicting success" on a job.

But physical maturity is not enough. In order to live in a community one must have arrived at a degree of mental and educational maturity in order to meet the essential demands that are placed upon him. By very definition mentally retarded people must be mentally handicapped. They are in the true sense of the word mentally immature. The type of community one lives in will determine to some extent the amount of mental and/or educational maturity that is essential for success. Obviously, it takes less mental capacity to get along on some farms than it does in a metropolitan area. This is emphasized when you consider how frustrated a normal adult can be when he goes to a large city for the first time. I found it very difficult to find my way around in New York City last year. I was confused when I traveled by subway for example. And despite the fact that I was practically reared in a city as large as St. Paul, I would have much to learn if I were to suddenly find myself dependent on the New York bus and street car system entirely for transportation. And it would depend on the degree of intelligence I possess as to just how long it would take for me to learn which car to take to arrive at a given destination. I imagine how handicapped one would be if he could not read the names on the street cars and busses. If one asks the way to a given place and he is told to go to blank street and turn right for three blocks, it is assumed, of course, that he not only can read the street sign and that he knows where to look for the sign to say nothing of knowing which is his right and being able to remember what was told him for the space of several minutes.

I will never forget when I was in New York that someone directed me to a place by saying you go the the "El" and turn right, etc. When I got to where I thought the "El" should be I looked for it but saw nothing that so much as suggested "El". Nor did I see an "El" street or an "El" avenue. Finally, after quite some time I concluded that "El" stood for the elevated train that was rumbling overhead. But suppose I had been more mentally deficient than I am, it would have been much more difficult for me to arrive at the right conclusion if indeed I could have ever solved the riddle at all. Up town, down town, the loop and other expressions commonly used in large cities may offer very little difficulty to people reared in the city but for strangers it may offer many difficulties. Also, for the mentally handicapped person it may offer a problem even though he has lived in the city all of his life.

The complicated business of travel or transportation and communication are many and varied and a mentally retarded person may succeed or fail depending on his ability to meet their complicated demands. The mentally retarded are not the only ones who have trouble handling money but they are among those who do. They may or may not have trouble only with keeping it but they may very well have trouble counting it and making simple change. They may have so little understanding of the value of money that they may spend it for things they do not need and have little or nothing left for necessities.

Then there are requirements such as registering for the draft and filing one's income tax returns which may be so complicated that the mentally retarded may become a law breaker merely because he does not know what is required of him or because of a lack of knowledge of how to go about doing it. Such forms as are mentioned above may well be difficult for the normal person as most of you can testify. Also, the mentally retarded need to know what to do when they do not know what to do.

These are but a few of the many problems that could be mentioned. But they point up to the fact that mental and educational maturity are important factors in one's ability to adjust to community life.

If one factor can be said to be more important than another in deciding whether one is ready for placement perhaps the social factor stands out more prominently. I would like to mention four aspects of social adjustment that are, it seems to me, basic. First, there is the ability to fit into the pattern of the larger community. This is not easy because the community is naturally geared to the needs and capacities of the normal person. If it is true that left-handed people find themselves at a disadvantage in a world made for right-handed people, how much more disadvantageous should one expect to find a community geared to the normal person for the mentally handicapped. For example, the mentally retardate does not even find most church activities easy to fit into. How much more difficult will he find it to fit into a community recreational program and other activities.

Mentally retarded persons are not supposed to marry. How can they meet this situation and still be acceptable to themselves and to the community? Can they understand and accept their legal status in the community if indeed they can be expected to understand it?

Second, the mentally retarded person must be able to fit into a boarding situation on an acceptable basis. It is difficult for retarded people to know how intimate to be with people in whose home they live. When should they come into the family circle discussions? By what names should the members of the household and friends of the family be called? Many retardates call people by their first names who are called by their first names by other members of the household. This is often done without much discrimination. It is often done without regard to age or closeness to relationship. Very often these are delicate problems for normal people. How much more of a problem they are to the retarded individual.

Third, one must accept supervision of the Welfare Board if his chances of success are to be increased. For some this is extremely difficult. You know all too well that recipients of favors are not always appreciated. Many boys and girls project a great many of their troubles onto the Welfare Board. These of necessity had to be factors in their lives when the home was broken up or when they were originally in trouble with the community. To many of them it is difficult to accept the Welfare Board as an agency that is attempting to help them. Yet I believe you can see that it is quite obvious in the State of Minnesota that their readiness for placement has a direct relation to this particular problem.

Fourth, a person must have enough social maturity to make it possible for him to fit into a job situation. There are several definite demands that will be made upon him. He must have some ability to get along with the boss and he must get along with other employees if any. He must be willing and able to follow instructions whether given at the beginning of a job or as means of correcting mistakes or improving one's efficiency. He must be dependable, honest, regular in his work, and be on time. At least he must have reasonability to do what is required by the job insofar as the social aspects of the job are concerned.

When pupils in the Owatonna State School arrive at the age of about 18 they are considered for outside placement. And from this time until they are 21 they are considered each spring or even between times for placement. As a rule boys and girls are placed out in the spring of the year when school is out but this is not always true. There must of necessity be exceptions to this general rule. Boys for example who are to be placed on farms very often must be placed early in the spring so that they are oriented and ready for work when the spring season of work begins.

We always are on the alert to select out those few boys and girls who because of the stable environment the school provides become so stabilized and adjusted that they prove to not have been mentally deficient at all but who possibly should be best diagnosed as borderline or dull normal or slow learning but at least above the mental deficient level. The discovery of such cases is rare but certainly not unknown.

