

FIVE YEAR REPORT
OF
THE SHELTERING ARMS
A DAY SCHOOL AND RESEARCH PROGRAM FOR MENTALLY RETARDED CHILDREN
IN COOPERATION WITH THE MINNEAPOLIS PUBLIC SCHOOLS

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With the assistance of the staff

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A program such as The Sheltering Arms School is the product of many people. The total staff, over the five year period, deserves real commendation for its loyalty and understanding. There are many difficulties in day-to-day work with retarded children, but a staff of the quality of The Sheltering Arms staff has surmounted them with skill, tact, tolerance, and understanding.

Nearly all of our teachers have participated in the summer analysis of research materials and data, which constitute a large share of this report. To them we wish to extend special thanks; their familiarity with the children, the families, the purposes of the research, and the uses to which it is to be put, have added immeasurably to the value of our work. Our summer research team has included, over the years: Mrs. Margaret Ament, Mrs. Marian Hall, Mrs. Winifred Johnson, Mrs. Edith Reynolds, Mrs. Lois Schochet, Miss Ann Schoelkopf, Mrs. Grace Warfield, and our research assistant, Mrs. Jane Griggs. Miss Mildred Lohr, our social worker, and Mrs. Josephine Poehler, our first social worker, have been invaluable throughout the program. A special word of thanks is extended to my secretary, Mrs. Charlotte Snowberg, for her constant help. Our business administrator, Mr. John W. Gregg, has been a strong and sensitive partner throughout the development of the school program. I would like to acknowledge our deep gratitude to him for his unflinching support and understanding.

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This report, then, is the product of many people, studying, evaluating, and attempting to gain improved understanding of mentally retarded children, their families, and the problems of their adjustment to living. We hope that it may contribute to more effective societal planning for the well being of all mentally retarded children in the future.

Harriet E. Blodgett, Ph. D.
Program Director The Sheltering
Arms

I. INTRODUCTION

The Sheltering Arms was established in 1882 as a charitable organization to provide services to children. Incorporated as a non-profit organization, it has been operated by a Board of Directors composed of thirty women, fifteen from Minneapolis and fifteen from St. Paul, under the auspices of the Episcopal Church. Over the years, it has been supported by gifts and endowments and has served children without discrimination as to race, creed, or color. For many years - until 1942 - it was an orphanage for homeless and destitute children. From 1942 until 1955, its facilities were used as a hospital for the treatment of poliomyelitis.

In the winter of 1955, foreseeing the end of the need for the polio facilities, the Board of Directors sought the advice of the Community Welfare Council of Hennepin County as to local needs of children for which its buildings grounds and available financial support might wisely be used. The Council appointed a committee with broad Twin City professional competence which studied the problem for several months. Under the chairmanship of Dr. Maynard Reynolds of the University of Minnesota, the committee recommended that The Sheltering Arms, in conjunction with the Minneapolis Public Schools, develop a day school for mentally retarded children to provide not only school facilities on a service basis for both trainable and educable ability levels but even more importantly, to attempt by means of a research approach to delineate more clearly the problems involved in the education of retarded children and to provide information as to solutions of these problems. Attention was focused particularly on the pressing needs of the "trainable" ability level and questions related to the Inclusion of this ability level within the framework of public school responsibilities. Attention was also to be given to the family Living situations of mentally retarded children, in

terms of family adjustments, special problems created or magnified by children's intellectual handicaps, counseling content and techniques, and problems of long range planning.

Dr. Maynard Reynolds, in a letter to Mr. John Gregg, the business administrator of The Sheltering Arms, summarized the general principles emerging from the work of the Community Welfare Council committee as follows:

1. That the program should be comprehensive in scope and truly of "optimum type," drawing upon the knowledge and skills of all disciplines having concern with problems of mental deficiency.
2. That the programs not duplicate any existing facility. Although functions might, in some respects, overlap with those of available facilities in order that research and demonstration aspects of the program be replicable in other settings, the program should not be planned primarily in terms of "service" or as an extension of existing facilities.
3. That research, diagnostic and professional training functions is given primary place in the program. It is in this way that the uniqueness of the facility is most clearly established. There is already promise of cooperation and assistance by University personnel in these regards.
4. That there be a core service program for retarded children which, though justified in and for itself, will provide the population and ongoing activity program through which more far-reaching purposes can be realized. And further, that recognition is given to the problems of parents and siblings of retarded children through the development of family consultation services - again on a research basis.
5. That the program be planned for populations and in terms of problems with which there is likely to be long range concern. This is to say that we recommend against development of a program in terms of "emergency" type problems, although flexibility in population selection and programming would of course be required even for research purposes.
6. That although sponsored by a private agency, the project be, from the beginning, a cooperative one with various public agencies of the region. Schools, colleges, the University, community and state welfare agencies, parent associations, and professional societies are seen as closely involved. Through careful studies of Individuals and experimental programming, it is anticipated that The Sheltering Arms program would become a focal center from which many agencies might draw a clearer purpose and more adequately defined program."

Specific recommendations of the planning committee were:

1. Establishment of three day training classes, two of them of Group II type, and one of Group I type as defined by State Board of Education standards and regulations.

2. Establishment of a diagnostic clinical service for children admitted to training classes.

3. Establishment of diagnostic clinical services for children not admitted to training classes (those too young, too old, for other reasons not eligible for, or admitted to, the training classes.)

It is the purpose of this five year report to review the development of The Sheltering Arms Day School and Research Program for Mentally Retarded Children; to report the educational and service aspects of the program; to describe the directions research has taken, and report the results: to describe the diagnostic program, the family counseling program, and the community education program; to indicate the quantity and scope of research stimulated by the existence of this program; to describe the professional training functions fulfilled by the school; and to make recommendations to the Board of Education of the Minneapolis Public Schools with regard to planning educational procedures for mentally retarded children.

As the partnership between the Minneapolis Public Schools and The Sheltering Arms was worked out, the schools provided the classroom teachers, transportation, consultative services and the regular special education budget for classroom equipment and supplies. The Sheltering Arms provided the building, grounds, maintenance, and all the remaining staff, professional and non-professional. The only part of the cost carried by families was the cost of the school lunch - currently \$.35 per day per child. Transportation was facilitated by the fortuitous location of The Sheltering Arms property within a few blocks of Dowling School, the Minneapolis Public School for physically handicapped children. Since these children come from all sections of the city, as do mentally retarded children, it was possible to arrange

that The Sheltering Arms retarded children be transported by the Dowling School bus service. Without this "good luck" feature, the practical problems of transportation would have been much more difficult to solve.

During the first year, 1955-56, three classes were provided for the six to ten year age range: two for trainable children, and one for educable children, with ten children in each trainable class and fifteen (sometimes sixteen) in the educable class. The following year, a class for older trainable children, aged eleven to fourteen, was added; at the beginning of the fourth year, a class for older educable children, aged eleven to fourteen, was added. At the present time, services are provided for about fifty-six to fifty-eight children, in five classes.

The staff involved in this program has included the following: three to five teachers depending on the number of classes in operation, provided by the Minneapolis Public Schools but with some selection and choice by The Sheltering Arms' staff; consultative services in special education, speech, medicine, nursing safety, recreation, and diagnosis; a program director, business administrator, psychological research assistant, and social worker provided by The Sheltering Arms, which has also provided the rest of the staff - bookkeeper, secretary, part-time medical consultant, part-time chaplain (who also served as recreational assistant for three of the five years), one to three paid classroom assistants, depending on the number of classes; and the building staff - cook, assistant cook, dining room assistant, housekeeper, janitor, and sometimes an assistant janitor. In addition, a volunteer program has been of inestimable value in providing optimum supervision and additional practical help to teachers and staff.

II. SCHOOL POPULATION

Since we view mental retardation as a family problem and a social problem rather than solely as a problem of the individual, we have been interested in trying to describe the kind of family population which has been served at The Sheltering Arms. In terms of averages, our "typical" family is composed of: a mother, age 36, and a father, age 40, with five children. The average IQ of the retarded child is 53, and his age at school entrance is 8 years. The average mother's education is 11.8 grades; the average father's education is 12 grades. The range is wide.

Table I. Types of Families Served (N= 97)

	<u>Range</u>	<u>Average</u>
Age of retarded child, at entrance	6 to 12	8.3
Age of mother	27 to 50	36.2
Age of father	26 to 61	40.2
Age of siblings	2 mos. to 28 yrs.	----
Size of family (number of children)	3 to 11	5.3
Education of mother	5 to 16 years	11.8
Education of father	2 to 20 years	12.0
Family Income	Relief to \$15,000+	\$5790.00
Birth order of retarded child	1 to 9	----
IQ of retarded child	30 to 88	53.2

The most frequent type of occupation represented among the fathers is in the general area of skilled trades. Work in clerical and business areas is the next most frequent. Approximately one-sixth of our parent group in any given year might be found in the professional fields. Of our current school population, about seven or eight families could be described as "economically distressed."

Table II shows the school population distribution by classes over the five year period in which The Sheltering Arms program has been in operation.

Table II. School Population by Classes

1955-56	Trainable	Trainable	Educable		
Total = 36					
Age 6 to 10	10	10	16		
1956-57	<u>Trainable</u>	<u>Trainable</u>	<u>Trainable</u>	<u>Educable</u>	
Total = 45					
Age 6 to 10	10	10		15	
Age 11 to 14			10		
1957-58					
Total = 45					
Age 6 to 10	10	10		15	
Age 11 to 14			10		
1958-59	<u>Trainable</u>	<u>Trainable</u>	<u>Trainable</u>	<u>Educable</u>	<u>Educable</u>
Total = 57					
Age 6 to 10	10	10		15	
Age 11 to 14			10		12
1959-60					
Total = 57					
Age 6 to 10	10	10		14	
Age 11 to 14			11		12

Over the five year period, 97 children have been served through The Sheltering Arms program. Fourteen of these have remained in the program for the total five years. Distribution of time spent in the program is as follows

	<u>Educable</u>	<u>Trainabl</u>
Less than 1 year	2	4
1 year	9	19
2 years	15	10
3 years	2	12
4 years	2	
3 years	8	6
Total	<u>38</u>	<u>59</u>

Policies of admission were slightly different for educable youngsters than for trainables, since public school special classes were already available for those failing in the educable group. In general, educable children have been accepted at The Sheltering Arms when: they presented special difficulties of diagnosis or prediction, making continuous study and observation desirable;

there were overlapping problems such as visual or hearing defects; there were health problems making their acceptance in a regular special class doubtful; there were behavior problems presenting difficulties in a regular special class; or when it seemed desirable to have the child in a full day school program and he was still underage for the seven-year admission policy of regular special class.

For trainable children, no other public school classes have been available; the lack of alternative placement plans has increased the problems of selection among school applicants. In selecting trainables, the first criterion has been, as with the educables, difficulty of adequate diagnosis and prediction. Other criteria have included: readiness of the child to benefit from group experience; the necessity of having some behavior balance in the classroom; the desirability of having a wide range of causation, types, family situations, etc., available for study. A factor taken into account in all selections after the first year was willingness and ability of the parents to cooperate in the research aspects of the program and to participate in the parent education program.

Referrals have come from a wide range of sources: public school teachers, social workers, and psychologists; social agencies, especially Hennepin County Welfare Board and Family and Children's Service; physicians; Waite Neighborhood House Special Day Care Center; parents themselves. All children considered for entrance have been studied by The Sheltering Arms staff in addition to any previous psychological and medical information available about them. While it has not been possible to see all applicants for individual study, it has been possible to do some preliminary screening on the basis of other available information. As other classes have been developing for trainable children, the overwhelming pressure of applicants has shown some decrease in the past year or so - particularly the pressure from suburban areas.

Termination of a child's attendance at The Sheltering Arms program has been a complex problem to work out. We have been unwilling to exclude a child on the basis of a brief period of attendance, recognizing that for most of our population, school attendance is a very new thing and it is to be expected that learning to adjust to school may take varying amounts of time for different children, depending on their other experiences and their patterning of traits and abilities. The general policy has been to make use of more staff, and auxiliary staff such as volunteers, to make available a really optimal opportunity for every child to demonstrate his capacity to profit from school and to adjust to a group situation. The major problems retarded children present in a group situation are, naturally enough, related to their intellectual deficit as far as instruction is concerned; as far as group adjustment is concerned, however, the most frequently occurring and unmanageable problems are those of hyper-activity, aggressiveness, and inability of the child to cope with stimulation. Each exclusion has been carefully weighed by the staff as a whole, although the program director has assumed final responsibility. A decision to exclude has been made when:

1. The child is so disrupting to the group that the group is paying too high a price either because group activities cannot be carried on at all or because the teacher is forced to give excessive individual attention to the disruptive child.
2. The child is too dangerous to others, or to himself, and cannot be safely handled or supervised even in a well staffed setting.
3. The child is unable to derive benefit from school experience.
4. In a few situations, the child is extremely disruptive to the home, and it is the judgment of the staff that keeping him in school is contributing to the prolonging of a really impossible situation for the family.

Exclusions have always been accompanied by continuous efforts to work with the family on more suitable plans, and often by giving assistance in

securing further medical study and help. Some children have left school not through exclusion but simply because institutional space became available to them, and this was the long-range family plan for them in any event. Some children have simply "graduated" from the program by reaching the imposed age limit of fourteen.

Table IV. Reasons for Termination of School Attendance

	<u>Trainable</u>	<u>Educable</u>
Exclusion on age basis	11	0
Exclusion on behavior basis	6	3
Exclusion as unable to profit	3	1
Transfer to institution	8	3
Transfer to other special class	1	5
Family left the area	7	0
Exclusion on health basis	2	0
Transfer to regular class	0	1
Deceased	1	0
	41	13

Table V. Later Disposition

	<u>Trainable</u>	<u>Educable</u>
Institutionalized	15	6
Institution pending	2	0
Home	15	1
School elsewhere	5	6
Unknown	2	0
Deceased		0
	41	13

It may be of interest to consider briefly the six trainable children dropped on a behavior basis. One of these, dropped at the end of his first year in school, was really dropped for several reasons. He was an eight year old boy, brain-damaged, hyperactive, aggressive toward other children. He had no speech at all. Stanford-Binet IQ was 30; he could do a little more than this with non-verbal test materials. He was presenting home problems, especially with his brother, and we did not think he was showing any gains as a result of school.

Another youngster who was excluded on a behavior basis had two trials, actually. Admitted in the spring, he was placed in the educable class on the basis of a Stanford-Binet IQ of 58. Later he was able to earn an IQ of 64 on the Stanford. He was eight years old when he entered school. He proved to be unable to adjust at all or to achieve in the educable group, and was dropped for the rest of the spring after a trial of about seven weeks. Meanwhile as we watched him and gave him further ability tests, we found that his performance skills were extremely poor. His physical clumsiness, extremely poor motor coordination, and much damaged perceptual skills were all too apparent. In the fall, he was re-admitted and placed in a trainable class. Here his relatively good verbal skills were something of an asset, but his behavior continued to be difficult; when the least bit angry, he was completely out of control and, since he was a large, husky lad, other children were really endangered by his outbursts. He had many congenital defects. His family situation was also a "problem" one; we were not successful in working with the father at all, and the mother, although cooperative in spirit, was not able to change the home situation very much. Consequently, Hennepin County Welfare Board was brought into this situation with the hope that institutional placement could soon be arranged for this boy.

A third trainable child who was dropped after a year and some months of school was also a brain-damaged child with IQ scores in the mid-30's. He too was an eight year old when admitted. He was impulsive, hyperactive, and very easily over-stimulated. He demanded of his teacher almost a constant maternal-type of closeness and attention. He was upset by almost everything that went on at/school; at first we thought this might be lack of general social experience and waited for some growth of adjustment capacity to appear. It didn't. He, too, had a "problem family" situation although his parents were making good

effort to handle their difficulties. He was destructive and somewhat aggressive, but the chief classroom difficulty was his excitability. He screamed a good share of each day. Alone with one adult, he could be kept calm, but this procedure, although tried for a time, could not economically go on forever. He did make some gains - he learned to play happily with other children in dramatic play situations; he enjoyed some construction activities with hammer, nails, and peg board sets; he formed some meaningful social relationships with other adults than the teacher and could accept a little more frustration, but these gains seemed too small to justify the time and attention he was consuming in the classroom.

A fourth trainable child who attended school for only about three months came to us at the age of twelve as a transfer from a regular special class. There had been difficulties there, too, but a sympathetic teacher plus the possibility of half-day scheduling had "held" him in school for some time. This was a "marginally" educable boy in terms of test score at earlier ages, with performance scores being considerably higher than verbal test scores. By the age of twelve, his Stanford-Binet score was about 40 and performance test scores were in the same range. He was an attractive boy who showed in our initial testing session some of his problems of isolation and inability to form a relationship. These traits became much more apparent in a group situation. Much of his speech was echolalia; he remained self-absorbed and unable to operate in a reality situation, out-of-contact much of the time. He was intensely anxious, cried a great deal - constantly, on some days, continually sought reassurance but could not be reassured. Planning with his family led to further medical study and he was taken out of school by mutual consent, as it were, since the group situation seemed to be upsetting him further and he was unable to benefit by it, He probably could best be regarded as a problem of childhood schizophrenia. He was institutionalized rather soon.

