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A REPORT OF A SYMPOSIUM ON MANPOWER DEVELOPMENT AND TRAINING IN THE FIELD OF MENTAL RETARDATION, ANNUAL MEETING OF THE AMERICAN ASSOCIATION ON MENTAL DEFICIENCY (CHICAGO, ILLINOIS, MAY 11, 1966).

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PAPERS FROM A 1966 CHICAGO SYMPOSIUM OF THE AMERICAN ASSOCIATION ON MENTAL DEFICIENCY CONSIDER THE NEED FOR TRAINED PERSONNEL IN VARIOUS DISCIPLINES TO PROVIDE SERVICES, DO RESEARCH, AND TEACH OTHER PERSONNEL. INCLUDED ARE "OUR INTEREST IN MANPOWER DEVELOPMENT AND TRAINING" BY WESLEY D. WHITE, "MANPOWER AND TRAINING PROBLEMS AS SEEN BY STATE PLANNING COMMITTEES" BY ALLEN R. MENEFEE, "SOURCES OF SUPPORT FOR MANPOWER AND TRAINING DEVELOPMENT" BY DARREL J. MASE, "HIGHER EDUCATION AND THE TRAINING OF MANPOWER FOR MENTAL RETARDATION" BY LEO F. CAIN, "ISSUES IN TRAINING AND MANPOWER BY FLOYD E. MCDOWELL, "TRAINING ISSUES IN MANPOWER DEVELOPMENT FOR INSTITUTIONS FOR THE MENTALLY RETARDED" BY GARETH D. THORNE, AND "SUMMARY AND HIGHLIGHTING OF ISSUES IN MANPOWER DEVELOPMENT AND TRAINING" BY WILMAR F. BERNTHAL. (JD)

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Held in connection with the annual meeting of
the American Association on Mental Deficiency
Chicago, Illinois, May 11, 1966

Edited by
Roma K. McNickle

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Western Interstate Commission for Higher Education
University East Campus Boulder, Colorado 80302

October 1966

FOREWORD

We have known for a long time that we face an acute shortage of manpower in the field of mental retardation. There are just not enough trained personnel in the various professional disciplines working in this field to provide the needed services, to conduct the badly needed research, to teach the upcoming generations of workers, and to carry out other essential activities.

The American Association on Mental Deficiency, at its 1965 annual meeting in Miami Beach, took cognizance of its responsibility in this area and expressed its determination to exercise leadership in meeting the problem by appointing a Committee on Manpower Development and Training. The committee consists of the following people:

William B. Beach, Jr., M.D., Deputy Director, Division of Local Programs, California Department of Mental Hygiene, Sacramento

Louis Belinson, M.D., Superintendent, Lincoln State School, Lincoln, Illinois

Harry Blank, Assistant on Manpower and Training, National Association for Retarded Children, New York City

Leo F. Cain, Ph.D., President, California State College at Palos Verdes

Robert B. Kugel, M.D., Professor of Medical Science, Brown University, Providence, Rhode Island

Floyd E. McDowell, Ed.D., Acting Chief, Mental Retardation Section, Community Research and Services Branch, National Institute of Mental Health, Bethesda, Maryland

Allen R. Menefee, M.S.W., Assistant Chief, Mental Retardation Branch, Division of Chronic Diseases, U.S. Public Health Service, Washington, D.C.

Wesley D. White, Ed.D., Chief, Division of Mental Retardation, Colorado Department of Institutions, Denver

It has been my privilege to serve as chairman, and I am indebted to each of the members for his dedication to the task before us.

The committee set itself the goal of examining some of the parameters of the manpower problem in mental retardation, and hopefully to suggest some possible solutions. Toward this end, planning was begun for a full-day symposium to be presented at the 1966 annual meeting, where it was hoped that a large representation of the total AAMD membership might meet to examine the problem and begin to develop viable alternative remedies.

The papers in this publication were presented at the symposium held

at the annual meeting in Chicago on May 11, 1966. We are indeed grateful to the Bureau of State Services, U.S. Public Health Service, for a small grant which made possible the planning sessions of the committee and the symposium itself.

The symposium was, it is hoped, only a beginning. If successful, it should have catalyzed some thinking and some planning to meet our critical manpower problem. The committee is now in the process of attempting to evaluate this effort, so that it may recommend to AAMD and other interested agencies and individuals possible courses of action. As individual practitioners, educators, and researchers we are *concerned* about the problem. Together we may find it possible to *do something* about the problem.

Jerome Levy, Ph.D.
Chairman, AAMD Committee on
Manpower Development and Training

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OUR INTEREST IN MANPOWER DEVELOPMENT AND TRAINING

Wesley D. White, Ed.D.
Chief, Division of Mental Retardotion, Colorado Department of Institutions
Vice President, American Association on Mental Deficiency, and
Chairman, Section on Administration

The American Association on Mental Deficiency as an organization has long been concerned with problems of manpower development and training. In recent months, Dr. Herschel Nisonger, director of our Division of Special Studies, has been developing a study of ways and means of meeting the manpower needs in mental retardation.

In his prepared justification Dr. Nisonger states that, although we have been living with a shortage of well-trained personnel for years, recent events have greatly magnified the problem. These events he lists as follows:

1. The last two decades have seen a tremendous upsurge of public interest in and demand for expanded community services for the mentally retarded. Although residential facilities have been provided for the retarded in this country for over a century and are continuing to expand, in recent years there has been an increased public awareness that 96 percent of the retarded live in communities and that local services must be provided.

As a result, many types of services such as clinics, special education for educable and trainable school-age children, nurseries for pre-school children day care, workshop and rehabilitation services for older youth and adults, home services, parent counseling, and community-based residential care, are gradually being made available to the retarded and their parents in more communities throughout the country. This development adds to the drain on trained manpower already in short supply.

2. The size and scope of the problems of the mentally retarded are just beginning to be realized by the general public. While some prevalence studies have been made, we are unable at present to estimate with certainty the number of retarded in the total population by age levels, degrees of impairment, or place of residence.

The estimate most commonly quoted is 3 percent of the total population, approximately 5,500,000 retarded in the United States. This figure appears fairly accurate, if interpreted to mean that 3 percent of the population will at some time in their lives be classified as mentally retarded, that at some time in their lives this 3 percent will need some kind of specialized services.

Whether 3 percent of the total population is used or 3 percent for school-age children, 1½ percent for pre-school children, and 1 percent for adults, as used for some program planning, the number is still exceedingly large. In terms of developing comprehensive plans for the retarded, the manpower implications are almost staggering.

3. Currently, the states are engaged in a nationwide effort to develop comprehensive plans for the mentally retarded. This is certain to result in increased services on a variety of fronts. It will call for increased trained manpower at the community level in residential institutions, in clinics, in professional training programs, and in research.

During this state planning effort, it has not been uncommon to hear participants (both professionals and laymen) say: Why recommend expanded and/or new services when we cannot adequately staff the services we already have? The hard facts are that, in the face of this shortage of trained personnel, programs in mental retardation are being expanded and new ones established, and this is likely to continue at an accelerated rate.