There are some boys and girls who despite all our efforts at training do not appear to be capable of becoming self-supporting and therefore, not capable of returning to the community. It is felt that they will need either permanent institutionalization or institutionalization for a longer period than we are able to provide and as a consequence they are recommended for transfer to another institution. In some instances also there are those boys and girls who possess problems with which the Owatonna State School is unable to cope. Among these are the badly emotionally disturbed, the extreme cases of chronic delinquency and the psychotic.

The final recommendation for placement is usually made by the psychologist. It might be of interest to you to know that it is the psychologist who also reviews the material submitted to us on new admissions. The psychologist collects all of the available data and on the basis of her clinical judgement makes the final recommendation for placement or further institutionalization. The data available to the psychologist makes it possible for her to arrive at some rather reliable conclusions. In addition to her own battery of tests, she has available to her school reports which are a combination of standardized achievement test results and the teacher's estimate of the child. Also this year we are keeping a rather detailed account of the work record of each pupil. This record is not only an evaluation of the pupil's efficiency on the job but also of the personality qualities he exhibits on the job which is just as important we believe.

CRITERIA FOR DETERMINING READINESS FOR PLACEMENT

A. R. Nordgren

It is hoped that a brief but somewhat specific description of the average patient of the Annex for Defective Delinquents in St. Cloud will not be out of order in our introductory remarks.

The candidate from our institution for possible placement in the community, of course, is a male. The "Annex" is at least that specialized. For better or for worse its program is planned for only one of the sexes.

In addition this candidate usually is between the ages of 18 and 30, chronologically, but there is an occasional exception both below and above this span.

Generally he is classified as a Moron, having an Intelligence Quotient of between 50 and 74. But again, there is an exception now and then, both below and above these limits. Parenthetically at this point, perhaps, it should be stated that in our experience with this group, we are encountering a rather sizeable number of men who, after being carefully tested, are found to be more psychopathic than mentally deficient. There is often a fine line of division here, difficult to determine. But in all fairness to the ones concerned, it would seem that every attempt should be made to distinguish it.

Finally, as part of the title implies, by which this person is designated at St. Cloud, he is a delinquent. Briefly this ordinarily means that he has violated at least once a law or laws enacted for the protection of the citizenry of the State. Had he not been committed as mentally deficient, such violation, if proved, would have brought him some punishment by the court, as is the case with the delinquent who is not judged to be defective.

Concerning the patient just described there are three specific areas of his development which it is assumed he will make while he is with us and which the staff scrutinizes closely when it considers recommending him for a trial release in the community.

First: what capabilities has he indicated and what are his potentialities toward socialization?

We want to know as specifically as we can how well he adapts himself to a group and be able to share in the give and take of group activity. Hence, we try to watch him and inquire of those who are in a position to observe him closely how he reacts in such situations. Does he take part in group athletics with some enthusiasm? Does he participate in the worship services with some spontaneity? When games are played, when either skill or chance is involved, or both, how does he react to winning? How does he react to losing? Is he a good loser? Or does he give little or no indication of his feelings? Does he have a sense of humor? Can he take a joke? Regarding his personal possessions - what little of these he is able to gather for himself in an institution - does he indicate any desire to share a portion of these with others? Or does he hoard almost entirely what he considers his own? Does he give the impression of withdrawing for the most part from the group? Is he unusually moody? Does he show any altruistic interest in others? If so, to what degree? What are his personal habits? Of his own volition is he somewhat neat and tidy, enough so that those with whom he is to associate closely in the community will tend to accept this phase of his behavior?

Meanwhile, our psychologist is constantly giving and interpreting individual tests as they concern this aspect of the patient and his potentialities.

Wherever feasible his social progress is encouraged. If he is able to develop it with the resources available he eventually may become a candidate for returning to the community.

A second important area of the Defective Delinquent's development which the staff of the Annex attempts to evaluate regarding his release is the degree that he may become self-supporting.

Occasionally we have shared in the planning of a trial placement where little more is assured the patient upon his return to the community than his keep: that is, his room and board, and a minimum of incidental personal expenses. This has been true mainly where he has returned to his parental home or to that of an interested relative.

But wherever we can, we are trying to avoid such arrangements. We must always be on the alert against exploitation of the mentally deficient, and we tend to invite the growth of this evil if the person is to receive no specific remuneration for work, whatever the quantity or quality, that he is almost always expected to do upon his release from the institution.

Similarly it would seem that we are planning better and more surely for the patient if we attempt to eliminate the hazard of his becoming a charity case. Often temporary plans must be made, but infinite damage can be done to him if he is allowed to consider himself as a permanent burden to society and having no real personal worth.

Because we have this thought in mind, rarely will we consider a ward's release unless we are reasonably certain that he is capable of doing at least unskilled work. Some of our patients have developed to the extent that they can do well at slightly-skilled tasks, and occasionally semi-skilled. Unless other, negative factors are predominant, those who have made these achievements are likely prospects for a satisfactory adjustment.

What remuneration a ward should receive cannot be specifically stated here. Usually it depends upon the situation in the local community. What jobs are available that the person can do; whether such are permanent or seasonal, the current wage scale - are some of the factors to be considered. But the individual should be informed definitely as to the nature of the arrangements made for him. Meanwhile those of us who are assisting him should be on the alert to the possibility that his value to the employer may eventually increase and that his wages should be enlarged proportionately.

(3) A third area of the person's growth which we are attempting to evaluate in considering his return to the community is whether or not he is developing some respect for law and authority. This is stressed inasmuch as a large proportion of our patients come to us with rather gloomy histories of delinquencies.

