

BULLETIN NO. II

SUMMARY OF READINGS

Prepared for

THE SUB-COMMITTEE ON THE TRAINABLE RETARDED

of the

GOVERNOR'S ADVISORY COMMITTEE ON EXCEPTIONAL CHILDREN *

by

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Secretary to the Committee

May 31, 1957

Reviewing selected papers pertinent to Mental Deficiency.

1. Report of Commissioner of Welfare--Morris Hirsch

Incidence of mental deficiency in Minnesota (1955)

Incidence

5,390 mentally deficient or epileptic in state institutions
approx. 3,500 living outside state institutions under supervision.
977 awaiting institution space
773 need custodial care but not asking institutionalization
1,750 partially self-supporting and living at home
500 receiving care in licensed private institutions

Services of the Department of Welfare as concerns the mentally deficient.

1. Operates the institutional units
2. Promotes increased understanding of mentally deficient through publications and individual staff work with parents
3. Gives consultation and supervision to 87 County Welfare Boards
4. Gives consultation and supervision to all licensed private agencies
5. Gathers statistics on all children throughout the state who are receiving services.

Recommendation to the legislative commission: "Appropriations to the Department of Education and to the Department of Welfare realistically commensurate with the degree of responsibility placed by law upon each."

2. Specialized Educational and Psychological Services in Minnesota.--Willis Dugan

Needs in
Personnel

Report of a state-wide survey of supply and need in special services based on 448 completed survey reports to Minnesota schools. 1,323 special education and psychological staff reported; 1,515 specialized staff reported as needed.

Needs related to retarded:

School psychologists	- 17 now - 45 needed
Special teachers for retarded	-163 now -118 needed
School social workers	- 60 now - 95 needed
Health staff	-335 now -346 needed

More emphasis needed on "team approach" to develop effective coordinated services.

3. A Recommended State-wide Program to Serve Mentally Retarded Children--Maynard Reynolds

1. More institutional space
2. More special classes
3. Expanded vocational rehabilitation program
4. Improved training, salary and tenure for personnel
5. Strong professional leadership

(continued)

6. Diagnostic Services
7. Research
8. Public Education
9. Coordination of efforts
10. More community planning

Citizens Professional Committee., Minnesota Mental Health Survey.
 St. Paul, Minnesota: State of Minnesota, Dec., '56, pp 51-57

Incidence of
 Mental Retardation
 In Minnesota

2-4% is estimate of authorities on incidence of mental retardation
 In Minnesota, the 2% figure - 60,000 people
 10-15% of retarded need institutional care
 In Minnesota minimal estimate - 6,000 (at lowest 10% of 2%)
 Present institutions house 4,885
 Additional 518 mentally retarded are in Mental Hospitals
 884 are on waiting lists - April, 1955
 this will be 1,310 by July, 1957 (est.)
 Faribault is now 64% overcrowded
 Cambridge is now 56% "

Responsibility

"In the committee's opinion education of educable and trainable
 is clearly the responsibility of educational authorities."

The committee emphasizes the concept that a child's place
 whenever possible is in his own home
 It should be the right of every parent to keep his child at
 home - if he can
 It is cheaper to conduct a public school program than place
 them in an institution.

1954 - 560,773 children in public schools in Minnesota
 2% - 11,215 should be in special classes
 Adding group of 74-79 I.Q.'s this number would be
 6% more, or 44,862 (3%).
 Actually only 2,834 are in special classes.

Posle, Martha and Paterson, James W. "The Hearing of Mental Defectives."
American Journal of Mental Deficiency., 1954, 59, 254-258

Hearing

Reports of a high frequency test on 100 patients between 10 and
 19 years of age. Results were as follows:

1. Higher incidence of hearing loss among mental defectives
 than in normal population in England, Wales, Scotland.
2. High frequency deafness can go undiscovered and should
 be considered in cases of educational retardation in
 high grade educable.
3. Impaired hearing may be a factor contributory to low
 scoring on I.Q. tests.

1955 PA 5882

Irwin, Marie. Facilities in New Zealand for the Care of Children with I.Q.'s below 50. Interview. (Mimeographed) Jan. 17, 1952

Admission

No lower limits established, but experience shows little can be done with I.Q.'s below 20.

