



PCMR | message

February 1969 17



In his first public appearance as Chairman of the President's Committee on Mental Retardation, HEW Secretary Robert H. Finch delivered a message on retardation on the Hallmark Hall of Fame production of **Teacher, Teacher** (NBC-TV, February 5), a 90-minute drama about a retarded boy's emergence from an overprotected life.

The program featured a mentally retarded boy, 13-year-old Billy Schulman of Woodbury, New York, in the leading role. David McCallum (of **Man from U.N.C.L.E.** fame) played the teacher.

Chairman Finch called the production "a unique look into the private world of a mentally retarded child (who) was locked into that world more by the attitudes of others than by his own limited ability."

The chairman also expressed appreciation to Hallmark for its courage in undertaking the production and its faith in the performance of a retarded child.

Task Force Recommends National M.R. Information Center; PCMR Urges Private Sector Involvement

An HEW Secretary's task force, following a year-long study of a President's Committee on Mental Retardation 1967 report recommendation that a national mental retardation information and resource center be established, has found such a center feasible and recommended that it be developed.

The proposed center, which the task force suggested be established in the office of the HEW Secretary, "must stimulate free exchange among existing information activities, improve the resources and activities of related information centers, and develop a nationwide network for mental retardation information."

Other task force recommendations called for the center to be advised by a board of regents whose members are "sensitive to the information needs of the mental retardation community" and to maintain close liaison with mental retardation programs, both public and private, at national, state and local levels. A 3- to 5-year development period, with periodic evaluation of effectiveness, was suggested.

In discussing the report at its January meet-

ing, the President's Committee commended the task force for its searching study of existing mental retardation information sources, the gaps between those sources, and alternative approaches to developing workable responses

Continued on page 2

What has to be done, has to be done by government and people together or it will not be done at all . . . To match the magnitude of our tasks, we need the energies of our people—enlisted not only in grand enterprises, but more importantly in those small, splendid efforts that make headlines in the neighborhood newspaper instead of the national journal. With these, we can build a great cathedral of the spirit—each of us raising it one stone at a time, as he reaches out to his neighbor, helping, caring, doing.—

PRESIDENT RICHARD M. NIXON,
in his Inaugural Address, January 20, 1969.

The President's Committee on Mental Retardation, Washington, D.C. ROBERT H.

FINCH, Chairman; ROBERT A. ALDRICH, M.D., Vice Chairman; DAVID B. RAY, JR., Executive Director

to information **needs in the** mental retardation field.

The Committee pointed out, however, that its original recommendation had been for a center developed as a public-private partnership. And present trends toward greater involvement of private organizations and individuals in human service activities make exploration of partnership possibilities with

private companies and foundations even more timely today. The Committee's information center work group, chaired by Patrick J. Doyle, M.D., has several possibilities under study.

The 9-member task force which conducted the feasibility study was directed by Edward A. Diephaus, specialist in the HEW Office of Management Systems. PCMR staff representative was Francis X. Lynch.

No Nation Serving Retarded Adequately, Dybwad Says in Australia Lecture

No one country has yet reached a level of adequate services for all the mentally retarded of all ages, Gunnar Dybwad, professor of human development at Brandeis University, said recently in delivering the 1968 Barton Pope Lecture at Adelaide, Australia.

Moreover, Dybwad continued, the field of mental retardation is developing so fast internationally that "countries which traditionally have held an advanced position must work hard lest they fall behind some of the newcomers." For this reason, Dybwad concluded, international cooperation and exchange of information are of great importance.

Dybwad devoted most of his lecture to an exploration of new advances and old problems in the international mental retardation field. Among the advances he discussed were:

- "A much clearer view of the complexity of the problem of mental retardation, due to its long-range involvement in the lives of those afflicted . . . (and realization that) it does not belong to, nor is it encompassed by, any one discipline or professional group."
- "Particular progress" made in education of the moderately and severely retarded, with improvement of instructional methods and increasing acceptance by public school authorities of responsibility for education of the retarded. This progress has been accompanied by increasing realization that education of the slower-developing retarded must begin at an earlier age and continue in pre-vocational programs past normal school-leaving age.
- "Tremendous change" in work expectations of the retarded, brought about by research and

demonstrations proving that "moderately and severely retarded individuals could perform useful work, and could do so not just in the artificial environment of the laboratory, but in a realistic job situation."

- Major public attitude changes, expressed particularly in the development of programs and activities that bring the retarded into participation in normal daily community life and work.
- A trend in mental retardation institutions away from passive care toward an active program of rehabilitation. With this trend has come movement toward smaller residential care facilities in which normal relationships among individuals can be fostered in preparation for as-near-normal-as-possible living in the community.

In the problem area, Dybwad particularly criticized the continuing separation of the retarded from normal children and programs in schools. Some countries which have excellent vocational programs and facilities, he pointed out, demand academic prerequisites which automatically exclude mentally retarded pupils. In nearly all countries, school programs and instructional materials for the retarded teenager are geared for a much younger age group. And the belief that a teacher of the mentally retarded needs less training than a teacher of normal children persists in some countries.

