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# A WORLD OF THE RIGHT SIZE

A Study of  
MENTAL RETARDATION  
and the MINNESOTA  
MENTAL HEALTH PROGRAM



Minnesota Department of Public Welfare  
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St. Paul, Minnesota 55101  
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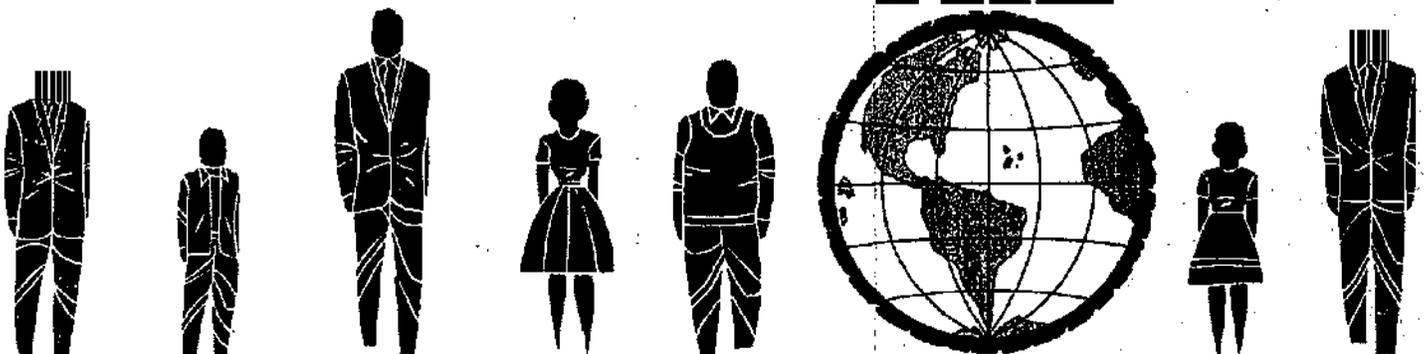
VF: Mental deficiency

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# RIGHT SIZE



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## A CHALLENGE TO THE READER



If you were asked to describe a "normal" person, how would you describe him? Tall? Short? Light-skinned? Dark-skinned? Fat? Thin? Quite capable? Not so capable? Talkative? Quiet? He might be any of these—depending on who he is, and who you compare him to.

If you were asked to describe a "retarded" person, how would you describe him? Tall? Short? Light-skinned? Dark-skinned? Fat? Thin? Quite capable? Not so capable? Talkative? Quiet? He, too, might be any of these—depending on who he is, and who you compare him to.

Because, you see, what we are describing are people—and just as there are many types of "normal" people, so are there many types of "retarded" people. And what may be "normal" in one group, may not be "normal" in another group.

But, you might say, "How can you include the word 'capable' when talking about retarded people?" The answer is simple—there is about as much of a range of difference in the capabilities of retarded individuals as there is in non-retarded individuals. Again, it depends on who you compare them to. If, for example, you compare a mildly retarded person to a severely retarded one, the mildly retarded individual may be considered quite capable. On the other hand, if you compare that same mildly retarded person to a Rhodes scholar, he may appear to be quite limited.

Therefore, in thinking of retarded people, it is important that we remember that there are many ways in which retardation affects the individual, and there are many degrees of retardation. Just as we cannot think of any one person we know as representing the true "normal" person—because each person has his own personality, his own capabilities, and his own

## CASE 1.

limitations—so must we think of retarded individuals. They, too, each have their own personality, capabilities, and limitations.

Maybe you are interested in mental retardation because you know someone who is retarded—or because you are simply interested in the functioning of the mind and the mystery of "intelligence" and "thought." Whatever your reason for reading this booklet, a word of caution is in order. Mental retardation is a complex subject, one which is not fully understood even now, although research is uncovering new information constantly.

Over the past fifteen or twenty years, thinking about mental retardation has undergone many changes. There has gradually developed a different climate, a climate in which there is more room for optimism, as to what mentally retarded individuals can accomplish under favorable and appropriate conditions. Along with greater understanding of the problem, has come increased efforts to improve conditions and opportunities for retarded persons.

The field of mental retardation is a multi-discipline field—that is, a field to which many areas of study and learning must contribute. There are still many questions which professional people, in the same profession as well as in different professions, will answer differently. There are still questions which have few definite answers.

Therefore, the intent of this booklet is to provide some answers, and where no answers are available, to indicate trends and to suggest to you areas which may be rapidly developing in the next few years which you may find interesting to watch.



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Suzan is now 10 years old. She is enrolled in a special education class for the mentally retarded. When she was seven years old, Suzan was having unusual difficulty learning to read, and her alert teacher wanted to know why. Eye tests showed nothing wrong with Suzan's eyes. Further physical examinations showed her to be in good health—she was not too tired or sick to learn.

So the teacher arranged for a series of psychological tests for Suzan. The tests showed that Suzan was mentally retarded. She had a lower than normal rating for her age, to the extent that she would not be able to compete in regular school classes. Regular school classes might be too demanding of Suzan and make her frightened of learning or frustrated. The best answer might be a special class in which Suzan would be more comfortable and in which she could learn at a pace possible for her, without the danger of constant failure in competing with normal-ability children.

It was fortunate that the school teacher realized that Suzan had special needs, otherwise Suzan might have gone a long time trying to compete with other children in the class, and feeling more and more left out because she could not keep up. In fact, Suzan's teacher was in the best position to discover her slowness, for Suzan's family probably would not have realized her limitations for quite a while. Her poverty-stricken and deprived family was well-known to the county welfare department. Neither Suzan's mother nor father could write, and only her

mother could read. Her brother and sister both dropped out of high school after poor careers. To her own family, Suzan did not seem particularly slow.

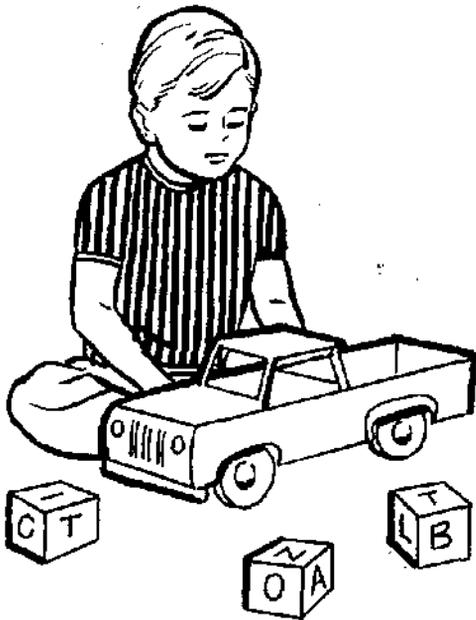
And to society in general she seems only a little slow. In fact when she reaches adulthood she will probably be able to care for her own needs except in unusual stress or emergencies.

It might be said that Suzan is functioning in a different orbit from that of normal people. In a sense it is a world of a different size which special planning has structured for her—a world of the right size. The world of normal people is just a little too complex and too fast for Suzan, so Suzan's special education teachers have tried to scale a world for her that fits her needs, that she can comprehend, and that will prepare her for life as she will find it.



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## CASE 2.



Billy is the four-year-old son of a wealthy businessman. When he was two years old and had not yet begun crawling his father and mother took him to the doctor to find out what was wrong. Physical tests showed Billy to be in normal health. Mental retardation was suspected, especially when Billy's mother confirmed that she had thought it very strange when he was younger that Billy rarely cried and had trouble with simple tasks such as grasping and focusing on moving objects.

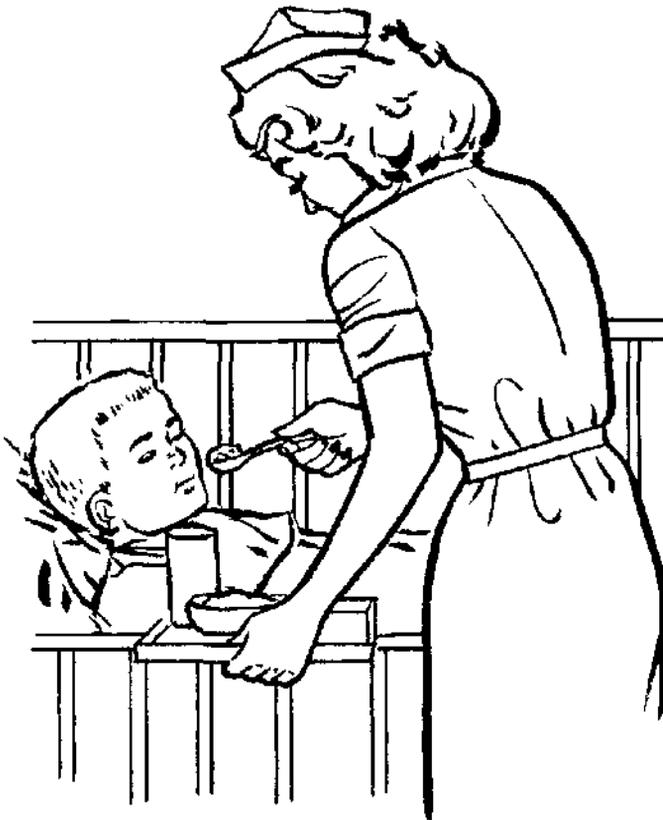
It was decided to place Billy in a day-time activity center for the retarded so that he could benefit from special training and attention during the day, but could still remain in his own home with his family. Billy's family understands that he may never learn how to care for himself or be completely financially independent. At the day-time activity center he has learned how to feed and dress himself, but he may never go to school, even to special education classes.