It is crucial at this time to decide whether we are going to accept this serious shortage of trained personnel as inevitable and permanent or instead make a systematic and determined effort to increase the supply. Fortunately, there are some who sincerely believe that effective ways can be found and we should begin now.[1]

The Manpower Development and Training Committee of the AAMD strongly supports Professor Nisonger in his view and unreservedly endorses the application of the Division of Special Studies.

Other studies also indicate that the manpower problem is most critical at this time, and that there is little chance of meeting the needs except through planned vigorous attacks on several fronts. The President's Panel on Mental Retardation stated:

> . . . one of the most severely limiting factors in the capacity to mount expansion of rehabilitation and training programs for the mentally retarded is the shortage of specialists. Training programs aimed at the improvement of present personnel and the training of new employees must be implemented.[2]

In planning our symposium today, Dr. Jerome Levy listed among our principal concerns both (1) an increase in the numbers of personnel engaged in providing services to the mentally retarded and their families and (2) changes in training programs needed to develop more and better qualified personnel.

In regard to increased numbers, these questions suggest themselves:

> How can an increase in the numbers of specialized manpower trained to give services to the mentally retarded and their families be provided?
>
> How can the best use be made of professional and other manpower resources already available in the field of mental retardation?

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[1] Project Application, Division of Special Studies, American Association on Mental Deficiency, Herschel W. Nisonger, Director.

[2] The President's Panel on Mental Retardation, *Report to the President: A proposed program for national action to combat mental retardation.* (Washington, D.C.: Government Printing Office, 1962.)

Is there a need to develop new kinds of personnel to meet service needs in mental retardation?

Both recruitment to the field of mental retardation and improvements in training programs raise such problems as these:

Are there ways to increase the number enrolling in university-based training programs in medicine, psychology, social work, nursing, etc.?

Are there needed changes which should be introduced into existing curricula to improve training for work in the field of mental retardation?

How can new research knowledge and improvements in techniques for the prevention and treatment of mental retardation be incorporated into existing programs which provide direct services for the mentally retarded and be utilized in planning at the state, regional, and federal levels?

Many mental retardation administrators have risen to positions of responsibility as a result of competence in a professional discipline, without having had an opportunity for training in administration *per se*. How can training programs be provided which will enable these administrators to perform their duties using sound managerial principles?

The papers to be presented this morning and the workshop sessions this afternoon will, we hope, help to provide some answers to these questions and suggestions for ways by which answers may be translated into action.

MANPOWER AND TRAINING PROBLEMS AS SEEN BY STATE PLANNING COMMITTEES

Allen R. Menefee, M.S.W.
Assistant Chief, Mental Retardation Branch
Division of Chronic Diseases, Public Health Service
U. S. Department of Health, Education, and Welfare

On May 7, 1966, President Johnson announced the appointment of a National Advisory Committee on Health Manpower. The Committee's mission is to recommend bold, imaginative ways to improve the utilization of health manpower and to speed up the education of physicians and other highly trained health personnel without sacrificing the quality of such education.

At the same time, the President directed the heads of the Department of Defense, the Department of Health, Education, and Welfare, the Civil Service Commission, and the Veterans Administration to "conduct a joint effort to improve the utilization of health manpower by federal agencies."

The background statement accompanying the announcement in effect summarized the findings of state planners in our health services. "Additional manpower," the President said, "will be needed for expanding programs of maternal and child care, service to crippled and retarded children, and help for mental patients."

Today I have been asked to give you the highlights of state plans for services to the mentally retarded, as they relate to manpower. State plans reveal some universal problems, such as the need for more personnel, and some interesting approaches to specific aspects of manpower development.

Over-All Manpower Needs

Again and again, the state plans emphasize present and projected shortages in manpower to deliver services the planners find essential to combat mental retardation. I shall cite several estimates and statements from widely differing states.

Pennsylvania: "As of June 30, 1965, the state schools and hospitals had only two of their four authorized psychiatrists; 68 percent of their authorized physicians; 66 percent of their authorized psychologists; 88 percent of their authorized professional nurses; 85 percent of their authorized social workers; and 89 percent of their authorized teachers."

Arizona estimates "a projected shortage of over 500 special education teachers for Arizona schools."

Mississippi: "On August 1, 1965, there were 267 public health nurses in the state, 13 of whom were State Board of Health central office staff. This is considerably less than the 400 public health nurses needed to achieve the recommended ratio of one per 5,000 population. When nursing

services to the chronically ill at home are provided, the accepted ratio is one public health nurse per 2,000 population. Sixty-three counties of the state are without the services of a pediatrician."

West Virginia: "The actual needs are for a total of 1,546 persons to become involved in the care and rehabilitation of the mentally retarded citizens of the state. These 1,546 personnel should consist of 80 physicians, 54 nurses, 16 psychologists, 40 social workers, 100 homemakers, 843 special education teachers, 30 recreational therapists, 18 vocational counselors, 100 administrators, and 265 supervisors."

State plans call for new kinds of jobs as well as additional personnel. The Rhode Island plan recommends increasing the staff of the state health department to carry out precautionary, preventive, and educational functions. Further recommendations are that "the position of the director of the office of mental retardation be filled as soon as possible" and that "the director . . . will require at least three staff associates, for implementation of the plan, for public and professional education, and for behavioral and biological research."

Recruitment

The state plans attempt to meet the manpower need through recommendations in several areas including recruitment, training, personnel policies and salaries, and deployment. Alaska's plan calls for "more adequate recruitment and retention of manpower to fill vacant positions in agencies providing services to the mentally retarded."

Recruitment might well begin through contacts at the point where career choices are being made, through contacts with high school guidance counselors. California's plan suggests a "step-up of general recruitment into and training for the various professions, with as much emphasis as possible on the rewards and satisfactions of working with the mentally retarded. This effort must start in the high school years, but it can also be effective at the college and even graduate levels. The responsibility is shared by educational counselors, professional organizations, and associations for retarded children, as well as the government and voluntary agencies that require the professional personnel."

Additional recruitment devices suggested include "career" days, work experience for students in mental retardation service settings, and volunteer experiences. Also suggested are the use of illustrative case materials in classroom teaching of high school and college students, films, brochures, and mass communications media.

Training Professionals

Training for professionals receives the bulk of the emphasis in the manpower question. Every plan recommends extension or expansion of training for this field in the universities and colleges. Many of these recommendations are very specific as to which university should train for what profession.

South Carolina: "The state should establish an accredited school of social work."

New Jersey: "All institutions of higher learning should provide courses at the undergraduate level and programs of specialized instruction at the graduate level in the area of mental retardation."

South Dakota: "Further training should be initiated in speech and hearing at the University of South Dakota by adding 12 to 15 hours of course work." Also recommended is the establishment of a Public Health Training Center.

There are numerous recommendations for curriculum enrichment by adding more content, case studies, paper assignments, and field training to existing programs of higher education in medicine, nursing, psychology, social work, rehabilitation counseling and so on.

Suggestions are also made for continuing education or in-service training for persons working in generic settings or the helping professions in order to broaden the manpower base by extending competence of these professionals. Training of non-health professionals who deal with the retarded, such as judges, lawyers, police officers, employment counselors, and ministers, is recommended by a number of the plans.