Dybwad is a former executive director of the National Association for Retarded Children and served on the World Health Organization's Select Committee on the Mentally Handicapped.

State Launches Education -Job Program for Support Personnel

Launched in January by the Florida Division of Mental Retardation was a program providing paid education and guaranteed job placement for professional aides in the state's mental retardation program.

The new activity is designed to overcome critical shortages in subprofessional manpower in the mental retardation program. Role of persons entering the activity is to fill the wide communications gap between program specialists and attendants and other assistants.

The first class of nine students—eight women

and one man—began their studies at a St. Petersburg-area junior college the first week in January. The course of study, supported by a state stipend, will lead to the Arts Associate degree. Average age of the first group of students is 30. All are high school graduates, some have taken additional courses. They were screened from 95 applicants.

Details may be obtained from Dr. James G. Foshee, Director, Division of Mental Retardation, Larson Building, Gaines and Monroe Streets, Tallahassee, Florida 32304.

PCMR Publishes Monograph on Residential Care Services

To stimulate professional and public discussion on improved residential care services for the retarded, PCMR has published a monograph of 17 papers that survey present services, summarize the history and attitudes that shaped present services, and describe or suggest new program patterns.

Entitled *Changing Patterns in Residential Services for the Mentally Retarded*, the mono-

graph was edited by PCMR member Robert B. Kugel, M.D., with Wolf Wolfensberger, Ph.D. Included are papers by both authors and other internationally known authorities such as Gunnar Dybwad, PCMR member Robert E. Cooke, M.D., Seymour Sarason, Karl Grunewald, Jack Tizard, Nils E. Bank-Mikkelsen, Burton Blatt. Single copies from a limited printing will be available from the Committee (Washington, D.C. 20201) as long as they last.

MARTIN A. JANIS, Director of the Ohio Department of Mental Hygiene and Correction, described Ohio's developing mental retardation programs for PCMR during the Committee's



January meeting. "Our focus," Mr. Janis told the Committee, "has been upon getting the local community involved. . . . We take pride that we have almost 50 percent more (retarded persons) participating in our local programs than we have in our institutions. And our emphasis is going to be in that direction." Ohio's community mental retardation programs are now carried out through mental health-mental retardation boards in each of the state's 88 counties.

Mr. Janis also told the Committee that "We in Ohio . . . will build no more institutions of the size we have in our existing mental retardation institutional programs. . . . Our programming is directed now toward the building of complexes along the line you have established as a committee. . . . We envision within 2 years the development of eight residential villages which will include within them custodial care facilities for not more than 500 persons, and perhaps as few as 300."

PCMR Sponsors 3-Day Workshop for Model Cities Planners

To help insure that the retarded are not forgotten in the community of the future, the President's Committee on Mental Retardation recently sponsored a 3-day workshop for experts in mental retardation and urban development. The workshop was held in Washington, D.C.

Some 75 percent of the mentally retarded persons in the United States live in those cities for which Model Cities planning is designed.

Participants in the workshop included representatives of the National Association for Retarded Children's national and local units; the Department of Health, Education, and Welfare; the Department of Housing and Urban Development; the Office of Economic Opportunity; municipal Model Cities planning offices; and the President's Committee.

The Model Cities program is designed primarily to improve the quality of life for those in cities' poverty areas. The program also sets up ways for local governments to deal with city-wide problems, with citizen participation a major factor in the program.

In his keynote address to the workshop participants, PCMR Vice Chairman Robert A. Aldrich asked, "Are cities something that grow and take their structure and function simply

because the technology is available; Or do you try to find out whether people are adaptable? Do we plan for cars or people?"

Model Cities planning, participants agreed, is planning for *people*—and planning *with* the people who require services.

Curtiss Knighton, chairman of the NARC Committee on Poverty and Retardation, warned, however, that before real dialogue and concerted action can take place, hostility on the part of poverty area residents toward the middle class image of many community groups must be overcome.

Though their special interest was the mentally retarded, participants agreed that many of the most effective programs for the retarded bear no such label, but come under such headings as education, health, welfare, employment, transportation, and housing.

"The problems of the people served by associations for the retarded cut across practically every aspect of the Model Cities program," said John Buggs, deputy director of HUD's Model Cities Administration.

Highlights of the workshop will be available from the President's Committee on Mental Retardation (Washington, D.C. 20201).