The day-time activity center has been a big help to Billy, for he has learned certain skills there, and it has been a big help to Billy's family, who need a break from the constant care Billy requires. They understand that at some time in his life Billy may require institutional care—that the programs, facilities, and treatment provided by an institution may be the best answer for him and his family later on—but for now, the family is determined to keep him at home.

Billy's world is of a little different size than Suzan's. His requires a little more structuring—a little more scaling to suit his needs. But the principle is the same. Billy's parents are trying to build a world of the right size for him and his capabilities just as Suzan's teacher is trying to build a world of the right size for her.

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## CASE 3.



Fifteen-year-old Jon is a resident of a state institution for the mentally retarded and will be for the rest of his life. Jon has been in the institution since he was five, when it was decided there was little more his parents could do for him. Until the time he left home he could do little but lie in bed. Even now, after 11 years in the institution, Jon can do very little to care for himself. He cannot feed or dress himself. He can get around only by pulling himself along on his stomach; he communicates with grunts understood mostly by his nurses. But mostly he just lies in bed. Jon is the youngest son of a suburban family. He is one of the very small percentage of mentally retarded persons who are nearly helpless. Although his family tried to keep him at home, they finally realized there was little they could do for him and that complete nursing care was required. They visit Jon every week, and receive satisfaction from maintaining this tie with their child, and from the enjoyment he seems to receive from this attention.

What is the size of Jon's world? It is difficult to imagine.

In fact, it is difficult for us to imagine a world of any different size than the one we are accustomed to adjusting to. If we think about living our whole lives among geniuses we may be able to imagine how Suzan must feel, or if we place ourselves forever among atomic physicists who always talk in terms we do not understand, we may be able to imagine Billy's feeling, or if we can imagine ourselves almost completely helpless, unable to communicate or get around—and unable to understand most of what is going on around us, we may be able to picture Jon's world. But such imaginary exercises are difficult. We cannot really remember what it's like to be in

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the world of an 18-month old baby or of a three-year old or a ten-year old. But those are the worlds Jon and Billy and Suzan must live in.

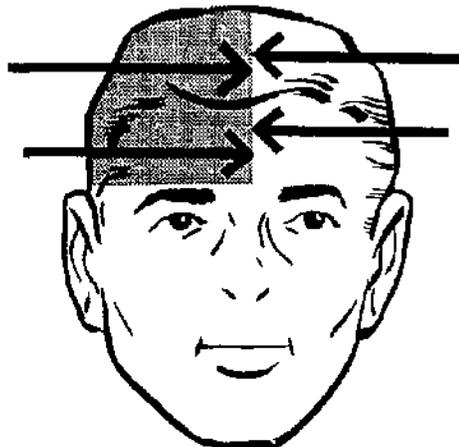
Suzan and Jon and Billy are examples of retarded persons. Among them they illustrate some of the problems mentally retarded persons face, and some of the care, treatment and training programs society has designed to help them. They show that mental retardation is a condition of degrees—from Jon, who can do very little for himself, to Suzan who can do virtually everything for herself—but does have difficulty in school.

Retarded individuals can be of any race, religion, nationality, education, social or economic background, but the most important thing to remember is that the mentally retarded are first of all people with needs like everyone else.

By now you may be asking some questions. "Exactly what is mental retardation?" "Why is it such a problem?" "What causes it?" "How many people are retarded?" "What does society do to help?" "What can I do to help?"

This booklet will try to help you answer these questions.

## WHAT IS MENTAL RETARDATION?



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You may have heard the term "mental deficiency" and wondered if "mental deficiency" means the same as "mental retardation." The term "mental deficiency" is used more exclusively today by some professionals to describe those individuals whose retardation is considered to be a permanent, life-time handicap. It is still a legal term and has meaning to many medical people. However, today the term "mental deficiency" is not as commonly used as it once was. The term "mental retardation" includes any condition of significantly below normal intellectual functioning that prevents a person from performing up to certain critical life-adjustment standards for his particular age. Therefore, "mental retardation" has replaced "mental deficiency" in common usage.

For our purposes we will define mental retardation to include all conditions of significantly impaired intellectual functioning, including mental deficiency.

Three definitions of retardation are commonly used:

The mentally retarded are children and adults who, as a result of inadequately developed intelligence, are significantly impaired in their ability to learn and to adapt to the demands of society.

(President's Panel, 1962)

Mental retardation refers to sub-average intellectual function which originates during the developmental period and is associated with impairment in adaptive behavior.

(American Association for Mental Deficiency)

The mentally retarded person is one who, from childhood, experiences unusual difficulty in learning and

is relatively ineffective in applying whatever he has learned to the problems of ordinary living; he needs special training and guidance to make the most of his capacities, whatever they may be.

(National Association for Retarded Children)

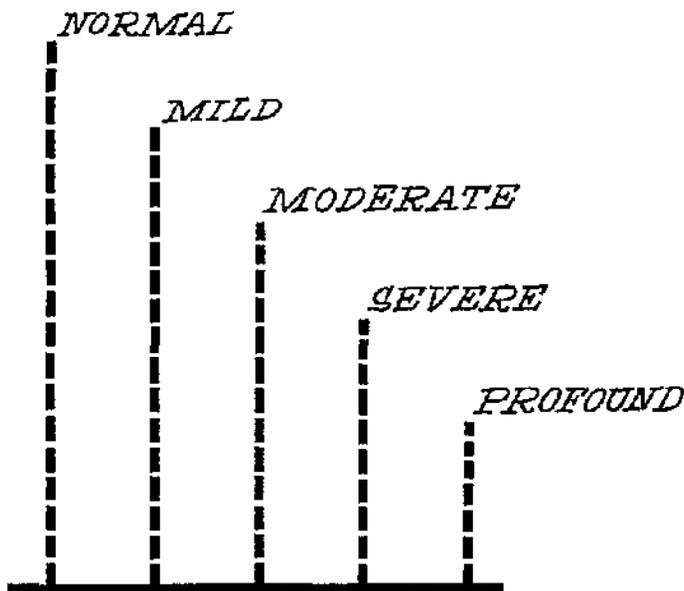
What does all this high-sounding talk mean? It means that mentally retarded persons have greater difficulty with almost everything they do than normal people have. What it means to be mentally retarded is that the process of fitting oneself into the world in ways that are pleasing and productive is confused and difficult. Sometimes very difficult. Sometimes almost impossible. Depending on the degree of his retardation, a mentally retarded person finds it difficult or almost impossible to perform tasks which we take for granted. We cannot begin to analyze the problems a mentally retarded person encounters in carrying out the complex mental acrobatics we perform everyday. The intent here is simply to make ourselves aware of some of the ways retarded persons differ from ourselves—to try to sense for a moment what they are feeling: the frustration of living in a world that is too complex for them to manage.

Perhaps in a parlor game you have competed with others in balancing a broom on your chin; but what if you had to make this kind of effort every moment of your life? How would you feel if your job depended on your mental ability to compete every day, all day, with a person like Albert Einstein?

The complexities of the world, and the feelings of frustration which result, are part of the reality of retardation, the reality we cannot overlook in our definition of retardation as impaired intellectual functioning.

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# WHAT IS THE NATURE OF RETARDATION?



Mental retardation, like being near-sighted or hard-of-hearing, is a condition—not a disease. It should not be confused with mental illness. Mental illness affects the behavior of people, the way in which they act and feel—which is different from the way they behaved or acted or felt before they became ill. Mental illness appears in a breaking-down or disordered function of the mind, but it is not necessarily related to intelligence. However, a person can be both mentally ill and retarded.

So mental retardation is not a disease, and it is not always obvious. It has to do with how a person's mental ability compares with everybody else's mental ability. Usually this condition is present at birth or begins during childhood. It manifests itself in poor or limited learning, inadequate social adjustment, and delayed or below normal achievement. For some the most serious aspect is the individual's inadequacy of self-controls and judgment. For some it is a condition very often concurrent with other disorders, both physical and emotional.

There are all degrees of retardation from the very mild to the very severe. There is no fully satisfactory way of characterizing the degrees of retardation. According to one classification they range from profound to mild, and are related to intelligence quotients as follows:

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Degrees of Mental Retardation  
Based on IQ

Level	Intelligence Quotient
1. Mild	50 - 70
2. Moderate	35 - 50
3. Severe	20 - 35
4. Profound	Below 20

Some descriptions also include a classification for borderline retardates with IQs between 70 and 85.