Age limits 7-17 (formerly no upper limit and people came up to age 25 with no toilet or eating habits, a lso lacked flexibility for learning.)

School day

9:00-3:00, or some 10:00 to 2:00.

Transportation

Most expensive problem - come by taxis.

Requirements to begin classes

12 children and 2 teachers (it is felt 2 teachers are a must in case of emergencies).

Curriculum

Of nursery or kindergarten type - no academic work in spite of parent pressure for it. Training in elimination, eating and dressing is chief goal.

Supervision

Under direct control of educational authorities, but never in the existing school buildings. In separate buildings especially designed for housing and training these children.

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Jenny, John H. "Physical Education for the Mentally Retarded." Exceptional Children, Jan. 1957, Vol. 23, No. 4, pp 146

This article advocates more physical education for the retarded for these reasons:

1. It is in the physical self that the retarded child is most like the normal child.
2. The need for companionship and for developing a sense of belonging is met through games, dances, and other activities which are usually an especial delight to the retarded child.
3. It will provide the retarded child with skills to assist him in a better use of leisure.
4. It establishes simple and enjoyable motor reinforcement to the development of good habit patterns of sitting, standing, moving, playing, resting.
5. Children learn from the out-of-doors. It is a great laboratory for learning. With proper safeguards, the retarded can enjoy the beach and the pool. They gain strength and a feeling of belonging from outdoor activity.

Curriculum
Development

Time should not be spent on organized team games. Success is not measured in goals scored, games won, or spectator enjoyment, but in the joy of life and happy, healthful recreation of the mentally retarded.

Kiland, James R. A Study of Parents Who Have Children in the Group II Classes in Minneapolis and St. Paul. Unpublished; 1952

Parent Education

This study provides some interesting insights into actual parent responses to a number of questions, such as: The child's age at time of suspicion of defect; the child's age at confirmation of deficiency; methods the parents used to secure assistance; what kind of help they have received and what has been most beneficial; what they expect and wish for their children; their state of satisfaction with the Group II class; their knowledge of private agencies, and meaning of state guardianship; and the degree to which they have made plans for their children's future.

(The fact that this study was made on an entirely metropolitan population may make some of its findings not entirely applicable to a state-wide parent group, but it does indicate a number of serious shortages in information and understanding, which are important to developing good parent education programs.)

(The fact that this study was made five years ago may also be of interest in a comparison of the improvements which have been accomplished in parent and community understanding in the last five years.)

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Kirk, Samuel A., Karnes, Merle B., & Kirk, Winifred D. You and Your Retarded Child. New York: Macmillan Company, 1955.

This book is simply and clearly written, as an aid to parents, teachers and others concerned with understanding the mentally retarded child. It is chiefly geared to the trainable level of retardation.

The trainable child is characterized:

1. He is capable of learning self-care in dressing, undressing, eating, toileting, and keeping clean.
2. He is capable of learning to get along in the family and neighborhood by learning to share, to respect property rights.
3. His rate of mental development is between one-quarter and one-half that of an average child.
4. He is not capable of learning academic skills.....beyond rote learning of some words or simple numbers.
5. He is capable of learning to assist in chores around the house, and routine tasks for some remuneration in a sheltered environment under supervision.
6. His speech and language will be distinctly limited.
7. He can eventually learn to protect himself from common dangers.
8. He will require some care, supervision, and economic support throughout his life.

Identification
of the Trainable

For parents who decide to keep their child at home:

1. Join a parents' organization.
2. If there is no organization, consult with other parents of retarded children as to how they have dealt with their situation.

Parent
Education

(continued)

3. Encourage study groups
4. Broaden your view by going to meetings in the community, where others discuss exceptional children (regardless of category or type)
5. Find out about state and community provisions for the trainable child.
6. Provide help so that the mother will have some leisure.
7. Provide for time where parents can go out together, rather than relieving each other in caring for the child.
8. Provide a special time with the child for teaching purposes.
9. Provide sufficient time for the other children so that they will not be neglected.
10. Provide for family conferences so that training will be consistent.