Some of us are not certain as to how the Defective Delinquent acquires such respect, whether by a changed environment, by re-training, by adequate leadership and guidance, by the cultivation of worthwhile habits, by kindly persuasion, by fear of the consequences, by maturity, or by some insight. Perhaps all of these are contributing factors. It's a rather intangible item to measure, but it is important, and in the successful cases of adjustment we know it's there.

If the history of previous delinquency is not too serious, and if, after testing, the personality is not considered to be too disturbed, then a wholesome placement under adequate supervision may be tried.

As some of you well know, our recommendations regarding trial placements in the community sent through The State Bureau for the Mentally Deficient to the

Welfare Boards concerned have not been without error in prediction. It seems that we will always be accepting returnees because their adjustment had not been as we anticipated. We are grateful, however, that some of them have encountered a measure of success, and we realize full well that this has been due in no small part to the intelligent and persevering supervision which they are receiving from Welfare Board personnel.

MINNESOTA
HISTORICAL SOCIETY

THE CHALLENGE OF WORK WITH THE MENTALLY
DEFICIENT IN THE COMMUNITY

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Manford Hall

Just as we recognize that there are differences among the individuals with whom we work, we must also realize the individuality of each county and its abilities to meet this challenge. We in Hennepin County no doubt have many resources which are not available in smaller rural counties, yet life is perhaps much more complicated and that is the reason for some of these resources being made available. We have in common with many other counties the problem of financing care for the mentally deficient. Because we are on a township system of relief, we have to approach the local relief giving agency for assistance with the boarding care of a child or of an adult. There are many boards which have been difficult to deal with and perhaps we can get some good pointers from you as to how best to approach those local agencies which have been impossible for us to work with. Many of you perhaps feel that because Hennepin is a large county and pays relatively high salaries, that it has no personnel problems. This is far from the situation, to which all of our workers can testify. Five of us have been working with the mentally deficient less than a year and a half, and three have been with us less than six months. I know that all of us appreciate what turnover in personnel means and nowhere do I feel that it is any more important to have trained dependable personnel than in working with the mentally deficient. We have let other people believe for too long a time that there are not the skills required of other jobs when working with the mentally deficient. I firmly believe that the opposite is true; there are not the skills required in other jobs that there are in working with the variety of problems which confront the worker with the mentally deficient. Our problem is how to develop our skills and resources to do the job that needs so much to be done.

Maybe you are not aware of Hennepin County's setup, so I'll spend a moment explaining our organization. I think that it is important to know what each other's limitations and possibilities are so that we can all work more closely together. We need to feel that the problem of mental deficiency is broader than our own County's geographical boundaries--we must think of the State and national problem and feel some responsibility for those persons outside of our county.

In Hennepin County we are but a small part of our agency program. Public welfare in Hennepin County is big business. The budget for 1952 calls for some fourteen and a half million dollars. There are over two hundred social workers in our agency, and we are divided into three divisions. We have the Old Age Assistance Division, the Aid to Dependent Children and Aid to the Blind Division, and the Child Service Division. We are a part of Child Service, which gives case work services only. We have no funds with which to help our clients but must depend, as I said before, on the local relief giving agency for assistance. In Child Service we are specialized so that there are twelve units working with many aspects of child care. Our intake unit screens all of our cases first and sends the new case to the proper unit. Our two unmarried mother units work with unwed mothers and all their problems, and the men help with establishment of paternity obtaining social histories so necessary for adoptive plans and collection of court orders. Our two protection units work with parents who are not giving their children proper care and supervision and aim to help families improve their situations, if possible. Our three guardianship units supervise some 570 children who are committed to guardianship of the Director of the Division of Social Welfare as dependent and neglected. Our adoption unit makes home studies of adoptive applicants. Our boarding home unit works with all the other units in investigating and licensing homes for dependent and neglected children who are under temporary custody or guardianship or for parents wishing temporary boarding plans for their children as well as for mentally deficient children. Our court unit represents all other units, in any case which requires legal attention. This leaves our unit of eight workers and a supervisor out of a total of

some 80 social workers in the Child Service Division. We have some sixteen hundred cases in the mentally deficient and epileptic unit which are active, about 800 of whom are in the institutions and 800 in the community. Of these about two-thirds are adults over 21 and one-third are children.

This specialization which we practice in Hennepin County seems to me to be so necessary if we are to meet the challenge of work with the mentally deficient. I have worked in several of the other units in the agency and have a pretty good idea of many of the different skills necessary in working with unmarried mother cases, protection cases, with children committed to Division of Social Welfare guardianship, and know that finding boarding homes or making adoptive home studies are all different areas which require different techniques and skills and resources to do the job properly. The mechanics in these jobs take a long time to learn. One must learn to work with different feelings on the part of parents and others in each of these specialized units. The feelings of parents with mentally deficient children are far different from those parents who are wanting permanent plans made because they can't give proper care. Both are different from parents making application for adoption or for the person applying for a boarding home license, or different again from the girl who has an illegitimate child. I can only say that we are thankful of our specialized set-up and can only sympathize and take our hats off to those who have diversified case loads to work with. How can we get down to the finer points of the game if we are smothered by mechanics of large case loads? I'm afraid that even with what we consider large case loads in a specialized set-up we are too superficial in our work and find it difficult to get down to the business at hand. I'm afraid again that when there is not specialization where possible, and with the tendency with large case loads to work with those easiest and most pleasant to work with, and the inevitable emergencies that arise, in many instances the mentally deficient are dealt with only when necessary.