It is generally estimated that about one person out of 30 retarded persons is either profoundly or severely retarded, and will need constant care or supervision all his life to survive. Jon is an example of a severely retarded person. (Under 35 IQ)

The moderately retarded, like Billy, are usually capable of developing self-care skills, and may even learn some simple trade or task which may eventually enable them to contribute to their own support in some fashion. An estimated three persons out of 30 mentally retarded are classified as moderately retarded. (35 - 50 IQ)

The mildly retarded, like Suzan, comprise the largest group of those defined as mentally retarded. These individuals are usually not distinguishable from normal people until school age when they are often identified by their inability to learn general school subjects at the same rate as other children. Mildly retarded persons are more nearly comparable to the non-retarded—or normal person—than they are to the profoundly retarded. It is estimated that about 26 out of 30 persons defined as retarded are mildly retarded. (50 - 70 IQ)

Another way of describing the range of retardation is to use the terms "dependent or custodial," "trainable," or "educable."

Degrees of Mental Retardation

Level	Intelligence Quotient
1. Dependent or custodial	Below 25
2. Trainable	About 25-50
3. Educable	About 50-75

The "dependent or custodial" mental retardate's intelligence is usually less than that of the average three-year-old. Often he cannot distinguish between what is food and what is not, and may put everything he can touch into his mouth. He lacks judgment enough to know when there is danger. He may show feelings and affection and may be able to utter a few words.

The "trainable" usually knows enough to avoid the more obvious dangers. Having the mentality of a child three to eight years old, he may speak simple phrases, write his own name, and perhaps read simple words. Under supervision he may be taught to do very simple tasks.

The "educable" mental retardate's mental age is from eight years to that of near normal. Often he can be trained to do unskilled or semi-skilled work.



## WHAT IS I.Q.?



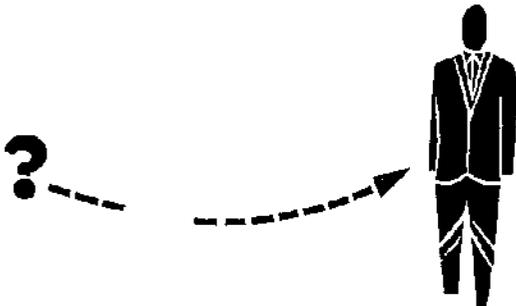
IQ stands for "intelligence quotient" and is used to designate an individual's level of functioning at the time he is tested.

In recent years, the term "IQ" has come to have a different meaning for different tests. The specific meaning of an IQ is thus dependent upon numerous factors including the tests from which it was derived. In all instances, however, the IQ represents a score which is purported to reflect intellectual functioning. Naturally, any factors which influence functioning at a given time (for example: state of health, attitude, motivation, etc.) will in turn affect the scores obtained on intelligence tests.

IQ measurement is not always sufficient to determine mental retardation, and it is never an absolute measurement, but it is one of the tools used in the determination.

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## IS MENTAL RETARDATION PERMANENT?



At present the best answer to this question is a simple yes. No way yet has been found of increasing a person's native capacity, and thus mental retardation is of a permanent nature. Therefore, in this respect there is no "cure" for retardation. However, this is not to say that mentally retarded individuals cannot be helped and cannot experience growth and development. While there may be limitations as to how far up the intellectual ladder he may be able to climb—he

does have potential for growth and development within the range of his individual ability. As we pointed out earlier, there are many degrees of retardation and each retarded individual is different—in terms of what he can learn—when he is ready and capable of learning it—and how much he can learn. Each retarded individual—just as each of us—has the right to have the opportunity of learning and developing his skills and talents—however limited these may be—to the best of his ability. It is also important to recognize that the definition and recognition of mental retardation is based on social and cultural indexes as well as intelligence tests. Therefore, a person may be defined as retarded at one point in his life, but not so defined at another point. In addition, training and developing of his natural abilities may bring him to normal participation in society so that he does not appear retarded.

For instance, the retarded person who has overwhelming difficulty in school may not have difficulty adjusting to a type of living situation that does not demand academic intellectual performance. This person would probably not be recognized as retarded although on an absolute scale he might be so defined.

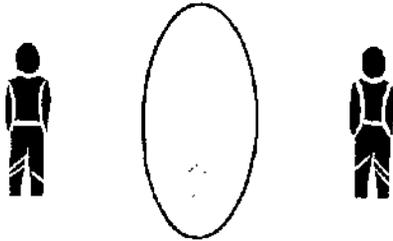
In short, the demands of the situation, and the inter-play of ability and demand, determine to a large degree the definition and recognition of mental retardation in an individual.

(More recently there has been considerable attention given to environmental factors—which may limit children in their early years of development, and may produce what appears to be mental retardation.)

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## HOW IS MENTAL RETARDATION IDENTIFIED?



Although some children are born with certain physical conditions which almost always indicate that they will be mentally retarded to some degree, most mentally retarded do not have obvious physical defects. But there are other signs.

A retarded person may take longer to hold things, to recognize people and common objects, to turn over, sit up, crawl, or stand, walk or talk. Sometimes parents do not suspect their child is retarded until the first or second grade in school.

It is not always possible to identify retarded persons solely by observation, but the following conditions may offer some clues:

### Young children:

Delayed walking-talking.

Lack of inquisitiveness and desire to investigate.

Persistence of infantile habits beyond the age when they are usually dropped.

### Older children:

Slow progress in school not explained by other factors.

Inability to follow simple directions.

Impaired judgment.

### Adults:

Failure to have made average progress while in school.

Difficulty in keeping employment.

Irresponsible, childish behavior.

Inability to comprehend ordinary conversation.

Inability to see the significance of situations.

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## WHAT CAUSES MENTAL RETARDATION?

**KNOWN CAUSES**

**UNKNOWN CAUSES**



Most causes of retardation are not well-known, although recent research has revealed much. It is estimated that between 75 and 90 per cent of the cases of retardation have unknown causes.

The known causes are divided into five main categories by the National Association for Retarded Children:

**Genetic disturbances.** resulting either from damaging combinations of genes from mother and father, or from disturbances of the genes caused, for instance, by over-exposure to radiation.

**Difficulties during pregnancy.** Certain conditions of the mother early in pregnancy, such as German measles, may affect the development of the child so that brain cells do not develop adequately.

**Stress at birth.** Any unusual stress which reduces the supply of oxygen to the infant's brain during birth, or damages the brain, may impair the baby's mental development.

**Conditions after birth.** Childhood diseases can affect the brain, especially in the very young. Glandular imbalance may prevent normal growth, or an accident may damage brain tissue. It has also been determined that chemical imbalance in the blood may cause brain damage.

**Environmental factors.** Environment has been rather recently recognized as a cause of retardation. Recent research has pointed increasingly to educational deprivation and other social, cultural, and economic factors as causes of mental retardation.

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The role that environment plays in the development of a retarded person has not yet been thoroughly investigated. That is, it is not known whether retardation can be caused by educational-cultural deprivation at critical stages in development, or whether this deprivation merely complicates existing physical problems. It is recognized, however, that retarded persons, like all living beings, flourish in a rich environment and flounder in a poor one.

In many ways cultural deprivation has been indirectly linked to retardation. For instance, statistics show that women lacking pre-natal care (before the baby is born) have a much higher likelihood of having mentally retarded children. Insufficient pre-natal care in turn is directly related to cultural and economic factors.

Perhaps all this can be said more simply.

1. The causes of most cases of mental retardation are not known.
2. The causes that are definitely known are primarily physical or biological. Certain diseases in the mother or child, difficulties at birth, severe head injuries, or certain blood diseases or chemical imbalances may prevent full intellectual development. These causes account for only a small percentage of retardates, and this percentage includes the more severely handicapped.
3. The causes that are suspected in a number of cases are

related to environment as in the case of Suzan. The extraordinary amount of retardation in certain groups of deprived people in the United States suggests there may be a relationship, not yet fully delineated, between mental retardation and adverse socio-economic and cultural factors. These conditions may not only mean absence of physical necessities, but lack of opportunity and motivation—lack of "intellectual vitamins."

Maybe you learned to swim or ice skate when you were very young. Can you remember how quickly you learned? Have you ever watched adults trying to learn to swim or ice skate? They learn very slowly—sometimes never quite master the skill.

It may be like that with some kinds of retardation. If the opportunity for certain kinds of learning does not present itself early enough in life, it may be more difficult to master the subject area later. In the intellectual area this deprivation may lead to an individual performing or functioning at a lower level.

This is certainly not to say that all culturally deprived persons are mentally retarded. However, it is important at this point in the study of retardation to recognize that there may sometimes be a relationship that was formerly overlooked. This is significant because if a child seems to be functioning at a lower than expected level, and this is the result of his environment and lack of mental stimulation, he might, in former times, have been labeled as "retarded," when actually, with early and adequate help, he could achieve normal intellectual growth.

## HOW MANY RETARDED PERSONS ARE THERE?



An estimated 5.5 million Americans are mentally retarded—an estimated 6.4 million out of 214 million by 1970. Some estimates say that as many as three out of 100 children born are or will be mentally retarded at some time in their lives.

In general it has been found that 3 per cent of the school age population is defined as retarded—for standards in school demand more intellectual functioning from a person than his earlier or later life may demand. Percentage figures are less for other age groups—indicating that after school age, many retardates are reabsorbed into the general population.