The fifth trainable excluded from school was a brain-injured, epileptic girl referred to us by another school. At the age of seven, her Stanford-Binet results indicated an IQ of 49 although we thought she probably had a little more ability than could be elicited at the time. Her family situation also had problems, of which she was by far the least, although her father had difficulty facing this. Her seizure pattern was rather atypical; often her seizures took the form of a stomach ache and we learned to recognize some of her very deviant behavior as related to the seizure syndrome. However, she was downright dangerous in a group whether her impulsiveness was regarded as a seizure manifestation or, as was equally possible, as part of a hostility-hatred-negativism sort of pattern. She did such things as climb to the top of the fire escape with roller skates on, swing over the stair railing on her stomach; throw stones at people - with unerring aim. She was individually supervised every minute she was on the playground and even so, in two instances inflicted real damage on someone. Her exclusion was necessary in the name of reasonable safety. She remains at home - at high social cost to her family.

The sixth trainable child excluded from school was "contained" in the school situation for nearly four years. He had had a previous unsuccessful trial at the Waite Special Day Care Center, and had also been diagnosed as a childhood schizophrenic. He had a number of real assets, however - love of music, fondness and aptitude for motor skills, many suggestions of greater capacity than he was able to use. He received good medical attention, and tranquillizers contributed to his being as well adjusted as he was. The chief difficulty with him was random, unprovoked aggressiveness toward other children and constant over stimulation of the group.

The three educable children excluded were all boys. One of them, a brain damaged, very erratic and unsocial youngster, had an IQ in the 60's but could make use of his ability only occasionally and chiefly in the area of arithmetic,

with which he showed obsessive preoccupation. He too presented touch difficult behavior and frequently showed what is described in the literature as "catastrophic" reactions. He was easily panicked and behaved then a good deal like a wild animal at bay. He was also deeply interested in setting fires. Aside from the fact that he seemed worse in a group than alone, presented some real dangers to others, and was indeed difficult to handle and supervise. This was a situation in which we felt that school attendance was permitting the family to just-barely-survive the situation so that, in effect, a disservice rather than a service was being done to the whole family unit. Study of his two younger siblings reinforced this point of view, as did many conferences with his parents. These parents were highly realistic and competent people and his exclusion from school led to institutional placement rather promptly.

The second exclusion follows the pattern of the previous case so very closely that repetition is not necessary.

The third exclusion was of a boy who was in school with us for nearly three years. He had many inner problems, too, and despite IQ scores in the high 60's could use his ability only erratically and now and then. He had episodes of hallucinations, much language confusion, and was handled in school as long as he was chiefly because it was possible to have a daily play therapy session with him which seemed to "drain off" some of his upset feelings. The eventual diagnosis in this case was childhood schizophrenia and he has been institutionalized.

In general, we have followed the conventional IQ groupings in the placement of children in either trainable or educable classes. Our range of IQ scores for trainable groups generally runs from about 30 to about 52 or 53. In a few instances when a child has demonstrated inability to function on an educable level, we have transferred him to a trainable group despite an IQ

score of perhaps 56 or 57; this has been done in the interests of the individual's adjustment and with much evidence that frustration and failure were demanding too much of the child in a situation in which he could not compete successfully or achieve any personal satisfactions as a result of his efforts. The average IQ in our trainable classes has usually been about 46 or 47. Our older trainable class, ages 11 to 14, has about the same average IQ but a somewhat narrower range. We have seen the lower trainable with IQ scores of 30 to 35 leveling off in terms of ability to profit by about the age of 11; the trainables promoted to the older group tend to fail more often in the IQ range of 40 to 52, although occasionally a youngster testing in the low 30's is still showing profit and is retained in school longer. Our educable classes usually have an average IQ of about 66 or 68, with a range of from 52 or so up to near-80 levels.

One real advantage of having both educable and trainable classes under the same roof is the possibility of placing a child where he can best adjust and learn rather than where his IQ score says he should be. One little girl during this past year "belongs" in an educable class on an IQ basis, with an IQ score of about 58. However, she is young, highly distractible, demanding, short of attention span, and was not only a disturbance to the class but also a problem to herself in the educable group. Tried in a trainable class, she was able to fit in much better, appeared happier, and showed more progress. When maturation has had a little more time to help her stabilize her behavior, she may be able to return to an educable situation with profit.

III. THE TRAINABLE CHILD IN SCHOOL

One of the major purposes of The Sheltering Arms program has been to study the trainable ability child in the school situation. In recent years, there has been a rather general nationwide reversal of earlier attitudes regarding public school responsibility for the under-50 IQ mentally retarded child. Earlier, children at this severely retarded level were not considered eligible for public school services; the chief reason for this was that schools have regarded themselves primarily as social institutions set up for academic teaching. As time has passed, the tasks assigned to public schools have become infinitely broader in order to meet the varied needs of all children for suitable learning experiences from which they could profit and which would contribute to more adequate adult living. As a result of many pressures - shortages of institutional space, more open recognition and acceptance of mentally retarded children by their families and, to some extent, by society, societal concern for all kinds of handicaps, parental pressure made more articulate by the Associations for Retarded Children at local, state, and national levels - public schools in many states have, during the past ten years, been experimenting with school programs for trainable children. The Minneapolis Public Schools maintained a trainable class for a few years as a "pilot" effort in this area. For any large metropolitan school system, the provision of classroom facilities - teachers, space, equipment, transportation - for all the trainable children in the city is a problem of real magnitude. Class size must be small; over the country, class size ranges from 8 to perhaps 14. The curriculum itself is an "unknown"; we have a good deal of information about what trainable children are able to learn, but most of this is in the non-intellectual area, broadly speaking, and thus has not previously been the province of educational methodology or thinking.

In Minnesota, the problems of the trainable child were studied a few years ago by a subcommittee of the Governor's Advisory Board on Exceptional Children, under the chairmanship of Dr. Maynard Reynolds. The report of this subcommittee recommended that responsibility for trainable children be shared by public schools and social welfare organizations, in order to make sure that the child's school experience could be part of a total life planning process, which is necessary because of the inability of the trainable child, as an adult, to assume responsibility for his own life either in the area of self-support or the area of self-management. The report envisioned public schools as providing activities, training, group experience, and instruction of suitable sorts to trainable children for some periods of their childhood years, but also focused attention on the lifetime needs of the trainable group and set forth strongly the belief that long range planning and coordination of services be obtained.

In the framework of this thinking, two trainable classes were set up as part of the original project at The Sheltering Arms, and one additional trainable class was added the following year. We considered our task to be that of providing information on the basis of which the Minneapolis Public Schools and other metropolitan school districts might more realistically make decisions as to the provision of classes for trainable children. Questions we have had in mind include such things as these: What are the ways in which trainable children benefit from school attendance? What amounts of improvement, and in what areas, can be expected? What activities and materials are useful? What skills does the teacher need to have? Which trainable children are able to profit, and which ones are not? To what extent does school attendance merely permit the parent to postpone reality-recognition of the problem, and to what extent can parent counseling services be improved, defined, and extended? What

are the stumbling blocks to such school programs? Can they be included in regular buildings? What kinds of staff, in addition to the teacher, are necessary and desirable? For what ages are school programs suitable? What should be the "entrance requirements?" What are useful criteria for admission? For termination? How does one gauge "inability to profit?"

As one way of gathering information on which to base answers to some of these questions, we began in our first year to do time-sampling observations of each trainable child. For a fifteen-minute period, an Individual child was observed and, as far as possible, everything he did was recorded. Some notes were made as to brief or sustained activities and the intention of his behavior as apparent in the immediate situation could usually be included. On different days, different fifteen-minute segments of the morning were devoted to one child so that by the end of the year, a "composite morning" was on record for each trainable child. The protocols were then typed and analyzed to provide three kinds of information; the child's use of materials; the child's social interaction with others, both children and adults; and the role of the teacher.

Use of Materials

The observations included a record of what materials the child was using. From year to year, there was some shifting of the kinds of classroom equipment available, as we learned more of what sorts of things trainable children could enjoy and use, and as we were able to acquire some new sorts of equipment. Many of the new things came to us as gifts from interested group* and again we would like to acknowledge their help. The total uses of all materials for each classroom group permitted the determination of the percentage of use accounted for by each material. In the tables to follow, only materials accounting for 5% or more of total uses are included. To convey some idea of the variety of materials and activities based on them, however, the following

list is given: Puzzles, pegboards, beads, blocks, sandbox, "Block City", dolls, cars, small toys, crayons, pencils, chalk, paints, clay, crafts, balls, jumprope, television, blackboard, seatwork, records, books, water play, "matchettes", games, songs, dances, dramatic play with "props" and housekeeping play. Later additions included: riding toys, climbing equipment, puppets, varieties of ball games (beanbag, ring toss, bowling), Scotch tape, punch, stapler (not thought of as toys but serving many purposes), organized games, number and time-telling activities, educational games, pets - fish, turtles, birds - clean-up materials - soap, broom, sponges, mops, soap bubble pipes, etc. The variety is truly endless but the usefulness of variety of materials exists not in itself but in the interest and ingenuity of the teacher.

Table VI. Materials Accounting for 5 5 or More of Total Materials (Based on 5 year averages for two younger groups, 4 year average for older.)

	Youngest	Middle	Older
Puzzles	8.5	8	--
Pegboards	--	11	--
Riding toys	7	5	--
Dramatic play	7.5	--	5
Sand	6	--	--
Blocks	6	5	--
Cars, toys	10	8	--
Crayons, pencils	5	9	10.5
Seat work	5	7	14
Water play	6	7	--
Records	6	--	--
Books	6	7	15
Games, songs,	6.5	11	16
Climbing equipment	7	--	--
Ball games	--	7.5	--
Blackboard	--	5	3.5
Numbers, time	--	8	6
Miscellaneous	8.5	--	--

The tabulations help show one major characteristic of trainable children which does change with age: in the youngest group, more activities are individual and, if not solitary, at least not group-organized. At the older ages, and transitionally in the middle group, fewer activities are individual

and the materials used are more often integrated into a group activity such as an organized game or group project. It is not true, for example, that the two older groups make no use of records; they do, but more often the records serve as part of a more structured activity so the activity was identified and labeled differently. The more frequent use of books, pencils, crayons, seat work, etc., at the higher ages is also obvious.

We can conclude from study of the materials used: young trainable children in the six to ten year age range make use of a wide range of materials which are often individually used but through which group skills are gradually being acquired. Since we know that the learning of severely retarded children is inevitably at a very concrete level, this is to be expected. We can also see, however, that at the higher age levels, considerably more group organization is not only possible but actually occurs, and here too children can make more use of the conventional tools of school learning, although often the teacher facilitates this by modifying the expected use of these tools to accommodate to the limitations of the children.

Social Interaction

Another question with which people have been concerned is that of social interaction among children of the trainable group. In terms of day to day experience in the school and playground situations, we would stress several factors: Often these children show unpredictable responses, highly impulsive behavior, extreme suggestibility, prolonged resistiveness, unprovoked aggressiveness, and poor judgment. These traits are more conspicuous the less structured the situation - i.e., classroom behavior becomes, with time and experience, more acceptable, while playground behavior, with the complicating factors of larger groups and less directed activities, is more

difficult to supervise, manage, and control, A few children continue to require very close supervision; the majority, however, can take some self-responsibility and stay out of harm's way. Inability to make use of cause-and-effect relationships is another notable trait which step* up the conflicts; If Child A hits Child B, Child B, instead of retaliating directly against Child A, often turns and hits Child C - thus setting off a "chain reaction" of aggression.

The other side of the coin also deserves attention. Trainable children like and respond to each other and develop close friendships. A child returning to school from a few days' illness is almost engulfed in affectionate hugs as he comes in from the bus, and his pals rush to announce to the adults, "You know whose back? Tommy's back!" The opening day of school each year is convincing evidence of the emotional bonds which develop among the children. The children often help each other; they learn to take turns and delay the fulfillment of their own desires; they are sympathetic with injuries and quick to comfort each other. A more skilled child becomes a temporary assistant and helps the teacher with the tasks of helping less skilled youngsters achieve a given goal. Like normal children, they differ in their social patterns. Some youngsters tend to limit their friendships to one other child, and the two become quite inseparable; others "play the field" and seem able to maintain friendly and meaningful relationships with a number of other children. Some remain quite isolated, but these are usually children who also show other "schizoid" sorts of traits. Many are initially quite dependent on adults, but most of these, with more social experience, enjoy their age mates increasingly. One by-product of the very frequent field trips to The Sheltering Arms has been the development in the children of greater-than-expected social poise and responsiveness to strangers.

In our analysis of social interactions, we used a detailed breakdown to take account of these categories: child-initiated brief friendly contacts with others; child-initiated brief hostile contacts with others; child's response to others' friendly contacts; child's response to others' hostile contacts; child's contacts with the teacher; child's response to teacher-initiated contacts; child's contacts with other adults. In addition, we categorized onlooker behavior, solitary play, destruction of materials, parallel play, cooperative play, directing or commanding, taking responsibility, nervous habits, strong emotional reactions, and compliant and non-compliant responses. Percentages were determined for each category in relation to the total number of social responses. In view of our special interest in the balance between friendly reactions and hostile reactions, some categories were combined to examine the evidence on this point. Under "friendly reactions" were included: child-initiated brief friendly items; positive response to other-initiated contacts whether friendly or hostile; conforming to requests by teacher or other adult. Under "hostile reactions" were included: child-initiated brief hostile action, negative response to other-initiated action whether friendly or hostile, and non-compliance with adult request. The following tables show the results of this analysis averaged for the five years for the two younger groups, four years for the older group.

Table VII. Friendly Versus Hostile Social Reactions

	<u>Youngest</u>	<u>Middle</u>	<u>Older</u>
Friendly reactions	37%	30%	30.5%
Hostile reactions	15%	14%	10%

In spite of our observation of much aggressiveness, when the evidence is actually examined, it seems that friendly reactions are two to three times as frequent as hostile reactions, and that age is relatively unimportant.

Table VIII. Compliance Versus Non-Compliance
Response to Teacher

	Youngest	Middle	Older
Compliance	8.6%	11%	9%
Non-compliance	3.4%	5.2%	1%

Here the general degree of compliance shows little change with age, but outright non-compliance shows a decrease.

Table IX. Solitary and Onlooker Play Versus
Parallel and Cooperative Play

	<u>Youngest</u>	<u>Middle</u>	<u>Older</u>
Solitary-onlooker	12.6%	15.4%	6.5%
Parallel-cooperative	8.4%	8.6%	8.4%

As would be expected, solitary play and onlooker behavior decrease with age; parallel and cooperative play stay about the same. A factor to be considered in this, however, is the shifting classroom situation for the older children so that the absolute incidence of "play" items is considerably lower; they do more "work" in school than the younger groups, are functioning more on a conventional classroom basis, in directed activities as a group, and hence there is less of the school day which can be analyzed in terms of play relationships.

The Role of the Teacher

The third area of analysis of the classroom observations undertaken was the role of the teacher. Because of the expensiveness of school programs for trainable children, there are some questions of major importance with regard to the teacher's role. How much of her work with the children is genuinely teaching, and how much is genuinely caring? Does she need formal teacher training? What skills does she make use of? How much of the school situation for the trainable child can be viewed as learning experience, and how much of it centers on behavior handling only?

In analyzing the observations for the area of teacher-child interactions,

contacts were categorized as: disciplinary, including praise, reproof, and restraint; and as teaching, including routine directions, physical assistance, and teaching help, both verbal and actual. In addition, the average number of contacts per child was obtained, and the range of number of contacts for each class and each year, in relationship to the total of observations.

Table X. Teacher-Child Contacts. By Category

	<u>Youngest</u>	<u>Middle</u>	<u>Older</u>
Praise	13.8%	11.6	10.5%
Reproof	1,8	7.8	3,3
Restraint	4.8	7,6	1.5
Routine directions	18	14.2	20
Physical help	15.4	10.2	5.3
Teaching help	16.8	18.5	21.6

Table XI. Teacher-Child Contacts. Discipline Versus Teaching

	<u>Youngest</u>	<u>Middle</u>	<u>Older</u>
Discipline	20.4%	24.4%	17.3%
Teaching	73.8%	2.0	76.5

These findings suggest that trainable children do change as a result of school experience, and that skillful teachers are to a large extent factors in this change. For the two younger groups, physical help and restraint are more important factors than at the older age level, where restraint is rarely needed and physical help diminishes greatly. Directions can more often take the place of physical help, as children grow older. The Important finding, however, seems to us to be the evidence that teachers of trainable children do in fact expend about three-fourths of their contacts with children in the general business of teaching, while behavior handling takes only one-fourth of the contacts. It should also be noted that with small groups the presence of one very deviant child can influence the percentages markedly; it was for this reason that it seemed better to combine the four or five year findings rather than to examine each year separately.

One other point should be made with regard to teacher-child contacts. Children in trainable groups vary tremendously in their demands on teacher attention, from the extremely restless, hyperactive child who must have close attention, to the passive, sit-still type of child who can survive behaviorally with much less individual attention. The following table shows the four or five year average number of contacts per child for each class, over the total observations, and the range of number of contacts per class over this time.