AT PCMR WORKSHOP FOR MODEL CITIES PLANNERS. In foreground, backs to camera, are (left to right) Bernard Russell, Director, Program Development and Evaluation, Model Cities Administration, D/HUD; Richard Torchia, Director, Model City Program, Providence, Rhode Island; Mrs. Margaret Wilson, Director, Model City Program, St. Louis, Missouri. Facing camera at table are (left to right) Mrs. Will Connolly, Executive Secretary, Aid to Retarded Children, San Francisco, California; Herbert L. Fedder, Executive Director, Baltimore, Maryland,

Association for Retarded Children; Edward Manley, Executive Director, St. Louis, Missouri, Association for Retarded Children; Antonio Caprio, Executive Director, Greater Providence, Rhode Island, Association for Retarded Children; William Perry, Executive Director, Greater Boston, Massachusetts, Association for Retarded Children; and Mrs. Carolyn Strickland, Executive Director, Tidewater Association for Retarded Children, Norfolk, Virginia. In rear background, PCMR Member George Jones, Colorado mental retardation program planner.

Study Finds Retarded Employed by U.S. Doing 100 Different Kinds of Jobs

A national follow-up study of mentally retarded workers employed by the federal government has found these workers performing over 100 different kinds of jobs—48 percent of them in wage board classifications, 31 percent in clerical posts and 21 percent in the postal service.

The study, which analyzed the records of the 2,747 mentally retarded workers hired by the U.S. government during the 1964-66 period, was conducted by the District of Columbia Department of Vocational Rehabilitation (Washington, D.C. 20005).

The study found the typical worker to be between the ages of 20 and 25. Sixty-two percent of those hired during the 1964-66 period were still on the job in early 1968, when the study was made. Forty percent had had job classification changes or promotions.

Job success was found markedly dependent on an individual employee's ability to take directions, follow through on his task and pace his work. There seemed, however, to be little

relationship between job performance and IQ test scores, grade level completed in school or reading achievement.

Chief need revealed by the study was for time in which rehabilitation counselors could give placement follow-up services to retarded workers and their supervisors in order to cope as required with some of the major causes of failure, such as absenteeism and unacceptable habits and social behavior.

The study called for further inquiry into such areas as characteristics of workers who needed post-placement services versus those of workers who didn't need such services; evaluation of retarded workers' potential; and whether workers from a "disadvantaged" background differ in performance and problems from other retarded workers.

An HEW research and demonstration grant partially supported the study, which was directed by Leslie B. Cole (June 1967-May 1968) and Hedwig Oswald (June-October 1968).

Workshop Conferees Consider the Public Images of M.R.

The President's Committee on Mental Retardation and the President's Committee on Employment of the Handicapped recently co-sponsored a day-long look by key information people at the many public faces of the campaign to combat mental retardation.

Explored in its many aspects was the venerable debate between public information efforts focusing on "differentness" of the retarded and those emphasizing the likeness of the retarded to normal persons. Participants noted that all efforts—including major voluntary association activities and a national public service advertising campaign—have still not assured availability of needed information and guidance to all parents of retarded children.

Workshop participants also agreed that

major new information activities are needed to spark the attack on deprivation-associated mental retardation, particularly in the nation's low income communities.

Taking part in the workshop were staff members of both sponsoring committees, the National Association for Retarded Children, the American Association on Mental Deficiency, the Joseph P. Kennedy, Jr., Foundation, DHEW's Social and Rehabilitation Service, the U.S. Civil Service Commission's handicapped employment program, the National Institutes of Health, the Advertising Council and Public Affairs Communications, Inc. Cochairmen were Bernard Posner, Deputy Executive Director, PCEH, and Maurice Flagg, Director, Information Services, PCMR.

NEWSSTAND

THE TERRIBLE CHOICE: THE ABORTION DILEMMA. Foreword by Pearl S. Buck. April 1968. Paperback. Bantam Books, Inc., 271 Madison Avenue, New York, N.Y. 10016. 95 cents.

Developed from the proceedings of the International Conference on Abortion sponsored by the Harvard University Divinity School and the Joseph P. Kennedy, Jr., Foundation and held in Washington, D.C., in the fall of 1967. PCMR member Robert E. Cooke, M.D., joined in the development of the book, whose cover describes it as "a thorough exploration of opinions and facts on every aspect of the most devastating moral question of our age." Photographs of the growing human fetus by Lennart Nilsson.

OPTIMAL HEALTH CARE FOR MOTHERS AND CHILDREN: A NATIONAL PRIORITY. A report of five informal conferences held during 1967 by the National Institute of Child Health and Human Development. National Institutes of Health Publication No. 127. Available without cost from NIH, Bethesda, Maryland.

Conference findings are brought together to highlight basic health care issues, the health care consumer and his relationships with health workers, manpower for health programs, training for health care and guidelines for future action. Among the 79 participants was PCMR member Robert B. Kugel, M.D.

"**READYING RETARDED ADOLESCENTS FOR WORK THROUGH VOLUNTEER SERVICE,**" by Beatrice Levine. *Children*, July-August 1968 (15:4), pp. 130-134.

A residential treatment institution readies retarded teenagers aged 14 to 18 for return to the community as working adults by involving them in volunteer work at hospitals, homes for the aged and a day care center.