The average daily resident population in institutions for the retarded in the United States in 1963 was 179,022. There was a waiting list of almost 26,000. In Minnesota during the 1963-65 biennium, institutional population was 6,375 with a waiting list of 700. In all, there are an estimated 100,000 retarded children and adults in Minnesota.

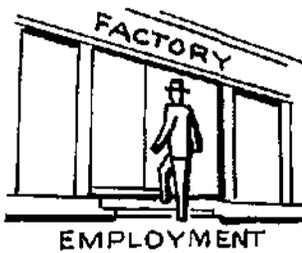
## CAN MENTAL RETARDATION BE PREVENTED?

Mental retardation cannot be prevented without more complete knowledge of its many causes. At present, methods of prevention have been found for some cases. For example, special diet will sometimes prevent the kind of mental retardation which results from a metabolic disturbance. Surgery will often, although not always, prevent damage to the brain resulting from some kinds of pressure. Caesarian section birth lessens the hazards of too-prolonged labor.

Blood transfusions at birth arrest the danger which threatens the children of parents with incompatible blood types—the RHT factor, for which all expectant mothers should be tested early in pregnancy. Caution in using x-rays on pregnant women can also prevent retardation.

In short, present knowledge indicates that adequate pre-natal care for mothers and post-natal care for babies may prevent retardation in certain cases. Continued and expanded research is necessary to uncover the causes of retardation and methods of prevention.

# HOW CAN MENTALLY RETARDED PERSONS BE HELPED?



EMPLOYMENT



EDUCATION-TRAINING



SOCIAL DEVELOPMENT



CARE AND TREATMENT

By now you may be asking "Well, since the mentally retarded can be helped, how are they helped and who provides these services?"

It is hoped that the next few pages will explain a bit about programs for the mentally retarded in Minnesota. Hopefully, when you are finished you should understand that although there is no "cure" for mental retardation, mentally retarded persons can be trained and can learn certain skills according to their ability. Many mentally retarded adults hold full-time jobs as custodians, mail clerks, factory assembly workers, and other occupations in which they can be trained. Thus, the object of help for the retarded is the preparation of individuals for an adult role. Sometimes this adult role is in an institution, but more often it is in the community.

Also, it is hoped that when you finish these pages you will know at least a little more about the services of the region in which you live, a little about the state school and hospital in your region, about the staff and programs there, and about some ways in which you can help personally.

Let's imagine that you are a social worker for the county welfare department in a rural Minnesota area. Mr. and Mrs. Johnson are in your office talking about Mary, their daughter.

Mr. Johnson says: "We took Mary to the pediatrician in Minneapolis last week on the recommendation of our own doctor. He did some preliminary tests that show Mary is mentally retarded, but he said he will have to have further tests done at the hospital some time next week to find out how retarded she is. He told us we should look around, though, for

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community facilities that might be available for Mary. Can you help us? We don't even know where to start."

Mrs. Johnson says: "Mary's only four, and we want to keep her with us at home. We think that there are a lot of things Mary can do for herself, and we're willing to spend extra time teaching her, but the pediatrician explained to us that we will probably need special help with this teaching.

"What can we do? We can't afford a private tutor, and we wouldn't even begin to know what to teach Mary. Are there special nursery schools? What happens to her when she gets to school age? Or past school age. . . .?"

Well, those facts aren't much for a social worker to go on. But with some skillful questioning and relating of facts, and with some reassuring, you may be able to give these parents the preliminary help they are looking for.

## STEP 1.

The first thing you may realize is that these parents do not even know what help they are asking for; that is, for them the problem is a new one. So, just like parents with a new baby, they must be told what to expect. Your first job as a social worker, then would be to explain to them what is known about retardation.

You might review briefly with them some of the points that have been discussed in this booklet:

1. A mentally retarded person is one who, for any number of reasons, some known, many unknown, functions with impaired or incompletely developed intelligence.

2. There are many degrees of retardation. A retarded person may be near-normal, or semi-dependent, or helpless, or any where in-between.

3. A sizable proportion of the United States population is retarded. Estimates vary from one to three per cent depending on the criteria used and the characteristics of the population segment being studied. The point is that mental retardation is a leading national problem because of its scope. A family with a mentally retarded member is not alone.

4. A retarded person is first of all a human being. Like anyone else he should be given the opportunity to develop to his maximum. This means he should be exposed to as many experiences and trained in as many skills as he can master. A family should keep these factors in mind as they plan for their member.

## STEP 2.

Before you can help Mr. and Mrs. Johnson with any arrangements, it might be well to explain to them why a series of tests is desirable.

You can acquaint them with the fact that there are many factors involved in determining the capacities of a person. Special tests at the hospital conducted by neurologists, psychologists and psychiatrists, coupled with a case history compiled by a social worker, will help to show Mary's strengths as well as weaknesses, and provide some direction for future planning and possible expectations.

It may turn out that Mary's slowness in learning is being aggravated by an emotional problem that could be overcome. At any rate, the tests will provide important information about Mary so that her parents will not frustrate her by expecting more of her than she can accomplish, and on the other hand will not demand so little of her that she does not develop to her potential.

### STEP 3.

But like all parents, Mr. and Mrs. Johnson will be anxious to find out something now, so that when Mary comes back from her tests at the hospital, they will know what resources are available for her. As a social worker you've talked to parents before, and you know what some of their questions will be—what they're trying to ask you. You will also be familiar with various types of programs, services and agencies in the community.

They won't ask the questions in outline form, but in order to answer them you will arrange them in your mind and interpret them something like this:

#### Is There Help Available For My Child?

- Will we be able to keep her at home?
- What will happen to her when she gets to school age?
- Will she be able to hold down a job some day?

#### How Will We, As Parents, Be Able To Help?

- Where can we parents go for help and advice?
- Are there organizations for parents of retarded children?

#### What If Mary Has To Go To An Institution?

As a social worker you have heard this cut-off sentence before, and you know what it means, because you know how hard parents find it to "send their children away." You know that they may have read about overcrowded, less-than-desirable conditions at the state schools and hospitals and you realize that parents may fear institutionalization more than any other step for their child. You know that their question implies:

- Where are the state schools and hospitals? How far is the nearest one from our home? Who operates them?
- Is there anything done to rehabilitate persons at an institution—what kinds of programs and care are available?
- Who are the staff members of an institution, and what is their program?
- Do persons ever leave the institutions for the mentally retarded?
- How much would institutional care cost, and how would admission be arranged?
- Could we ever take her home for visits or vacations? How often could we visit Mary at the institution?

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#### What If Something Happens To Us, Who Would Take Care Of Mary?

#### Who Would We See For More Information About The Mentally Retarded And About Programs For Them?



These are all far-reaching and important questions. Maybe we should look at them and some others one-at-a-time and maybe in that way come up with some answers for Mary's parents.

Q. Is there help available for my child?

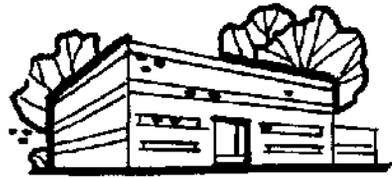
A. Yes, through a variety of resources such as daytime centers, special education classes in the public schools, sheltered workshops, recreational programs, etc. We need to look at the changing needs of your child—plus available resources—to know what is the best resource at any given time.

Q. Will we be able to keep her at home?

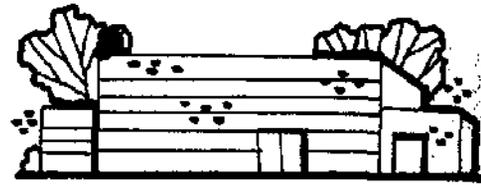
A. The parents of mentally retarded children are encouraged to keep them home as long as possible. It is estimated that 95 percent of all mentally retarded persons live at home or in local communities. There are now a number of community programs designed to help.



HOME



DAYTIME ACTIVITY CENTER



SCHOOL

## I. Daytime Activity Centers

Daytime activity centers were authorized by the 1961 legislature as an experiment to "provide activities for any or all of the following classes of persons:

- a) School-age mentally retarded children who are neither educable nor trainable under standards established by the State Board of Education;
- b) Pre-school age mentally retarded children or post-school age mentally retarded persons who are unable to independently engage in ordinary community activities."

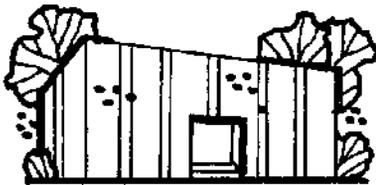
The nine experimental centers, established in 1961, proved so effective that succeeding legislatures made additional funds available, and by 1965 there were 28 daytime activity centers supported by communities with matching funds from the state.