Table XII. Average Number, and Range, of Teacher-Child Contacts

Average number, per child	Youngest 45.5	Middle 46	Older 27.3
Range, per class	17 to 90	20 to 82	9 to 61

In summary; Teachers do make use of their teaching skills although these require modification from conventional methods, interlays, and techniques, and demand adaptation to the widely variant needs and capacities of the children. Our teachers have been fortunate in having auxiliary help both through paid classroom assistants and a volunteer program, both of which have permitted more adequate attention to individual differences and the development of a more adequate group program. Trainable children make progress in being able to learn as a group; to behave conventionally, to require less disciplinary handling, to take more individual personal responsibility, to follow directions as a group, to participate together, and to use more conventional school materials. This progress is slow and is limited in its eventual altitude, but it is visible, observable, and to some extent measurable.

V. STUDIES OF BEHAVIOR TRAITS, TRAINABLE AND EDUCABLE

There is ample evidence in the literature concerning mental retardation that, as far as life adjustment and social competence are concerned, vital factors are to be found in personality traits, attitudes, social skills, responsibility, and reliability, rather than in intelligence level per se. No one questions the overall relationship of many of these traits to general intelligence; however, within the mentally retarded population, there is still a considerable amount of variation in these crucial traits. It makes theoretical sense to assume that, given better measures of personality traits, better predictions could be made as to the eventual social adjustment of retarded individuals. Although the general findings for relative competence of the adult educable retarded group indicate some relationship between vocational and social success and IQ level, there are many exceptions to this rule. Findings of the New York study of adult adjustment of trainable ability individuals bring into further question the relative importance of personality qualities as patterned with ability factors.

Personality measures of retarded individuals have been notoriously unsatisfactory. The inability of the retarded to introspect satisfactorily about themselves, to make use of pencil and paper measures, to assess verbally their feelings and attitudes, stand in the way of adequate self-reporting. The difficulty of assessing retarded individuals against scales developed for normal people is insurmountable. No one expects that the retarded can, essentially, "measure up" to the operating level of normal people. The crucial question, for society, is rather: To what marginally adequate degree can retarded individuals be self-sustaining in society, with reasonable self-satisfactions and reasonable responsibility? How can distinctions, in

advance of socially expensive and individually frustrating experiences resulting from painful trial and error, be made?

The attempt to make use of behavior ratings of various sorts is not a new one, and is subject to many sources of error. Among these are: The limited framework of raters, who inevitably make comparisons within the dimensions of their own experiences with retarded people; the tendency to "halo effect," leading to over-rating of an individual in one area because of an overall impression of excellence in some other area - a function of human tendency to regard people as entities and judge them as such; the difficulties of comparison among the views of several people whose groups and frames of reference are different.

Despite these recognized shortcomings, we attempted to develop rating scales for various behavior traits, and to use these in two ways: First, as a "basal" rating to describe a child's general level of functioning in these areas; second, to study day-to-day variations in individual functioning as one means of assessing stability, "sameness," predictability of behavior response. Basal ratings were made for each child by three people, all of whom had intimate contact with the child: the classroom teacher, the program director, and the research assistant. Generally the three raters then discussed their ratings, debated differences, and either agreed to compromise, or agreed to disagree. In some cases, children's behavior differed markedly between the more structured classroom situation, in which the teacher saw them the most, and the more free playground situation, in which the other two raters saw them the most. In cases of "agreement to disagree", the ratings were averaged. Agreement was surprisingly close, however, among the three raters, almost never differing by more than one rating point.

A sample copy of the rating scale is included in the Appendix. Ratings for each trait were assigned from 1 to 5, with 5 being the highest, 1 the lowest.

When, as sometimes happened, an entire trait was completely inapplicable to an individual child, he was given a 0 score which meant only that he could not be rated at all on that scale. Ratings were done in the spring, close to the end of the school year, in order to do justice to the new children in the program through longer observation. The following table shows the class averages for each trait over four years for all groups except the older educables, whose averages encompass only two years.

Table XIII. Average Behavior Rating Scores, by Class

<u>Trait</u>	<u>Young T</u>	<u>Mid T.</u>	<u>Older T.</u>	<u>Young Ed.</u>	<u>Older Ed.</u>
Cooperation	3.0	2.7	3.6	3.5	3.9
Constructive activities	2.5	2.9	3.1	3.4	3.8
Group participation	2.5	2.8	2.9	3.3	3.5
Individual interaction	2.6	2.8	2.9	3.4	3.8
Interest in learning	2.8	2.9	3.0	3.5	3.6
Independence	3.1	3.3	3.8	3.9	4.3
Persistence	2.5	2.9	3.1	3.3	3.7
Constructive communication	3.4	3.6	3.9	4.3	4.5
Freedom from excessive conversation	3.2	3.8	3.8	4.1	4.4
Freedom from hyperactivity	3.0	2.9	3.5	3.2	4.2
Freedom from antisocial	3.4	3.9	3.8	3.7	4.1
Freedom from irritability	3.0	2.6	3.2	3.3	3.8
Frustration tolerance	2.6	2.5	3.0	3.2	3.4
Apparent health	2.8	2.9	2.9	3.3	3.1

Comparison of the educable and trainable is facilitated by examination of the following graph, "Educable versus Trainable." The patterns are very similar, although the educable excel the trainable on every trait in the desirable direction. The low points - traits in which maturation seems to be slower or capacity to develop more lacking - are most conspicuously in group participation, which for both groups is considerably below the total average, individual constructive activities, persistence, and frustration tolerance. High points for both groups are independence, constructive communication, freedom from excessive conversation. The trainable as a group appear freer of antisocial tendencies, and a little lower in health despite

the fact that one factor in the selection of educable children for school attendance was the presence of some health problems likely to present difficulties in a regular special class.

Comparison of the individual groups with each other shows fairly consistent separation on all traits. The younger educable, despite a considerable age difference from the older trainable - about four years -surpass the older, but less able, group on most traits. The few exceptions are: Cooperativeness - the older trainable scoring slightly higher here; freedom from hyperactivity, and freedom from antisocial behavior. The two groups rate about the same on freedom from excessive conversation and on frustration tolerance. The older trainable consistently surpass the youngest trainable group, but the middle trainable approach or equal the older trainable on freedom from excessive conversation and freedom from antisocial behavior.

Despite the degree of separation shown for classroom groups, individual comparisons show considerable overlap. Graph 3 shows individual profiles of the lowest-rated child in the youngest trainable group contrasted with the highest-rated child in the same room, and also contrasts the lowest-rated child in the younger educable group with the highest-rated child of the group. It is clear that the highest-rated trainable youngster far surpasses on most traits the lowest-rated educable youngster. It is the tremendous range of behavioral capacities and adjustment levels visible in day to day contacts with this intelligence range of about 30 IQ to 80 IQ which is probably the most impressive thing to people working with these children. It is not a new finding in psychology to be told that individual differences transcend group trends; this has probably been lost sight of

occasionally in the field of retardation because of the dominance and major importance of the intelligence factor, which sets firmer limits in an overall sense than can be overcome entirely by personality differences.

From the viewpoint of societal concern with retardation, however, and particularly its concern with the question of which children can comfortably remain in the community for longer times without damage to their families or themselves, further study of and understanding of underlying factors in personality patterning and behavioral adjustment seems imperative.

Tables XIV, XV, and XVI show the numerical rating average for all traits for each classroom group, all trainable combined compared with both educable groups combined, and for younger and older age groups with educable and trainable combined.

Table XIV. Average Rating of All Traits. By Classes

	Young T.	Mid T.	Older T.	Young Ed.	Older Ed.
Average rating	2.87	3.03	3.31	3.52	3.92

Table XV. Average Rating of All Traits. Trainable vs. Educable

	All trainable	All educable
Average rating	3.07	3.72

Table XVI. Average Rating of All Traits, by Age Groups Combining Educable and Trainable

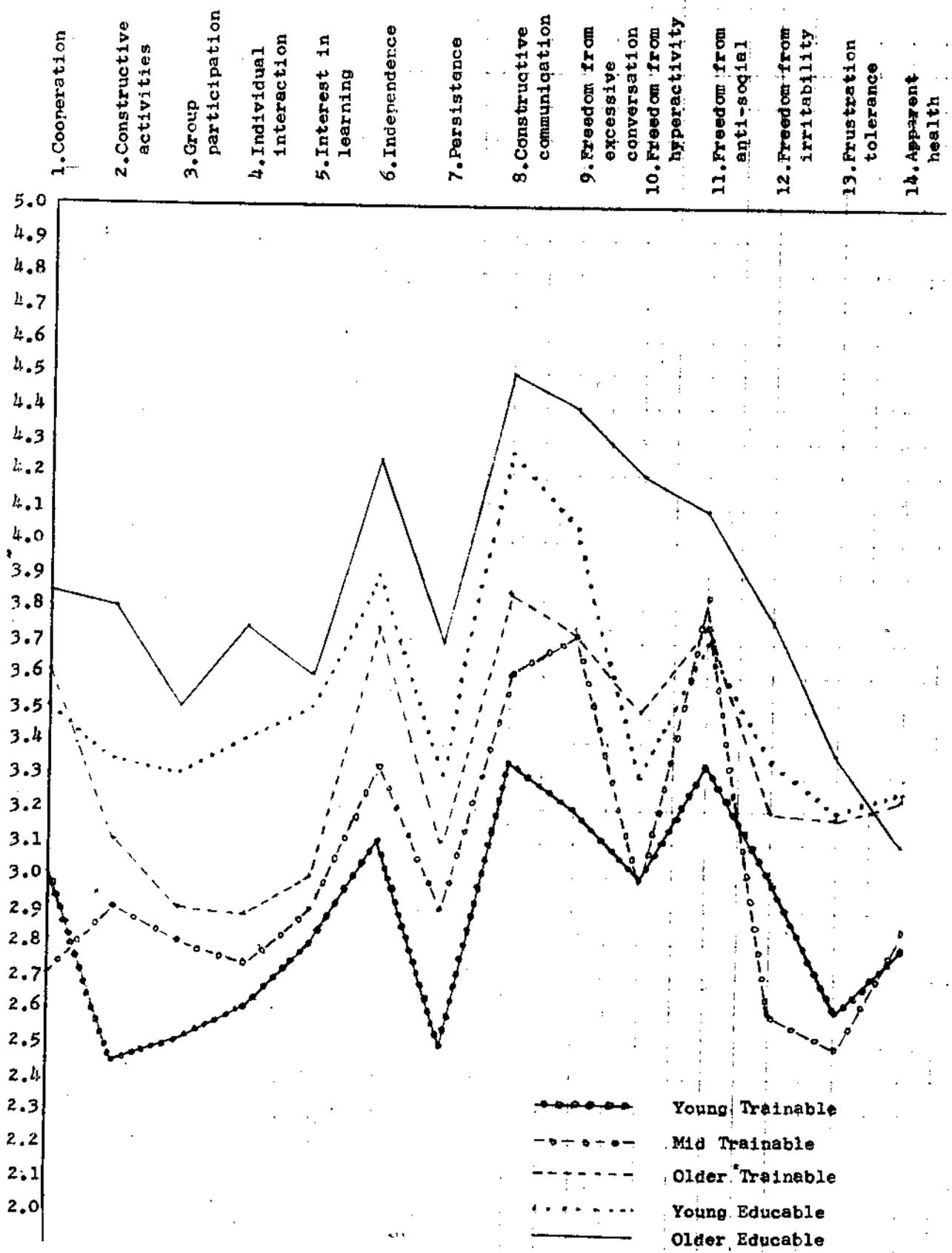
	All 6 to 10 year olds	All 11 to 14 year olds
Average rating	3.14	3.61

These comparisons suggest that while both age and intelligence affect behavioral maturity as reflected in ratings, intelligence has the greater influence.

Another factor which we wished to study with regard to the behavioral adjustment of our subjects was the degree of variability shown in these same social and adaptive traits. Consistency of a child's behavior seemed to us a valuable thing to know about him in terms of the prediction this

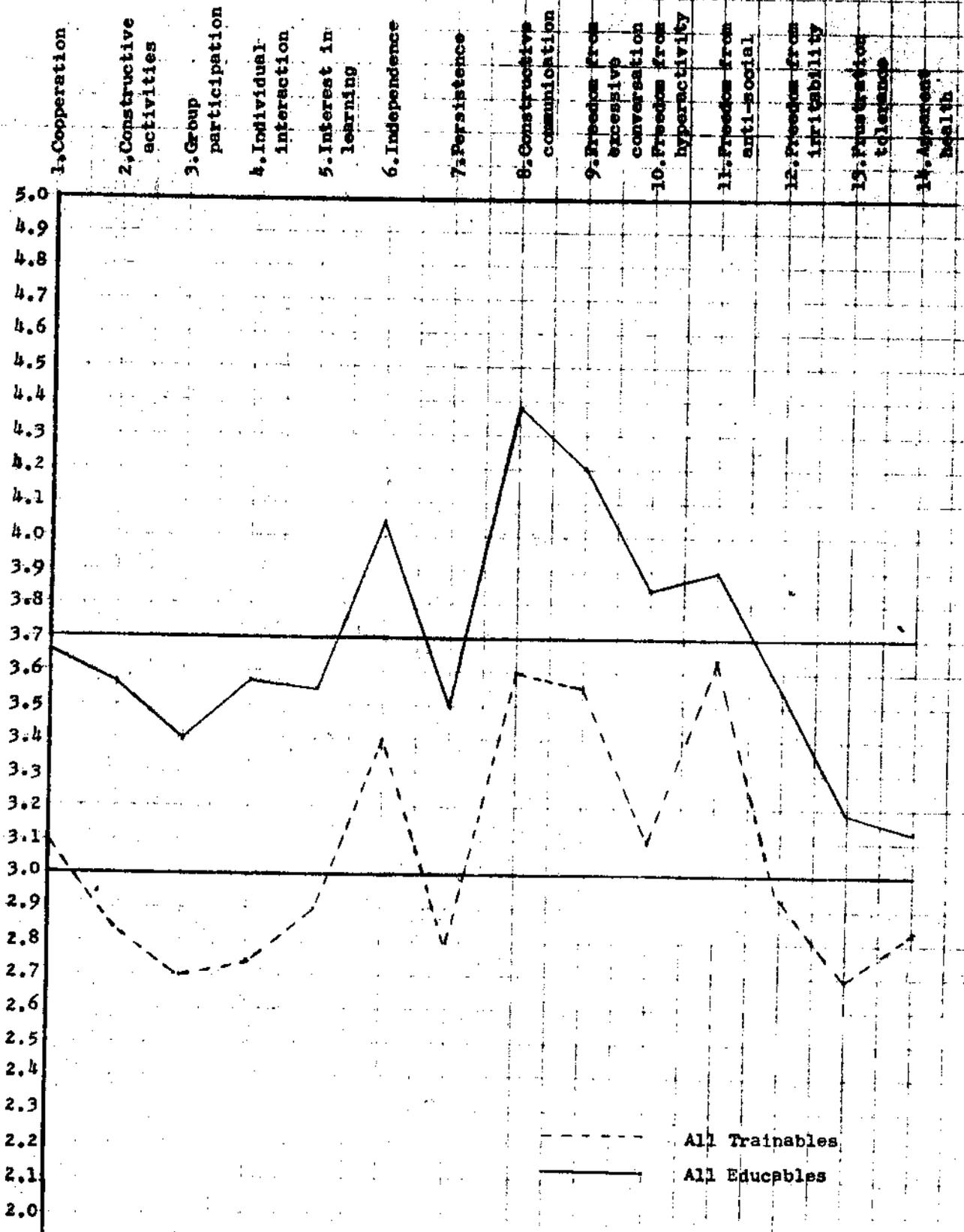
GRAPH I

4 Year Average Basal Ratings - all groups



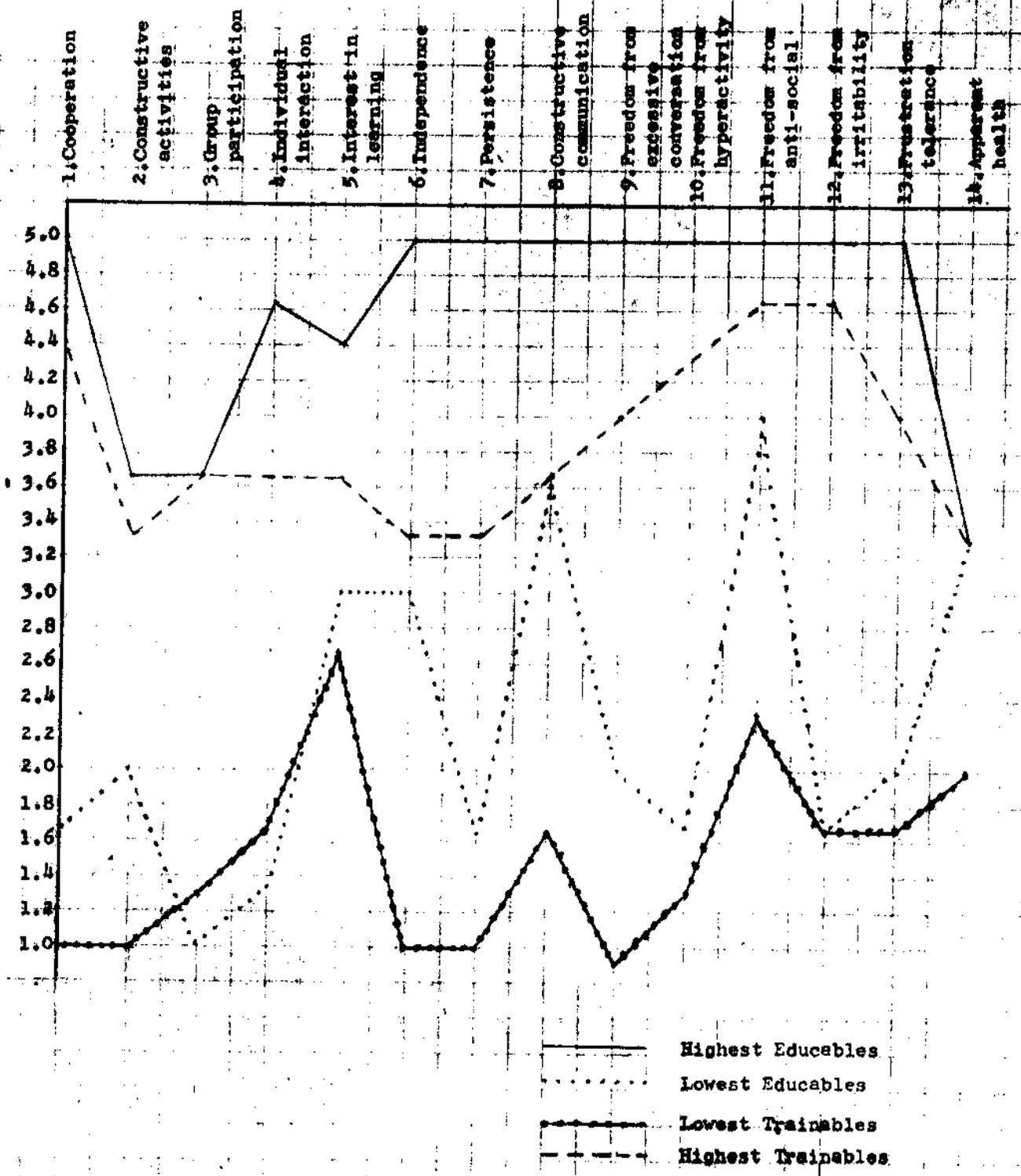
GRAPH 2

Educables vs. Trainables



GRAPH 3

Lowest Young Trainable vs. Highest Young Trainable
Lowest Young Educable vs. Highest Young Educable