There is a real challenge in this work. I would like to mention a few things which I think mean we are accepting our challenge more fully. We have a long way to go to fulfill our responsibilities, but I think we have taken some steps.

One of the things that our agency has recently done and should have been done long ago, is to permit the policy of regular visits to the institutions. Perhaps you noticed when I gave the figures of our case load, I said that we have 1600 cases of which about 800 are in institutions. We keep these cases active although on what we call a suspended basis to comply with the statistical procedure as set up by the Division of Social Welfare for child count cases. We feel a definite responsibility for those in our six institutions. I don't see how we can feel otherwise. If we are to assure parents that this child or relative is not just "put away", and that we want to plan for his return to the community when and if he is ready, we must demonstrate to them that we have a working relationship with our institutions. We just instituted our policy last December by our first regular visit to Faribault and hope to go to Cambridge perhaps next week and then to Owatonna the following month. We are planning for regular conferences every three or four months with each of the three major institutions. We also have been visiting St. Cloud on an annual basis. What else can we hope to gain from such visits? I feel that we will develop a much closer working relationship with Faribault, Cambridge, Owatonna and the others because we will get to know the staff on a personal basis. As we get to know each other, we will gain confidence in each other. We will know each other's program and what each offers much more intimately. The staff of the institution will get to know our limitations of what and how we can plan, and we can all work together to promote new ideas and plan more realistically. When the staff at Faribault, Cambridge, Owatonna, and St. Cloud can feel with some assurance that a plan is being made, they can then plan ahead and prepare the client for his return to the community. Other states having the social worker connected with the institution perhaps have a smoother operation at this point because the social worker at the institution also carries on in the community. It seems that we should make an effort to bridge this gap. As we gain confidence in each other we will be able to

happiness which the group activity brings. I'll never forget when I was going around for my second glass of punch, Marge, president of the club who was serving was so anxious to give me a slice of orange and not being successful with the spoon reached in with her fingers and retrieved one for my cup. One of the older girls who happened to notice Marge do this gasped in horror but Marge didn't seem to notice and it didn't bother me a bit either. But to get back to our Elliot Park group, the second party was held January 4, 1952 and this time because of previous planning we discussed with those retarded attending what they would like to do in the future, how often they would like to meet and how they could participate, etc. This is going to be their club. They are meeting twice a month under the leadership of the Elliot Park Neighborhood House with volunteers from the parents' group and our agency and Mr. Kaplan as consultant. The program as to date has taken a lot of planning and evaluating and no doubt much more work will need to be done. We are moving slowly and carefully to make this first group project a success because the future depends on what happens to this club.

There are a number of other things which we have plans for which I feel will better meet the needs of our clients; however there are several other areas which challenge us and which challenges we haven't met as yet.

One of the more important things that we as social workers must do is to work with the local parents' groups. We have a particularly fine and active group from Minneapolis which has been an inspiration to the workers who have attended the meetings. Quite often, we in social work don't think beyond our own specialized field, but the parents' groups are as you know concerned with all aspects affecting a retarded individual. It has been definitely a broadening experience for me to work with our parents' group. For most of you, there would not be a parents' group available. I'm sure that the parents would welcome any assistance or leadership that you are able to give promoting new groups in your area. We need parents' groups such as are active. We as social workers need to know more about what the parents are thinking and doing about the problems of mental deficiency. We also know that there are parents who have been definitely helped by attending the meetings. An example of this recently came to our attention with two parents whose mongolian child acted dangerously toward others in the community. These parents had resisted the plan for institutional placement, partly we think, because the mother had previously been in a mental hospital. It was finally necessary for the Welfare Board to sign the petition and the child was committed to guardianship. We were not looking forward to the time when we would have to interpret to the parents the necessity for this child's going to an institution. However, in the meantime the worker had informed the parents of the Association meetings and they attended. These parents told the worker that meeting with the other parents was a very helpful experience to them. Presumably they had a chance to see their own problem was not so unique and that there were other parents who had placed their children in institutions and were satisfied with care received. We are sure that this experience was at least partly responsible for their accepting the space so easily when it was offered.

A challenge which I feel we haven't met adequately in our county really is one basic to social work itself. We need to become more skillful in helping parents and relatives and the retarded individuals with their feelings. We have all met and handled these feelings in various ways. Many times the feelings were there but we avoided them. What are some that we need to recognize and help parents and relatives with? In the first place, having a deficient child itself and the shame that many parents and relatives feel is an area in which we can help. We need to help parents accept their children for what they are and over the frustrations of what they never can achieve. We know that in many cases guilt feelings are present and they are real feelings that need to be dealt with. Parents have feelings about planning for the child away from his own home if that is necessary. We can help the parents with the separation and in turn we will go a long way towards helping the patient's ability to adjust in whatever setting he is placed. One of the real challenges that we need

to meet is the one concerning the interpretation to the community itself. Social workers need to know how parents have been successful in meeting their own feelings and helping neighbors and friends to understand and accept their children.

We need to help the retarded person accept his own limitations while we can point out his assets. Here is one of the skills where we fall way short. This has probably been too threatening an experience for many social workers and others. We have a need to be more objective about it.

Finally, the social worker must increase his understanding of the whole problem of mental deficiency so that each case can be treated in its entire context instead of on a day to day expediency basis. This implies a need for thorough knowledge of facts of mental deficiency and the special handicap under consideration.

Robert Hagaseth

After considering the topic on which I was asked to talk, I thought it best to limit it to one phase of our agency's work only, that of the adult mentally deficient.