Q. What is the function of these centers?

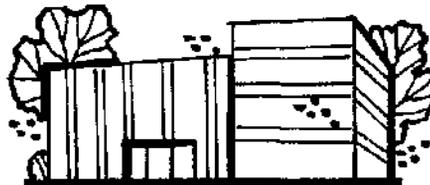
- A. Each day activity center has an individual program, but in general the staff consists of a full-time director plus part-time counselors and volunteer workers, who provide recreation, training and stimulation for the participants. These activities might include arts and crafts, story-telling, music, supervised outdoor play, rest periods and snack time. In addition to planned and supervised activities, the center's staff assist and teach the retarded persons to help themselves and to learn and practice social skills.

Parental counseling is also a function of the centers, and has been most helpful to parents who want to provide training and care for their children in the home.

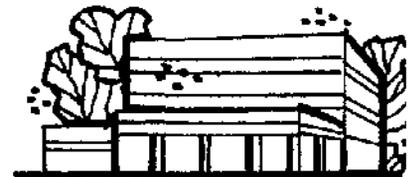
[See appendix for locations of daytime activity centers.]



SHELTERED WORKSHOP



COMMUNITY MENTAL HEALTH CENTER



STATE SCHOOL AND HOSPITAL

## II. Community Mental Health Centers

The 22 community mental health centers in the state are also a resource for the families of retarded children.

Briefly, mental health centers are sponsored by a county or group of counties under a state law passed in 1957 which permits the state to offer matching financial support to such centers if certain criteria are met. The mental health centers offer a variety of diagnostic, treatment, consultation, educational and referral services for mentally ill and mentally retarded persons, and those with other psychiatric disabilities. And, the centers also are expected to provide follow-up services to patients who have received treatment in a state institution for the mentally ill or mentally retarded and to assist families of retarded children through diagnostic examinations and counseling services.

As a minimum each center is staffed with a qualified psychiatrist, clinical psychologist and social worker. Many centers have additional staff.

The emphasis of each center varies. Therefore, some centers may be better equipped than others to provide services for families of retarded persons, but centers which cannot provide service themselves are available for consultation and referral to other agencies.

(The locations of the community mental health centers are listed in the appendix.)

## III. Diagnostic Clinics

Some communities have community diagnostic clinics staffed with professional counselors, nurses, social workers, psychologists, physicians and therapists.

## IV. Recreation Programs

Some communities also have recreational facilities and programs so the retarded can participate in Scouting, sports, teen canteens and clubs, and enjoy hobbies, parties, music and dance.

## V. Crippled Children's Clinics

Crippled children's field clinics are held in various state communities once each year to provide diagnostic and consultative services for children needing special care. When indicated, further evaluation at medical centers is provided for children under 21 who may suffer mental retardation, heart lesions, convulsions, cystic fibrosis and other handicaps.

## VI. Special Classes—Public Schools

Q. What will happen when my child gets to school age?

A. 1) A law passed in 1957 requires local school districts to furnish special education classes for school-age children legally defined as "educable." Support is also offered to districts which provide special education for the trainable.

By mid-1965 there were nearly 250 such classes for the educable and almost 90 classes for the trainable retarded.

2) Many facilities that are available for pre-school children are also available for school-age children who do not go to school.

## VII. Vocational Training and Placement

Q. Will she be able to hold down a job some day?

A. That all depends on Mary's ability, growth, development, and on what she is able to get from the vocational training she receives.

There are more than two million retarded persons of working age in the United States, and more are added to this group every year. Vocational services for the retarded therefore grow increasingly important to the national economy, as well as to families and local communities that must support retardates not trained for their own support.

Vocational programs for the retarded include:

**Occupational information, job placement and follow-up services** for retardates whose maturity and training enable them to hold jobs and participate in community life with a minimum of supervision.

**Vocational training** for retardates who require special training in order to prepare for jobs. The institutions for the retarded also offer certain types of job training, and even on-the-job training.

**Sheltered workshops** for the retarded who can work under sheltered conditions but cannot hold jobs in competitive employment. Goodwill Industries is an example of a sheltered workshop.

Retarded persons find employment in many situations especially as unskilled workers with large industries or government agencies. But it is not only large industries which have made it a policy to "hire the handicapped," including the retarded. Many small businesses employ the retarded whenever possible.

## HOW WILL WE, AS PARENTS, BE ABLE TO HELP?



Parents can help most of all by being informed about their child—then by treating him or her above all as a human being, but with special needs.

Q. Where can parents go for advice?

A. 1) The local county welfare departments are responsible by law for the welfare of the retarded in their county. This means that county welfare departments should be a source of information for parents, as well as their contact with facilities for the retarded. Some counties even maintain home visit programs to help families in the care and training of the retarded at home.

2) Daytime activity centers are an excellent source of advice for parents. Community mental health centers may also be able to furnish counsel, or refer parents to other sources for advice.

3) The Minnesota Association for Retarded Children or its local chapters.

Q. Tell me about the Minnesota Association for Retarded Children.

A. The Minnesota Association for Retarded Children is an organization active in supporting and developing programs and services for the retarded wherever they may be. They are interested in all retarded individuals—children and adults—whether in the community or in state institutions. Local chapters include many parents of retarded persons. These local chapters can be a good source of "moral support" and of information.

Q. What if Mary has to go to an institution?

A. Families are rightfully concerned about this serious step. It is difficult when a family must be separated from each other, and for this reason and many others, the step of institutionalization is avoided whenever possible. But there are times and circumstances when the decision to utilize the services and facilities of an institution may represent the best decision for all concerned. There are persons who need the kind of care an institution can provide—supervision; professional nursing care; in some cases professional training and education. For the families of these persons who will need institutional care, certain information might be helpful.

Q. Where are the institutions for the retarded in Minnesota located?

A. Briefly, the state schools and hospitals are located at **Faribault, Brainerd and Cambridge**. The Faribault institution is the largest and oldest of the three, with a capacity of approximately 2,300. The capacity of Cambridge is approximately 1,600, and the capacity of Brainerd is approximately 1,300, although future building may raise this number.

**Owatonna State School** is a special training school for the higher level mentally retarded. Approximately 250 residents from the entire state, ages 8 to 21, learn academic subjects and vocational skills at Owatonna.

The **Lake Owasso Children's Home**, an annex to the Cambridge State School and Hospital, has a capacity of 130

patients. A special program for 30 girls between 4 and 12 is provided in the **Shakopee Home for Children**.

(There is a map of the state institutions for the retarded and their receiving districts in the appendix to this booklet.)

Q. Does any state agency have over-all responsibility for these institutions?

A. The state agency responsible for insuring the care of the mentally retarded in the state is the state Department of Public Welfare. Part of this responsibility is carried out in the operation of the institutions. (Part is carried out by the county welfare departments, who are also responsible for the state program for the mentally ill.)

Q. Is there anything done to rehabilitate residents of the institutions? What is the program of these places? What kind of staff is there to carry out the program?

A. The staff at the institutions includes medical, education, social service, psychology, religious, nursing and rehabilitation specialists. Not all residents are able to benefit from all programs and there is a need for more staff in all areas. It is important that mentally retarded persons be equipped with as many skills as possible, and that self-help and maximum development be encouraged. This training and development is carried out by a staff of professionals and nonprofessionals which include:

## MEDICAL SERVICES



A staff of doctors, supervised by the medical director of the institution, attends to the physical needs of the patients. This supervision includes administration of drugs and necessary medical procedure and enforcement of health standards. Physicians are also important in the evaluation of patients and conduct interview sessions with patients and other staff members to determine progress.

## NURSING SERVICES



Dispenses drugs, tends to the personal needs of patients, trains and supervises psychiatric technicians and in general attends to the hygiene of each hospital ward and the development and welfare of each patient in it.

Psychiatric technicians are responsible for the physical care of the patients. This may include feeding and dressing and training the patients in self-care, and assisting them with numerous ward activities.

## PSYCHOLOGICAL SERVICES



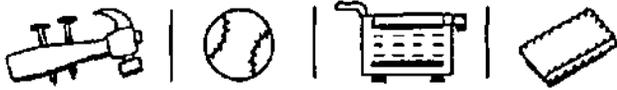
Psychologists participate in the evaluation of each person's ability. They conduct psychological tests and research, and occasionally assist with individual or group therapy.

## SOCIAL SERVICES



The hospital social workers are involved with patients on an individual casework basis; and in arranging admission, discharge and vacation and follow-up plans. Social workers are also involved with families. They play an important part in helping the family understand its retarded member, and in interpreting institutional policies to them. At the institutions for the retarded the social workers have weekend office hours because so many families come to visit at that time.

## REHABILITATION THERAPIES



The institutions employ a variety of therapists to help patients discover skills and interests. Physical and speech therapists help patients who have handicaps in these areas, while music, occupational and recreational therapists work to develop a patient's interest in the world around him. Industrial therapy programs are an important part of the program, for they are designed to develop a patient's work skills and habits.

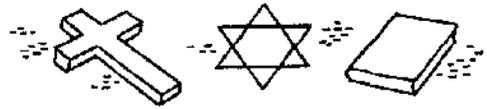
## EDUCATION



Education is an important part of the day for patients who are capable of learning subjects and skills that will contribute to their greater independence. Because institutionalization is recommended only when necessary, the institutions are receiving the more severely retarded patients who are most difficult to "educate" in the traditional sense of learning to read, write, do arithmetic and spell. Thus the emphasis in some of the classes may be on self-care and social skills. The above mentioned staff indicates the various kinds of professional and non-professional services available, but many of the programs and services are limited due to staff shortages.