Methods for in-service training or continuing education include educational television and teaching machines, to enable doctors, nurses, and teachers to update and supplement their knowledge with material that would otherwise be extremely difficult to obtain.

Training of Technicians

New approaches to training technical personnel, such as therapy aides, child care workers, and teaching assistants, are receiving attention in the state plans.

Stipends, educational leave, sabbaticals, traineeships, fellowships and scholarships from state funds, as well as a full use of federal and non-governmental resources, are commonly recommended. Some legislatures have implemented these recommendations by authorizing such funds.

Some predominantly rural states have recommended use of interstate training centers for certain professions. Scholarship funds would be made available to train residents of states without centers, with the expectation that they would return to their home state for continued practice.

Salaries

One problem seemed to be universal. As South Carolina puts it, "A uniform salary schedule for the same professional positions should be developed, with adequate compensation to both attract and retain personnel." Mississippi recommends that "imediate steps be taken to raise salaries for mental retardation personnel to competitive levels."

The use of volunteers as a manpower resource has been recommended

in a number of plans. However, little attention has been given to details of using volunteers.

Utilization of Present Manpower

One area receiving some attention will probably be discussed in depth at this conference—namely, the deployment or effective use of our present manpower pool. The California plans suggest that we "redefine the tasks, so that some portion of the work, requiring less than full professional preparation, may be done by other persons. There are already teachers' aides, who may take attendance or collect milk money, and nurses' aides, who perform routine sub-professional chores in hospitals. With imagination, the professional core of each position can be defined, and the lower-skill activities assigned to others."

A good example of this approach is in the proposal and description of two career lines in social work in the publication, *Utilization of Social Work Staff, with different levels of education for family services in public welfare and selected illustrative job specifications for local agency personnel.*[1]

How many social workers or nurses now spend a goodly portion of their time in clerical work? How many child care workers are kept from their primary task—that of aiding child growth and development—by housekeeping chores?

Some plans call for clear delineation of job descriptions. This requires in-depth evaluation of what each level of training can provide in fulfilling the required tasks or job elements. This means, too, that real thought must be given to determining which job elements are essential, and which are frills or even unnecessary.

It also calls for honest evaluation of whether or not a given profession should take on a job. For example, a recent study indicated that casework made no difference in the shaping of behavior in delinquent girls.[2]

Such an analysis also includes a hard look at the number of steps or number of persons with whom you touch base in the delivery of services and the elimination of some steps. Productivity is hampered by administrivia and paper work.

Administrators in an honest desire to be informed are now finding themselves tied to the desk by paper (copies of everything). A short briefing on essential facts and issues might be a better basis for decision-making. Cutting down on numbers of forms, reports, checklists, and memos just might give time for people to work more productively with people.

In summary, the state plans say what we already know but they do put manpower issues in focus. A few states indicated that in-depth study and

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[1] Published by the Bureau of Family Services and the Division of State Merit Systems in the Welfare Administration, U.S. Department of Health, Education, and Welfare, December 1965.

[2] E. G. Meyers and others, *Girls at Vocational High, an experiment in social work intervention* (New York: Russell Sage Foundation, 1965).

planning are needed before significant answers can be found to manpower questions.

Manpower in a Global Context

Manpower needs for the mental retardation field can only be considered within the context of the broad approach to recruitment, deployment, and training of manpower in the fields of health, welfare, mental health, education, and rehabilitation. These in turn can be considered only within a broader framework of manpower for the nation's economy and the nation's commitments throughout the world.

The American Association on Mental Deficiency can no longer afford to stay within the confines of its own membership in considering issues of this magnitude. In an undertaking such as we are considering today, we need to call on such resources as the National Health Council, the Department of Labor, and personnel directors in business and industry. The best thinking of people in both the public and the private sector will be needed to solve problems of such magnitude.

SOURCES OF SUPPORT FOR MANPOWER AND TRAINING DEVELOPMENT

Darrel J. Mase, Ph.D.
Dean, College of Health Related Professions
University of Florida, Gainesville, Florida

It is indeed heartening to see the all-out attack on mental retardation. Those of us who served on President Kennedy's Panel on Mental Retardation had no idea that so many of the 95 recommendations would be acted upon so rapidly. Half of those recommendations requested the Department of Health, Education, and Welfare to play a major role in getting comprehensive services and programs for the mentally retarded. They have accomplished a great deal. The thing of which we must continually be aware is that legislation specifically for the mentally retarded, whether at the state or federal level, is only a small part of the legislation which relates to the mentally retarded.

In the fiscal year 1966, $303 million is available specifically for mental retardation programs through the operating agencies of the Department of Health, Education, and Welfare. There is no way to extend this figure to include the state and private monies.

Some of these programs have already shown us that many individuals whom we thought could not be very productive can, with proper diagnosis and comprehensive education and vocational programs, earn money rather than cost their families and society money. The degree to which we can do this is in direct relationship to what the community has to offer in medical, social, educational, vocational, and other rehabilitative programming. It has further been determined that some of the causes of mental retardation can be controlled.

The Mental Retardation Activities annual report of the Department of Health, Education, and Welfare, January 1966, summarizes many federal activities. P.L. 89-97, Social Security Amendments of 1965, will help to close the gap in needed professional manpower for the care of the mentally retarded and those with multiple handicaps. The law authorizes grants to institutions of higher learning and to mental retardation facilities for assistance in staffing: $5 million for the fiscal year 1967; $10 million for 1968; and $17.5 million for each fiscal year thereafter. This will reduce the severe shortage of professional personnel but will not meet even the current needs. Too much of this money for added personnel is being expended to continue the pattern established in the past, rather than to determine new roles and new personnel to perform duties more properly relating to the jobs to be done.

This same legislation grants $2.75 million a year for 1966 and 1967 to assist the states in following up and beginning to implement the comprehensive state plans to combat mental retardation. Special project grants for improved health of school and pre-school children are included. Grants will

be made to state health agencies and to schools of medicine, dentistry, and affiliated teaching hospitals, to provide up to 75 percent of the cost of comprehensive medical and dental services, with $15 million authorized for 1966, $35 million for 1967, $40 million for 1968, $45 million for 1969, and $50 million for 1970. While this legislation is not designed solely for the mentally retarded, they will certainly profit from it.

Barriers in State Planning

I have been asked to give some consideration to barriers in manpower and training and what can be done to overcome them. Let me then relate to barriers in state planning. We must remember that planning is not a popular thing. It demands courage. It demands change; yet change is threatening. Change threatens our complacency; change threatens what we fought for and what we stand for in our specific programs, in state institutions, in special education programs, or wherever we are.

We should not be so complacent and satisfied with our state planning to date. There has not been enough vision. More often there has not been enough adaptation to what we know. The population projections and geographical distribution of our population have not been given adequate consideration. Our proposed programs will be outdated before they are implemented, just as new highways are. Too many of the state reports have spent time on historical data which contribute little to planning for the future. State planning should be ongoing and adapted to new knowledges and changing times.

Some state plans emphasize what should be done, in line with textbooks and articles in professional journals, rather than with what is happening in other countries and in isolated instances in the United States. Too often state plans do not get to issues, recommendations, specific proposals for implementation. The process of having on our committees and task forces persons with influence, vested interests, and ego involvements is not the most efficient way to proceed. We need to accept what has been done and apply what we know to what is ahead in our planning for mental retardation of the future.