Los RETRASADOS MENTALES . . . Su NUEVA ESPERANZA. The PCMR booklet, *The Mentally Retarded—Their New Hope*, translated into Spanish for use with Americans of Spanish heritage. Translated and published by the State of California. Single copies of limited printing available without cost from Dr. Charles

Gardipee, Director, Division of Mental Retardation Services, Department of Mental Health, 2151 Berkeley Way, Berkeley, California 94704.

MENTAL RETARDATION PUBLICATIONS OF THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE. Single copies free from Secretary's Committee on Mental Retardation, DHEW, Washington, D.C. 20201.

A bibliography of 189 publications and 12 films on mental retardation and allied topics that are available from DHEW sources.



INTO THE LIGHT. . . A Summary of the report of the Nebraska Governor's Citizens' Study Committee on Mental Retardation. Single copies free from Nebraska Department of Institutions, State Capitol, Lincoln, Nebraska 68509. (The complete report of the citizen's committee is published in two volumes available from the same source.)

4-H OPENS THE DOOR FOR THE MENTALLY RETARDED, by Wilma C. Heinzelman. Published by the Cooperative Extension Service, Oregon State University, Corvallis, Oregon. Single copies free.

A guide to 4-H club organization and project work for the educable and trainable mentally retarded.

DEHUMANIZATION VS. DIGNITY. Published by the Medical Services Division, Minnesota Department of Public Welfare. Single copies free from Documents Section, Department of Administration, 140 Centennial Building, St. Paul, Minnesota 55101.

One of the most significant (and well done) booklets to appear recently, *Dehumanization vs. Dignity* is a guidebook in pictures to institution practices that degrade the person and those practices that dignify him. (Also available on loan is a film, *Dehumanization and the Total Institution*, produced for staff development use. At this writing, prints are booked three months ahead.)

THE MENTALLY RETARDED CHILD AND EDUCATIONAL FILMS, by Willard Abraham, Ph.D., Chairman, Department of Educational Services, Arizona State University. Single copies \$1.00 from Coronet Films, 65 East South Water Street, Chicago, Illinois 60601.

A discussion—with recommendations—of the use of educational films in class activities for the educable mentally retarded. Concise and thorough, the booklet looks first at the retarded child in relation to his educational needs and capabilities, then at the educational film and what it can (as well as cannot) do, and finally at how educational films can most effectively be used to help the retarded child. Dr. Abraham is a PCMR consultant.

ORGANIZATION OF SERVICE FOR THE MENTALLY RETARDED. World Health Organization Technical Report Series No. 392; 15th Report of the WHO Expert Committee on Mental Health. \$1.00 from Columbia University Press, 136 South Broadway, Irvington-on-Hudson, N.Y. 10533.

Developed from the Expert Committee's September 26-October 2, 1967, meeting, the report covers all of the usual aspects in mental retardation program organization, plus some of special international significance. Eleven recommendations climax the report.

"**THE ARCHITECT AND THE MENTALLY RETARDED,**" by Gunnar Dybwad, in *Mental Retardation*, Summer 1968. Canadian Association for Retarded Children, 149 Alcorn Avenue, Toronto 7, Ontario.

"We are counting on architects to provide institutions and homes with an environment that will support progress even among the most severely afflicted. . . There cannot be a uniform pattern for buildings since there is no uniform type of mental retardation. . ."

THE SHADOW CHILDREN, by Careth Ellingson. Topaz Books, 5 North Wabash Avenue, Chicago, Illinois 60602. \$6.50.

A book about children with subtle learning disorders—the "in-between" children. Includes a directory of testing and teaching clinics and specialized schools and centers nationwide.

EDUCATION RHYTHMICS FOR MENTALLY AND PHYSICALLY HANDICAPPED CHILDREN, by Ferris, and Jennet Robins. Associated Press, 291 Broadway, New York, N.Y. 10007. \$7.95.

A "how-to" book for teachers, therapists, social workers, hospital personnel, parents, interested laymen. Profusely illustrated.

DAVID, by Nancy Roberts. Photographs by Bruce Roberts. John Knox Press, Richmond, Virginia, \$4.50.

The warm, heart-tugging story of the arrival, acceptance and growth of David, some of whose photographs illustrated *The Mentally Retarded—Their New Hope*, the PCMR booklet that was recently retired after 2 million copies of good work on behalf of the retarded.

NURSING IN MENTAL RETARDATION PROGRAMS. Report of proceedings at the 4th National Workshop for Nurses in Mental Retardation, held August 4-7, 1967, at Miami, Florida. Single copies free from U.S. Children's Bureau, Department of HEW, Washington, D.C. 20201.

Contains 9 papers presented to the workshop.

FAMILY PLANNING: NATIONWIDE OPPORTUNITIES FOR ACTION. Compiled and published by the Department of Health, Education, and Welfare. 45 cents from the U.S. Government Printing Office, Washington, D.C. 20402.

A survey of federal activities in the family planning field, with focus on those conducted through DHEW agencies.

DIAPERS AWAY/GROWING UP AT THE TABLE. Published by the Social and Rehabilitation Service, D/HEW. Free from Division of Mental Retardation, Arlington, Virginia 22203.