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## CHAPLAINCY SERVICES



A Chaplain serves on the staff of each institution. This chaplain, regardless of his particular denomination, is responsible for all chaplaincy services provided in the institution. He will directly serve the members of his own faith, but will see to it that other faiths are also served. Local ministers and priests from the community are invited and encouraged to provide specific religious services and programs for those patients of their particular faith.

## VOLUNTEERS



All state institutions have volunteer programs and a staff volunteer services coordinator. Volunteers work throughout the institution under the supervision of professional staff. It is recognized that volunteers are important contributors to an institution's program and often to patient therapy. The number of volunteers in the state is growing as the public becomes aware that, first, volunteers are needed, and second, there is satisfaction and much to be learned from working on a regular basis in an institution for the retarded.

Volunteers serve in a variety of programs. The major emphasis has been the one-to-one program in which a volunteer assumes a personal relationship with a patient—visits him in the institution, perhaps takes him shopping or invites him to his home. This one-to-one approach is designed to provide an individual situation for the patient and an opportunity for normal community and social contact.

Volunteers also assist in hospital canteens, used clothing stores; instruct courses; assist with special events such as parties, dances, carnivals and holiday programs. In addition they provide gifts; raise funds for institutional and personal patient needs not provided for by state appropriations.

Q. Do persons ever leave institutions for the retarded?

A. The aim of institution treatment is to equip each person with skills that will enable him to meet life as he will find it. For some this may mean just making their life in the institution as comfortable and meaningful as possible. For others it may mean educating them or training them vocationally, for many persons do leave the institutions. Between July 1, 1962 and June 30, 1964, 690 persons were discharged from the institutions for the retarded.

Q. How much would institutional care cost, and how would it be arranged?

A. Admission to a state institution for the mentally retarded is arranged directly with the institution through the county welfare department concerned. Admissions are carefully screened, however, not only because of limited space, but to be sure that institutional placement is in the best interests of the retarded individual and his family.

No one is excluded from a state institution because of inability to pay. If patients are able to pay they are charged—not more than \$5.14 a day during the 1965-67 biennium in the state schools and hospitals for the retarded. This figure is based on the average per capita cost of operating all hospitals in the previous year.

If the patient is unable to pay the full cost, the family is responsible for 10 per cent of the cost, but charges are always adjusted according to ability to pay. No relative is required to pay unless his income exceeds \$4,000.

Q. Would we be able to take Mary home for vacations or visits? How often would we be able to visit her?

A. The families of persons in the institutions are encouraged to visit the institution, or to provide home visits, as often as possible.

## What If Something Happens To Us, Who Would Take Care Of Mary?

Some families arrange for state guardianship of their mentally retarded member so that if something happens so the family is unable to provide care, other provisions will be made. Briefly, this arrangement brings in the state as a partner with the family in planning for the retarded person. Guardianship is transacted through a probate court procedure arranged by the local county welfare department.

The guardianship step is not mandatory, and all mentally retarded persons in the state are not wards of the commissioner of public welfare. At present the state is guardian of approximately 10,000 wards, both at home and in institutions. For these individuals guardianship simply means that in emergencies, difficulties, or at the death of the parents, the state will assume a greater share or total responsibility for the retardate. While the parents live, no decision regarding the ward's welfare will be made without parental consent, except where action must be taken for the protection of the retardate or the community.

Foster home care is another answer for parents who for one reason or another cannot provide care for their mentally retarded child. Foster home care is sometimes recommended by the county welfare department in temporary emergency situations, such as illness of a parent, or as a temporary step in long-range emergency situations.

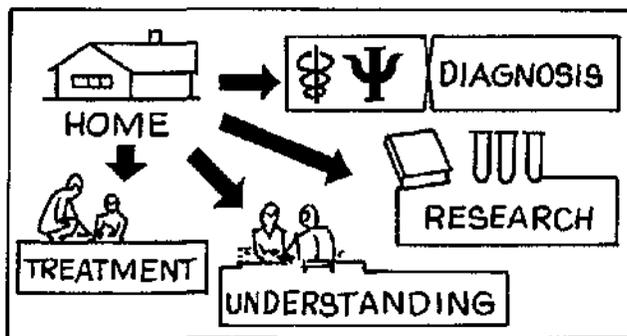
## What Further Sources Of Information About Mental Retardation Are Available?

The 87 county welfare departments are responsible for the mentally retarded in their jurisdiction, and would therefore be the best source of information. Other sources would include: daytime activity centers; community mental health centers; private physicians; the Minnesota Association for Retarded Children and its local chapters.

These, then, are some of the questions you might be called on to answer if you were a professional giving advice to a family with a mentally retarded member. The answers given here might give you some idea of the wide range of services available for a retarded person.

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## HISTORY



This wide range of services has not always existed, largely because an attitude of hope about mental retardation has not always existed. Changes in society's attitudes have paralleled developing services for the retarded. In the following brief history of the program for the mentally retarded in the state you may find it interesting to notice how the changing terms

for the mentally retarded accompany more and more progressive facilities and training programs.

In 1851 the mentally retarded were called "imbeciles" and the mentally ill were called "insane." It was in that year that the first territorial legislature placed responsibility for all "imbeciles" and "insane persons" on probate judges. The probate judges were "to look after their interests."

Until 1866 this "looking after their interests" usually meant that the mentally ill and retarded were sent to institutions in Iowa, as Minnesota had no mental institutions. But in 1866 a hospital was built at St. Peter, and both mentally ill and retarded were received there.

In 1879 it was recognized that some of the "feeble-minded" children could profit from training, and they were transferred to the "asylum" for the deaf, dumb and blind at Faribault. Until 1877 the mentally retarded and epileptic continued to be schooled with other handicapped persons, but in that year the Faribault School for Idiots and Imbeciles (now Faribault State School and Hospital) was made a separate institution.

But it was four laws passed in 1917 that firmly affixed mental retardation as a welfare concern, and set the flexible framework within which future programs could be developed. Those four laws empowered a board of control—now the commissioner—to assume guardianship for the mentally retarded. The laws also placed responsibility for administration of this program on this same board of control and the county child welfare departments—now the county welfare departments.

During the 40 years following 1917 not much major legislation directly affecting the retarded was passed. Cambridge State School and Hospital was opened in 1925 to meet a rapidly growing population of mentally retarded persons. Overcrowded conditions and waiting lists were common.

In fact, conditions in the state institutions for both the mentally ill and retarded were so deplorable that in 1947 Governor Luther Youngdahl set up a special study group to investigate methods for improving these conditions. In 1949 the Minnesota Mental Health Policy Act was passed setting up certain minimal standards of care and staffing for the state hospitals, and great improvements resulted. This is not to say ideal conditions were reached, or have been reached yet.

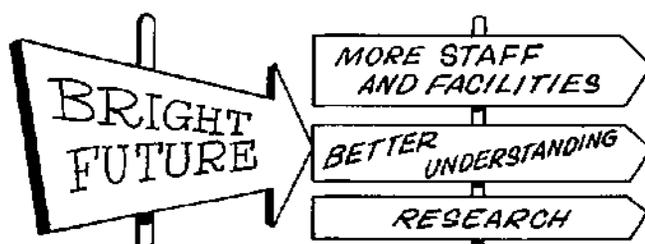
The 1953 and successive legislatures appropriated funds for construction of the newest state institution for the retarded. Brainerd was chosen as the site for the state school and hospital because of its location and accessibility to residents of northern counties. It was opened in 1958.

Two significant bills were passed in 1957 and 1961. Since 1957 local school districts have been required to furnish special classes for the educable retarded. The Daytime Activity Centers Act, which furnishes 50-50 matching funds to communities for such centers, was passed in 1961.

The 1965 legislature appropriated a significant amount of money for the improvement of the institutions for the retarded. It is felt this provision for additional staff is a milestone in the treatment program.

The situation today is a long way from the situation in 1917 when a family with a mentally retarded member had essentially two choices—to keep him at home with no special professional care, or to institutionalize him. Now a variety of community services bridge the gap between these two methods of care.

## A LOOK AHEAD



Recent developments reflect two trends:

1. The growth of the public interest in and concern for the mentally retarded—an interest spurred largely by voluntary organizations such as the National Association for Retarded Children, and by individual state legislators and administrators, and interested citizens.
2. The realization that retarded persons can be helped in a variety of ways outside the institution.

Because of public interest in the retarded, it is likely that increasing funds—federal, state, and private—will be available

for research, for institutions, and to communities to develop their own programs.

Manpower in the mental retardation fields is badly needed—physicians with an understanding of retardation, social workers, rehabilitation therapists, special education teachers, researchers, nurses, and so forth. At present many facilities and programs cannot be developed to their fullest because of staff shortages. These shortages are due in part to lack of money, and in part to lack of qualified personnel. Increasing funds may help bring additional qualified persons into these areas, and allow institutions and programs to hire more staff. Also funds are needed for the important field of research.