— Highest Educables
 Lowest Educables
 - - - - - Lowest Trainables
 - · - · - Highest Trainables

permits as to his future behavior. We asked questions such as: Which children are stable in their behavior, whether "good" or "bad", showing the same predictability from one day to another? Which children are more "up and down" in their response patterns, showing controls one day which seem to have vanished entirely by the next, being unpredictable and widely variable in their behavior? To investigate this aspect of adjustment, teachers did daily variability ratings for the last month or two of school each year, indicating for each child for each trait of the behavior rating scale whether he behaved that day "consistently" with his expected pattern, whether he was better, or whether he was worse. Total variability, both positive and negative in direction, shows little change with age but may have a slightly positive relationship to intelligence level. Averages over the total period of school are shown in the following table:

Table XVII. Average Total Variability. BY Class Groups

	Young T.	Mid T.	Older T.	Young Ed.	Older Ed.
Average variability	2.65	3.14	3.09	4.08	3.52

The suggestion that perhaps variability increases with increase in intelligence level was further explored by dividing the total group into three IQ groupings, as shown in the following table.

Table XVIII. Average Total Variability, by IQ groups

Under 40 IQ (N=42)	Under 60 IQ (N=115)	Over 60 IQ (N=70)
2.70	3.38	3.90

Another possible comparison was to examine the average total variability in terms of age groups. The following table shows this comparison.

Table XIX. Average Total Variability, by Age Groups

CA 6	CA 7	CA 8	CA 9	CA 10	CA 11	CA 12	CA 13	CA 14
N=8	N=34	N=41	N=40	N=34	N=30	N=23	N=15	N=7
3.35	3.81	3.33	3.34	3.27	3.67	3.17	3.34	2.78

An attempt was made to group the youngsters in terms of those whose plus and minus deviations tended to equal each other, those who tended to be consistent in the direction of their deviation (either Always showing better than average scores, or always worse than average), and those who showed the most variability from year to year. No clear conclusions were possible from this attempt; some of the children most difficult to handle are in the most variable group, but others among the most difficult are in the group whose variability was consistent in direction and even plus. It is true, of course, that a child rated extremely low on a basal scale can hardly move in any direction except up; if he continues to be just as difficult as he can be, this is typical and hence gets no variability score.

A further attempt was made to develop, as supplementary to the basal behavior rating scales, an "Expression Types" description. While the basal rating permits longitudinal rating of a child in comparison with group expectations, the Expression Types scale was intended to provide for a qualitative description in terms of: Typical behavior expression, emotional expression, relationships to people, sensitivity characteristics, and motor expression types. While these are not readily handled statistically and have proved somewhat difficult to use, the attached sample to be found in the Appendix will indicate the range of possibilities intended. Two case histories are presented.

#1. Boy, high trainable, age 9.

Behavior expression: Organically "driven", highly restless and active. Covers lots of territory but accomplishments interfered with by distractibility and restlessness. Action-oriented more than activity-oriented much of the time. Distorted, unusual, abnormal-seeming patterns; strong preferences and

rejections; "different" types of interests and activities. Resists change. Emotional expression: Aggressiveness - expresses emotions by attacks on others; may deliberately want to hurt, or the hurting may be entirely incidental as though this aspect didn't occur to him. Verbal overflow; expresses emotions in words, complains, "scolds", tattles, calls names. Refusals: Characteristic, not occasional. Not self-protective because of fear, but more basically straight negativism. Artistic outlets: Strong tendency to find expression of feelings in art, music, dramatic play. Independent and self-contained; can generally take things in stride. Feelings expressed in variety of ways, but generally acceptable. Relationships: Emotionally ambivalent; hostility feelings alternate with affection feelings. Sensitivity: Seems rather insensitive, oblivious, "thick skinned", unaware, Shows little concern for others' feelings. With teacher, prolonged clinging and dependency, much physical contact required as attention-getting, security, or reassurance -markedly more than is suitable for age or maturity level expectation or situation. Motor: very well coordinated, fine sense of balance, fast, agile, graceful in motion. Finds great pleasure in all motor pursuits. Extremely poor in all fine motor skills such as pencil, crayon, or scissors. Rejects some motor activities decisively while enjoying others.

#2. Boy, high educable, age 8.

Behavior expression: Apparently normal activity drive, energy, fondness for things to do. Emotional expression: Independent, self-contained, can generally take things in stride. Feelings expressed in variety of ways but generally acceptable. Solitary withdrawal at times as reaction to something; doesn't want to be reached at the time. Self-protective withdrawal in advance of event, occasionally. Relationships: Free and friendly, but brief expressions of affection; likes physical contact and babyish role occasionally but has other functioning channels for major satisfactions. Sensitivity:

Especially sensitive to humor, atmosphere. Aware of others, alert and responsive to changes. Outgoingly sensitive, feels bad when others are hurt or distressed. Pain-sensitive. Sensitive to standards, failure, criticism, or reproof. Motor: Very well coordinated, fine sense of balance, fast, agile, graceful in motion.

The emotional expression category proved the most difficult one to handle. Aside from this, agreement was good among raters. The "Expression Types" yields good descriptions of children's behavior but does not facilitate comparisons among children.

In summary, the basal behavior rating scale developed for use with both trainable and educable retarded children and used over the last four years, shows expected differences between these two ability levels when group findings are studied. There is, however, much overlap among the classes and tremendous range within each class. Variability seems to be slightly greater at the higher IQ levels. Some reasons for this may be in the greater awareness and greater ability to be self-critical among the brighter children, which in turn may contribute to greater ease of frustration. Age shows little effect on variability at least within the 6 to 14 age range studied.

VI. PARENT EVALUATION OF THE CHILD'S LIFE AT HOME

In our first year of school, we began asking parents to write, once a month, a detailed account of a weekend at home. We began with a free description and compared what parents chose to record with things which we felt it might be important to know about and to study. From the combination of their free descriptions and our specific questions, we developed an outline for a weekend diary which has since been in use. The emergent outline covered all pertinent aspects of a child's life at home and interaction with his family, and offered opportunity for parents to express their feelings, attitudes, reactions, frustrations, as well as to describe and define the problems of which they were most acutely aware.

With a highly heterogeneous group of parents, obviously the diary reports could be expected to differ in their completeness, expression skill, observational skill, insight, and even regularity. They did so differ. However, the vast majority of parents - almost the total group - have made consistent effort to complete their diary assignments each month or nearly every month. A few sets of parents with specific language problems or visual problems have not been able to do this completely; a few others have been too indifferent to bother. For the most part, however, this assignment has been accepted with good grace. To supplement the school-year accounts, we also developed the plan of asking parents to keep over the summer period a briefer, less detailed sort of record, hoping that this might afford some comparison of what differences there were in the home situation between the period when the child was in school several hours each day and the period when he was at home full time. He also thought that some of the results of the parent education program might show up in the Ingenuity, skill, variety of ideas, etc., with which parents might be able to meet summer time problems better as a result

of their participation in the parent education program, while also observing benefits to the child as a result of skills gained in school.

Obviously, this kind of parent subjective reporting has many flaws from the scientific viewpoint. Because parents differ, their view of the child's behavior will also differ. Their value standards, their cultural level, their expectations of child behavior, their total "way of life" will clearly affect what they view as a "problem" and what they view as "normal." Their discriminations will also be affected by the degree of their defensive-ness about the fact of the retardation. A parent unable to accept this emotionally may very well proceed, in her diary, to deny ail problems and describe the child as "perfectly all right." There are also visible differences between parents who see the child as a problem to them, and those who can see the child also as a problem to himself. In asking them to describe the child's behavior, we are asking them to define for themselves, without any external standard, how much is "too much." When does inter-sibling quarreling become a "problem" and how much of it is to be expected? These are the same problems which have haunted research endeavors in the area of parent-child relationships with normal children.

From another point of view, however, perhaps this is a problem more apparent than real. Accepting as basic the fact that parents will differ in their ability to tolerate deviant behavior and development, perhaps the essential point for social planning and solution is the development of better understanding of the precarious quality of family balance, in terms of how much "total stress" the individual family unit can safely tolerate without being dangerously weakened or adversely affected. Granted that parental report is subjective - so is family living. Perhaps we can make better progress in this complex area if we accept subjective judgments as having something real to contribute, even though this something "real" may need evaluation

against a more constant standard in order to become sufficiently "generalizable" to contribute to widespread application as a standard.

A by-product which we did not foresee emerged from the use of the diaries. They became almost visibly a therapeutic and educational, agent for the parents themselves. In observing their retarded child for a particular and specific purpose, parents "saw" him with new eyes. Little by little, their defenses diminished; they did not need to pretend to themselves so desperately that everything would turn out all right. In seeing him more clearly, they also saw themselves more clearly, could recognize and admit and objectively cope with some of their own anxieties and defenses and fears. Many parents told us this with reference to their own self-understanding; other parents "got the point" more readily in reference to their other children, as when they became able to recognize that they were in fact punishing their other children for the retarded child's shortcomings, and passing on to their normal youngsters patterns of compensation and over-protection.

A further by-product was seen in the area of direct service to parents. Beginning parents in our program are not very well known to us; before a child's admission to school there have been a minimum of two conferences with parents - one by the psychologist, one by the social worker - but this does not constitute real acquaintance. Many beginning parents in writing their diaries reveal, unknowingly, attitudes and feelings which might otherwise have taken many months of casework contact to uncover. Seeing these quickly gave us, in the service area, a head-start on making constructive use of our time with these parents, as we tried to help them handle their situations more wisely.

The first diary area concerned eating habits. For details of the questions asked, see sample diary in the Appendix. One might expect

parents to show considerable concern about eating habits because this is thought of as a basic health area and one in which parents have direct responsibilities for "taking care" of their children. (Witness the frequency of eating problems in intellectually normal young children.) One might expect also that parents of retarded children might be especially sensitized in the eating area because it is one full of "compensatory" possibilities -i.e., "At least he's healthy;" "At least we can feed him well," and -overprotectingly - "Here we can show him off."

Results from year to year in the various classroom groups are rather consistent. The actual children in each classroom varied somewhat from one year to the next - i.e., there was always some turnover of enrollment -and the actual number of children enrolled in the trainable classes was generally ten although it might be nine or eleven at one particular time, while the number in the educable classes was a little higher - up to fifteen in the younger educable group. The slight variation in numbers would have some effect on results, but a comparison over the five-year period is of interest.

The youngest trainable (average age generally about 8 and 1/2 years) were reported in about half the cases to eat everything with no special urging. This compares very closely with the finding for the young educable class over the same five year period.

Table XX. Diary Reports. Eating Habits

Group	No problems	Various problems, average number per child
Young trainables	50 %	1.7
Mid trainables	44 %	1.4
Older trainables	35 %	0.9
Young educables	53 %	1.2
Older educables	77 %	0.6

Among the eating problems mentioned, the most frequent were; Child has to be urged to eat. Trainables more often were said to eat too slowly, while eating too fast was more often a problem of educables. Food dislikes were more often mentioned for the educables. The percentages of "no problems" suggest some age trends. The older educables, in the age range of 11 to 14 years, have apparently straightened out any earlier eating difficulties. The younger children, both educable and trainable, are probably presenting problems typical of normal preschoolers; by the time the trainables are in the 11 to 14 year age bracket, they are less likely to be considered "problem free" by their parents; this suggests that probably the standards have been raised, perhaps beyond the ability of the children to meet them. Another possibility is that the eating area is one area in which the older trainables can exert some influence on their environment and "assert themselves" effectively.

Table XXI. Diary Reports. Sleeping Habits

<u>Group</u>	<u>Cooperative</u>	<u>Independent in AM.</u>	<u>Incidence of problems</u>
Young trainables	70%	34%	30%
Mid trainables	28%	22%	20%
Older trainables	15%	25%	28%
Young educables	14%	19%	33%
Older educables	32%	0%	18%

Among the chief problems mentioned in relationship to sleeping habits were: resisting bedtime, restlessness, nighttime seizures, occasional bad dreams, waking up too early and disturbing the household, making special demands at bedtime on parents or others. The differences among the various percentages do not seem very striking except that the youngest trainables are conspicuously more cooperative about going to bed; possibly they have not matured enough to be resistive about this particular routine activity and are still being handled essentially on an "infant" level by their parents.

There is some suggestion that the older educables have "outgrown" more of their problems than the other groups, but little evidence of difference between the younger educables and the trainables.

Table XXIII. Diary Reports, Dressing Habits

<u>Group</u>	<u>Good Habits</u>	<u>Bowel Habits</u>	<u>Day Accidents</u>	<u>Bed-Wetting</u>	<u>Gets up at night</u>	<u>Parents up night</u>	<u>Child reaction - sorry</u>
Young trainable	20%	12%	16%	46%	16%	10%	10%
Mid trainable	36%	12%	24%	34%	26%	10%	10%
Older trainable	--	5%	18%	23%	7%	5%	7%
Young educable	49%	6%	26%	29%	30%	14%	14%
Older educable	77%	0%	9%	23%	23%	9%	9%

It appears that toilet training is a long and arduous process with retarded children. By the age range of six to ten, only about one-fifth to one-third of trainables can be said to have acquired good toilet habits, and for the educables in the same age range, only about half have done so. Bed wetting remains a problem up to the age of fourteen for at least one-fifth of the youngsters. The higher incidence of daytime accidents among the young educables than the young trainables may be a function of parental acceptance of greater responsibility for the trainables. The fact that so relatively few parents have continued to make a practice of getting the child up at night is chiefly, from what parents tell us, the result of their having done this without success for so long that they have become resigned to the situation.

Table XXIII. Diary Reports, Dressing Habits

<u>Group</u>	<u>Independent, Indoor</u>	<u>Independent, Outdoor</u>	<u>Help Required</u>	<u>Urging Required</u>
Young Trainable	20%	18%	56%	30%
Mid Trainable	38%	46%	34%	26%
Older Trainable	80%	75%	8%	5%
Young Educable	54%	53%	33%	32%
Older Educable	100%	100%	4%	18%

It seems to take trainables longer to achieve self-help skills in

that of the older educables. The younger educables are clearly superior in this area to the younger trainables; this seems to us a function of appreciation of the task and general comprehension as much as of motor skill. The major stumbling blocks to independence are fastenings - buttons, zippers, tying shoes; at younger ages, there are problems of getting clothing on frontwards and handling sleeves. Many youngsters took a quick jump toward greater independence when the clip-lock shoes for boys came on the market. Many parents had through trial and error learned some ways to adapt to their child's problems by selecting clothing with the special problems in mind. One of our brighter older educable boys, at the age of thirteen, still puts his overshoes on the wrong feet unless reminded.