Very often our state planning has brought together those from the institutions for the mentally retarded, to determine what to do about planning for construction and programming for institutions in the future. Special education people form a task force to determine what should be done in special education. While these specialists need to relate to the planning in their respective areas, they are often not as objective as is necessary. We need catalysts in planning. We need someone who can be objective.

In the College of Health Related Professions at the University of Florida, we do not have very many rules and regulations for the eight departments. One rule we do have is that individuals from outside the university come in at least every two years to evaluate our programs. Every other visit must be made by someone outside the specialty being evaluated; perhaps general educators rather than physical therapists to evaluate the physical therapy program.

In our state planning have we had such catalysts? Have we had members on task forces and consultants who foresee the future and who know the best of comprehensive programming for the mentally retarded in order to plan for the 70's and 80's?

Another bias in our planning in the field of mental retardation relates to whether we have included the people who can effect the desired changes. We should not be very interested in planning unless we can get better facilities, better programming, improved use of manpower, and more comprehensive programs for the mentally retarded.

It has been my observation that, in many states, legislators and key citizens have not been brought in to work with the committees and task forces. Lawmakers and influential citizens should be educated in the planning process in order to implement the needed legislation. For example, members of the Junior Chamber of Commerce have not been actively involved in planning in many states, even though they represent 250,000 energetic and ambitious young men, 25 to 35 years of age, in 5,000 communities. They and their wives, the Jaycettes, make up a force of half a million. This group knows by first name every state legislator and Congressman in the 50 states. One of their major projects is mental health and mental retardation. With the aid of such a citizen group, it would be possible to get laws passed in all state legislatures and in Congress which would reduce the differences in state programs and would speed up passage of state legislation necessary to qualify for federal funds.

We must remember that planning without action is futile; action without planning is fatal. Planning must continue. The blueprints in the respective states are already outdated.

Barriers to Securing Federal Funds

P.L. 89-105, Mental Retardation Facilities and Community Mental Health Centers Construction Act Amendments of 1965, amended prior legislation which authorized programs in the areas of education of handicapped children. The new law extended and expanded the training activities for teachers of handicapped children and added construction authority to the program of research and demonstrations. Authorizations for teacher training for 1966 were $19.5 million; for 1967, $29.5 million; for 1968, $34 million; and for 1969, $37.5 million. Research and demonstration projects were extended to 1969 and opportunities were included for improving remedial techniques, classroom instruction, and preparation of special materials to teach the mentally retarded: for 1966, $6 million; for 1967, $9 million; for 1968, $12 million; and for 1969, $14 million.

This same law provided funds for construction, equipment, and operation of research and demonstration facilities in the field of education of handicapped children. This includes such things as experimental classrooms, research equipment and laboratories, and instructional materials, which should go far toward improving our techniques and procedures. Let us not forget that P.L. 89-10, Elementary and Secondary Education Act of

1965, which relates to the education of children of low-income families, has much to contribute to programs for the mentally retarded.

In 1966, of the $303,331,000 specifically designed for mental retardation programs in the Department of Health, Education, and Welfare, nearly $176 million will be used for support of a wide variety of programs in demonstration projects, professional preparation, services, construction, research and the like; and $127 million for maintenance of persons who are mentally retarded. These activities are scattered through a wide range of areas.

There are many individuals in various offices in Washington who relate specifically to funding for the mentally retarded. One of my recent recommendations, both at the Department of Labor meeting on health careers and on a new Subcommittee on Allied Health Professions of the National Health Advisory Council, was that we have a teller at the Washington airport to whom we would give a concise statement of our needs, and from whom we could find out which one of the many different federal agencies funding the same or similar programs still has funds to sponsor the particular program in which we are interested. After all, it is our dollars which we sent to Washington for redistribution, and we should have the procedures simplified for determining where they are. It is obvious that my proposal might put a good many people out of work in Washington, but it might also help a whole lot more mentally retarded more quickly. So one of the barriers seems to be the matter of access to the funds which have been designated for various programs.

Another barrier is the need to develop "grantsmanship" in those who can best use the funds to help the mentally retarded. While this may be heresy to some of you, it is my casual observation that sometimes the most worthy programs are not the ones which are funded. There are many factors which determine where our monies go, even as monies have gone to certain sections of the country in the past for dams, post offices, and other patronage devices.

Now I don't believe you want me to go into the matters of professional preparation through the National Institute of Child Health and Human Development, or the program of the Division of Chronic Diseases, or the National Institute of Mental Health, the National Institute of Neurological Diseases and Blindness, the Office of Education, the Vocational Rehabilitation Administration, the Children's Bureau, et cetera, et cetera, et cetera. Nor do I think you want me to discuss with you the university-affiliated retardation research facilities which have been established or approved, or the mental retardation research centers. This information is all available in several documents which can easily be referred to.[1]

It might be better to recognize that innovation and change are inevitable and to look to some of the patterns, some of the things that are being done, which will make it possible to provide the comprehensive programs necessary if the mentally retarded are to be as productive as it is within their capacity

[1] See references at the end of this paper.

to become. Let me simply say that federal and state monies and private monies from foundations and agencies are available to do many things—not all we would like to do, perhaps, but probably not all we would like to do should be done.

The Need to Break with Tradition

Tradition becomes a deterrent to progress. One of my primary interests is more effective utilization of manpower. The one-to-one relationship previously enjoyed by physicians, psychologists, speech pathalogists, audiologists, physical therapists, occupational therapists, and various other educational and health personnel is becoming a thing of the past. We must do job analyses of what those who work with the mentally retarded do, and we must determine the training needed to provide the skills required to perform these activities. Dr. William H. Stewart, Surgeon General, said in his presentation before the White House Conference on Health last November, "Year by year our top professional personnel are being trained to perform still more complex tasks. How long can each profession afford to hang on to its simple functions, the routine pulling of a tooth, for example, or the several easily automated steps in the medical examination? How can we train the physician or dentist to make full use of the skills available in other people, freeing himself to perform only those duties for which he is uniquely qualified?"

We talk about featherbedding on the railroads with firemen on diesel engines, but we have featherbedding in the health, education, and vocational areas. Resistentialism of professional groups makes change very difficult, but change we must have if we are to help the mentally retarded and not a segment of the mentally retarded. We say we must have a teacher with a bachelor's degree or a master's degree for every 12 or 15 children in a special class. The number varies in different states. Where is the research which shows that this is the proper size of the class? Where is the research which says that it takes a teacher with a bachelor's or a master's degree to do the things which the special class teacher does?

One of my recommendations on the President's Panel was that we might experiment with a master teacher with 90 children, with multiple classrooms and programmed learning. He would have two or three people on the junior college level to conduct many of the routine learning procedures; and two or three individuals out of the institution for the retarded to take these youngsters to the bathroom, to clean up after lunch, and do other things for which we are now using a teacher and as a result do not have enough teachers to supply the need. The profession of teaching the mentally retarded does not appeal to many individuals when they see that the job does not take the training indicated.