When teaching the child:

1. Be on the alert for signs of readiness.
2. It will require many successful repetitions for the child to acquire skill.
3. Praise him for small amounts of progress.
4. Introduce only one skill at a time.
5. Be calm and pleasant regardless of the number of mishaps.
6. Drill should be for short periods of time.
7. Talk to the child when you are teaching him.
8. Do not assume that if the child learns a skill of self-help in one situation that he will be able to apply it in another.
9. Be consistent in the ways you expect the child to do things.
10. Do not try to teach the child in distracting surroundings.

To Teach a
Trainable Child

Twenty excellent suggestions for helping the child grow in independence and a sense of security are offered (pp. 68-72)

Growth in play activity:

Levels of development

1. Solitary play--independent of other children.
2. Parallel play--near or beside other children, not with.
3. Cooperative play--active exchange of ideas.

Characteristics of the play of the mentally retarded

1. Similar to normal children in gross motor coordination, but closer to general level of development when play requires hand and eye coordination.
2. His play interests are more in line with his mental development. Example: a trainable retarded boy of 12 may enjoy playing with dolls, as a normal six year old boy would.
3. Play interests remain at the same level for a longer time, because rate of development is slow.
4. They are unable to initiate play activities.
5. Periods of interest are very short
6. He lacks imagination in play--he devotes a great deal of time to handling materials.
7. Play is apt to be very repetitive, due to lack of imagination.
8. He is unable to profit from experience or learn from mistakes.

Understanding the
Trainable Child

(continued)

"Do not try to explain away a child's behavior by the fact that he is mentally retarded. Many trainable mentally retarded children can learn to act acceptably."

To achieve success:

1. Gear the limit to the child's stage of development.
2. Define the limits at the time limits are necessary.
3. Be sure that child understands exactly what is expected of him.
4. The limits must be specific to the situation.
5. Consistently maintain the limits.
6. Use a positive approach (do rather than don't).
7. Have confidence in the child's willingness to cooperate.
8. Avoid the use of fear in establishing limits.
9. Remember that children like to please those they love.
10. Maintain a firm but friendly attitude in helping the child to control his behavior.
11. Let the child know how pleased you are when he is able to maintain a limit.
12. An effective way for a child to learn some limits is to experience natural consequences. (where no danger to himself or others is likely).
13. Keep routines as simple and as stable as possible.
14. Help the child work off hostilities in socially acceptable ways. (Example: Angers he cannot verbalize or express in battle, he may release through other physical activity, or play with finger paints or clay).
15. It is useless to give lengthy explanations as to why he should do things.
16. Keep the child busy and happy to obtain cooperation.
17. Prevent the child from becoming overstimulated.
18. Give the child some preparation for what you are going to expect him to do.