Table XXIV. Diary Reports Play Behavior

Group	Indoor	Outdoor	Alone	Sibs	Neighbors	Relatives	Adults
Young trainable	77%	67%	70%	77%	52%	30%	45%
Hid trainable	75%	70%	57%	60%	55%	45%	52%
Older trainable	75%	65%	57%	50%	52%	22%	40%
Young educable	84%	81%	46%	96%	82%	21%	63%
Older educable	100%	95%	24%	86%	91%	13%	73%

The variety of play activities is difficult to measure or compare. However, over the five years, the variety of all sorts of activities in which the children took part has shown an increase, suggesting that (1) school experience has built some skills and interests which lead the children to be more participating, and/or (2) having retarded children in school has helped parents to appreciate the values of various play activities and has contributed to parental encouragement as well as supplying the actual materials. It is apparent from the diaries that these families include their retarded child in a multitude of family activities. The extent to which the child is a true participant and the extent to which he may be more of an onlooker is another question. As might be expected, the most frequently mentioned single

activity at home was television. We found in school, however, that the appeal of television decreased in direct proportion to children's increased ability to participate in group play and to pursue other interests. During the first year of school, several children depended on television quite a bit; as soon as they developed some other skills and interests, they gave up television willingly. There was little difference among the groups in the number of activities. A real split between trainable and educable children is seen, however, in play with neighbor children. About half of the trainable groups had some play contacts with neighbor children, but almost all of the educable groups did have. Trainable children much more often played alone; this is most pronounced for the youngest trainable group. As a problem of social isolation, the trainable child does seem to be genuinely different from the educable child. Another aspect of the play situation is the amount of supervision felt by parents to be necessary.

Table XXV. Diary Reports. Supervision of Play

Group	Constant	Minimum	Restricted to immediate neighborhood	Not restricted to immediate neighborhood
Young trainable	15%	55%	47%	3%
Kid trainable	5%	40%	25%	15%
Older trainable	5%	40%	32%	5%
Young educable	5%	33%	16%	16%
Older educable	4%	63%	32%	41%

This is a highly individualized area and one difficult to tie down to concrete evidence. The closeness of supervision needed depends a lot on the traits of the individual child, and the concept of supervision as parents view it is a broad one. The neighborhood in which the child lives, the ages of his brothers and sisters and their willingness to "keep an eye on him" enter into it; the attitudes of the neighbors, the play space available - there are multiple factors of Importance here. However, it is clear that the older

educables are considered much less in need of close supervision and more responsible to roam further afield than any of the trainable groups or the younger educable group.

Table XXVI. Diary Reports. Help at Home

<u>Group</u>	<u>Eager Or willing</u>	<u>Resists</u>	<u>Housework, cooking</u>	<u>Care of owns things</u>
Young trainable	82%	40%	40%	22%
Kid trainable	98%	48%	42%	32%
Older trainable	65%	20%	57%	55%
Young educable	90%	40%	43%	31%
Older educable	95%	27%	100%	68%

Here there seem to be more differences related to age than to ability level. The younger children, both educable and trainable, more often are resistive to requests, but show high willingness for things they want to do. All groups apparently enjoy helping with the "grown up" sorts of things rather than taking responsibility for their own toys, clothing, etc. This trait is not united to retarded children. The older children, however, whether trainable or educable more often take care of their own possessions. Again, we have no estimate of the quality of help given, but many comments of parents indicate that the help given is tolerated by them rather than helpful to them; we see comments such as "He likes to think he's helping," and "It gives him something 'to do.'"

Table XXVII. Diary Reports. School Work Done at Home

<u>Group</u>	<u>Average number mentioned, per child</u>
Young trainable	1.9
Mid trainable	2.9
Older trainable	2.8
Young educable	3.5
Older educable	4.0

This category includes a rather broad view of school work, encompassing cutting, coloring, puzzles, as well as work with numbers and words. Nearly all of the children did some of these things at home. As would be expected, the older trainables and both groups of educables more often included references to reading, spelling, books, writing.

Table XXVIII. Diary Reports. Quarrels and Conflicts

Group	With parents	With age mates	Tantrums
Young trainable	18%	58%	6%
Mid Trainable	18%	44%	8%
Older trainable	17%	38%	0
Young educable	1%	75%	19%
Older educable	32%	59%	9%

These reports make it appear that conflicts with age mates - either siblings or other children - are more frequent than conflicts with parents. The younger educables have the highest incidence of difficulty with their peers - however, it is also true that they have more contact with neighborhood playmates. Without contact there can be no conflict. It would seem that within the next few years, the educable children learn to get along better with others. They may be beginning by then, however, to have more clashes with parental authority in the expected adolescent fashion.

Table XXIX. Diary Reports, Parental Discipline

Group	Spanking	Isolation	Reasoning, Compromise	Verbal reproof
Young trainable	26%	4%	16%	26%
Mid trainable	24%	28%	13%	5%
Young educable	28%	42%	25%	13%
Older educable	0%	9%	4%	4%

Parental handling techniques seem quite similar. Apparently it is age that calls a halt to spanking, which is almost abandoned at the older ages. Verbal reproof also shows a sharp decrease with age. One wonders how much children's behavior has shown improvement and how much parental tolerance has perforce increased.

Table XXX. Diary Reports. Role of the Father

Group	Joint Activity	Physical care	Play	Work	Homework help	Discipline	Avoid contacts
Young trainable	78%	32%	68%	12%	2%	32%	10%
Mid trainable	60%	24%	66%	6%	0	28%	2%
Older trainable	45%	20%	53%	17%	0	15%	0
Young educable	71%	36%	47%	8%	10%	28%	7%
Older educable	27%	23%	68%	23%	0	23%	9%

The amount of joint activity involving father and child is quite high for

all groups. At the older ages, both trainable and educable, the work projects probably balance the decreased scores for joint activities. By this time probably the child can actually be participating with the father in some constructive activity.

In the following table dealing with conversation skills, some percentages total more than 100 because several categories were combined into the single one of "good, improving", and a child might be ranked several times on different aspects of his improvement.

Table XXXI. Diary Reports. Conversation

Group	Excessive	Good, improving	Limited, non-verbal
Young trainable	28%	120%	30%
Mid trainable	24%	120%	16%
Older trainable	15%	95%	7%
Young educable	17%	101%	13%
Older educable	4%	132%	1%

It is not surprising to find that the younger trainable groups are much more often limited in speech and conversation, or to see that improvement in speech takes place with age. It is of interest to note that the young educables have almost as high an incidence of limited speech as the middle trainable group, however. Apparently excessive talking also shows a decrease with age.

Table XXXII. Diary Reports. Child's Disposition

Group	Steady, Good	Fluctuates, irritable	General improvement	General deterioration
Young trainable	48%	80%	20%	4%
Mid trainable	44%	66%	14%	2%
Older trainable	73%	41%	0	3%
Young educable	32%	78%	24%	1%
Older educable	41%	100%	0	0

It seems that irritability, fluctuations of mood and stubbornness are highly characteristic of all groups, with the older trainable group being generally the most "mood stable" and with the three younger classes tending to show recognizable improvement.

Table XXXIII. Diary Reports. General Evaluation

<u>Group</u>	<u>Generally good weekend</u>	<u>Generally poor weekend</u>
Young trainable	72%	4%
Mid trainable	66%	4%
Older trainable	90%	0
Young educable	54%	1%
Older educable	90%	0

The group which most often had, if not a weekend the parents were willing to call "poor", at least not a good weekend, was the young educable group. At higher ages, things seem calmer or more "handleable" as far as the parent view is concerned.

Table XXXIV summarizes parent comments on gains they have observed in their children or differences in behavior which they have noted.

Table XXXIV. Diary Reports. Differences Noted

<u>Group</u>	<u>Speech</u>	<u>Independence</u>	<u>Motor</u>	<u>Social</u>	<u>Academic</u>	<u>Interests</u>	<u>More aware of diff.</u>	<u>None</u>
Young Trainable	43%	55%	3%	28%	3%	10%	7%	5%
Mid Trainable	45%	41%	10%	15%	15%	17%	3%	13 %
Older Trainable	20%	37%	0	33%	3%	3%	10%	10 %
Young Educable	33%	16%	5%	32%	21%	7%	3%	12 %
Older Educable	9%	36%	0	14%	14%	14%	0	18 %

Parents most often mention speech, independence, and social gains. For the educable groups, academic gains are mentioned more than for the trainable groups - possibly this is partly a result of our effort in the parent education program to re-direct the concern of parents away from academic achievement for trainable children, There are really no startling differences between the ability levels in the patterns of these comments.

Summary

Probably a major thing which stands out as we read the parent diaries from month to month is the generally good acceptance which these children have at home, and the ability of the parents to tolerate all sorts of deviant patterns, although not all the parents do this equally well or by using the same attitudes. Another outstanding thing seems to be that as parents report

their experiences, the differences between trainable and educable groups are less striking than we would expect them to be. Possibly this happens because parents, in the course of time, come to adapt their expectations of the child to what they have learned, from experience, is within his ability. As a major difference, aside from learning capacity, we see the difference in social contacts of the two groups. How much this difference may stem from parent over anxiety about the trainables, which thus keeps the trainable child from exploiting neighborhood possibilities, and how much it stems from the greater "unacceptability" of the trainable child in the neighborhood is not clear, but our experience makes us think that in general the trainable child can bring less to a companion situation and is genuinely less able to adapt to social expectations.

Summer Diary Reports

Summer diaries, somewhat briefer and permitting less detail than the weekend diaries kept during the year, were also turned in by parents. These called for summary reports of the routine areas and more detail about activities, play, special events, recreation, and the like. In general, parents reported good habits in the routine areas for half or more of the children. Improvements in personal independence were seen especially for the trainables, with about two-thirds of the children reported as making gains, but also for the educables, with more than half the children reported as making gains. Social independence also showed increases for both groups. Outdoor play was popular, but the trainables less frequently were permitted neighborhood or park freedom, and had fewer neighborhood playmates. Indoor play was more often solitary than outdoor play, suggesting that retarded children may be allowed sometimes to join others or "tag along", but are less apt to be sought out by others on rainy days. Problems as reported by the parents included lack of playmates, for both groups; reaction by others was somewhat more frequent for trainables;

destructive and anti-social behavior was mentioned for both groups. Quarrels were generally regarded as minor, and most frequently were over toys or teasing, sometimes over "bossiness." Discipline problems were generally considered few, with resistiveness and non-conformity being high on the list with at least half the children presenting these sorts of problems. The children's health was reported well in from two-thirds to three-fourths of the cases. Positive reactions to visitors and social events increased over the four years of the diaries, suggesting some continuing social gains as a result of school experience. Social skills also showed improvement. In about half the cases, summers were judged as generally good. For the same child, followed longitudinally over the four years. Improvement over previous summers was the general comment.

We continued to be impressed at the variety of events and activities made available to the children largely through the ingenuity and effort of their parents. Trips, picnics, visiting, excursions, camping, day camp, spectator events, shopping, eating out - clearly, parents make considerable effort to provide interesting activities which can include their retarded children.

Parent Opinion Questionnaire

In the fall of 1959, parents were asked to check & parent opinion questionnaire covering four areas: Changes noted, important problems, long range planning, and the role of school experience. Parents of both trainable and educable children agreed in giving high frequency of checks to these positive changes: Improved vocabulary and more talking - in first place for both groups; more self-reliance - second place for both groups. Parents of educables checked increased interest in learning in next highest rank, followed by "better company, more enjoyable as a companion", which was in third place for parents of trainables. Interest in learning, for trainables,

was seventh highest. Both groups indicated improvement in their children in entertaining themselves, getting along better with other children, and standing up for their rights. Changes in the "negative" direction, at least as far as parent thinking might view them, were far less frequently checked, but the most frequent negative changes were in areas which might be expected to accompany increase in age and general gains in confidence. Among the highest negative changes were, for both groups: Can't take teasing as well (but this was closely balanced by those who said child could take teasing better); argues; teases others more; is more aggressive; fights more with others.

The second area, important problems, has at the head of the list for both groups lack of companionship in the neighborhood. Restlessness and inability to keep himself occupied was in second place for parents of educables, and in third place for parents of trainables. Increased conflicts with brothers and sisters were in third place for parents of educables. Poor eating habits were of concern to groups, and disobedience, resistiveness, and hyper-actively were fairly frequently mentioned. Lack of progress in general self care was mentioned only rarely, and only for trainables.

The third area, long range planning, was included partly to give us some basis for judging the effectiveness of the parent education program. Highest frequency attitudes among parents of trainables were: Keeping the child at home as long as possible if he could also be in school or in a community program, but the second highest plan was "We don't know yet and are waiting a few years." Third highest was the plan of keeping the child at home as long as possible, even without school. However, in fourth highest place were parents who have already placed their child under state guardianship and if this number is combined with those who plan, to take this step, this category moves up to the second highest frequency.

Considerable lack of realism is seen in a number of parents of trainables who still expect limited self support, but at least few parents indicated any expectation of complete self-support or independence. In fifth rank are parents who would use the state institution only as a last resort, but in sixth rank are parents who expect the child will eventually need institutional care. Parent* of the educables are also most frequently waiting a few more years to see how things go; mat plan to keep the child at home while school is available, and most expect self-support but would plan to keep him at home anyway. In sixth frequency rank are parents who have already sought guardianship, with some still planning on this. in general, parents of trainables more often Indicate some awareness that the trainable child will eventually not be Included in school and will have to remain at home, although clearly they still hope that this is not going to be the case.

Parents of both groups agree well in what they expect school to provide. First rank for both groups is self-help training and general living skills. Parents of trainables give second rank to extension of the school program to later ages; this is given third rank by parents of educables. Second rank for parents of educables is social contacts and the chance to be with other children; this ranks third for parents of the trainables. Academic teaching ranks fourth for parents of educables and fifth for parents of trainables.

We can see some progress made by parents in the realistic quality of their thinking, but this is highly individualized and hard to portray for the group as a whole. Many parents have moved ahead with realistic planning and this in turn has been helpful to other parents. The anonymity of this opinion questionnaire should have made possible complete freedom on the part of parents to express their thinking honestly.

VI. PARENT EDUCATION AND PARENT COUNSELING

One of the major purposes of The Sheltering Arms program as recommended by the planning committee was to study the processes of parent education and parent counseling in the field of mental retardation and to try to develop improved techniques for these processes.

A basic factor in the ability of a school to offer a useful parent education program depends on its having a philosophy about mental retardation as well as on its having adequate information about mental retardation. Our philosophy, as it has developed, encompasses these facts about retardation:

1) Developmental processes are well enough understood to permit reasonably accurate estimates of intellectual potential, by school age, for purposes of educational planning. The categories of "trainable" and "educable" are inevitably somewhat overlapping, and it is essentially the child's ability to perform, to learn, and to make use of learning, which corroborates the psychological diagnostic findings.

2) It is the rule rather than the exception for mental retardation to be accompanied by other deviant or subnormal characteristics. Thorough medical and neurological study is an essential part of the diagnostic process, and has value even when results are negative in reassuring parents and in defining the problem.

3) The long range outlook for children of the trainable level, with Iqs of 30 to 50, is, at adulthood, for an Institutional living situation or an "institutional substitute."

4) The long range outlook for children of the educable level is, according to research findings, for marginal self-sufficiency for about three-fourths of the group who have attended special classes. Probably this is too high an expectation for our educable group, many of whom would not have been able

to attend "regular" special classes. The presence of other handicaps in addition to intellectual deficit lowers the likelihood that the child will be able to be self-sufficient whatever training he has.

5) Mentally retarded children differ from each other as much as, if not more than, mentally normal children. A major reason for their segregation for educational purposes, aside from the benefits this offers normal children, is the protection of their personality development, which cannot be expected to flourish on a diet of failure, frustration, rejection, and confusion.

6) Personality development and the inculcation of socially desirable attitudes is a major purpose of special education.

7) Emotional awareness and responsiveness are not necessarily highly correlated with intellectual level.

Our philosophy, as far as parents are concerned, includes these points:

1) Mental retardation is no respecter of persons; retardation may happen in any family. This produces a "parent population" as broad and varied as the total population itself.

2) Parents have a "right", in our society, to make plans as they choose for their retarded child, as long as their plans are not harmful to the child and as long as his behavior is not unduly destructive to the family or to society; they do not have a "right" to demand that society make special provisions for their child if these provisions are essentially for individual care and supervision. Many times, parents' defense of their "rights" is based on their own emotional problems and confusion with regard to the retardation and the child's capacities.

3) Parents, even when they represent a wide range of education and ability themselves, can profit, to varying degrees, from information, explanation, and factual knowledge about retardation. They will benefit in terms of their own capacities and in relation to their own defenses, and their rate of progress will vary.

4) Parents of retarded children have a special stake in these problems and are more open to shared concern about their children than parents in general. Because this is a difficult and confusing problem, they can be expected to be more responsive than the "typical parent" to sources of information and help.

5) Information provides a good basis not only for intellectual thought and purposive action, but also for modification of attitudes and feelings. It is not enough to "accept" a retarded child if one does not know what he is accepting.