A convenient double fold-out that presents on one side an outline of how to teach feeding skills to groups of mentally retarded children, and on the other side an outline of how to toilet train groups of retarded children.

PROCEEDINGS OF THE FIRST CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR THE SCIENTIFIC STUDY OF MENTAL DEFICIENCY. Edited by Dr. B. W. Richards. \$20.70 from Dr. Richards at St. Lawrence's Hospital, Caterham, Surrey, CR3 5YA, England.

Includes papers of 450 speakers at the 8-day Congress held in September 1967 at Montpellier, France. (Included are papers by PCMR members Patrick J. Doyle, M.D., Mrs. Hubert H. Humphrey, and Robert B. Kugel, M.D.) Topics range from the Adolescent Retardate to Virus Action during Meiosis or Early Mitosis in Mothers as a Possible Cause of Congenital Anomalies.

POVERTY AND RETARDATION—A COMPREHENSIVE PROGRAM OF MENTAL RETARDATION PREVENTION. Free from the Mental Health. Planning Committee of Milwaukee County, 8855 Watertown Plank Road, Milwaukee, Wisconsin 53226.

BENEFITS FOR HANDICAPPED DEPENDENTS OF MEMBERS OF THE UNIFORMED SERVICES. Compiled jointly by the Department of Defense and the Department of Health, Education, and Welfare. Free from D/HEW, Washington, D.C. 20201.

A summary booklet of benefits and services available and how to apply for them.

GUIDELINES FOR HOSTELS FOR THE MENTALLY RETARDED AND COMMUNITY RESIDENTIAL FACILITIES. Compiled by the New York State Division of Mental Retardation. Free from the Division at 44 Holland Avenue, Albany, New York 12208.

STRENGTHENING COMMUNITY SERVICES IN LOW-INCOME NEIGHBORHOODS: A FIELD GUIDE. Compiled jointly by the Departments of Health, Education, and Welfare, and Housing and Urban

Development. 20 cents from U.S. Government Printing Office, Washington, D.C. 20402.

Report of the Joint Task Force on Health, Education, and Welfare Services and Housing. Describes nine criteria and guiding principles for the design, approval and conduct of a concerted services project.



APROPOS

...Eighty-five percent of the retarded, after thorough medical evaluation, ordinarily require no more medical care than many other handicapped groups in society. The associated physical complications that are correctable, in a majority of cases, are visual and auditory—outside the competence of the ordinary psychiatrist or pediatrician. A significant number of retardates also have speech problems, and these demand the special skills of a speech therapist rather than a physician.

The kind of professional manpower required for effective and functional care of the retarded is not more physicians, nurses, and psychologists with highly specialized training in this field. These people do not spend any significant amount of their professional time working with the retarded anyway. *More than anything else, we need teachers and vocational guidance specialists*—GEORGE W. ALBEE in an article, "Is Retardation a Medical Problem?" in the April 1968 CURRENT.

ment are absent because of economic and social circumstances.—SIDNEY W. BIJOU, in an article, "The Mentally Retarded Child," in the July 1968 Psychology Today.

For the most part, community mental health and retardation facilities and programs are being developed throughout the nation with federal funds under P.L. 88-164 (Community Mental Health Centers Act). This "seed" money has provided a powerful stimulus in getting community services started in many states. The negative aspect of the law, as it presently stands, is that the floor of federal support is pulled away far too rapidly to permit many of the states, counties and municipalities to mobilize their current fiscal resources—or in most cases find new ones—to close the gap.—M. MITCHELL-BATEMAN, M.D., Director, West Virginia Department of Mental Health, in an address to the Republican Governors Association, Pittsburgh, Pa., May 16, 1968.

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... nobody reacts very sanely during the initial impact phases of the advent of a defective child into a family. In most, if not all, cases the family is totally unprepared for the child's exceptionality and is more or less traumatized, depending upon a number of pre-existing factors, knowledge of which is of the utmost importance to the clinician or counselor.—DONALD J. STEDMAN, Ph.D., in a paper, "The Decision To Institutionalize," published in Psychology Today.

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If there are few or no occasions for the child to interact with responsive people and interesting things, then there are few opportunities for him to acquire and retain serviceable behavior supported by reinforcement processes. . . . In a number of situations, severe restrictions on a child may retard his development. Here are a few.

- (1) When a child is treated as though he were abnormal or chronically ill. . . .
- (2) When the parent engages in abnormal or idiosyncratic practices. In a classic case, Kingsley Davis described an example of a deaf-mute mother who kept her illegitimate child in isolation. . . .
- (3) When the environment is thinly populated with stimulating people and intriguing things. . . .
- (4) When the necessary physical and cultural components of the environ-

impossible of functional modernization, enormously expensive to adapt and costly to maintain. Further, after the job has been done, the result is an inadequate compromise.—EDWARD L. JOHNSTONE to the North Central Region meeting of the American Association on Mental Deficiency.