The challenge that working with the adult mentally deficient presents to both the worker and the agency is great. The Mower County Welfare Board is meeting this challenge slowly but firmly, trying carefully to evaluate its steps and policies with each new referral. I have selected a case history that I would like to tell you about, because it deals with the problem of community placement which we are all faced with today.

Fritchop was first referred to our office by Miss Coakley in June of 1951 by letter, giving a brief yet concise case history together with a report of his abilities, and handicaps as submitted to her by Miss Mercer, the psychologist of the Owatonna State School. It was noted that this referral was short and well planned as we believe all referrals should be. The reason we like this is that our agency can then quickly consider placement by screening all of the resources which are available in our county, to see if there is any possibility that one may be developed. More information is then requested if this seems to be possible. This saves time not only on our part by not having to read a voluminous history, but as well by that of the referring agency by their not having to use valuable stenographic time typing the long case histories. If we would have found that we had nothing to offer Fritchop we would have informed Miss Coakley of it immediately so that she could make a referral to another county, or private agency.

Upon reviewing a request for a work placement, it was felt best to take advantage of the facilities of our local Minnesota State Employment service. They have on their staff a rehabilitation worker, whose primary duty is that of aiding those who are handicapped in any way. After discussing the needs of Fritchop with them, they carefully selected a farmer, whom they felt could offer the supervision, guidance and understanding which was necessary. They contacted him and informed him briefly what we had to offer. They also arranged for an appointment between him, his wife and our office, so that the entire case could be discussed fully. This latter we feel was very important because we wanted to be assured that their desire for hiring Fritchop was not to take advantage of him but to help him to become better adjusted to family life and work. We wanted to know that patience and understanding of the problems presented would be exercised. I also wanted to feel that they would be considering Fritchop as a part or a member, so to speak, of their family, not only at home but in recreational activities as well. This is necessary in order that the ward may have someone, other than the social worker to turn to, for immediate guidance.

For many wards, community placement is their first opportunity to be on their own, in the community and participating in home and family life. At first it is very strange, almost frightening, because it is the first time that they must shoulder the responsibilities of meeting their own needs and solving their own problems. Careful guidance on the part of the employer with the aid of the social worker, to me is the main factor in determining whether or not the placement will be a success. As soon as we had satisfied ourselves that Mr. and Mrs. Scott were suitable, we arranged for an interview and a discussion of Fritchop's case with Fritchop and also Miss Mercer. Here additional information and a verification of that which we presented was gained by Mr. Scott. The interview with Fritchop gave both the ward and Mr. Scott a chance to talk and meet one another personally. This I feel is necessary because it makes the ward feel that he is personally wanted by the

noted, especially in his selection of Christmas gifts for his employer and family. They were very sensible and modest in cost - and fitted the person very well.

Another problem was a matter of recreation. However, through the efforts of his employer he attends church services regularly and now has a companion with whom he goes to an occasional movie or roller skating. Sensible recreation is stressed in all of our supervision, because we have learned that the placement is not complete without it. It brings to the ward the feeling of belonging to and being accepted by the community. This in turn builds up the individual's confidence in himself which is very much needed.

Another problem which presented itself at first was that of Fritchop not being able to operate a tractor or drive a car when he first began working for Mr. Scott. Prior learning of how to operate a tractor, to me, in a farm placement, is of prime importance in making a farm placement. In other words, what we need is a training program in our special schools more on a vocational basis. The individual ability of the ward must be developed to a greater extent in the field of employment that he seems to be best suited for. Ordinary or common labor training is not enough in our highly specialized and mechanized society as it is now.

Another problem which has presented itself and which presents itself to all of us who work with the mentally deficient is that of how often a revisit should be made after the initial placement. To me a supervisory revisit is necessary as often as is needed in order to have the ward continue to make progress in his or her work placement. This may be every other day at first, then once a week, then gradually becoming more and more infrequent. One of the most important things to remember in these revisits is to give praise to the ward and to express to him your confidence in him and his abilities. This makes for a better acceptance of the worker's supervision and also that of the employers. The worker's belief in him and his potentialities will also help him believe in himself. Another point which I believe is important is that of establishing a goal for the ward to work toward. With Fritchop it meant praising him for the high quality of work that he had been doing and commending him for his personal cleanliness habits and manners. His goal at the present is that of someday becoming restored to capacity or discharged from guardianship. Those who cannot be discharged must set other obtainable goals and must be brought to realize and accept their own limitations. Many times I have had to point out to him the advances he was making toward obtaining this goal, because he could not see any progress. It has served as an inspiration to him for working harder and trying to meet his problems himself, alone, as much as possible.

Another very important problem which has presented itself, not only in the case of Fritchop but in others, is that of personal counselling about the girl friends, dates, marriage, etc. This has not as yet presented itself in Fritchop's case but there are strong indications that it will very shortly. In this connection the worker needs to feel secure in the rightness of the ward's having a relationship with girls. There are contradictions to this also, but in either case the worker must believe in himself so as to give sound and a consistent type of guidance.

A very important problem, the last that I plan to discuss, is one which has just arisen, that of finding another home work placement for Fritchop. This came about as a result of Mr. Scott quitting farming, rather unexpectedly. Several contacts have been made but as yet no placement has been made because we have not found a suitable one - that is, one in which the supervision would be as carefully exercised as in his present one.

In closing may I restate that the challenge of this program is great. However, I feel it is being met by our agency in a constructive manner, not only to the ward but to society as well. To accomplish this, whether it be our agency or any other irregardless of size, we as social workers and agencies must be thoroughly

convinced that our program is benefical but subject to constant change and possible criticism.