Formal group parent education has been a part of The Sheltering Arms program since its beginning. Once a month, parents come to the school for an evening meeting which starts at 8:00 p.m. and typically ends at 11:30. The structure of the evening includes: First, classroom visiting time, when parents go to their child's classroom for small group interpretation of the classroom program, discussion of what activities the children are working on, any special room problems requiring discussion, and the chance to see for themselves the products and processes involved. At about 8:40, the parents gather in a single large group for the formal presentation. This is generally a lecture given by the program director, but once or twice a year the teachers provide a panel discussion, sometimes parents themselves take part in a panel presentation, and very occasionally, an outside speaker is brought in. We have tended to use outside speakers very little, however, feeling that we wanted to maintain a very cohesive viewpoint for our parent group and that this was most easily done by using our own staff. During the first year, a list of suggested topics was presented to the parents and their selection among the topics shaped the programs for the year and carried over into the next year. At the end of the second year, a second topic list was presented, and

parent choices from this list not only contributed to program planning for the third year but also reflected parent growth as a result of earlier meetings. For example, on the first choice list, discipline ranked first as a requested topic. By the end of the second year, either parents had solved their discipline problems, or decreased their concern about them, or broadened their concern about other aspects of the child's life, for discipline dropped to ninth place and was surpassed by such topics as: developing confidence in the child, independence and self-help, problems of normal children as related to a retarded child in the family, statewide thinking and planning about retardation, and developing skills and interests.

A sample year's program of topics (1957-58) was as follows:

September: Discussion of The Sheltering Arms, its orientation and approach, explanation of research program and parent role in research.
October: Lecture, "Reviewing the facts on mental retardation."
November: Lecture, "Statewide thinking and planning about mental retardation."
December: Lecture, "What about the rest of the family?" - discussion of problems of parents and their normal children.
January: Panel discussion, "Institutions - their purposes, programs, and place in the total problem."
February: Panel discussion, "Our classroom programs, their purposes and methods."
March: Lecture, "What we have learned about retarded children" - a report of The Sheltering Arms research.
April: Lecture, "Moving into adolescence."
May: Panel discussion, "Problems and methods in sex education."
June: Lecture and discussion, "Individual progress reports - now to use them."

Following the formal presentation at a typical meeting, there has been some discussion by parents; increasing freedom on their part to ask questions, to give examples, to disagree, to want to extend the topic further, have been very evident. Some of our parents at this point function almost as "professional" counselors and deliberately ask the question which a few years ago gave them trouble in order to contribute to the progress of other parents. A number of our parents now occupy the role of honorary staff members in the parent education field.

The business meeting of the group comes next. Parents chose to organize as a separate group rather than a formal PTA chapter, feeling that the situation of retarded children is too different from that of an ordinary school situation. In their business meeting, along with the routines of such sessions, they plan fund raising activities which have shown a steady increase over the five year period. Profits are made available to the school for special equipment and supplies not covered by ordinary budget.

Probably it is in the social hour following the business meeting that a fair share of parent education really goes on. Teachers and staff tend to circulate; coffee and cookies provided by a rotating committee encourage continuance of discussion. One of the indices which may attest to the effectiveness of this approach is that, apparently, people don't want to go home. It is literally true that we sometimes resort to the hostess' trick of emptying ash trays in order to ensure that the staff can wake up in time to get to school the next day.

The formal presentations become more difficult as some of our group gain in knowledge and sophistication. We need, each year, to repeat for new parents something about the research aspects of The Sheltering Arms; we also need to give the new parents the opportunity to learn some of the "basics" - causation, distribution, incidence, intelligence - how it develops and how it is measured -, long range planning, adult outcomes, etc. Thus far we have tried to weave this material, old and familiar to some of our five year parents, into sufficiently new frameworks that they can enjoy it even though it is not new to them. Just how long this can be done with a shifting group is hard to say, but the benefits of commingling experienced parents with new parents are too great to sacrifice.

Less formally, our parent contacts fall into four types: Teacher-parent conferences, held on a formal basis once a year on "released school time",

and generally repeated in the spring on "teacher-donated" time. These are supplemented by brief opportunities at parent meetings, special events requiring some parent chaperon age, and very frequent telephone conferences. Secondly, there are social worker contacts represented by home visits and telephone conferences of variable frequency depending on the family emergencies that may be occurring; thirdly, there are contacts with the program director by conference, brief conversation, and phone call; and fourthly, in individual problem situations, a scheduled parent-staff conference including social worker, teacher, program director, and parents.

Inclusion of the parents in the research activities in itself performs an educational function. Again, parents differ widely in their ability to make use of this, but it is the exception rather than the rule, who does not gain in objectivity and insight through keeping records, writing diaries, studying the very detailed progress report which is our end-of-the-year report card.

Parents - especially mothers have organized the Cub Scout program and have run it since the second year of school. Last year mothers also took over the Brownie-Girl Scout program. These activities also furnish a parent education opportunity since parents have real opportunity to see and to appreciate a broader range of retardation problems than is presented at home by their child alone. We wish all mothers could participate in these two activities, but jobs, family situations, transportation, and younger children stand in the way of this desirable dream. Parents - again, usually mothers but sometimes fathers too - participate in some school events which need extra "chaperon age", such as the visit to the Shrine Circus. Birthday parties held at school are encouraged, and this too gives parents opportunity to see their child, albeit in an atypical situation and mood, against the framework of his classroom group.

Before a child enters school at all, he has been seen at The Sheltering Arms for diagnostic study and parents have had one interpretation session with the program director and have received one written report, so all parents have at least this much of a basis before the group process begins.

We think that parent education is at least equal in importance to, and perhaps more important than, anything that can be done for the retarded child himself. Facing the problem becomes easier when the parent sees other people working with the child with patience and fondness, but yet with the ability to show emotional reactions and to admit our own errors of judgment and procedure. Sharing the problem as a whole is a process eased in many ways by sharing multitudinous little problems. Getting the problem to an "expression" level is an important part of making the compromise solutions necessitated by the facts of retardation, since no total solution can be possible.

How is it done? Parents, defensive by the very nature of their problem, must feel that here their child is accepted and liked even though realistically viewed by staff; they must feel that they themselves are not "downgraded" in the estimation of the staff by virtue of having a retarded child; they must feel a comprehension of "what retarded children are like" on the part of the staff so that problems will not automatically be laid at the parents' door -as indeed they should not always be. This emotional setting-of-the-tone is an essential, although an intangible, part of the process. Once parents have reached a real acceptance, staff people must be able to rejoice with them over the small gains, the bits of progress, shown by the child, but before parents have reached this level, staff people must be constantly on guard to place the triumphs in the proper framework of expectation in order not to over-build expectations. Granted the fortunate concomitance of staff people really

interested in working with retarded children realistically without expectation of miracles, with a wide-ranging group of parents not themselves retarded, but differing widely in education, ability, and social and cultural values, parent education can proceed. This is not a process of handing people information and hoping they will understand it, believe it, and learn it; it seems to us to be highly influenced by emotional factors and highly colored by personality qualities among the staff which incorporate technical information, counseling skill, and basic honesty and strength. A lot of the trouble with parent counseling in this field, it seems to us, is that parents have been too "gently" handled sometimes to the point that they have been misled and have lost trust in professional knowledge and skill. Counseling should not go beyond knowledge, but it certainly should keep pace with it. Sharing information and sharing doubts is probably fairer than shielding information and covering up doubts.

Effectiveness of parent education is difficult to evaluate. The case history approach is one way. Referring back to the children excluded from school who were described in Chapter II, in only one instance of the trainable exclusions were the parents detectably resentful or disturbed, and in only one instance of the educable group was this case. In the other situations, the parents were regretful, as were we, that the school experience could not be continued; they were often disturbed about what to do next and were not necessarily in agreement with our recommendations, but in none of them was it our reaction that they were "condemning" the school for its inability to solve the problem. Attitude toward state guardianship may be another index. Ten of our last year's trainables are under guardianship; not all the other parents are adamantly against this, but they are "stalling" for various reasons. Of our educables, six are under guardianship. In several other instances, parents are giving this consideration and will probably move toward

guardianship. We have seen a number of parents able to accept a boarding home placement without too much guilt, when the home situation demanded this. One factor in decisions with regard to state guardianship which we think has probably been given far too little attention is that of attitudes of grandparents, other close relatives, and neighbors toward state guardianship. Many parents hesitate to create a family crisis by going ahead with guardianship even when they themselves are fully ready for this step. We need to broaden our concept of parent education to include the wider range of attitudes of the whole family, and to continue to make efforts to improve the level of community understanding.

Essentially, this is an ephemeral field. Total staff coordination of effort is the best answer we have seen, combined with a cohesive philosophy which can stand the tests of reality requirements.

VII. DIAGNOSTIC SERVICES

Another area of need in the field of mental retardation is related to study of the psychological diagnostic services available and some consideration of their effectiveness and possible ways of increasing their effectiveness. It is our belief that early identification of mentally retarded children is one of the most important ways in which parents may be helped to avoid the development of "secondary" problems and to acquire realistic and constructive attitudes toward helping their children. Psychological studies of children have been a major "sideline" enterprise of The Sheltering Arms program. Each year, to the extent of staff time available, referrals for study have been accepted. Generally about one hundred children a year have been seen. Although psychological services are fairly accessible in the Twin City area, it seems that relatively fewer of them are readily available for the preschool age range, and it is here, despite the imperfections of psychological tools, that the most important work for parents can be done. We have attempted some screening of referrals by parents simply because not enough time was available to meet the whole need; generally the diagnostic testing schedule is filled for at least three months into the future. Referrals have come from physicians, school social workers, psychologists, social agencies, private schools, and parents. Special effort has been made to include services for people beyond the Twin City area, recognizing that for them facilities available were more limited. Emphasis has been placed on the preschool and early school ages and on multiple handicaps of various sorts. As safeguards to diagnosis, re-evaluations have often been recommended in many of the more difficult and doubtful cases, at intervals of one or two years; probably about one-fourth of each year's cases are "follow-up" studies.

The major ways in which these studies may differ from
psychological

studies carried out elsewhere are two: greater emphasis on interpretation to parents, and more time spent with the child to permit more total observation. One of the major complaints parents make about psychological studies is that the psychologist spent too little time with the child and he was frightened -upset - angry - uncooperative, etc. Obviously this sort of attitude may be basically a defensive, denying one on the part of the parents, but there is often a kernel of validity in it, even so. We give each child two tests of ability - basically using the Stanford Binet Scale, if the child can perform on this at all, or the Cattell Infant Scale, and supplementing this with the Merrill Palmer Scale, which while it has some defects as a measure of intelligence does permit some further study of the child's reactions in a differently structured, less verbal, situation. While the parent conference is going on, following the testing, the child is in a free play situation with our research assistant; this provides some additional observation and comparison material which feeds into the total interpretation. The conference with the parents may include a formal sort of social maturity evaluation, as with the Vineland Social Maturity Scale, or, depending on the child and on the parents' ability to report, may be a more informal case history sort of interview. In any event, the parents are encouraged first to tell the story as they see it, with a fairly non-specific opening question such as "Tell me a little about Jimmy." During the conference, some specific information is elicited, including: medical history, what the doctors have said about the child; family situation, other children, home problems; developmental history and health history of the child; group experience and school experience; parent definition and view of the problem; their planning and long-range thinking. Against this background, the psychological findings are presented to them and recommendations are made to assist with future plans. Both parents are encouraged to be present when possible; this happens

in perhaps a little less than half the cases; in itself, this is an index of parent anxiety. At some point in the conference, parents are usually asked to define the child's maturity level in terms of an age standard. Over and over again, parents agree with the findings of the tests. Their problems are not in the area of recognizing the retardation, but rather of knowing what it means and understanding and accepting its implications for the child's future.

Following the study and the personal conference, a written report is sent to parents reviewing what was discussed, including any further information that may have been gained through later phone calls to medical or school contacts, and repeating the recommendations in writing. A more "professional" report is also written and parents are asked at the time of the conference what other agencies or people might want to make use of this information. Typically, the formal report will be sent to: The doctor, the county welfare board, if guardianship is under consideration, and to the school, if the child is of school age or near it. Depending on the course of the parent conference, the letter to the parents may also include further interpretation about retardation, long range planning, the probable later need for institutional placement, etc. There is no rigid formula involved; the form of the letter must depend on the parents themselves, their level of knowledge and sophistication, and the kinds of problems with which they are most concerned, their attitudes and ability to accept the facts.

We firmly believe that the written report to parents has been sadly neglected as an interpretive tool. One view of the written report, widely held, is that face-to-face interpretation is better since then questions can be asked and answered and misinterpretations avoided. We agree that the face-to-face discussion is important, but would point out that conversations are not remembered in their entirety, that retrospective falsification can set in and change the meaning of what was said, that in situations where only

one parent is present, the other parent is completely left out and must rely on second-hand reporting. Since this is likely to be the father, and since in our experience fathers have more difficulty accepting the reality of the retardation problem than do mothers, this is not an unimportant consideration. A written report can be kept, referred to again, re-read. Certainly one reason that reporting to parents in writing is commonly not done is the time factor; these reports do take time and it is harder to put some things on paper than it is to express them verbally. It is our contention, however, that the results justify the effort and that in many cases the value of the study is minimized, if not completely lost, because of the failure of the psychologist to follow through with this double-reporting technique.

Another way in which our diagnostic studies may differ from those by other services is that for the most part they are voluntary on the part of the parent. Very possibly by the time the parents are themselves seeking help, they have made the diagnosis themselves. They know very well the developmental level of their child and this is why they seek the study. They need help most crucially in coming to an understanding of the laws of developmental rate, so that it becomes clear and meaningful to them that retardation is not a temporary deviation in growth rate but a permanent handicap of the child, with his future potential being made visible by the psychological measurement. Perhaps when parents are deeply concerned about a child's abnormalities, they feel safer and more secure in taking him for study to a school for retarded children, where perhaps they feel his reception will be sympathetic and accepting more than it might be in a general clinic or school setting. Apparently, however, the fact that The Sheltering Arms is widely recognized as a center for retarded children does not deter parents who have problems other than retardation, for we continue to get

from parents as well as from other referral sources requests for study of other kinds of problems.

We have seen as preschoolers a number of children who later became school applicants and enrollees. This experience reinforces our belief that early interpretation to parents is extremely helpful to them. Parents who enter our parent education program having had perhaps one or two previous studies and interpretations are already well educated in comparison with parents who enter our program "cold." They are more ready to be objective and realistic and much more ready to face problems rather than to deny them; they do a better job of working with the child and are more clearly oriented as to just what they are trying to do in their work with him.

Some people, notably representatives of the various associations for retarded children, have advanced the view that there should be separate clinic facilities for diagnostic study of retarded children. In general, we do not subscribe to this view, for a number of reasons: Part of diagnostic skill is developed and maintained by contrasts among the children being seen and studied; interpretations should be across the broad board of individual human differences, rather than limited to the very restricted range of mental retardation; a limited clinic service would, in our view, remain really limited - psychologists, like other people, need constantly to sharpen their judgments, and a limited population to serve would tend to encourage either (1) over optimism about the potentials of retarded children, as the range of vision of the diagnostician narrowed, or (2) a dead-level process of decision making. We think, rather, that clinics and other organizations offering services to children in the diagnostic area might well extend their thinking to give more attention to the problems of retarded children and their families, as part of the entire range of living, and while specialized, having an impact on the adjustments and problems of the total ability range. It is

just as important for those working with the retarded to be cognizant of normal and superior ability people and problems as it is for those who work primarily with normal people to be aware of the problems of retardation. In short, we would vote for integration rather than segregation and hope that time will bring a better comprehension on the part of all professional workers of the impact on normal lives produced by the problem of a retarded child in a family.

VIII. COMMUNITY EDUCATION

It is commonly recognized currently that part of the total problem of mental retardation is an interrelationship problem. How society views the retarded person is a crucial factor in his capacity to adjust to society. We have seen in recent years a tremendous amount of social change in the general "openness" with which retardation is recognized as a problem with social implications. A major part of the credit for this change belongs to the local and state associations for retarded children, which have made great effort to bring about for the general public as well as for their own members increasing awareness and acceptance of the fact that retarded children exist, require services, and belong to the human race.

Community education was a phase of The Sheltering Arms program which was less specifically foreseen and discussed by the original planning committee, but one which almost at once loomed large on our horizon. Our efforts in this area fall into four general groups: Field trips to the school by various student groups, club groups, and individuals; lectures by staff members to various organizations and groups; our volunteer program; and participation in community committees and planning groups.

Ties with the University of Minnesota have been close throughout our history, partly because of the membership of the planning committee and partly because of previous university ties of the program director. Groups of students have been welcome at The Sheltering Arms and these groups have included a diversity of fields of training - child development, psychology, special education, occupational therapy, recreation, nursing. Probably the nursing students have been numerically the most frequent. Not only the university but other local and out-state schools of nursing send groups regularly for a little introduction to mental retardation. The typical tour pattern includes an introductory lecture of about half an hour's duration, which presents

a little background information, describes some of the research undertakings, and is then followed by a tour of the school. While at first the introduction of strangers into the classrooms created some disturbance, this effect seems to have worn off. Tours are scheduled for the afternoon whenever possible, so that the major work time of the day does not suffer interference. At this point, however, we see many social gains in the children as a result of their so-frequent contacts with groups of strangers. Their friendliness and social poise are often commented on by our visitors. We average about two tours a week throughout the school year; this count does not include individual visitors, "visiting firemen" front out of town, or drop-ins who come without appointment but are rarely turned away.

Student groups are not the only ones who come, however. Church groups, service organizations, groups of teachers, school people (usually not during school hours but often for after-school meetings and discussions), the Junior League, women's clubs, teachers just beginning programs for trainables in other school districts, etc., are also welcome.