It is difficult to make predictions in such a rapidly changing area. But it is probably safe to say that research will uncover many more causes of retardation and methods of prevention, and that eventually only the very severely retarded, or the retarded with physical or emotional handicaps will require institution care.

Maybe you would like further information on this subject. Or maybe you are interested in exploring one of the career fields mentioned, or in becoming a volunteer at one of the state institutions. A bibliography of further sources is included for your convenience. School guidance counselors may have further information on careers.

# APPENDIX

## Daytime Activity Centers

Aitkin Daytime Activity Center  
21 Fourth, N.E.  
Aitkin 56431

Anoka Day Activity Center  
St. Philip's Lutheran Church  
1050 W. Moore Lake Dr.  
Fridley 55421

Austin Activity Center  
P.O. Box 531  
Austin

Canby Activity Center  
Our Saviour's Lutheran Church  
Canby, Minn.

Carlton County Daytime Activity Center  
Zion Lutheran Church  
1000 Washington Ave.  
Cloquet

Chippewa County Daytime Activity Center  
County Fairgrounds  
Montevideo 56265

Day Activity Center of Duluth, Inc.  
Washburn Hall  
2205 East Fifth Street  
Duluth 55812

Douglas County Daytime Activity Center  
Bethesda Lutheran Church  
Highway 29 North  
Alexandria 56308

Fillmore County Day Activity Center  
Elementary School  
Spring Valley

Freeborn County Day Activity Center, Inc.  
Presbyterian Church  
308 Water Street  
Albert Lea

Grant County Day Activity Center  
Bethel Lutheran Church  
Hoffman

Hennepin County Daytime Activity Center  
1701 Oak Park Avenue North  
Minneapolis 55411

Hennepin County Daytime Activity Center  
(Extension)  
Gethsemane Lutheran Church  
715 Minnetonka Mills Road  
Hopkins

Itasca County Day Activity Center  
Coleraine

Kandi-Meeker Day Care Center  
Atwater

Laurel Center  
St. Mary's Episcopal Church  
1895 Laurel Ave.  
St. Paul 55104

Lyon County Daytime Activity Center, Inc.  
Ghent

Martin County Day Activity Center  
Lincoln School Annex  
North Avenue and 12th Street  
Fairmont 56031

McLeod County Daytime Activity Center  
Biscay

Merriam Park Daytime Activity Center  
2000 St. Anthony Avenue  
St. Paul 55104

Merrick Daytime Activity Center  
715 Edgerton Street  
St. Paul 55101

Neighborhood House Day Activity Center  
Ascension Episcopal Church  
315 W. Morton St.  
St. Paul 55107

Nobles County Day Activity Center  
Adrian Public School  
Adrian

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North Suburban Day Activity Center of  
Roseville  
Advent Lutheran Church  
3000 North Hamline Ave.  
St. Paul 55113

Olmsted Day Activity Center  
Rochester State Hospital  
Rochester

Open Arms Day Activity Center  
315 South Second Street  
Mankato 56001

Opportunity Work Shop Day Activity  
Center  
6315 Penn Avenue South  
Minneapolis 55423

Polk County Daytime Activity Center, Inc.  
Washington School  
225 North Ash  
Crookston 56716

Range Daytime Activity Center  
Vaughn Steffensrud School  
Chisholm

Rice County Activity Center  
115 Third St., N.W.  
Faribault 55021

St. Cloud Day Center for Retarded Chil-  
dren  
First Methodist Church  
302 Fifth Avenue South  
St. Cloud

School for Social Development  
1639 Hennepin Avenue  
Minneapolis 55403

Swift County Day Activity Center  
Our Redeemer's Lutheran Church  
10th Street South and Oakwood Drive  
Benson

Waseca County Day Activity Center, Inc.  
First Congregational Church  
509 Second Avenue N.E.  
Waseca 56093

Washington County Day Activity Center  
St. Michael's Catholic Church  
600 S. Third  
Stillwater 55082

Watsonwan Day Activity Center  
First United Presbyterian Church  
Madelia 56062

Wheaton Day Activity Center  
Wheaton 56296

Wilder Nursery No. IV  
25 North Dale Street  
St. Paul 55102

Winona County Day Activity Center, Inc.  
Central Elementary School  
317 Market Street  
Winona

Wright County Day Activity Center  
Buffalo Presbyterian Church  
101 First Ave., N.E.  
Buffalo

## Community Mental Health Centers

Central Minnesota Mental Health Cente  
Inc.  
215 South Third Ave.  
St. Cloud 56301

Dakota County Mental Health Center, Inc.  
229 Grand Ave. West  
South St. Paul 55075

Duluth Mental Hygiene Clinic, Inc.  
1112 East Superior St.  
Duluth 55802

Five County Mental Health Center  
Braham 55006

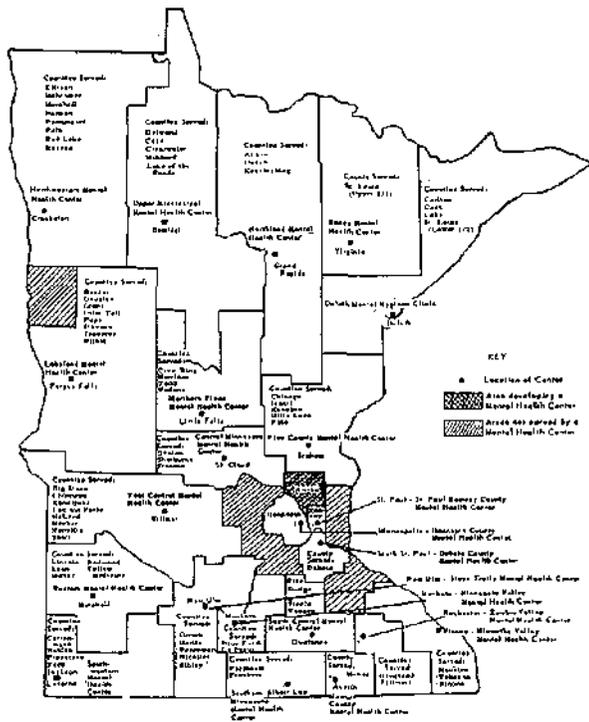
Hennepin County Mental Health Center  
619 South Fifth St.  
Minneapolis 55415

Hiawatha Valley Mental Health Center,  
Inc.  
76 East 4th St.  
Winona 55987

Lakeland Mental Health Center, Inc.  
121 Mill St. South  
Fergus Falls 56537

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## BIBLIOGRAPHY

The following is a listing of materials related to mental retardation and epilepsy which may be of interest to parents, professional personnel, students, teachers and the public-at-large.

Write to: Documents Section  
Room 140  
Centennial Building  
St. Paul, Minnesota 55101

**You Are Not Alone.** \$.50. A booklet designed to be of assistance to parents following a diagnosis of mental retardation in their child.

**Teach Me.** \$.50. A booklet designed to help the parent care for and train the very slow child.

**Looking Ahead.** \$.50. A booklet designed to help the parent plan for the mentally retarded child's future security and happiness.

**Now They Are Grown.** \$.50. A booklet designed to help parents to teen age and young adult trainable retarded.

### State Publications

Write to: Department of Public Welfare  
Mental Health Information Section  
Centennial Building  
St. Paul, Minnesota 55101

[These pamphlets are free.]

**Resources for the Mentally Retarded in Minnesota.** A directory of various programs and activities for the mentally retarded offered by numerous state, voluntary and private agencies in Minnesota.

**Minnesota's Mental Health Program: A Two-Year Review.** Medical Services Division. A report to the public and legislature of developments in the state-supported program during the preceding two years. Includes information on facilities for the mentally ill as well as the mentally retarded.

**Minnesota's Mental Health Program in Perspective.** A comprehensive description of several facets of the Minnesota mental health program and goals for the mentally ill and mentally retarded in the state—both in institutions and in communities. Gives historical background, and sets the framework for present policies and programs.

**Mental Health in Minnesota.**

**Getting to Know Us.**

**Minnesota Mental Health Program, How Much Do You Know About Mental Illness and Mental Retardation in Minnesota?**

**Day Care for the Mentally Retarded Child.**

**Help the retarded? Here Are 2 Ways.**

Maps—Minnesota's Regional Mental Health Coordinating Committee Areas

Minnesota's Receiving Areas Hospitals for the Mentally Ill  
Minnesota's Community Mental Health Centers  
Minnesota's Receiving Areas State Schools and Hospitals for the Mentally Retarded  
Minnesota's Daytime Activity Centers for Retarded Children

**Film Catalog—1966-1967.**

### Department Of Education Publications

Write to: Department of Education  
Centennial Building  
St. Paul, Minnesota 55101

**Directives Relating to Special Education for Educable Mentally Retarded Children, State of Minnesota.** Minnesota background, policies, and regulations on classes for educable retarded. Single copies free.

**Directives Relating to Public School Programs for Trainable Mentally Retarded Children, State of Minnesota.** Minnesota background, policies, and regulations on classes for trainable retarded. Single copies free.