We must hold to and never lose sight of our purpose together with a tenacity for attacking the problem from all angles within the limits of our reserves, abilities and finances.

George Sele

I accepted the invitation to appear on this panel with a great deal of hesitation but finally agreed because I felt it might stimulate some thinking on my part. My work is in a small rural County and I feel that it might be well to fix the location for those of you who have not heard of it. Kittson County is located next to the Canadian border and to the east of North Dakota. The area of the County is not large and the total population is under 10,000 people. As might be expected in a small county of this size the welfare office is the only social agency in the county and every type of problem comes to the attention of the staff. I am sure you can appreciate that I am not an expert in mental deficiency but we do have that problem in our County and someone has to do it. Our agency has a total case load of about 450 with a staff consisting of myself, one social worker, one stenographer and one stenographer doing the accounting. It might be of interest to you that all of the staff members were born and raised in the County. The welfare office is located in Hallock, a small town of about 1500 population.

It has been my experience that regardless of the size of the county and the population the problems are very much like those encountered in the larger areas. We, too, have serious problems, some of which are financial, others social and many that are a combination of both. We do have mentally deficient people and in discussing the subject I would like to divide them into two groups. The first group consists of normally intelligent people with mentally deficient children; the other group consists of parents with low mentality who have children that are mentally deficient. The two groups require a different type of case handling, at least I have found that to be true in my work.

The first group wants a great deal of information about the institution space available, conditions in the mental institutions and the type of care that offered. It is often difficult to get these people to the point where they will actually make commitment. In several instances it has been my experience that when they do reach this point they want to have the child placed in the institution immediately. The obvious answer necessarily is that the institutions are filled to capacity and there is a long waiting list. In many instances this information will satisfy the parents but in other cases they have waited until the problem has become so difficult that other planning is necessary. I am thinking of a case where a spastic girl was kept in the home until she became too heavy for the mother to handle. Added to the problem was the fact that an older brother of the spastic contracted polio and needed a great deal of therapy in the home. The problem became quite serious and some plan had to be worked out whereby the girl could be removed from the home. A rest home was contacted and the matron got permission from the Minnesota Department of Health so that she could accept the child for a temporary period until more permanent placement could be worked out. Our Agency worked with this family for three years before we finally could get a commitment. The parents took the child to specialists all over the country, to the University Hospital, and finally to the Spears Clinic in Denver. The latter was a final bargain with the parents that if treatment at the clinic did not improve the condition in five months, they would accept the fact that the child could not be helped and would consider commitment after that time. The welfare board agreed to the plan and spent approximately \$800.00 for this care. Up to this point the parents had already spent \$4000.00 for medical care and had depleted all resources available including loans from relatives.

In another instance a great many contacts had been made to a home hoping that they would reach the point where they might consider commitment. The social worker, myself, and even the county nurse called at the home and we finally were awarded and the early part of this month the family came in to follow through on our

suggestions. In fact, the hearing is set for January 15th. Case work of this type requires a lot of patience, understanding, and good judgement. I am reminded of an instance that appeared when I visited the home of another spastic in our County. This girl could move around and always seemed to be curious about people visiting the home. In this particular instance she came over to me and I picked her up for a couple of minutes until she was tired of being still and went off to play. During this interview the father of the girl mentioned that he didn't think much of one of his friends because when the child came to him he pushed her away and completely ignored her. It seems to me that in dealing with mentally deficient people we have to have a real desire to be of help and we have to understand that they are people and are entitled to as much consideration as we give to anyone else. Our feelings have to be genuine because our clients are able to tell whether our interest is real or whether it is put on. I believe it is also necessary for a worker to approach a problem objectively and not let our emotions dictate to us in working with these people. In a small county such as ours, nearly all the people in the county know the staff at the agency, the welfare board, and the county commissioners. Many times they know a great deal about the case and exert pressure that has to be contended with. As soon as the agency begins working with the case all the neighbors and others in the community know about it and quite naturally are curious. Tact in handling this problem is a necessary asset if one is to do good case work. However, many of the resources available to an agency that is located so far from the state office can be found among people who are genuinely interested in the cases and can be of assistance in case handling. The groups most often used by our agency are teachers, doctors, ministers, and attorneys. Care must be exercised so that these persons do not impose their thinking on the worker.

The second group of mentally deficient are those whose parents are also low mentally. In our experience we have found that usually the worker has to act as a buffer between the family and the community. A great many people do not understand the difficulties which mentally deficient persons have, both socially and economically. In most instances the parents are not reliable workers and few have skills which give employment opportunities. This group is usually in the low income bracket and the living conditions do not meet the standards of the community in which they live. It has been our experience that employers try to take advantage of this group by paying low wages and expecting the same amount of work. In many cases families of the mentally deficient are large and with poor supervision and training, the children do not develop into capable citizens. Our Agency had such a family that required intensive supervision and considerable financial aid. The father was low mentally and was very suspicious for a long time. After the oldest boy in the family had repeated the first grade two times we started to discuss psychological tests for the children. After two years we were able to get these children tested and found that they had capacity enough to enter the state public school. We now concentrated on getting the parents to consent to this plan and we finally achieved the objective after repeated visits to the home. The first year that the boys were out of the home we found that the father became very belligerent and took to drinking more than usual. He had now taken the attitude that the Agency was trying to take the boys away from him and he tried every means possible to have the boys returned. Conditions became so serious that finally the spouse signed a warrant for non-support and the father was given a thirty day jail sentence. After he was returned to the community he told me that he had learned his lesson and that it would never be necessary to worry about his drinking any more. In the spring we felt that the boys should continue through the summer but we could not get the cooperation of the father to agree to such a plan. One day he took off for Owatonna and tried to get the boys out on vacation. The school released the boys with the understanding that the father would sign the consent to return them in the fall. During the summer the father worked and when time for school rolled around he had decided that the boys shouldn't return to school. A long period of concentrated effort finally convinced the parents that the boys needed the educational opportunity and he gave his consent. Immediately upon the worker's return he learned that the parents had changed their minds and wanted the boys brought back. He was finally

convinced that the boys were being well taken care of there and would benefit by attending school. I am using this case as an illustration of the difficulty encountered in dealing with parents who are low mentally and the value of gaining their confidence by showing a real interest in their welfare.