In addition to the student groups, many individual students have carried out specific research projects at the graduate level for course or thesis credit, and a number of Individual students have had field placements at The Sheltering Arms either as part of their pre-practice teaching group experience, or as part of a program of training in child clinical psychology, social work, or occupational therapy. A more complete list of student projects is included in the research summary as Chapter XL

Lectures to community groups have also covered a wide range: church groups, women's clubs, men's service organizations, women's service groups, PTA groups, continuation courses, parent associations. Topics vary somewhat, depending on the interest of the group, but generally the topic requested deals with some aspect of retardation. Speaking invitations have ranged out of state

to include Pennsylvania, Ohio, Illinois, Wisconsin, North Dakota, and within the state to include Hibbing, Duluth, Fairmont, Worthington, Hutchinson, Stillwater - not to speak of the metropolitan area itself. While the program director has done most of this work, other staff members in the last two years or so have increasingly often been invited to give major talks. About twenty to thirty talks a year have been given.

Committee activities offer another opportunity for community education, although sometimes this is an indirect one. The Sheltering Arm* has been represented in many areas dealing with retardation: The MARC education committee, the advisory committee for the Waite Neighborhood House Special Day Care Center, the public school curriculum committee for the retarded, an advisory committee for Opportunity Workshop. Indirectly, or less directly, we have made some contributions to activities of the Governor's Advisory Board for Exceptional Children, to the legislative subcommittee currently dealing with problems of the retarded, to the state organization for child-caring institutions, and to several out-state parent associations and private schools. Several of our teachers have brought their direct experience to their participation on public school committees appointed to study textbooks, materials, and resources of value in special education.

Our volunteer program is a source of special pride to us. Volunteer helpers serve usually one day a week, arriving about ten and remaining through the school day. They are given some general indoctrination with regard to retardation and our school program, and are provided with some written interpretive and informational material. Most of their training, however, is of the in-service variety and is primarily the work of the classroom teacher, although the lunch period provides additional time for discussion, exchange of information, and question-answering. We have found that recruiting from

organizations is not the best way for our program; individual recruiting seems to work best for us, plus encouraging our good volunteers to interest their personal friends in such work, on the theory that their friends are likely to have in common with them some basic personality traits which are effective in our situation. We attempt to make volunteer service satisfying to our volunteers and to let them feel free to drop out if and when it is not satisfying. In five years, there has been only one volunteer who was subtly "dropped;" in a free sort of situation, those who don't like it or aren't good at it soon find this out and seek outlets in other areas. Generally we have a corps of about ten regular volunteers, several of whom have been with us for several years and who really function as additional staff members without salary. The community education aspect of the volunteer program comes not only from the direct experience of the volunteers themselves, although this is in itself good, but from the "pebble in the lake" community contacts. Our volunteers are high caliber people, articulate, thoughtful, and active in the community in many different ways. Wherever they go, they contribute - information, attitudes, and ideas. Their experience at The Sheltering Arms ensures that some of their contributions will be concerned with problems of mental retardation which are constantly under discussion at school, not only from the viewpoint of individual children, but also from the broader viewpoint of society's problems with retardation.

Certainly these measures do not and cannot solve the entire problem of community education. We believe, however, that a really important part of The Sheltering Arms' contribution has been in this area.

IX. SUMMARY OF RESEARCH, PUBLICATIONS, AND PROFESSIONAL TRAINING PROJECTS

I. Kinds of research in progress or completed:

1. Studies of the child's life at home - weekend diaries, summer diaries.
2. Parents: attitude tests, MMPI routinely.
3. Classroom observations of trainable children.
4. Behavior ratings, variability ratings, expression types.
5. Repeated psychological measurements, with varied instruments.
6. Studies of brothers and sisters of school population.
7. Medication study (completed but not yet written up) - "blind" analysis of effects of tranquillizers done under direction of medical consultant.
8. Sex information study: comparison of parent questionnaires with child responses in a testing situation.
9. Parent Opinion Survey.

II. Publications:

1. Blodgett, Harriet E. Counseling parents of mentally retarded children. Minnesota Medicine. Vol. 40, pp. 721-722 and 730, October, 1957.
2. Blodgett, Harriet E. Helping parents in the community setting. Counseling parents of children with mental handicaps. Proceedings of the 33rd Spring Conference of The Woods Schools, May, 1958. Pp. 74-84,
3. Blodgett, Harriet E. and Boice, Mary Lou. Putting psychological findings to work. Minnesota Journal of Education. Vol. 40, No. 8, March, 1960, pp. 22-23.
4. Blodgett, Harriet E. and Warfield, Grace J. Understanding mentally retarded children. New York: Appleton-Century-Crofts, Inc., 1959. Pp. 153.

III. Other staff protects:

1. Warfield, Grace J. Master's degree thesis, University of Minnesota, on a curriculum and classroom program for trainable children. (1958)
2. Hall, Marian. Master's degree thesis, University of Minnesota, on concept formation comparing retarded with sibs of comparable mental age. In progress 1959-60.
3. Griggs, Jane S. Master's degree thesis, University of Minnesota, on parent attitudes and child adjustment. (1957)
4. Reynolds, Edith A. Master's degree thesis, University of Minnesota, on a program for high-trainable-low-educable children. (1960)

IV. Student projects:

1. Graduate student paper on aggressiveness in the classroom.
2. Graduate student paper on childhood schizophrenia and its overlap with mental retardation.
3. Master's degree thesis on motor skills of retarded children.
4. Master's degree paper on performance *and* manipulative skills of retarded children. (In progress),
5. Under the supervision of the program director, in the role of consulting assistant professor in the Institute of Child Development and Welfare, University of Minnesota, although not necessarily about the program at The Sheltering Arms: 3 additional master's degree theses or papers.

V. Student placements for field experience:

1. Eleven students representing education, recreation, child clinical psychology, for periods of at least one quarter. Two of these (child clinical trainees) were for a full year, and in both cases the individuals involved spent additional time with us beyond their year. 2. "Multiple

set up for special education students. During the last year this program has involved about ten students.

VI. Student Teaching:

Nine education majors have done their student teaching at The Sheltering Arms. During one quarter when three students were with us at the same time, a special seminar was set up with a once-a-week meeting and full staff participation for extensive discussion of problems.

VII. Other pilot projects:

1. Employment of a non-teacher-trained person as a classroom teacher for trainables, under the supervision of program director and another teacher; in collaboration with the Special Education Department of the Minneapolis Public Schools and as part of the State Department of Education's concern with teacher qualifications.

X. SUMMARY OF COSTS

In the partnership plan worked out between the Minneapolis Public

Schools and The Sheltering Arms, the schools were to provide teachers, transportation for Minneapolis children, services of consultants as needed and basic supplies and equipment according to the regular school budget. The Sheltering Arms was to provide salaries for the rest of the necessary staff, the building, grounds, and maintenance, and by inference if not by actual statement, any other necessary financial support. For the calendar year 1959, the breakdown of expenses is as follows;

Board of Education:

Salaries - teachers:	\$24,893.00
Supplies	574.00
Equipment	216.28
Total	\$25,683.28

(Total equipment costs 1955 through 1959 = \$4,979.37)

Board of Education allotment for 1959 supplies:

56 pupils @ 6.75	\$378.00
* 56 pupils @ 3,50	196.00
	574.00

* Extra per pupil for mentally retarded. Total allowance, \$10.25 per pupil,

The Sheltering Arms: Total expense including:

Salaries - Director	
Administrative	
Maintenance	
Dining Hall	

Maintenance	
Supplies	
Repairs	

(Total, 15 employees)

	Total	62.606.26
Combined costs		\$88,289.54

Cost per pupil:

Board of Education	\$458.63
The Sheltering Arms	1117.97
	\$ 1576.60

XI. RECOMMENDATIONS

Our five year experience in work with trainable children convinces we that gains are apparent in these areas:

1. Independence, general self-care, self-responsibility.
2. Better group adjustment and group participation - socialization gains.
3. Improved communication skills and better motivation for communication.
4. Improved general behavior and behavior control.
5. The development of more interests and skills.
6. Decrease in negative or undesirable behavior and characteristics; more social acceptability.

We also think that many of these gains are an outgrowth of parent education both in terms of parents' increased general knowledge about, and understanding of, mental retardation, and also as a result of parent-teacher mutual effort on specific training needs of individual children.

We view the long range outlook for the majority of trainable level children as being institutional living or a substitute for institutional living (i.e., possibly a boarding home permitting close supervision but providing some of the satisfactions of family-type contacts). Even in view of this long range picture, however, there are some purposes of childhood experience which can probably best be served by community facilities personality development, self-awareness, acceptance, emotional security, parent understanding and acceptance of the child and of his limitations, and general preparation of the child for group living experiences in whatever setting,

We do not view the task of working with trainable children as being exclusively an educational assignment. We think that work with parents is at least as important as work with the children, and would be unalterably opposed to any classroom provisions not paralleled by individual as well as

group work with parents. We think that great harm is done by the casual provision of classroom experience for children with no effort to interpret to parents in what ways and for what reasons this experience differs from that which their normal children are having in school. We see this kind of provision as a step backwards, rather than a step forward. Whether total planning is envisioned as a function of the schools primarily, during the years in which the child is a school responsibility, or whether this is seen throughout the child's life as a joint school-welfare responsibility, is a problem to which there is no easy answer.

We see vast differences in "ability to profit" from school among our children in the trainable intelligence range. Our criteria of selection and rejection reflect our experience of what is possible and desirable. Not all trainable-ability children can profitably be in a group; measurement devices are not yet available to tell, with certainty, in advance, which ones can profit and which cannot. Some difficult children whose early days in school were a strain on the entire staff have surprised us by the development, with time and maturation, of behavior capacities for control which we hoped were there but had reason to doubt. Others, not particularly difficult in behavior, showed less capacity to profit than their measured intelligence would have led us to believe. It is our view that, if behavior handling is at all possible, the typical young trainable child, entering school at six, seven, or eight, needs at least two years of school attendance before a final determination can be made as to his ability to show gains. There have been a few instances in which early diagnosis was incorrect and a child, as he grew older, showed surprising capacity to compensate in some fashion. A major factor in this capacity, it appears, is to be found in the child's

motivation, drive, eagerness to learn; thus far, this is a trait to be observed rather than measured, and we have seen it most frequently in brain damaged and multiply handicapped children.

In general, we think that trainable children whose ability level is not in question fall into two groups of "ability to profit from school." One group, generally but not exclusively in the 30 to 40 IQ range, seems to reach its final level by the age of about eleven, assuming that this group has had at least two years, perhaps three, of school attendance. Another group, generally but not exclusively in the 40 to 50 IQ range, continues to show gains up to the age of about fourteen.

We do not think that classes for trainables should be located in regular school buildings. For such an arrangement to work successfully for the welfare of the normal children, this would require screening out some of the difficult trainables who still show considerable potential to profit from schooling. The general finding, on the basis of our population, is that about half of our trainables could, without undue difficulty, be handled in classes in regular buildings, but of this half, about two-thirds were above the age of eleven years at the time of the judgment. It is at the older ages, however, that we have noted increased self-concern among our trainables - more frequent comments of "I'm so dumb", and more unrest as to self-made comparisons with others. This suggests that even if, behaviorally, these children could be handled in a regular building situation, there are some hazards related to the accentuation of their "differentness."

As far as teachers for trainables are concerned, we think that people talented in handling children can be effective teachers of trainables without specific teacher training - provided they have additional sources of day-to-day help (i.e., more than an occasional "consultant" contact) with materials.

project organization, professional information, background on behavior development and handling. Skill in working with parents appears to be more a function of individual personality than of specific training, but there is no denying the importance of factual information which more frequently, although not always, is found in the professionally trained person. All of our teachers feel that their training for work with parents was very inadequate. It appears to us that teachers use every skill at their command but that probably, at least for the younger trainables, skill in academic techniques is less crucial.

He would make the following recommendations to the Minneapolis Board of Education,

Public schools, as a social institution, do have a contribution to make to the development of trainable children. This is not their exclusive burden, but schools are better fitted than any other social institution to make a major contribution here, and the social situation in general demands more community services to the trainable retarded. Specifically, we would recommend that:

1. The public schools continue the program at The Sheltering Arms and consider giving public school status and support to the Waite Neighborhood House program. New classes, when added, should not be in regular school buildings but should be separately housed. As far as possible, at least one educable group should be included in each "unit" school for trainables, to assist in a total diagnostic process and to offer opportunity for easy transfer of children as their needs indicated. For the most part, the educable children included should be those with special diagnostic problems although a "basal group" of a few fairly stable youngsters should be included to give

the group practical "handle-ability" and a comparison baseline.

2. The age range for trainable classes should be flexible, but permissively from six to fourteen. Not all trainables are ready for school at six, but some of them are. At about the age of eleven, a second screening should be done by total staff to determine which children continue and which are dropped. In our experience, continuing work with parents during the time of the child's school attendance makes a decision to drop more acceptable to parents and makes further planning convenient and possible.

3. An in-service training program for non-teachers who like to work with trainable children should be developed, using The Sheltering Arms facility as a beginning point for experience and learning. Selection of candidates for this kind of program should be based, at our present level of knowledge, on a try-out period as a volunteer helper, on clinical judgment of The Sheltering Arms' staff, and on interest test results indicating strong interest in work with individuals, reflected in high scores on psychology, social work, and physician scales of the Strong Interest test.

4. Any unit in which a non-teacher-trained teacher is employed should also have at least one fully qualified teacher in special education to provide help, instruction, and supervision.

5. Auxiliary staff is necessary. If difficult children are to be included, as we believe they should be, school units should be planned to include at least three classes and permit the employment of one full-time classroom assistant to provide additional help for the teacher. Desirably, a four-classroom unit would have two such assistants. Volunteers can profitably be used in this area, but volunteer help must always be regarded as

supplementary rather than essential.

6. A parent education program. He believes that the parent counseling aspect of school for trainables is at the heart of the matter. This means, essentially, that additional professional staff must be a part of each unit. For each three or four classroom unit, we would recommend at least the equivalent of one half-time psychologist and one half-time social worker - and this is minimal.

7. Support. He believe that on the basis of our experience at The Sheltering Arms, partnership programs are not only possible but practical. He would encourage the public schools to take further steps in encouraging partnership programs with charitable organizations having some financial support available to provide some of the supplementary services essential in this field but perhaps beyond the scope of public educational support. We honestly think that without adequate staff, programs for trainable children do more harm than good. Adequate staff not only provides for better services to parents, important in itself, but also provides for group morale and emotional support to all the staff - and this is highly important in a field in which fatigue, physical strain, constant alertness, and continuous thoughtfulness challenge the highest abilities of staff members as well as their endurance.

8. Transfer of responsibility. Throughout the trainable child's school experience, the long range planning process should be going on. At the close of the child's school career, joint planning should have progressed to the point of decision making by the pertinent agencies, with the family, for the child involved. Host often, the next step might be institutional placement. For some trainables, whose family situations permit their remaining at home

and whose behavior is reasonably acceptable to the neighborhood, social welfare planning should include the provision of day care centers to provide suitable activities, companionship, and to relieve the parents of full-time responsibility - but these centers should not be confused with educational provisions. Most often these trainables would be youngsters who could truly profit by continued community living; we anticipate that the kind of parent education we have worked out and put into practice would lead to institutional placement of: behaviorally difficult youngsters who might menace themselves or others; youngsters whose care imposed too difficult a burden on families with multiple problems of other sorts; youngsters who were genuinely unhappy in the too-competitive community situation.

9. State guardianship. We believe that parents of trainable children, and of those educable children for whom the likelihood of self-support is dim because of additional problems of limited ability, extra handicaps, or poor adjustment, should be encouraged to take advantage of state guardianship provisions as rapidly as possible. While this does not necessitate institutional placement, it does make it possible, and it is our view that multiple solutions are necessary for the multiple problems of retardation.

10. We are delighted to see the special education department moving in the direction of developing high-school-age programs for retarded youngsters unable to handle the more demanding junior and senior high school special class programs as they now exist. We would recommend that, on a highly selective basis, some trainables be included in this age-range program for general work experiences and work training. Selection should be made, however, on the basis of the children's capacities, particularly their social

adjustment skills and adaptation to work situations, rather than on the basis of the parents' desires.

11. We believe that more attention needs to be given to the specialized educational needs of educable children with additional handicaps of a health or sensory type, for whom the conventional special class in the regular school building cannot meet the need, These children, if placed in the educable class of a trainable-educable three-unit school, as previously recommended, can often make excellent progress during childhood and become able to fit into more conventional programs as they reach later childhood and adolescence - especially if programs can be modified to put less stress on purely academic skills.

APPENDIX

I. WEEKEND DIARY OUTLINE:

1. Routine activities:

A. Eating. Did child eat quickly or slowly, heartily or lightly, by himself or requiring prodding and urging? Were there any unusual or special happenings related to eating, such as visitors or parties? Do you feel child eats a well balanced diet? Are there any special things about his eating habits that worry you?

B. Sleeping. Did child sleep deeply or lightly? About how long does it take for him to fall asleep after getting in bed? Did he resist bedtime, argue, delay, or refuse to stay in bed once he was there? Did he sleep in bed by him self? Did someone share his room? If so, who? Did he take a nap? Did he have bad dreams and wake up during the night? When he woke up in the morning, did he entertain himself until the family got up, or did he demand immediate attention from someone?