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The agency, public or private, that does not come to grips with the serious problems of our inner cities will soon find itself shunted out of the mainstream of programs that serve people. It will be bypassed by other agencies with more vision, more courage, and more ability to relate to people.—MARY SWITZER, Federal Social and Rehabilitation Service Administrator, in an address to the Jewish Guild for the Blind, New York City, September 26, 1968.

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Before the summer careers program, I felt sure I would be some type of teacher, probably in an elementary school. Now, however, I realize there is an even greater need for someone to teach the retarded. Before . . . I was not sure whether I had patience enough to teach a child, let alone an adult with the mentality of a child. Now I am sure . . . and what a relieved feeling to know there's a need for me after college!—MYRA ABRAMOVITZ, participant in student careers program at Henryton State Hospital, Maryland, Summer 1968.

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We can no longer consider programs of mental retardation as nice, neat, separate packages designed for a specifically diagnosed group of individuals. These programs have been brought into the mainstream of American life and can no longer be isolated from general medical care, welfare, education or the currently frustrating problems that face us when we talk about the disadvantaged and deprived.—DR. LEO F. CAIN, President, California State College at Dominguez Hills and PCMR Member, to the California Council for Retarded Children, November 15, 1968.

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I have had to ask myself whether there really have been major advances in residential care in the last half-century. By this I mean advances . . . affecting the lives of an entire population. . . . It seems to me that I am witnessing the same dreary picture that I saw 10, 20, 30, 40 years and more ago. . . . In some 20 states, one or more of the present institutions for the 'retarded' were opened prior to 1900.

It has become easier to address a letter to the President of the United States than to know where to go in local government for the answers you need.—Member HORACE BUSBY.



ALL POINTS

A digest of public information and education activities by PCMR members, staff and consultants, September 20, 1968-January 15, 1969, as reported to the PCMR information office.

Talks to Groups, Meetings Participation

Congress on Prevention of Mental Retardation, sponsored by the National Association for Retarded Children and the Canadian Association for Mentally Retarded Children: *Robert A. Aldrich, M.D.; Robert E. Cooke, M.D.; Patrick J. Doyle, M.D.; Mathilde Krim, Ph.D.; Mrs. Winthrop Rockefeller; George Tarjan, M.D.; Thomas A. Tucker; David B. Ray, Jr.; Allen R. Menefee; Donald J. Stedman, Ph.D.*

Annual Meeting of the National Association for Retarded Children: *Mrs. Hubert H. Humphrey; Thomas A. Tucker; David B. Ray, Jr.; Allen R. Menefee, Maurice Flagg; Robert M. Gettings; Charles Acuff; Francis Kelley.*

National Youth-NARC Conference: *Thomas A. Tucker; David B. Ray, Jr.; Maurice Flagg; Edward LaCrosse, Ed.D.*

XII International Pediatrics Congress, Mexico City: *Robert E. Cooke, M.D.; Patrick J. Doyle, M.D.; Robert B. Kugel, M.D.; George Tarjan, M.D.; Richard C. Thompson.*

Fourth Annual Washington State M.R. Workshop: *Robert A. Aldrich, M.D.*

California State M.R. Planners Conference: Keynote address by *Leo F. Cain, Ph.D.*

California Council for Retarded Children: *Leo F. Cain, Ph.D.*

Seventh annual professional meeting of the Retarded Infants Services, New York City: *Patrick J. Doyle, M.D.*

Ashtabula County, Ohio, Center for the Mentally Retarded: Dedication address by *Patrick J. Doyle, M.D.*

South Carolina Conference on Youthful Mentally Retarded Offenders: Keynote address by *George Jones.*

Symposium on Rights of the Retarded, sponsored by the United Association for Retarded Children, Milwaukee, Wisconsin: *Robert B. Kugel, M.D.*

North Carolina State Board of Health Seminar for Physicians, "The Physician Confronted by the Handicapped Child": *Robert B. Kugel, M.D.; Donald J. Stedman, Ph.D.*

North Central Regional Conference, American Association on Mental Deficiency: *Mrs. Winthrop Rockefeller.*

Joint meeting of associations for retarded children of Wayne County (Detroit), Michigan: *Thomas A. Tucker.*

Grand Rapids, Michigan, Association for Retarded Children and Lincoln School Parent-Teacher Association: *David B. Ray, Jr.*

American Public Health Association national meeting: *David B. Ray, Jr.*

First national meeting of the Association of Allied Health Professions: *David B. Ray, Jr.; Edward L. Johnstone.*

Charleston, South Carolina, Regional Mental Retardation Center: Dedication address by *David B. Ray, Jr.*

Mid-Atlantic Regional Conference, American Association on Mental Deficiency: *David B. Ray, Jr.; Maurice Flagg; Francis X. Lynch; Richard C. Thompson.*

"Many Faces of Mental Retardation" workshop for information specialists: *Maurice Flagg; Mrs. Mary Z. Gray.*

Community Mental Health-Mental Retardation Center of the Pennsylvania Hospital, Philadelphia: *Robert M. Gettings.*

American Medical Writers Association annual convention: *Darrel J. Mase.*

Missouri Regional Medical Program: *Darrel J. Mase.*

American Legion Midwestern Child Welfare Conference, Springfield, Illinois: *Fred MacDonald.*

ROBERT A. ALDRICH, M.D., MATHILDE KRIM, PH.D.: Named by the Secretary of Health, Education, and Welfare to a committee of distinguished leaders in health, education, labor and industry to provide advice on the mission of the federal government in protection of public health and prevention of disease. The 19-member committee is chaired by Dr. Arthur S. Flemming, President of Macalester College and former HEW Secretary.

