

66-DAI-FSS - State Inst - Faribault

Mr Smith ✓  
Fill out & return  
EJF.

FORM 100

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TELEPHONE  
376-5381

March 10, 1966

*returned  
4-22-66  
led  
No copies kept*

E. J. Engberg, M.D. Supt.,  
Faribault State School and Hospital  
Station A.  
Faribault, Minnesota

Dear Dr. Engberg:

Enclosed are four copies of a brief questionnaire dealing with the problem of optimal age for institutionalization of mentally retarded individuals. We are most eager to secure a representative sample of opinions on this question for our survey and will appreciate it very much if these can be filled out by members of your staff. The four copies are for (1) you or some member of your administrative staff, (2) a member of your medical staff, (3) a member of your psychology staff, and (4) a member of your social work staff. We believe that the amount of time involved for each staff member will be not more than ten to fifteen minutes.

Thank you for your cooperation in this project.

Yours sincerely,

*Betty Horne*  
Betty M. Horne, Ph. D.  
Research Psychologist  
Sunland Training Center  
Gainesville, Florida

Dear Reader:

The parents of a retarded child face many problems and questions. Among these are two which loom large - (1) should I place my child in an institution, and (2) if I plan to place him, when should I do so? The second question implies a desire to help the child develop as far and as favorably as possible, but it also involves the desire to place him at a time when the adjustment to the new setting can be made with a minimum of upset, and when he can take maximal advantage of the opportunities it offers.

This question of the optimal age for institutionalization is one which is asked often by the parents of retarded children. Every worker with the retarded has had to reply to it for some parent some time. The enclosed questionnaire seeks to obtain opinions on this problem from a variety of persons, inside and outside of institutions. It emphasizes especially the relationship between specific personality traits and age of institutionalization. It is being sent to educators, pediatricians, psychiatrists, psychologists, public health nurses, and social workers. It is also being sent to a variety of administrators and professional personnel on the staffs of public institutions. Your cooperation in answering it will help to provide the basis for formulating an answer to a real problem. Please read through the instructions and the description of terms before marking the chart. Thank you.

Betty M. Horne, Ph. D.  
Research Psychologist  
Sunland Training Center  
Gainesville, Florida

#### INSTRUCTIONS

Please indicate on the enclosed charts your opinion as to the optimal age for institutional placement of retarded children. In forming this judgment, please make the following two assumptions:

Across the top of the charts appear a series of chronological age levels. Down the side of the charts are a series of personality characteristics, each described below in some detail. No attempt is made to include all personality traits which could be studied, except to ask about "general happiness" and "over-all adjustment." Characteristics selected are ones which would appear to be related to the factor of institutionalization. Please indicate by a check in the appropriate square your opinion of the age at which the child should be placed in an institution if he is to develop most favorably in the given personality characteristic. For example, if you believe that a moderately retarded child placed during the elementary school years will have, as an adult, a better self-concept than the same child placed during the pre-school years or during the teen years, place a check mark in the second column of the second row of Chart B. Please place one check mark on each row of each chart. You are indicating your opinion of the best chances for developing this particular trait in the child, so that he will show it as an adult.

At the bottom of the sheet, please indicate any comments you may have on the material presented, any additional facets of the question you think should have been included in the study, and any general comments you wish to add. These comments are especially welcome. Please also fill in the date, your professional field, e.g., educator, pediatrician, social worker, etc., and your position, e.g., member of staff of Child Guidance Center, private practice, etc. Name is optional. Please describe briefly (the nature and extent of) your experience with retarded children.

#### DESCRIPTION OF PERSONALITY CHARACTERISTICS

**SOCIAL MATURITY** This term is used here in a broad sense and includes both emotional maturity, i.e., mature or "adult" reactions to life situations, and social independence, i.e., the ability to act independently, to accept responsibility for one's actions, and to avoid hyper-suggestibility.

**SELF-CONCEPT** This refers to the individual's own feelings about himself - his worthwhileness as a person, his acceptance by others, his sense of belongingness with his group, his feeling of adequacy to meet life. It answers the question, "Does he think of himself as a worthy, acceptable human being?"

**RELATION TO AUTHORITY** This could have been considered as one aspect of social maturity, but seems important as a separate characteristic. It varies along a continuum from complete, not necessarily good-natured, submissiveness, through cooperative acceptance of rules and authority persons, to open rebellion against authority. Understanding acceptance with occasional resistance would probably be defined by most persons as the happy medium on this trait.