C. Toilet habits. Did child wet the bed? Regularly, occasionally, or when ill or overtired? Do you get child out of bed at night to go to the toilet? Regularly, occasionally, or on special occasions? Does this prevent accidents? Does he have daytime accidents? Regularly, occasionally, under what circumstances? What is his reaction to accidents? Does he ever have bowel accidents?

D. Dressing. Can child dress himself? Did he do so this weekend as a matter of course, or only with urging? Does it take him so long that it isn't practical to urge him to do so? If help is needed, what kind of help and with what kind of garments? Is he more competent with indoor clothing than with outdoor clothing? Can he put on all his outdoor clothing without reminding or help? Did he, this weekend? What parts of the process of getting dressed give him the most trouble?

2. Play.

A. Did child play by himself, with brothers and sisters, with other children, and of what ages? With mother and/or father? What play materials did he use? Indoor or outdoor? Did he watch TV? How much? Alone? Or with whom? Describe any special play incidents you noticed this weekend.

B. Supervision of play. How closely do you supervise child's indoor play? Outdoor play? How far away can he go to play? Is more supervision needed with brothers and sisters, or with neighbor children?

3. Events. Did child go anywhere alone? If so, where? Did he go with parents or other people on shopping trips, visits to neighbors or relatives? Were there visitors or guests at home? Describe any special incidents.

4. Help at home. Did child help with any items of housework - washing or drying dishes, putting them away, setting the table, making beds, running errands, etc.? If so, how well did he perform the tasks? On his own initiative, or only when asked? How much help does he need to do any of them? Did he take any responsibility for hanging up his own clothes or putting toys away? Describe.

5. School work done at home. Did child bring home any school tasks to be done at home, such as words or colors to be learned? If so, when did he do this work? Describe. Did he voluntarily try to practice anything he is learning?

6. Conversation, How much did the child talk during the weekend? Any conversation of special interest? If so, under what circumstances? If child's speech is limited, describe how much and by what means he tries to express himself. Any new words noted?

7. Quarrels and discipline problems. Describe any incidents of disobedience, quarreling among the children, and emotional upsets over the weekend. What did you do about them! How did the child react to what you did? Do you think you "nag" your child in your methods of discipline?

8. Were there any unusual events occurring in the family during the past month, such as any serious illness, death or birth of a relative, or important accidents?

9. Were there any special activities that the father was involved in over the weekend? Describe how he took part in entertaining, caring for, or disciplining the child.

10. Physical condition of child. Has child been ill, or did he seem overtired? Describe.

11. Child's disposition and steadiness of mood. Could you describe your child in general as being most often in any one particular mood - such as "cheerful", "happy", "patient", "agreeable", or "ornery", "discontented", "fussy", or "stubborn/" Or does he shift quickly from one kind of mood to another? Is he easily upset? If he shifts a lot, what seems to be the thing that changes him from a good mood to a bad one, or from a bad one to a good one? Give incidents from this weekend.

12. General evaluation of the weekend. As a whole, what was your impression of your child's behavior over this weekend?

13. Have you noticed any differences in your child since writing the last diary? Describe.

II. BEHAVIOR RATING BASAL SCALE.

Each area on which we will be rating a child is Listed below, with five descriptive categories (scored 1 to 5) under each area. Assign to each child a "basal" score for each area in terms of the "best fit" of the descriptive phrases. For a couple of categories, a zero rating is included in case the area simply does not apply to the child being rated. Note: It is better to rate every child in the group on one area before proceeding to the next area. This helps to avoid "halo effect." If a category completely lacks pertinence for a given child, assign a zero rating.

1. Conformity to requests - general cooperativeness:
 1. Typically refuses, resists, and means it - cannot give cooperation voluntarily.
 2. Often refuses, but is open to persuasion - can be talked with.
 3. Frequent refusals, but only when upset, or teasing, or for some special reason,
 4. Rare refusals, and only with special provocation.
 5. Typically complies and is spontaneously helpful.

2. Individual constructive activities:
 1. Even with suggestion and direction, usually "rams around"; cannot carry on any constructive activity; generally destructive, although not necessarily intentionally.
 2. With some suggestion and direction, can get a constructive activity under way, but needs almost constant adult attention to keep at it.
 3. Needs help at beginning, but can carry on an activity suitable for him "on his own."
 4. An initiate own constructive activity, seeks help when needed, but generally is constructive.
 5. Initiates own constructive activities, in variety; gets satisfaction from them; completes them without special assistance.
3. Participation with the group:
 1. "Lone wolf"; very rare participation in group; typically solitary. In group only with adult forcing for inclusion.
 2. Rare group participation, in only a few activities, and with adult steering.
 3. Selective participation in a group, depending on who else is in it.
 4. Generally is a part of whatever group activity is going on; prefers group activities.
 5. Typically a group is around him; shows high degree of participation and organization; a "leader."
4. Interaction with individuals:
 1. Typically alone; very rare interaction with an individual on own initiative; may be with another child at other's Initiative.
 2. Interacts with adults more than with children; dependent rather than social.
 3. Frequent interaction with Individuals; may not be successful, but many contacts.
 4. Very frequent interaction with individuals; longer duration than #3, without special supervision.
 5. Very successful with individual contacts; initiates and sustains them.
5. Interest and progress in learning:
 1. Shows regressive behavior, or seems to resist learning.
 2. Rather a "dead level" on progress in learning; shows little forward notion.
 3. Shows interest in learning in some areas; not consistently, and may be short-lived; progress variable.
 4. Consistently can be aroused to interest; makes moderate progress and shows moderate effort in most areas.
 5. Consistently eager to learn; asks useful questions; seems motivated; voluntary effort quite consistently.
6. Independence and self-help:
 1. Dependent, won't try to do things for self. Expects and demands things done for him.
 2. Generally dependent in practice, but willing to try. Will do some things for self with direction, encouragement, and help.
 3. Takes moderate self-responsibility to extent of ability. Does not need constant attention; verbal help may be increasingly substituted for physical help.
 4. Takes major responsibility for self most of the time; occasional encouragement or praise helpful.
 5. Likes to do things for himself; takes pride in independence; shows good judgment and tolerates help when really needed.

7. Persistence with tasks:
 1. Highly distractable; "flits"; minimal interest in making any effort.
 2. Easily distracted, but can show some persistence with an occasional favorite activity.
 3. Generally fairly persistent with something he likes or wants to do; gives up easily with tasks lacking special interest.
 4. Consistently persistent with most activities; can return to task when distracted momentarily; gives up only when really stymied.
 5. Determined to finish whatever he's working on; won't give up; not readily distracted. Lots of task orientation.

8. Constructive conversation and communication:
 1. Can or does talk very little; communication efforts minimal, either by gesture or word.
 2. Tries to communicate; speech often nonsensical or elliptical, or difficult to comprehend what child is trying to convey.
 3. Regardless of speech skill, expresses self and communicates; may be random or meaningless.
 4. Regardless of speech skill, conveys meanings reasonably well; generally sensible.
 5. Good verbal expression skills; uses language meaningfully to communicate with others. "Talks sense."

9. Excessive conversation:
 0. Category not applicable.
 1. Incessant talking - not conversational; attention-getting, controlling, repetitious, or as dependency, or disconnected chatter.
 2. Rambling and random chatter, but sometimes has a point, and child beginning to show some control.
 3. Generally not constant chatter, but purpose often unclear.
 4. Conversation is two-way most of the time, but less mature than #5.
 5. Conversation is two-way, communicative, reasonable, and purposive.

10. Stability of activity level - degree of freedom from hyperactivity:
 0. Category not applicable.
 1. Typically restless and over active; behavior random, unpredictable, impulsive, non-socially aware.
 2. Frequently hyperactive, impulsive, and random, but can control to some extent with adult help.
 3. Generally not hyperactive "on his own", but responds to group stimulation and needs adult help to settle down.
 4. Occasional outbursts of hyper activity, but increasing degree of self-control,
 5. May be active and enthusiastic when appropriate, but rarely hyperactive; activity generally controlled by child, shows purpose and organization.

11. Absence of anti-social behavior and fighting:
 1. Randomly and constantly aggressive toward any person or thing; unselective, really hurts, doesn't care.
 2. Typically aggressive and anti-social, but some selectivity as to object; comes under adult control with difficulty when angry.
 3. Frequently aggressive and anti-social, but with some provocation; comes under adult control easily.
 4. Rarely aggressive or anti-social; seems not to get involved in fights often; takes quite a lot before retaliating.
 5. Relationships with others, both children and adults, are harmonious; child seems aware of others' feelings and does not fight without real cause.

12. Absence of irritability:

1. Hyper irritable; over-reacts to any stimulus, including teasing, without ability to interpret situations.
2. Very easily irritated; over-reacts to most stimuli but irritations do not pile up uncontrollably if adult is near to help stabilize.
3. Easily irritated by teasing or other stimulation; cries easily, but generally quick recovery. Child trying to control.
4. Generally can be counted on to react good-humoredly; usually in a good mood, but may have outbursts with provocation.
5. Unusually easy going and even in disposition; successful at give and take with other children.

13. Ability to tolerate frustration:

0. Category does not apply.
1. Will not try anything he might fail - avoids frustration by limiting activities, but cannot tolerate being frustrated.
2. Gets frustrated very easily, upset and "stormy" with minimal cause.
3. Gets frustrated often but "snaps back" quickly with encouragement or help.
4. Shows frustration only with observable, realistic causes; tries to control.
5. Very rarely shows frustration; overcomes difficulties; makes patient effort.

14. Apparent health:

1. Shows observable and objective symptoms of not feeling good (runny nose, cough, etc.)
2. Seems vaguely tired, listless, non-participating, but no objective observable symptoms.
3. Shows average energy, looks OK, seems in average health.
4. Energetic, positive responses; seems better than usual in health.
5. Bubbling with pep, vitality, enthusiasm.

III. EXPRESSION TYPES:

To supplement our basal behavior rating scale, these expression types have been developed for behavior expression, emotional expression, relationships to people, sensitivity characteristics, and motor expression. Try to sort the children in your group into these types, indicating if you wish degrees within a type by a supplementary descriptive phrase or adverb ("consistently," "variably," etc.)

I. Behavior expression types:

- A. Passive, lethargic, inactive, unmotivated. Lacks interests, cannot develop them. "Nothing gained, nothing lost." Space-occupier.
- B. Organically "driven," highly restless and active. Covers lots of territory, but accomplishments interfered with by distractibility and restlessness. Action-oriented more than activity-oriented much of the time.
- C. Distorted, unusual, "abnormal"-seeming patterns; strong preferences and rejections; "different" types of interests and activities. Resists change.
- D. Apparently normal activity drive, energy, and fondness for things to do.

II. Emotional expression types. One child may belong to more than one type - you might need to give a single child three or four "letter descriptions" to cover his range of expression.

- A. Aggressiveness: Expresses emotions by attacks on others; may deliberately want to hurt, or the hurting may be entirely incidental as though this aspect didn't occur to the child.

- B. Solitary withdrawal as a reaction to something. Isolates self physically or psychologically. Rejects attempts at comfort by others, doesn't want to be reached at the time.
 - C. Sullen, sulky reactions, but with some attention-getting motivation. Wants to have his bad mood noticed, acts "un-reachable" but really wants to be reached.
 - D. Self-protective withdrawal - in advance of event rather than as reaction to it. Related to fear of competition or fear of failure.
 - E. Temper tantrums: self-centeredness basic here. Screams, cries, kicks; the storm is more within the child than without (as in aggressiveness).
 - F. Refusals: Characteristic, not occasional. Not self-protective or because of fear of failure, but more basically straight negativism or resistance.
 - G. Verbal overflow: expression of emotions in words - complains, "scolds," tattles, calls names.
 - H. Independent and self-contained: Can generally take things in stride. Feelings expressed in variety of ways, but generally acceptable.
 - I. Artistic outlets: Strong tendency to find expression of feelings in art, music, dramatic play.
- III. Types of relationships to people: Again, a child may belong to more than one category, and degrees may be indicated within a category if you wish.
- A. Prolonged clinging, dependency. Much physical contact required as attention-getting, security, or reassurance - markedly more than is suitable for age or maturity-level expectation or situation.
 - B. Shakes off advances, rejects displays of affection from others more than is suitable for age, maturity level expectation, or situation.
 - C. Emotionally ambivalent; hostility feelings alternate with affection feelings. Teasing.
 - D. Emotionally hostile to others; ambivalence not visible, and contacts with others seem "negatively affectionate" most of the time.
 - E. Free and friendly, frequent but brief expressions of affection. Likes physical contact and "babyish" role occasionally but has other functioning channels for major satisfactions.
- IV. Sensitivity characteristics:
- A. Especially sensitive - to humor, atmosphere. Aware of others, alert and responsive to changes. "Outgoing" sensitive - feels bad when others are hurt or distressed. Pain-sensitive. Sensitive to standards, failure, criticism, reproofs.
 - B. Gets feelings hurt easily, but more self-sensitive than other-sensitive, not markedly aware of or responsive to others' feelings.
 - C. Seems normally sensitive, aware of others. Gets feelings hurt with cause.
 - D. Seems rather insensitive, oblivious, thick-skinned, and unaware. Shows little awareness or concern for others' feelings.
- V. Motor expression types:
- A. Extremely clumsy, awkward; poor coordination and/or poor muscle tone. Minimal motor expression or interest.
 - B. Clumsy and generally not well coordinated, but well motivated in motor activities. Tries to learn, persists, and shows progress.

- C. Fairly well coordinated, but uneven skills. Enjoys some motor activities greatly but rejects others just as decisively. More selective than D.
- D. Very well coordinated, fine sense of balance, fast, agile, graceful in notion. Finds great pleasure in all motor pursuits.
- E. Extremely poor in all small or fine motor skills, such as use of pencil, crayon, or scissors.

IV. PARENT OPINION QUESTIONNAIRE

We are interested in knowing what your views are of your retarded child at the present time and trying to compare things of greatest importance to you with the observations we are able to make at school. You do not need to sign your name but it will probably be more helpful to us if you do.

I. What changes have you noticed in your child over the past year? Check the area of change or the several areas of change and add any changes not listed. Write a sentence or two below to explain what specific things you have in mind.

1. Improved vocabulary, more talking.
2. More self-reliant in eating, dressing, general self care.
3. Gets along better with other children - family or neighborhood.
4. More able to entertain himself; less demanding of adult attention.
5. More reliable and trustworthy.
6. Less selfish.
7. More interested in learning.
8. Better disposition, easier to live with.
9. Stands up for own rights better.
10. Less obedient.
11. More aggressive, fights more with others.
12. Argues, "talks back," more difficult to handle.
13. More teasing of others.
14. Gets teased more by other*.
15. More trouble with other children - family or neighborhood.
16. Can take teasing better
17. Can't take teasing as well.
18. Better "company," more enjoyable as companion.

II. What problems seem most important to you right now? Check those which your child is showing and add any not on the list, with a sentence or two to explain.

1. Seems tired and listless.
2. Seems generally "out of sorts," hard to get along with.
3. Disobedient, not willing to follow directions or do as asked.
4. Restless, can't seem to keep himself occupied, seems bored with himself.
5. Less companionship available in neighborhood, lacks friends and others to play with.
6. Lack of progress in general self-care, seems not to be developing independence.
7. Wants his own way too much.
8. Poor eating habits.
9. Has some dangerous interests or habits - running away, interest in fire, etc.
10. Too aggressive, fights too much with others.
11. Lack of judgment seems more of a factor in his behavior.
12. Too hyperactive; can't seem to calm down or control behavior.
13. Too destructive; continues to break things carelessly or angrily.

14. Too many temper tantrums
15. More resistant to family rules
16. More conflicts with brothers and sisters
17. Seems rebellious and negative for no reason.

III. What is your long range thinking about your retarded child?

1. Already under state guardianship.
2. We expect to place under state guardianship.
3. We do not plan to place under state guardianship.
4. Keep him with us as long as possible if he can also be in school or some community facility suitable for him.
5. Keep him with us as long as possible - even if not in school.
6. Probably eventually he will need to be in some institutional program out of the home.
7. We think he can eventually be self-supporting and stay in the community as a fairly self-sufficient adult.
8. We think he can probably be partly self-supporting and stay in the community at least throughout our lifetimes living at home, and this is our plan.
9. We would expect our relatives to take over if something happened to us.
10. We think we can keep him happy at home and provide for his safety and enough activity.
11. If we need a residential situation, we would look for a private one rather than using the state facilities,
12. We think he can learn to be useful at home even if he cannot hold a job.
13. We don't know yet and are not making any long range plans; we are waiting to see how he gets along for the next few years.
14. We would use the state institution only as a last resort.

IV. What is your thinking about the role the school should play and what emphasis it should be giving to the children's training?

1. The most important contribution school can make is in self-help training and development of general living skills.
2. I would like to see more stress on academic teaching even if this is just rote learning for the child.
3. Probably the social contacts and the chance to be with other children is the most helpful part of school.
4. I would like to see more strict discipline and have my child be forced to obey and do what he was told.
5. Development of interests and play skills is one of the most important things school can do.
6. The school program should be extended to later ages and include job training.
7. School seems to be too exciting and too stimulating for my child.
8. School seems to be too dull and uninteresting.
9. School time relieves parent some for toleration during non-school hours.