Some Innovative Programs

What are some of the things that are being done which are innovative? Let me report a few which I have observed personally.

For several years the Southern Regional Education Board has had an excellent program of training attendants in our institutions. This program,

funded by federal monies, has upgraded the work of attendants in our various institutions in the Southeast and thus has changed the functioning of the mentally retarded. These experiences have then been shared through meetings and publications with institutions throughout the country.

The Central Wisconsin Colony and Training School in Madison has a program to train nurse aides. (Interdisciplinary aides is a better title.) When "attendants" are employed, they go into two months' full-time training to learn how to be extenders of the services of various professional people in the units where the children live. There are not enough physical therapists, occupational therapists, speech pathologists, psychologists to do all of the things that need to be done for these youngsters. So how can we extend the knowledges of professional personnel and have others carry on and do many of these things? A federal grant has been made available for this project.

There aren't enough clinical psychologists. We have very few clinical psychologists in our programs for the mentally retarded. Our academic programs have ruled out anything as being respectable except a Ph.D., and we only train enough of those to become academicians and research people and not to be clinicians. The psychometrician is not a respectable person any more.

In our own college we are experimenting with psychological assistants, individuals with a bachelor's degree who have majored in psychology. In the past there have been no job opportunities for these people. We are trying to determine what the education and training should be. One such person, with a B.S. degree and a major in psychology, has become very productive through an apprentice kind of training. The clinical psychologist says this person had doubled the productivity of his own work. The other nine clinical psychologists on our staff in the Department of Clinical Psychology are requesting psychological assistants. How can we, through an educational process at the bachelor's level, get this person ready to do many of the things that the Ph.D. clinical psychologist now does, working under his direction and supervision? We are being funded with a federal grant to determine what the educational process should be. As a physician has nurses and other health personnel working under his direction, it would seem a clinical psychologist should have two to four psychological assistants under his direction and supervision. Only then can we reach more of the mentally retarded with comprehensive psychological evaluations which are so essential to good programming. We are also experimenting with a social work assistant. It is my hope that discussants on this subject of manpower will give attention to the use of aides, assistants, volunteers, all working under the direction and supervision of the more highly skilled person.

Innovations Reported by Federal Agencies

The National Institute of Mental Health reports a university which, in collaboration with an institution for the retarded, has been conducting an interdisciplinary research training program in mental retardation. This project involves doctoral candidates who have completed two or more years

of graduate study in the fields of speech pathology and audiology, psychology and special education, sociology, and other mental health related fields. The training program involves a one-year research internship or apprenticeship in settings where there is considerable ongoing research with the mentally retarded. The primary aim is to train candidates for research careers in fields of mental health and mental retardation, to acquaint the prospective researchers with an institutional research setting and the conditions attendant on both laboratory and environmental research, and to undertake in-service research training of hospital residential staff as well as to develop a plan for research training and for evaluation of research training. We will see much more of this kind of thing as the university-affiliated centers are established.

NIMH also reports a unit in a medical school department of pediatrics, where training is being given in a "community" program in mental retardation. Its two major goals are: (1) to recruit and train personnel from relevant professions as specialists in the field of mental retardation; and (2) to acquaint health professionals and health-related professionals who either are now or can be significantly involved in the treatment of the retarded in the community, with the needs and techniques for doing so. In our college we have a grant from the Vocational Rehabilitation Administration to orient rehabilitation counselors in the field of mental retardation. We have a staff member located at the MacDonald Training Center in Tampa. Students who are interested in this field spend their internship in this setting. We have been surprised at the number of students who welcomed this opportunity, once it was made available to them.

A department of special education has initiated a plan to develop research scientists who can relate to the mentally retarded children within the complex of an educational setting, to evaluate and refine the program for such training. They propose to take people who have taught and then teach them research skills and attitudes, together with the necessary background on mental retardation personnel theory.

Also reported is an institution for the retarded which is conducting long-term and short-term interdisciplinary training programs for individuals to serve as house parents and home supervisors in residential child treatment institutions. There is a core curriculum and supervised field work. All of us know of other similar projects, but we still need to be more visionary and daring. Federal agencies will support new concepts.

The Mental Retardation Branch of the Division of Chronic Diseases will this summer be supporting 50 SWEAT (Student Work-Experience and Training) projects involving 700 students around the country. One of my most exciting experiences was while doing some consulting work last summer at the Arkansas Children's Colony. It was my privilege to spend several hours one evening with a dozen high school students from over the state who were spending some two or three months at the institution on this project. Their questions, interest, and experience indicated that every one of them would be a better citizen as a result of this experience. One student who had decided he wanted to study medicine was convinced

that he was going to specialize in mental retardation. Others were going into special education, speech therapy, occupational therapy.

This is an excellent way to recruit personnel into our programs for the mentally retarded. One of the real barriers to providing personnel has been to get youth interested in the mentally retarded. There are 50 funded projects from among 130 applications for similar experiences this summer. Participants will range from high school students to students in undergraduate and graduate training. Experiences will be in all kinds of settings: institutions for the retarded, day camps, hospital care programs. The utimate goal is recruitment of high-caliber students into service careers in mental retardation. An evaluation is now being made of success to date and what should be done for the future.

The Vocational Rehabilitation Administration is helping to extend academic programs to provide an understanding of mental retardation; that is, curriculum enrichment in basic professional education programs in social work, rehabilitation counseling, psychology, physical therapy, and occupational therapy. Many students are getting practice in relating to the retarded as a part of their educational program. Regional training centers for short-term courses in mental retardation for rehabilitation counselors and related personnel have been established at the University of North Carolina, Columbia University Teachers College, and California State College at Los Angeles. The Special Center Program of Vocational Rehabilitation in Mental Retardation involves three centers established by VRA at the University of Texas, the University of Wisconsin, and the University of Oregon. These centers are intended to provide integrated programs of research, training, and service to retarded individuals. Systematic research with a behavioral science emphasis will be carried on in each setting, and related training will be focused on counseling, training, and placement of the retarded individual. The programs are interdisciplinary in nature. Nine colleges and universities are receiving grants for graduate training programs in recreation for the ill and disabled this year, with traineeships for 45 students. Four conferences on interdisciplinary communications have been held.

Public Law 85-926 is providing for a new in-service training program through Yeshiva Univerity's Department of Special Education. Fifteen selected teacher-trainers in mental retardation will come together for an institute where researchers will acquaint them with new trends and ideas relative to the course content of teacher-preparation programs in the area of the mentally retarded, specifically courses in curriculum and methods. This is an attempt to upgrade the quality of college teaching in the area of mental retardation.

Innovation Through the War on Poverty

The Foster Grandparent Program is an innovative concept which is very important to the mentally retarded. The program is designed to employ impoverished old people in a service role with institutionalized children up to 16 years of age. These elderly citizens receive remuneration as they become foster grandparents and provide additional attention and opportunities to the mentally retarded.

Studies show that the institutionalized child has contact with adults less than two hours each day, while the typical child has an average of four hours a day with parents. The foster grandparent may work a maximum of 20 hours per week. One of the primary purposes of the project is to supply each child two hours a day of individual contact with an adult. Institutions serving the mentally retarded in seven states had funded projects as of April 1, 1966.