**GENERAL HAPPINESS and OVER-ALL ADJUSTMENT** These two terms are not defined; their meaning is broad and indefinite, but they do have certain connotations. Please use your own interpretation of them.

OPTIMAL AGE FOR INSTITUTIONALIZATION

Please place one check in each row of each chart.

CHART A. FOR PROFOUNDLY RETARDED CHILDREN (IQ up to 20)

	Preschool up to 5 yrs	Elementary 6-11 yrs	Early teen 12-15 yrs	Late teen 16-20 yrs	Early adult 21-30 yrs
Social maturity			X		
Self-concept		X			
Relation to authority	X				
General happiness		X			
Over-all adjustment		X			

CHART B. FOR RETARDED CHILDREN IN THE MIDDLE RANGE (IQ 20 to 40)

	Preschool up to 5 yrs	Elementary 6-11 yrs	Early teen 12-15 yrs	Late teen 16-20 yrs	Early adult 21-30 yrs
Social maturity			X		
Self-concept			X		
Relation to authority		X			
General happiness		X			
Over-all adjustment		X			

CHART C. FOR MODERATELY RETARDED CHILDREN (IQ 40 to 60)

	Preschool up to 5 yrs	Elementary 6-11 yrs	Early teen 12-15 yrs	Late teen 16-20 yrs	Early adult 21-30 yrs
Social maturity			X		
Self-concept			X		
Relation to authority		X			
General happiness		X			
Over-all adjustment		X			

COMMENTS: The above judgments are difficult to make, I think because the problem posed is irrelevant to real life. One cannot make such judgments for all retarded, particularly when divorced from the real life environment of the child.

*M. Meadow*

OPTIMAL AGE FOR INSTITUTIONALIZATION

Please place one check in each row of each chart.

CHART A. FOR PROFOUNDLY RETARDED CHILDREN (IQ up to 20)

	Preschool up to 5 yrs	Elementary 6-11 yrs	Early teen 12-15 yrs	Late teen 16-20 yrs	Early adult 21-30 yrs
Social maturity	✓				
Self-concept	✓				
Relation to authority	✓				
General happiness	✓				
Over-all adjustment	✓				

CHART B. FOR RETARDED CHILDREN IN THE MIDDLE RANGE (IQ 20 to 40)

	Preschool up to 5 yrs	Elementary 6-11 yrs	Early teen 12-15 yrs	Late teen 16-20 yrs	Early adult 21-30 yrs
Social maturity		✓			
Self-concept		✓			
Relation to authority		✓			
General happiness		✓			
Over-all adjustment		✓			

CHART C. FOR MODERATELY RETARDED CHILDREN (IQ 40 to 60)

	Preschool up to 5 yrs	Elementary 6-11 yrs	Early teen 12-15 yrs	Late teen 16-20 yrs	Early adult 21-30 yrs
Social maturity		✓			
Self-concept		✓			
Relation to authority		✓			
General happiness		✓			
Over-all adjustment		✓			

COMMENTS:

*Too much uniformity has been assumed in patients, families & institutions*

*Dr Smith*



STATE OF MINNESOTA  
DEPARTMENT OF PUBLIC WELFARE

FARIBAULT STATE SCHOOL AND HOSPITAL  
FARIBAULT, MINNESOTA

April 21, 1966

Miss Betty M. Horne, Ph.D.  
Research Psychologist  
Sunland Training Center  
Gainesville, Florida

Dear Miss Horne:

We regret that we are unable to answer your questionnaire regarding the optimal age for institutionalization. Our reasons for this viewpoint are mainly two:

1. The development of community resources may meet the needs of many retarded individuals, so that the assumption that such a person will eventually need institutional care is not in order. To name a few: the day care center, the special classes for both trainable and educable, the clinics, the private boarding homes, other private institutions, the churches, camping programs, opportunity workshops, and the day activity centers are all resources which might be available for programming the retarded in the community. The institution is one of many facilities, and cannot be considered as the solution for a particular age group or a group with like characteristics.

2. The question of institutionalization is probably better considered on an individual basis. If a child's needs may be met in his own home or in a boarding home and he has medical care and a good program, he might still have physical and emotional problems, but he would not need institutionalization. This same kind of case with multiple handicaps might require a period of institutional treatment due to deprivation in the community. Any rating would tend to be based on an example which comes to mind, and not on a group. The conclusion would not be valid.

Sincerely,

E. J. Engberg, M.D.  
Superintendent

By: Caroline Perkins  
Miss Caroline Perkins  
Social Service Supervisor

CP:am