Community acceptance of work with the mentally deficient is a responsibility of the staff in a small agency. A worker may have to assume responsibility for all types of situations and even take over for the other worker in case of absence. Usually the atmosphere of a small agency is very informal and the staff encounters a variety of experiences in several areas of social welfare. No doubt the agency is judged to a large degree by the public relations established by the workers in the agency. Interpretation to the public is of vital importance in achieving the kind of cooperation and understanding these unfortunate people need. Usually the people in a small community are impatient because improving conditions in homes of the mentally deficient is a slow process and the results are often discouraging. In spite of this, a worker can get satisfaction out of the knowledge that easing the problem in even one isolated case is a reward in itself.

In closing I would like to quote an expression that, to me, sums up the attitude the worker should have in dealing with people who are mentally deficient "but for the grace of God there go I".

Malcolm B. Stinson

During the past three days we have listened diligently to the facts, figures and opinions of the experts on care of those among us who are handicapped by lack of mental ability. I am sure that in listening to them you were impressed with the knowledge which scientific inquiry has given us. I am sure that you were thankful that we no longer live in a society which considers the mentally handicapped as fools or witches, but which considers them as human beings who have to learn, as all of us have to learn, to live within their own limitations. I am also sure that at times during the discussions you have felt like the small boy who could not answer all of the questions which his teacher asked of him. This teacher, not a very modern one to be sure, finally asked him, "Well, Johnny, just what do you know?" To which he replied gravely, "I don't know much, and what I do know, I don't know for certain." For despite our scientific methods and our devotion to careful inquiry and analysis of evidence, there is still much that we do not know about mental deficiency and most of what we do know we do not feel very certain about.

There is one thing we do know about the mentally handicapped and that is that they are human beings who along with the rest of us have what one of our leaders, Charlotte Towle, has called Common Human Needs. Among these needs which all of us share in common are the need to be loved and wanted by other human beings. We need to have our strong points recognized and our frailties understood and accepted. We need a chance to grow, to develop, and to become a creative person within the limits of our own strengths and weaknesses. We need the feeling of security which gives us the courage to expose ourselves and to dare to risk rebuffs or failure. All of these are needs which we all share with each other and needs which the mentally handicapped share with us. The differences among human beings are differences in degree and seldom, if ever, differences in kind. When we accept, fully, this view point of the human race then indeed the golden rule - "Do unto others as you would that they should do unto you"- becomes a necessity for human existence rather than a maudlin precept.

The mentally retarded are human, only more so than the rest of us. Their limits in ability to understand us must be met by our making a greater effort to understand them. Their limits in ability to perform must be met not by doing everything for them but by our making it easier for them to perform without an overwhelming sense of failure. All of this is very easy to say in a speech, but we all recognize that it is very difficult to put into practice and yet it is the very essence of work with the mentally retarded.

What does it feel like to be mentally retarded? None of us can ever really know the answer to this question for our very presence here at this meeting attests to our mental competence. Yet everyone of us, at some time during our lifetime has known the intense anxiety, guilt, and insecurity, which accompanies failure in a test or in some other mental activity. Think of what it must feel like to know that you are flunking not an occasional examination in higher mathematics but most or many of life's simple requirements. We can never know what it feels like to know that we cannot be allowed a trip downtown on the street car alone because of our inability to make proper change or to make proper decisions about when or how to cross a busy thoroughfare.

We can never know what it feels like to be considered mentally deficient but we can rest assured that such people do have feelings. I know of no evidence indicating that persons who are deficient in mentality are also deficient in feelings. In fact in some instances the feelings of the mentally retarded seem more intense and more sensitive than our own because we all use our reasoning powers to defend our tender egos. We also have ample evidence of emotional disturbance among the

mentally deficient indicating that feeling is present although ability to control the feeling may be deficient. We know that emotional disturbance sometimes masks mental ability so that under such circumstances even our diagnosis of low mentality may be at fault. All of this indicates that we have much to learn about emotions and mental deficiency but in the meantime we can rest assured that deficient mentality usually does not mean less intense feelings and as social workers, teachers, judges, ministers and institutional workers we will be aware of feelings in our work with the mentally deficient.

We may not know what it feels like to be mentally deficient but we do know a great deal about what it feels like to be the parent or relative of a mentally deficient child. There is still enough of mystery and of the unknown in the life processes of genetics, growth, and development that no parent is free from anxiety about the mental ability of his young and growing offspring. The popularity of such works as those of Dr. Spock and Gissell is due in part to this anxiety. We love our child for his individual characteristics or abnormalities and yet we hope always that these individual characteristics are within the realm of the so-called normal. Some of us in this room know by personal experience what the feelings of a parent of a mentally handicapped child are and others of us will know before we have completed the rearing of our own families.

