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State Inst. Annex

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INSTITUTE ON MENTAL DEFICIENCY I

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INSTITUTIONAL PREPARATION FOR PLACEMENT FROM
THE ANNEX FOR DEFECTIVE DELINQUENTS

Ralph Rosenberger

In the fifteen minutes allotted to me to discuss Institutional Preparation for Placement from the Annex for Defective Delinquents there are some facts that I think should be emphasized.

In the first place, we feel that all of the patients sent to us are trainable. It would be quite exceptional for us to have a case that we believe is hopeless and needs constant supervision or institutionalization for life. We feel that everyone who comes to the Annex for Defective Delinquents is going to be given a chance to make an adjustment. Perhaps we are a bit optimistic in our feelings about adjustment but dealing with personality maladjustments is our business.

We feel that the mentally retarded who come to our institution are lacking not only in a mental capacity but also in a social-moral sense. We have found that the personality disturbances and weaknesses that have made the patients delinquent are their most serious difficulties. When a mentally retarded person misbehaves there is a reason for it. Usually there is just as much personality maladjustment in the retarded as in the normal people who misbehave. Misbehavior, as such, is purposeful and is usually a misguided effort to secure some sort of satisfaction. Such misguided behavior of our patients should never be excused on the basis that the patient is dull mentally and does not know any better. All of our patients fall in the moron classification and patients in this category know the difference between right and wrong. In the final analysis, retarded persons are behavior problems because they are attempting to secure some sort of satisfaction.

Thus it is our task to substitute, in a concrete way, opportunities and outlets which can successfully compete in interest, excitement, and satisfaction with the undesirable and anti-social activities. In other words, instead of being the problem child in the neighborhood, instead of being lazy and shiftless, let's be the best worker, let's be the best sport on the recreational field, let's be the kind of fellow that the rest of the group would like to work next to because you are doing your share.

I feel that good personality involves definite social skills and can be acquired with proper training. We can develop personality through situational responses, through programming, through opportunities to change personality by responding to correct choices. I feel that the basis of our whole training program is to develop acceptable personality skills through a program of occupational proficiency and personal adjustment, through the changing of concepts by providing opportunities to make correct choices. We need to work at it from every known angle if we are going to change character or personality weaknesses. We need to work at it

24-hours-a-day. We need to have mental hygiene or group therapy classes in which we can discuss honesty, cleanliness, work habits, personal habits, and responsibilities. It is important to learn through personality builders. In these class situations plus concrete life situations we are developing social skills that will result in an acceptable community adjustment. While the program at the Annex is primarily concerned with training situations and work habits, it is also compulsory for each patient to attend a class in mental hygiene. In these classes it is important to discuss such things as public responsibilities, social factors, and personal problems. The patient must recognize that he has a responsibility to people, that he has a responsibility to his neighbor, that he has a responsibility to his fellow worker, that he has a responsibility even at play. He must learn that we cannot always have our own way, that we give and take and it is important to do those things.

We have been guided in organizing a retraining program for the adult person with mental deficiency by the belief that the major portion of any plan designed primarily for the defective delinquent should be concerned with giving the patient insight and a broader and clearer conception of his relation with society. All projects, discussions, and work placements should be with actual life situations and through proper guidance should arouse in the patient a healthy attitude toward such situations. A retraining program needs to be a 24-hour-a-day program. The standards of behavior that are set must be adhered to in recreation, in the dining room, in developing work skills in a shop, or in their living quarters. There are certain limits and standards that must be adhered to in all situations. We can never let down. It must be remembered that the mentally retarded can achieve. The retarded in our category can achieve sufficiently so that they can go back into society and adjust. They can, in most cases, become self supporting and it is important that they do so.

In conclusion, I receive a small monthly newsletter from the Polk State School and I should like to quote an item from their publication.

"The past six years have shown a great change in the attitude towards mental retardation. A strong national association of parents and friends has developed. Funds for research are beginning to be more easily obtainable. The future is brighter than at any time during this past century."

"Much of how much is accomplished will depend upon how well the average citizen accepts the problem of the mentally retarded. We all must learn that the average mental defective does not require permanent institutional care. We must remember that many of those currently in institutions similar to Polk could be home with their families if the community were more tolerant and the families would face the fact that they could have their child with them at least on a part-time basis."

"We must recognize that mental deficiency is not a tag that should be used to set these persons aside from the rest of life."