Training the
Trainable Child

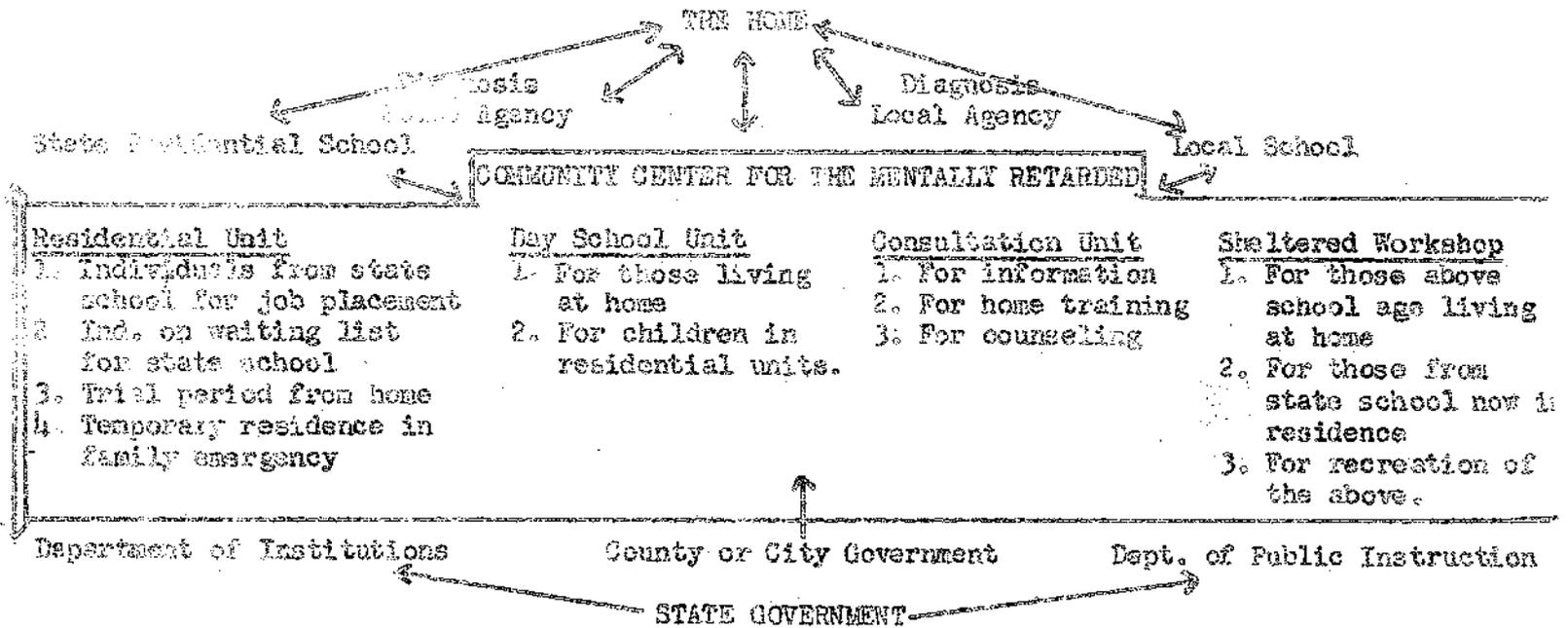
A discussion of the need for a total program for the retarded is given, including a plan for a complete program for children and adults. (See chart).

For the trainable retarded more help for the parents of the pre-school child is suggested, and increased classes in the community since "many parents are unwilling to send their child to an institution."

Responsibility

This comment is made regarding the responsibility for these community classes: "Whether these classes should be under the auspices of the public school system or under the auspices of welfare agencies has created much controversy. Many school systems feel this is not a legitimate problem of the public schools. Some feel just as sincerely that it is a concern of the schools. Others feel that since the state welfare departments care for children in the institution, it is also their responsibility to care for such children within the community. Parents, in general, however, feel that the program should be under public schools auspices*. They want teachers to work with the children. They are not basically concerned over whether the class is in a public school or in a house or in a church. They are concerned over who administers the program." (*underline added--not in quote)

A TOTAL PROGRAM FOR THE RETARDED



Lerner, Arthur. "Information and Responsibility, A Philosophy for Teachers of Exceptional Children." Exceptional Children., Oct. 1954, Vol. 21, No. 1, pp 8-9

This is a short article, but it offers some principles to guide the teacher of exceptional children through the maze of material and information and ideas which are growing up around the field of teaching exceptional children.

Teacher Training

1. Recognize promising developments in teaching, and deviations from the normal in your group, which call for the help of specialists. An understanding of normal personality development helps the teacher of exceptional children to gain a positive approach in teaching methods. It also helps build the concept that exceptional children are not abnormal or peculiar, but rather that they have normal personality traits modified by specific physical, mental, and emotional factors.
2. Recognize that teaching exceptional children is a team affair. When you recognize symptoms and plan consultations when they are necessary, it is indicative of mature professional growth.
3. Cooperate in a free flowing interchange of ideas between teacher, supervisor, administrator. The teacher can function most effectively when there is a real awareness that the administration is interested, and willing to cooperate. The teacher is responsible for fostering a good working relationship, for the best development of her children.

McCartney, Louis D. "A Technique for Developing Social Competency with a Group of Exogenous Children Classified as Mentally Retarded." American Journal of Mental Deficiency, 1954, 59, 1-5

A description is given of some interesting procedures used by parent groups under the guidance of the school. The program indicates that it serves to make parents aware of the importance of social competency in the development of the retarded child.

Parent
Counseling

Demonstration, followed by discussion was found a valuable means of communication between the home and the school. It also helps connect theory, practice, and community acceptance.