PATRICK J. DOYLE, M.D.: Elected 1969 President of the American Health Foundation, which engages in research and education in the field of preventive medicine.

MATHILDE KRIM, PH.D.: Named to the National Association for Retarded Children's advisory committee on poverty and mental retardation. Also named to the panel were PCMR staff members *Allen R. Menefee* and *Maurice Flagg.*

ROBERT B. KUGEL, M.D.: Named Dean of the College of Medicine, University of Nebraska Medical Center.

KENNETH J. RYAN, M.D.: Appointed to the National Advisory Child Health and Human Development Council.

PUBLICATIONS

VICTOR R. FUCHS, PH.D.: *The Service Economy* (Publ. National Bureau of Economic Research; Dist. Columbia University Press; 280 pp.; \$10.00). Since World War II, the United States has become the first nation in which more than half the working population is employed by organizations that provide services rather than produce tangible goods. This volume describes and explores the development.

ROBERT B. KUGEL, M.D.: With Wolf Wolfensberger, Ph.D., a monograph, *Changing Patterns in Residential Services for the Mentally Retarded* (Publ. President's Committee on Mental Retardation; 435 pp.; free). See item in news columns of this newsletter.

THE SOCIAL SCIENCES AND MENTAL RETARDATION: FAMILY COMPONENTS Report of a conference sponsored by the National Institute of Child Health and Human Development and held January 8-9, 1969.

The Future of the Institution

by JOHN R. MARKS, M.D., M.P.H.

Superintendent, Idaho State School and Hospital, Nampa, Idaho

The major problems of implementing programs for the mentally retarded at this time in the United States, I feel, stem directly from the mistaken concept that human values can be purchased on the professional market and realized in artificially structured situations. As long as this concept prevails, fiscal and manpower realities will always prevent our retarded from receiving the help they need to adapt in a reasonable manner to the demands of our increasingly complex society. As long as we view a retardate as a special problem who is incidentally human instead of a human being who incidentally has some specialized problems, we will never be able to successfully meet his needs.

The present status of most state institutions and university-affiliated centers typifies the philosophy and thinking of those responsible for the provision of services to the mentally retarded.

We see everywhere a demand for bigger and better institutions and esoteric research projects. The majority of community programs also treat the retarded person as a categorical oddity who must be labeled as "different" before help can be proffered. This categorical classification system seems to many professionals to be an absolute necessity before they can bring their professional talents to bear on the specimens at hand. Institutions, by their very nature, demand this approach and are statistically successful only when they operate in this manner. Their organizational structure is geared to continual intramural program en-

largement and "upgrading" of patient-staff ratios, simulated community-type environments, and demands for more money and highly trained staff.

There are some of us who feel strongly that unless we reverse the present trends now visible all about us, we will soon be hopelessly boxed into an extremely costly and dehumanized program that will decrease society's ability to meet its responsibility to our less fortunate members.

As long as our programs, which of course include institutions, remain specialized and dehumanizing, we shall only enlarge our problems rather than diminish them. As long as we neglect the basic human values and substitute purchased professionalism for family, relative, and local community relationships, we will never come close to reaching our objectives in the field of mental retardation.

What are the basic objectives of a program serving the mentally retarded? Quite simply stated, they are the following: (1) Primary prevention of retardation—organic and functional; (2) Earliest possible case-finding and diagnosis; (3) Medical and surgical correction or amelioration of system defects where possible; (4) Maintenance of an environment most productive of the development of basic human personality qualities involving parent-child re-

* Dr. Marks made these remarks to a Presidential Committee on Mental Retardation regional for held in Seattle, Washington. The views expressed are Dr. Marks' own.

sibling relationships, environmental adaptation, self-awareness, and learning motivation and ability; (5) Specific training and learning situations designed and implemented to develop all potential; (6) Community development and structuring so that the retarded person may remain or be absorbed into the social, economic, and educational system.

How can these objectives best be realized within the confines of fiscal reality and yet be supportive of human value concepts?

Organizationally, certain structures are an absolute *must*.

1. All MR services must be an integral part of a comprehensive child health program in which individual categorization loses its importance.

2. The center and emphasis of all operations must be at the community level where the retarded and their families live rather than where the professionals prefer to congregate. All residential facilities must be merely a part of this total program and must serve only as a small segment of the continuum of services available.