Effective Use of Available Support

In conclusion, there are federal, private, and voluntary funds available for manpower training development in order to better serve the mentally retarded. Our planning for programs must relate to the 1970's and 80's, rather than to past and present ways of doing things. It is better to make some mistakes in attempting new innovations than to duplicate outmoded programming. We must seek new and improved ways of meeting manpower needs in serving the mentally retarded. With the rapid increase in knowledge, adaptability and flexibility are essential to realistic planning. We must recognize the need of foreseeing the future and adapting to change if we are to have comprehensive programs for the mentally retarded.

All of these suggestions indicate new directions and trends. They also emphasize that federal monies can and should be used for innovations and improved procedures for meeting the needs of the mentally retarded.

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HIGHER EDUCATION AND THE TRAINING OF MANPOWER FOR MENTAL RETARDATION

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In discussing training issues within the broader context of manpower and training programs, one would naturally assume that institutions of higher education would need to play a major role. This issue probably points to the most pressing problem in higher education today—the dilemma over quantity versus quality in education. John Gardner, now Secretary of Health, Education, and Welfare, has stated that behind such an argument is the assumption that society can choose either to educate a few people exceedingly well or to educate a great number of people somewhat less well. He adds that a modern society such as ours cannot choose to do one or the other; it has no choice but to do both. The needs of our society make the maximum development of individual potentialities at all levels an absolute necessity.

Community Service as a Function of Higher Education

In considering the role of higher education in relation to our field, we must realize that a vast number of our colleges and universities have evolved from a Western European tradition and have long held themselves to three goals. These traditional goals all revolve around knowledge. They include: the preservation of knowledge, which is reflected most concretely in existing libraries and depositories; the transmission of knowledge, which is carried on through the teaching process; and the creation of new knowledge, which is carried on through research and other original investigation.

However, in recent years American universities have added a fourth goal—community service. In carrying out this function, they have given much assistance to government, to state and local industries, and to economic and social groups in meeting immediate and long-range problems. Such assistance has been given either through specific and organized projects or through consultant services performed by faculty representing most of the major disciplines. In some areas, community service has become so predominant that, in certain American colleges and universities, it has at times overwhelmed the three traditional goals.

The assumption that a college or university has a responsibility to carry on functions that have a direct or immediate benefit to organized society has been widely discussed on American campuses, and the policy has been criticized by a sizeable body of faculty members. When large projects supported by outside sources, including the federal government, constitute in some institutions more than 50 percent of the budget, they undoubtedly do influence the whole institutional environment. The faculty often feel that libraries are being built to serve only specialized purposes, that the teaching function is being relegated to the lowest level of importance, and that, in the drive toward finding a solution for a specific problem

to help a specific group, the exploration of basic ideas and concepts is being neglected.

On the other hand, it must be recognized that the flexibility of our institutions of higher learning permits this service goal to flourish. The growth of the United States, with its westward expansion, its increasing population, its attainments of ever-higher standards of living, and its concern for the good life for all members of the population, makes it almost mandatory that important resources such as our colleges and universities be used to carry forward the somewhat pragmatic goals of the nation. It must be recognized that behind the pressure for more people to go to college is the expectation that the products of higher education will more effectively participate in society. Many times these pragmatic aims completely overshadow the more abstract problems—"Who are we?" "Where are we going?" "What will ultimately become of us?" Thus, there is a conflict within the academic community.

I have taken the time to mention this conflict because I feel that, if we are to use the college or university as a resource to assist in the solution of a specific problem, we must have some understanding of the academic environment. There is no question in my mind that our request for more trained personnel must be an appeal to the service function of the college or university.

While it is true that the colleges and universities must turn out competent researchers and leaders, in number these are minimal compared to the teachers, the psychologists, the physicians, the social workers, and the sub-professional and technical personnel we need to properly man both our institutional and community programs in mental retardation. Essentially, we need professional and technical training directed toward a specific goal. Hopefully, this training will be influenced by research and careful scholarship, but we cannot wait for all the answers from this source. Much of this training will have to be based on empirical data which have come out of the long experience of hardy souls who have been struggling with the field for many, many years.

With what I have just stated in mind, I should like to discuss very briefly several issues which I consider to be key ones if higher education is to make a maximum contribution to the manpower problem in mental retardation.

Selective Requests for Service

The first issue concerns the determination of the role a particular institution might be best able to play. Higher education is made up of a wide diversity of institutions. They include: the major university, with full-fledged research facilities and both academic and professional training; colleges with a wide variety of goals and purposes, some of which are oriented to liberal arts, with both undergraduate and graduate programs, and which may not be distinguishable from universities; liberal arts colleges with only undergraduate programs; and colleges which have been set up for

specific purposes, such as teachers' colleges, technical colleges, and colleges providing what we call semi-professional work.

A more recent institution is the junior college or community college. This segment of higher education has developed because of the great demand for education beyond high school at minimal costs, and may eventually have a total enrollment larger than either the four-year colleges or the universities. In general, junior colleges have been devised to serve two major purposes—to provide the first two years of a four-year college program, and to provide two-year technical and sub-professional training programs. It is my opinion that the great demand for upgrading all personnel in our total economy will put great pressure on the community college to expand these two-year training programs.

If we are to receive the greatest contribution and obtain the greatest possible number of personnel to work with the retarded, I think we must assess what an institution is best prepared to do and request of it only that function. This will avoid fifth-wheel programs that get little support internally and lack status among both the faculty and the students.

For example, because it happens to be nearby, programs for the training of technical and sub-professional personnel are many times requested from a large university. Likewise, the small college with limited resources may be asked to train specialized teachers, administrators, or psychologists.

We perhaps need to delineate more than we have in the past our specific needs and then to be more selective in our approach to institutions for service. For example, I think it is obvious that our universities should be expected to produce our research workers, professional personnel in such fields as medicine, social work, psychology, and speech therapy; and some of our leadership personnel in all fields. They should also be encouraged to obtain the support of their graduate and professional schools of medicine, education, psychology, and social work to include the problems of mental retardation as a significant part of their curricula. Our state colleges and private colleges, which offer both undergraduate and graduate work, probably are in the best position to provide our teachers, many of our psychologists, and social workers and can, if the resources of the institution permit, give us many of our speech therapists, physical therapists, and occupational therapists. State colleges and private colleges with adequate staffs and facilities also can be expected to contribute leadership personnel and to conduct needed research.

To date, I feel that our junior and community colleges are the great untapped resource. Here there is a possibility of one- or two-year programs to train the great numbers of personnel needed for such important jobs as house parents, ward supervisors, recreation leaders, and teachers' aides. These institutions have already made a big contribution to the field of nursing and are in a position to tailor their programs to specified times of one semester, one year, or two years. Many of them have excellent staffs and the necessary resources to produce personnel for positions of great shortage which are now being filled by individuals with no training at all.