McKesson, William B. "The Needs of the Mentally Retarded in our Community," Journal of Mental Deficiency, Oct., 1956

Mr. McKesson is the Judge of the Superior Court of the County of Los Angeles. He addresses these points of need, as one who has no professional background in the subject of mental retardation, but as "a 'man-in-the-street' thinks these needs are."

1. A need to let the public know the facts about mental retardation.

He quotes from the report "Proposals on a Federal Program of Action in 1956-57 for America's Mentally Retarded Children and Adults": "That one out of every thousand is so severely retarded as to require hour-by-hour supervision; that four in every thousand can be described as 'semi-dependent' (the trainable); and that 25 in every thousand persons are 'marginally dependent'."

2. A need to change the public attitude through education and reliable information: "the community should supply parents and relatives of the mentally retarded with clinics, classes and meeting places where they can learn to recognize and understand the limitations of a retarded person....."
3. A desperate need for additional training programs for the mentally retarded: "It is ghastly and inhuman to expect a mentally retarded child to keep up with his age peers in a regular school class. It is also pitiful to let him become the target of invective, ridicule and abuse."
4. A need to establish more sheltered workshops for mentally retarded where they can "find themselves."
5. A necessity to improve home-patient relations: "As judge of the court that had the responsibility of committing mentally retarded....to state hospitals from Los Angeles.... I often saw mothers, older sisters, and fathers who had literally worn themselves out taking care of a child who hadn't been able to "keep up". He feels that special classes, and workshops which provide a few hours of relief would materially improve home-patient relations.
6. The need to provide proper placement facilities, both public and private: "The place and kind of treatment is an individual matter and should be geared to the specific needs of each case." He feels there must be a coordination of agencies and facilities so that each case may

(continued)

arrive at the best possible solution of its individual problems.

He further recounts these needs which are not discussed: Research, teacher training, development of parent-teacher relationships, providing counsellors and supervisors, and the integration of a whole program.

Note: The California Senate Interim Commission in 1954 estimated its total mentally deficient school age population at 53,753--with an estimate of 73,593 by 1960.

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U. S. Office of Education, "A Report on State School Law: Special Education of Exceptional Children." School Life, Nov. '56.

Of 46 states reporting at the end of 1955, 46 make some provision for the mentally handicapped. Of these, 19 authorize classes for the severely handicapped.

Of these 19, six have passed mandatory legislation for the trainable retarded--the other 13 have permissive legislation.

Legislation

The trainable are in most cases identified on the basis of mental age determined by standard tests. There is a tendency to determine educability on basis of child's response to learning situations, and social environment--as well as mental age consideration.

The age limits vary from a minimum of 3 years, to a maximum of 21, except two states which extend the age beyond 21, in one case to 35.

There is a trend away from mandatory legislation, since 1949--leaving decision for special classes to the local school district.

Various states provide for special education by prescribed allotments, excess costs over regular per pupil allowance, teacher allowance, per class unit, per pupil unit, etc. The range for the mentally handicapped is \$100-\$300, with the average in 1952 of \$160, and the average in 1955 of \$200. This, as compared to the average allowance for the physically handicapped in 1952 of \$290, and in 1955 of \$322.

Mandatory classes for trainable retarded are in:

Kentucky, Massachusetts, New Jersey, Pennsylvania, Rhode Island and Wisconsin.

Permissive classes for the trainable retarded are in:

California, Connecticut, Illinois, Indiana, Kansas, Maryland, Michigan, New York, Ohio, Oklahoma, Tennessee, Virginia and West Virginia.

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Wirtz, Morvin & Guenther, Richard. "The Incidence of Trainable Mentally Handicapped Children." Exceptional Children., Jan. 1957, Vol. 23, No. 4, pp 146

A study made to determine the incidence of trainable retarded in nine Illinois and Michigan counties.

Information obtained from psychologists, superintendents, nurses, welfare workers, health departments, physicians, osteopaths, psychiatrists, clergymen, judges, and key parents. A percentage of the numbers thus obtained was based on a comparison with the school age census.