3. Interagency programming must be coordinated by an administrative structure with the authority and power to implement.

Objective No. 2, that of case-finding, can be adequately accomplished only through an operation designed to reach the infant and young child. By the time most retarded individuals are brought to the attention of service agencies, the years of golden opportunity to help have already been lost. Case-finding by the schools, by the courts, by neighbors, and by community authorities is far too late for maximum benefit.

Traditionally, we have depended on the privately practicing physician to discover these children, but this is a shaky dependence because many people do not take their infants and young children to physicians, many physicians do not recognize the early signs of retardation and organ system defects, and the physician is often unduly optimistic and procrastinates in accomplishing definitive diagnosis.

The over-all lack of community therapeutic services often, even in the face of diagnostic

adequacy, makes case-finding an academic exercise producing nothing but added frustration and bewilderment for the involved families.

The only practical and feasible comprehensive case-finding mechanism possible in the United States today is the establishment of well-child nursing clinics (without eligibility requirements) in every area of our country. These should be conducted by public health nurses trained in child health and human development. If we took our nurses out of their wheel-spinning activities in schools, worthless epidemiological investigation, report-writing, and large-scale home visiting, we would find that we already have a large number of skilled nurses for this purpose. From these nursing clinics, children with problems would be referred to private physicians and/or specialty clinics conducted at routine intervals in community facilities and staffed by a physician, psychologist, social worker, and consultant personnel.

These comprehensive centers would be available to all and would deal with every type of problem falling within the scope of mental health, mental retardation, crippled children services, maternal and child health programs, community dental health, and preventive medicine. The center team would be responsible to see that a problem—whatever its nature—was delineated with adequate over-all supervision and utilization of all community resources.

Where would the state institutions for the mentally retarded fit into this concept? They would have the following functions:

1. Temporary care in these situations:

- Need for more definitive diagnosis involving procedures and testing not economically feasible at the local level.
- Need for specific medical and surgical therapy.
- Crisis alleviation where residential care is not available locally.
- Highly specialized training and rehabilitation when appropriate.

2. Long-term care for those severely and profoundly retarded and for those with severe multiple handicaps when local facilities are inadequate.

3. Multidisciplinary training centers for professional personnel.

As the community facilities are developed, less and less will be required of the central institutions. Now is the time to stop enlargement aggrandizement of these isolated facilities and pour our resources into the development of community facilities and programs.

We must develop a comprehensive approach to people with problems and not categorize at any level. To categorize is to duplicate, segregate, and dehumanize. Definitive diagnosis is essential only for therapeutic and prognostic purposes. The prevention of retardation will be possible only through community programs able to affect people where they live. Statewide high risk registries and genetic counseling integral with the local service program, upgrading of health care involving the reproductive cycle, general community education and *enlightenment, and higher professional standards* can be brought into being only through community involvement, not through the congregation of professionals at institutions and universities.

What are some of the basic changes we must make in instituting such programs? Briefly, they are the following:

1. The elimination of program categorization at all governmental levels—federal, state, and local. "Departments of Institutions" at the state level, for example, should be abolished, and the various facilities transferred to the agency operating the basic program. Departments of mental retardation should be abolished and their activities included in public health programs. State health departments should be required to develop integrated comprehensive child health programs with the entire emphasis on community facilities and services. Local health departments must give up their traditional busy work and become part of their communities. Federal grant programs must insist on a comprehensive integrated approach rather than, as now, serve to prevent it. The federal hodge-podge of divisions, bureaus, sections and departments, with backbiting, conflict, and rivalry at all levels, must be stopped if we are to move toward a more realistic program.

2. Universities must not be allowed to funnel the majority of the programs and monies into esoteric projects and ivory-towerism. Research and highly specialized education is necessary, but at the present time and in the foreseeable future, limited benefit from a good share of this activity will accrue to the people with the problems.

3. Less money should go to institutional programs and facilities which are at best poor substitutes for community services. Why build artificial communities within institutional walls when there are better facilities with real parents all over our country? Get the professionals out where the people are, instead of bringing the hapless retarded to where the trained personnel feel more at home. The manpower shortage is far less than we would like to think it is; the problem here is poor distribution and utilization of our manpower resources.

4. We must develop large scale "subprofessional" training programs and spread professional knowledge through consultation and demonstration to other people rather than allow the professionals the luxury of clinical one-to-one relationships.

5. We must make much greater use of the volunteer in the provision of a great many basic services.

6. We must make greater efforts to include the families and relatives of the retarded as a part of the team.

7. Finally, we must realize that a good share of the "treatment" of mental retardation involves the establishment of adequate interpersonal relationships, a quality that cannot be purchased, only stimulated and guided. The best residential facility for the retarded is in his own or a foster home. The vast majority of parents want and would keep their child if we professionals would guide and help them within their own environment. Money cannot buy love and affection. Federal grants cannot take the place of a parent or a brother. Let us use our fiscal resources and professional talents to strengthen the role of the family and community, not to destroy it.