Assessment of Basic Attitudes

The second issue concerns something I have discussed previously; namely, a careful assessment of the basic attitude of any particular college or university toward community service. Even if you talk with a university about training research workers, what are you asking for? Are you asking for someone who is interested in the basic problems of mental retardation, where the research undertaken may have no immediate application? There is a great difference if you are suggesting basic research concerning the genetic causes of retardation as opposed to a project with the objective of designing a total program for the retarded in a state or in a community. A professional school might be perfectly willing to do the latter, but a non-professional school might reject the idea completely. A college which is requested to prepare more teachers to teach the retarded may not look upon the problem of mental retardation as an important one. Even if outside support is brought in for the purpose of funding the program, an emphasis on special education may be viewed as a distortion of the total teacher-education program.

It is unfortunate that too often specific groups have approached a college, informing the faculty and administration that it is their duty to train, let us say, more teachers of the retarded. True, it may be their duty to do so, and they may at least verbally recognize the need, but the attitude and atmosphere within the institution may preclude the development of a successful program at that particular time. As a result, the administration and faculty give little support to a program if it is started, and it survives as a mediocrity or finally dies a natural death.

Effective Communication with Higher Education

This leads me to my third issue, and one which I think is highly important to those of us present today. This concerns the problem of effective communication between the institutions of higher learning and the groups demanding such service. Institutions have long considered themselves, and some still do, as operating completely within an ivory tower. It is true the tower is becoming more tarnished from outside pressures and in many areas has integrated itself and communicated with the other towers within the community.

The expectation from those who operate programs for the retarded, either in institutions or at the community level, that the total job of the college is to train competent personnel for them and to send them forth from the campus ready to go to work is completely unrealistic. Unfortunately, good professional training cannot take place within the confines of the campus itself. There must be coordination and communication with the operating units that actually carry on the program. It is there that students observe what is being done, do field work or student teaching, and perform intern service. In many areas of the country the use of field facilities by the college or university is often sporadic and uncoordinated. Too often little effort has been made to enlist the total field resources, and in many

instances students are placed in inferior situations when others of much higher caliber are available and could be utilized if proper planning were done. There are also situations where the field resources consider students a burden, even a nuisance, and show very little interest or cooperation.

This problem has been pointed up by two recent studies in my own state of California, in which I participated. In the report of the State Study Commission on Mental Retardation, the preparation of skilled personnel is pointed to as a particular concern. While the report states that the universities and colleges are the principal hope for the training of professional people required to provide services for the mentally retarded and their families, it also indicates that there must be an enlargement of present programs, both graduate and undergraduate, if there is to be any hope of coping with the shortage of skilled manpower. It also urges extension of facilities beyond the campus. For example, special education programs should maintain more demonstration classes in conjunction with their professional programs, and graduate schools of social work should develop additional field work placements to bring their students in contact with services for the retarded.

The problem of communication is further stressed in another recommendation which states that it would be highly desirable if students in the helping professions were trained as members of teams, whereas in the world of practice they will find themselves working with people from other disciplines. It also challenges the colleges to cooperate in developing and conducting in-service training programs at state hospitals and other agencies for the mentally retarded, particularly among the sub-professional occupations.

Another study concerned with services to the mentally retarded in Los Angeles County points out the critical shortage of personnel. It indicates that this has been a major road-block in expansion of services and in the development of new services. The study shows an absence of curricula in this field in many of the institutions of higher learning. For example, an examination of the catalogs of the four medical colleges in Los Angeles County failed to identify a single course dealing specifically with the etiology, diagnosis, or treatment of mental retardation. While such courses are offered in departments of psychology and social work, there is no uniform requirement that a student take such courses. Schools of education preparing teachers to teach the mentally retarded are the only institutions which require students to take courses in mental retardation.

This study also reveals that there are no coordinated efforts for the use of field facilities for students and that there is a waste of limited in-service training resources. It was found that, owing to lack of communication and cooperative planning, many in-service programs presented to small groups of professionals tend to duplicate each other in their content and audience. Several of these have been sponsored by colleges and universities. In spite of this duplication, there are a number of professionals who rarely

attend in-service programs simply because they are not aware that such programs exist.

I am sure these examples could be duplicated in other parts of the country, because I feel that California is not unique. They simply tend to point up that the suppliers of personnel—namely, the colleges—and the consumers of personnel—namely, the operating agencies—need to work together more closely if we are to meet the demand and if we are to have programs of quality. I am perfectly aware that in many areas this coordination and cooperation is carried on, but I feel that it must be strengthened and expanded among institutions of higher education, schools, state institutions, private and voluntary agencies, professional organizations, lay interest groups, and even business and industry. This means that the institutions of higher education must be willing to work on a broad basis with available resources, and likewise that the resources within the community must be willing to contribute time, personnel, and even funds if they are to generate the manpower needed.

Commitment to Dynamic Program Development

The fourth and last issue, very closely related to the one I have just mentioned, concerns commitment to a dynamic program development. In order to effectively provide programs that will develop the personnel required, there must be a continuous restudy of the kinds of programs offered, and this study must be done in direct relationship to the kinds and numbers of personnel needed. Again, direct communication will be needed between the colleges and the operating organizations. Such basics as curriculum content and design, the time required to complete a specific program, and the amount of emphasis to be given to field work assignments should be fluid enough to invite experimentation.

The emphasis on the interdisciplinary approach, less attention to the somewhat rigid categories by which we have classified the handicapped, and more attention to specific learning problems represent trends which all training programs must look at critically, even though they may present a threat to the status quo.

While adequate funding is necessary to keep a program going, no amount of money—whether it be federal, state, or local—can produce a good program. A good program comes only from creative and dedicated people.

In this brief presentation I have been selective. I am sure that there are other important issues that I could and should have mentioned.

In conclusion, I would say simply this: If we can concentrate on more effective planning and better communication among all concerned, I am sure that many universities, colleges, and junior colleges will do their part and assume a leadership role in providing the wide range of personnel needed to improve all programs for the mentally retarded.

ISSUES IN TRAINING AND MANPOWER UTILIZATION IN COMMUNITY PROGRAMS FOR THE MENTALLY RETARDED

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During the latter part of the 20th century, we have made significant progress in the area we call "mental retardation." We are now actively engaged in expanding research, training, and service programs concerned with prevention and community-centered treatment programs. These efforts cover the lifetime continuum and even include the pre-conception period.

We have improved our knowledge as to what causes mental retardation and know that the majority of our "mentally retarded" come from homes, neighborhoods, and communities which represent the lower socio-economic levels of our society. The assault of negative socio-cultural factors usually begins at the moment of conception and has a cumulative debilitating effect on physical, psychological, and social growth and development.

These understandings have important implications for community-centered programs designed to prevent and treat this complex phenomenon. They indicate that community programs must be concerned with socio-economic issues such as employment and housing, as well as with treatment services for specific individuals.

Mackie (1965) shows that special class enrollment of mentally retarded in public schools increased from 114,000 in 1953 to 391,000 in 1963, with an increase from 5,000 to 30,000 for trainable retarded and 109,000 to 361,000 for educable retarded. An extrapolation of these figures indicates that, in all probability, well over 500,000 mentally retarded are now enrolled in public school special classes.