### Minnesota Association For Retarded Children Pamphlets

Write to: Minnesota Association for Retarded Children  
6315 Penn Avenue South  
Minneapolis, Minnesota 55423

**A Basic Library on Mental Retardation.** \$.10. A listing of books, pamphlets and periodicals of interest to those in the field of mental retardation.

**Building for the Mentally Retarded.** Single copies free. General information on mental retardation and the role of the Minnesota Association for Retarded Children.

**Education of the Severely Retarded Child.** \$.45. Describes curriculum and teacher qualifications.

**Facts on Mental Retardation.** \$.10. Description of causes, nature, extent of mental retardation; treatment; needs to combat it.

**Help for the Mentally Retarded Through Vocational Rehabilitation.** \$.25. Interprets public programs of vocational rehabilitation available to the mentally retarded.

**How Retarded Children Can Be Helped.** \$.25. A broad, compact appraisal of present-day knowledge and services in mental retardation.

**How to Provide for Their Future.** Single copies free. Suggestions for parents concerned with providing lifetime protection for a retarded child.

**Make Teaching Retarded Children Your Career.** Single copies free. Outlines the need of special education for retarded children and the need for creative teachers.

**The Mentally Retarded . . . Their New Hope.** Single copies free. How the public can help the retarded through understanding and by supporting research and the changes in maternal and child care, education, recreation and employment programs.

**The Mentally Retarded Child at Home.** \$.35. Practical advice on home training and daily care from infancy to adolescence.

**The Mongoloid Baby.** \$.10. Information for the general public as well as the parents of a mongoloid baby.

**The Retarded Can Be Helped.** \$.10. Causes, meeting the needs, classifications of retardation.

**Three R's for the Retarded.** \$.50. A program of home training.

**Three Stages in the Growth of a Parent.** \$.10. A father's analysis of the way he thought and felt about the problem of having a retarded child.

**Bibliography for Parents and Professionals in the Area of Recreation for the Mentally Retarded.** D57b. \$.10, 18 books and 54 articles.

**Bibliography on Religious Education for the Mentally Retarded.** D57c. \$.10 each, all three. \$.20. 28 books and pamphlets and 30 articles classified as Protestant, Catholic and Jewish references.

**Bibliography for Social Workers on Mental Retardation.** D57d. \$.10. 42 books 45 articles.

**Curriculum Guides—Educable Mentally Retarded.** D57e. \$.10. 32 references.

**Curriculum Guides—Trainable Mentally Retarded.** D57f. \$.10. 25 references.

## U. S. Public Health Services Publications

Write to: Superintendent of Documents  
U. S. Government Printing Office  
Washington, D.C. 20402

Include payment. 25% discount  
for 100 or more copies.



**Families of Mongoloid Children.** Children's Bureau Publication No. 401. \$.25. A booklet highlighting the stories of 50 families who had a mongoloid child living in the home, in order to help people generally to understand what the problems are and to see what it means to be responsible for bringing up such a child with little community support.

**Phenylketonuria.** Publication No. 388. \$.15. A booklet introducing some methods of detecting and managing phenylketonuria (PKU) which is addressed to public health workers and physicians.

**Preparation of Mentally Retarded Youth for Gainful Employment.** prepared jointly by the U. S. Office of Education, U. S. Office of Vocational Rehabilitation, and the AAMD Project on Technical Planning in Mental Retardation. \$.35.

**Some Reading Suggestions for Parents of Mentally Retarded Children.** A listing of 35 references to help parents who need more information on mental retardation, prepared by U. S. Department of Health, Education, and Welfare, Social Security Administration, Children's Bureau.

**The Child Who Is Mentally Retarded.** \$.10. Background on mental retardation for parents.

**The Forward Look, the Severely Retarded Child Goes to School,** by Arthur S. Hill.

**The Mentally Retarded Child at Home.** Publication No. 374. \$.35. A booklet addressed to parents and others who work with retarded children. Practical advice on home training and daily care from infancy to adolescence.

**The Retarded Child Goes to School.** Publication No. 123. \$.15. A pamphlet for the general reader describing the retarded child in relation to his educational needs.

## FILMS



Films may be borrowed by interested groups or individuals at little or no cost from the following sources. Order as far in advance as possible, providing alternate dates and titles if possible.

Write to: Minnesota Department of Public Welfare  
Film Library  
Centennial Building  
St. Paul, Minnesota 55101

No charge except for return postage.

**AND CROWN THY GOOD**, 35 minutes. A comprehensive report covering one community's accomplishment in providing for its severely retarded children over a period of six years. Training procedures and teaching techniques used in the Orchard School are demonstrated. Shows excellent use of materials and staff, including well trained volunteers. Orchard School, Skokie, Illinois, 1957.

**BEYOND THE SHADOWS**, 26 minutes. Reveals how a community can take steps to overcome its fears and prejudices regarding the mentally handicapped. Focuses on Colorado Springs and describes step by step action by which community members assisted mentally retarded children who are unable to benefit from local special education or state institutions. Western Cine Productions, 1959.

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**CHILDREN LIMITED**, 30 minutes. Filmed in the Washington State Schools for mentally deficient. **CHILDREN LIMITED** is one state's attempt to educate and train mentally deficient children for constructive roles in society, discusses the social taboos surrounding this condition, and portrays the steps being taken to improve the limited world of these children. David M. Gardner, Seattle, Washington, 1950.

**DAY IN THE LIFE OF A RETARDED CHILD**, 25 minutes. Kinescope of the TV program "Arlene Francis at Home" in which Mrs. Pearl Buck is interviewed by Miss Francis. A film is shown of a severely retarded child at home. Brings out the emotional strain on the parents due to the constant care and lack of response by the child. NBC Television, 1956.

**CLASS FOR TOMMY**, 21 minutes. Depicts an experimental training class for the teaching of mentally retarded children and explains the purposes of such a class, emphasizing activities developed especially to aid in overcoming mental and physical handicaps. Shows how desirable behavior patterns at an early age allow a child a more nearly normal happy life. International Film Bureau, 1950.

**ETERNAL CHILDREN**, 30 minutes. A film on retarded children of special interest to parents interested in establishing a community school. Shows how retarded children are being cared for and trained in special schools and institutions in Canada, particularly progress being made in a Toronto school for retarded children. National Film Board of Canada, 1960.

FORGET NOT THESE CHILDREN, 25 minutes. A film showing a mentally retarded child in the home, methods of diagnosis and home training. The film then shows the activities and treatment given in a state institution. Shows New Jersey's program for the care and treatment of these children. N.J. Department of Institutions and Agencies, 1951.

HELPING HANDS, 25 minutes. A story of volunteer services at the Brainerd State School and Hospital which portrays some of the many kinds of services provided by volunteers. These services include: camping programs, homemaking services, shopping trips, and variety shows. Brainerd State School and Hospital, Brainerd, Minnesota, 1961.

INTO THE WORLD, 30 minutes. The film shows what is being done to help Minnesota's estimated 100,000 retarded children and adults through special day care centers; special classes for them in public schools; through an experimental project designed to develop new teaching and training techniques and through a state institution which gives the retarded young people vocational training and rehabilitation and places them on jobs. Minnesota Division of Vocational Rehabilitation and Minnesota Association for Retarded Children.

INTRODUCING THE MENTALLY RETARDED, 24 minutes. Stresses that each retarded person has to be assessed on an individual basis. Classifies patients into educable, trainable, and custodial groups and points out abilities and limitations of each. Emphasizes need for family life, education, and vocational guidance wherever possible. Missouri Department of Health, 1963.

MARLBOROUGH HOUSE, 12 minutes. Day care training center for mentally retarded children in England. Emphasis on educating to be useful citizens from habit and sense training to accuracy and manipulative skills to be used in employment. Also contains scenes of social activities. Department of Public Health, Bristol, England, 1964.

MENTALLY HANDICAPPED CHILDREN GROWING UP, 20 minutes. An English film showing the advantages to the mentally handicapped child of a small, intimate facility in contrast to the disadvantages of the large impersonal institution. Depicts the recreation and education programs of a Residential Center for mentally handicapped children. National Society for Mentally Handicapped Children, England, 1961.

MICHAEL: A MONGOLOID CHILD, 14 minutes. This film provides an intimate study of a mongoloid teen-ager living on a farm in rural England. MICHAEL is a boy brimming with affection, playfulness, and captivating charm. He leads an ordinary family life, and, although he lives in a more limited way than the normal 15-year-old, he appears to be happy. MICHAEL'S family and neighbors have come to accept him on his own terms, although he is an occasional source of irritation to his parents, but no more than their other children. New York University Film Library.

REPORT ON DOWN'S SYNDROME, 25 minutes. Outlines the general characteristics of Mongolism—describes diagnosis and care both in a general hospital and in the home. Social interaction of the mongoloid child with normal children is graphically shown. International Film Bureau, 1963.

TUESDAY'S CHILD, 15 minutes. Shows retarded child at home and the problems created by lack of understanding in the community. It brings out the parents' need for contact with other parents of retarded children and the need for formation of parents groups. National Association for Retarded Children, 1955.