Identification

The mean for communities studied was 1.7 trainable retarded per 1000 school age children

The mean found in institutions was 1.24 per 1000 school-age children

The total trainable retarded incidence was placed at 2.98 per 1000 school age children.

It appears that for 1000 school-age children there are one to two in the community, and one in an institution. The results are minimal figures, because some children may have been missed.

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State of Ohio. Revised Code Chapter 5127. Mimeographed (including tentative revisions and summary, as received from Dept. of Mental Hygiene, State of Ohio, May 20, 1957)

Legislation

Defines "mentally retarded child" as: "A person under 21 who has been determined by proper authorities to be ineligible for enrollment in public school because of retardation of such nature and degree that the child is incapable of profiting substantially by any educational program...or if not of school age to have an I.Q. below 50."

Classes may be formed by petition of County Welfare Board or group of parents to Committee of Mental Hygiene. Classes shall be not less than 8, nor more than 12. No class shall include a range of more than 5 chronological years.

Maximum aid from Division of Mental Hygiene shall be \$200 per pupil (tentative revision of code raises this to \$300)—the local agency to bear a portion of cost as determined by Committee of Mental Hygiene.

Committee of Mental Hygiene appoints an Advisory Council of 5 (outside his department) to serve as assistants to him in establishing training centers, working out training program and formulating policies of operation.

The school day shall be 5 hours including lunch and rest. The school year shall be 180 days including holidays.

Minnesota Association for Retarded Children – State Convention, May 18, 1957.

These are some extracts from discussions and talks at the convention which might be of interest to committee members.

Miscellaneous

1. Dr. Hans Bruhl, Director Laboratory Services, Faribault State School and Colony.

on brain wave testing:

1. low mental level has much higher percentage of abnormalities.
2. abnormalities in pattern show up as epileptic in children with sever behavior problems – who have never had evident seizures. When these aggressive, hyperactive children are put on drug treatment much behavior improvement is noted.

on tranquilizers:

1. shows good results and quiets whole wards, even those not on drugs because they are less disturbed by influence of those who would otherwise disturb whole groups.
2. many less accidents and injuries.
3. some studies show improved I.Q. results with tranquilizers. Other studies refute this claim.

on research

\$16,000 granted to Faribault for a study of amino acid imbalances as a cause of retardation. Heredity factor established as metabolic imbalance in limited number of cases. Can be detected early by infant urinalysis. To study effect of changed protein intake in both infants and 20 adult patients at Faribault.

2. Dr. Harriet Blodgett, Director of Sheltering Arms discussed program at Sheltering Arms

results of parent diary accounts

14 out of 20 play alone at home

12 out of 20 families rely on relatives for social life

16 out of 20 parents notice school improves child the 8-10 year old trainable child has eating problems of a normal 2-6 year old.

anecdotal records of school day

we are inclined to note the negative – this study showed something positive

44% of child's contacts are friendly

28% are solitary

28% are hostile

these observations have been made thus far, but program is new and in development

1-trainable can be handled in a school situation

2-there is progress in group adjustment

3-there is progress in interest development

4-there is progress in communication skills

5-improvement is more in behavior than in intellectual

these studies are in progress

1-longitudinal family study

2-medical case studies

- 3 - improving measure of traits other than I.Q.
- 4 - neighborhood studies to include block family of retarded child lives in.

Dr. Reynolds

reported on the development of research activity over a period of years.

he noted the upsurge in the last 5 years a number of programs were mentioned

the problem now is not lack of funds, or interest - but a serious lack of trained personnel.

Dr. Cameron, Director of Medical Services - Minnesota Dept. of Welfare.

reviewed improvements possible under the new legislation

1. cost per patient in institutions will be increased from \$2.80 a day to \$3.30, this includes building, laundry, clothing, food and staff.
2. staff will be materially increased in quantity and quality
3. increase in public school classes for retarded
4. new Psychiatric Hospital for emotionally disturbed
5. training funds provided for 5 psychologists, 10 social workers and 8 nurses in institutions
6. \$210,000 allocated for research
7. pilot project to help plan for community services for the retarded - a combined effort of Health and Welfare Departments.

he stated these objectives for the retarded

1. early recognition, planning and acceptance
2. improving existing services
3. increased research to find out why we have retardation and how to treat it.