But even though we may not know from personal experience the feelings of the parent of a mentally retarded child we can learn what these feelings are from those who have such responsibilities. For this reason, if for no other, we social workers who work with handicapped children should be thankful for and should lend our support to organizations such as the Parents and Friends of the Mentally Retarded. Through their eyes we may know how our institutions look to those who use them. Through their hearts, we may know something of the conflict which is an integral part of making decisions regarding care of the retarded. Through their help and assistance improved facilities, services, and legislative provisions for such persons may be achieved.

In the past social workers have not always found it easy to work with citizen groups who support a particular interest. I remember, all too well, some of the qualms we had about working with organizations of the unemployed during the period of the 30's. More recently the Townsend Clubs have tended to press for things which as administrators we have not always considered sound or practical. Special interest groups find the flaws in our own work as well as the lacks in legislation, appropriations, state office policy, and similar items. And yet we have all seen the difference in public attitudes toward the aged who are to some degree organized and have votes toward the ADC families who have no medium through which they can speak for themselves. Personally, I welcome the formation of such groups as the Parents and Friends of the Mentally Retarded and believe you will find them of great assistance to you in your various communities.

In our several sessions together during the past two days we have heard a great deal about the Minnesota program for institutional care and training of the mentally deficient. We have discussed the question of under what conditions institutional care seems advisable. We have noted the differences among the various institutions and have seen the different emphasis in each of them.

As the social workers in the home community we have a special responsibility for the individual child who is placed in one of these institutions. The maintenance of lines of communication between the child and his parents and friends in the local community is extremely important and we are links in this chain. Institutional care should never be a form of segregation or of parental rejection, and yet it can very easily become this, if the ties with home and community are not maintained. Our job is not completed with the culmination of a placement plan. In reality it only begins at this point. For with commitment, the State assumes guardianship and guardianship means a sharing of responsibility between you as a state

representative and the parent who is the natural guardian. Guardianship does not mean, however, that the State takes over the role of the parent but rather that it supplements the parent in his work with the child.

You are the interpreters of the State's institutional and training program for mentally retarded children and as such you must be aware of the progress of the children whom you have helped to place. If the ultimate plan for the particular child is that he shall return to the community, then it is especially important that the community does not forget him. The preparation for return must be continuous rather than being something which is done during the last month or two prior to his release.

Some children who are mentally retarded do not and should not go into institutions and these pose some very difficult problems for the parents, the brothers and sisters, the social worker and the community. We have discussed these children and their problems in some of our previous sessions. We already have special classes for them in some of our schools and this program probably needs further expansion. The special difficulties of providing special classes for such children in small communities has been mentioned.

One of the problems in relationships which needs attention for the child who will remain at home and attend a special class is the relationship between him and other children. The handicapped child can be treated very cruelly by his own peers. We have all seen children whose parents love them and accept fully their limitations but whose lives outside the home are very difficult because of the actions of the neighbor children or the school group. The mentally deficient child has a particular problem on this score because he frequently has no handicap which is apparent to other children. It has been said that a parent can protect his child from almost everything except the neighborhood children and this is especially true for the mentally handicapped child.

As community social workers we need to be concerned about this problem. We need to stress the understanding and accepting of differences in our school groups and in our playground activities. To some degree we will need to protect the handicapped child while his contemporaries are learning the meaning of his limitations. For our attitudes toward community and toward society are at least partially formed in play groups at early ages and the mentally deficient child will be hostile and anti-social if these early experiences threaten and hurt him too much.

Finally, as community social workers, we have the task of assisting the mentally deficient person who has completed his training course in one of the institutions and is ready for return to the community. We have discussed the criteria used to determine readiness for return and we have dealt with some of the problems of the returnee.

One of the factors which seems to make work with the returnee a particular problem is the fact that chronologically and usually physically he is an adult. His problems are those of the adult in our society - vocation, sex life, perhaps marriage and family. His handicap may be even more difficult for his contemporaries to understand than it was when he was a child because of his appearance.

We are faced with the task of trying to explain genetics to him - a subject in which social workers are far from expert. Our laws stipulate that the mentally deficient person cannot marry and this poses the difficult question of how to help him meet his emotional and social needs. Sooner or later he will probably learn that neighboring states impose no such limits on his marital venture and then we are faced with a fait accompli which may leave us out on a very small limb in our relationship with him. To this difficult problem, we have at present no satisfactory answer.

For many returnees from our institutions the problem of marriage will not be acute but the opposite of it - the inability to form a meaningful relationship with any other adult will be the problem. The wide world, with its give and take, and its assumption of the adequacy of each member to look out for himself, must look quite cruel to the person who has lived most of his life in a sheltered institution where simple decisions like what he should eat and wear and where he should sleep are made for him.

The social worker who has the role of the state's guardian must evaluate each situation and help the returnee in such a way as to increase his sense of adequacy and yet keep him within the limits of his abilities. This is frequently similar to walking a very tight wire with disaster the result of imbalance on either side.

These then, are the challenges to our communities and to us as social workers in our respective communities and we ask ourselves whether or not the challenge can be met? Our answer is that if we maintain our faith in the dignity of man with all his frailties, if we recognize our own feelings about the mentally handicapped and discipline them so that they do not impede us, and if we treat the mentally deficient as human beings whose needs differ from ours in degree and not in kind, then we can meet the challenge. We must realize that as social workers in the community we are representatives of a State program which has many ramifications and that our job is to help parents and friends of the mentally retarded to use this program constructively in the interest of each individual child or adult with his own particular and individual problems. If we and our communities accept the fact that community living is the only normal way of life in our society and support the efforts of the mentally handicapped to live constructively in our communities - then we can and will meet the challenge of the mentally deficient in our society!