Of primary importance in quantitative and qualitative progress with community programs is the availability and utilization of manpower who will be involved from the pre-conception period to the end of the lifetime continuum. Manpower needs and resources include general and specialized professionals from varied disciplines, and non-professionals. The latter include parents, volunteers, and paid supportive personnel such as teachers' aides and day care assistants. Recruitment, training, retention, and maximum utilization of this personnel component offer the most important challenge in our quest for developing and sustaining comprehensive community-centered programs of treatment, research, and prevention.

What are some of the issues and problems of training and manpower utilization from the viewpoint of community programs for the mentally retarded? What are some of the barriers, and what can be done to overcome these barriers?

Unitary View of the Mentally Retarded and Programs for Them

A primary issue, with inherent barriers, is the view of mental retardation as a separate, categorical area. Are we maintaining a significant discriminative barrier for all the mentally retarded, relevant personnel, and society itself when we categorically assess and label an individual as mentally retarded? Do we not foster a predisposition to respond to those so labeled which hinders the development of personal adequacy and social competency? Does this approach lower our expectancy levels and continue traditional practices of physical isolation and psychological and social alienation? Does our history of rejection, plus continued labeling, represent a barrier to recruitment, training, retention, and utilization of manpower? If so, we should give leadership to strategies which would make it possible for these humans to be a part of, not an appendage to, our great society's mainstream. Isn't this complex phenomenon we call mental retardation but a part of human variability on a human development continuum? It might be that we could move toward a positive reality if we vigorously integrated our mental retardation program efforts with expanded programs of maternal and child health, pre-school, and good non-graded schools systems.

If we rigidly apply the AAMD definition of mental retardation (Heber, 1959), we will find a much higher prevalence figure than 3 percent. For example, mild and borderline mentally retarded, who form the vast majority of the mentally retarded, are usually identified and classified after failure in a formal school program. If two children with I.Q.'s of 66 and 82 respectively fail the first grade, they have both experienced significant impairment in learning and personality development. The highest failure rate in our schools is in the first grade. A very high percentage of upper-level mentally retarded experience initial and continuing failure. With effective pre-school and non-graded school programs, the great majority of those now treated as mentally retarded could receive an individualized educational and development program without continuous failure.[1]

A Question of Values

Another foundational issue is whether or not we can elevate this and related areas of human service to their appropriate level in our society's value system. Recruitment, training, retention, and utilization of professionals and non-professionals will be directly affected by the philosophical and monetary investment in these programs. If we cannot make careers in human betterment as challenging and rewarding as careers in other components of our economy and society, we will have difficulty acquiring and retaining personnel.

An important issue is whether we have the conviction, compassion, and motivation to see that our demonstrated competency can effect the necessary investment in these areas of human need. Compare, for a moment,

[1] The progress and potential of the non-graded movement is discussed in publications by Brown (1965), Dean (1964), Goodlad and Anderson (1963), and the National Education Association (1961).

our investment in the space program. A manned lunar landing, it is estimated, will cost the nation about $30 billion. Although we do not necessarily have to advocate an either-or approach, it is interesting to scan the following alternative "shopping list" prepared by Warren Weaver, former president of the American Academy of Science, as cited by Melman (1965):

	Cost ($ billions)
10% yearly salary raise for 10 years to all U.S. teachers	9.8
$10 million to each of 200 small colleges in U.S.	2.0
Complete 7-year fellowships to train 50,000 scientists and engineers, at $4,000/man/year	1.4
Create 10 new medical schools at $200 million each	2.0
Build and endow complete universities, with liberal arts, science, engineering, medical, and agricultural facilities, in each of 53 nations	13.2
Establish 3 new foundations, like the Rockefeller Foundation	1.5
Public education in science	.1
	$30.0

Varied Personnel to Meet Varied Needs

From global issues and barriers, I would now like to discuss personnel needs for a desired continuum of services. From pre-conception through adult programs, we have identified needed community-centered programs for the mentally retarded of various levels of intelligence and adaptive behavior. An important issue is how to involve, train, and utilize the necessary professional and non-professional personnel along this continuum of needed services. These personnel include the mother and other members of the family, family physicians, obstetricians, pediatricians, nurses, the clergy, social workers, psychologists, educators, therapists, vocational personnel, researchers, and personnel needed for programs such a day care, workshop, and group living facilities.

Some questions which may be raised concerning training and utilization of these personnel are: Can we utilize the parent and family members more effectively? Can we build into our programs earlier counseling and training for them? If so, what methods are most effective? What should be presented to individuals and what lends itself to group presentation and discussion?

How can we obtain maximum use of generic personnel and services? What are the implications and opportunities for pre- and in-service training?

What strategies and tactics seem promising for enlisting the interest and support of professional and non-professional personnel? How can this foster multi-disciplinary and interdepartmental training and manpower utilization?

Could our professional personnel be better utilized by training non-

professionals to assume roles commensurate with their abilities? What are the implications for training and personnel relationships?

Can we improve our pre-service and continuing education for both professional and non-professional personnel? Do we offer the most effective practicum experiences?

What is the role of volunteers? Can we involve more volunteers in direct treatment programs? With high schools, junior colleges, and colleges, could this be an effective recruitment technique?

Can we effect a more effective communication of research findings and good program models (organization, content, and methodology) to leaders and practitioners at the local level? Do we have to continue to experience a lag between these results and program implementation, or can we link these effectively?

Do we give proper priority to recruitment? Do we encourage our personnel to become recruitment-minded? Do we contact high school guidance counselors, and other key career resources concerning opportunities? Do we discourage recruitment by sending pamphlets with pictures of severely retarded and by conducting tours of facilities with severely retarded and multiple-handicapped? Do we give comparable attention to the needs of the vast majority of the more capable mentally retarded where large numbers of personnel are required for programs of prevention and education?

Should we increase the support for fellowships, scholarships, and traineeships in this area? Should we establish priority for training to be supported? Do we give proper support and emphasis for pre- and in-service training of personnel who render direct services to the mentally retarded? What are we doing in the important area of intra- and interdepartmental training of administrative and supervisory personnel for leadership roles in various service programs? Should we support more training such as conferences, workshops, institutes, etc., that could be local, state-wide, regional, or national in scale? What are the roles of federal, state, and local governments in this area? Of private and professional organizations? What are the implications of population shifts for training and the utilization of personnel in programs across traditional governmental boundaries? Do we have barriers in some job classification systems at different governmental levels?

This suggested list of issues and barriers is just that—a suggested list. The discussion groups will certainly identify additional issues and barriers.

Basically, we are discussing the priority area of concern in this field—the provision of excellent community-centered programs which will reach all the mentally retarded in our communities. Therefore, the foundational issue is a societal commitment and investment in personnel who will conceptualize, organize, and individualize service programs. If we focus conviction and compassion on this issue, we can remove existing barriers and prevent the erection of new ones. If we broaden and strengthen the base of com-

petent personnel, the necessary program components can be solidly erected upon it. To pursue this analogy, we might consider the pinnacle of this community-centered structure as representing the individual retarded person, with the height and stability of the pinnacle dependent upon the breadth and strength of the base.

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TRAINING ISSUES IN MANPOWER DEVELOPMENT FOR INSTITUTIONS FOR THE MENTALLY RETARDED

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The discussion of training issues relating to manpower needs of institutions may be clarified by a review of certain statistical information about institution staffing patterns in the ten regions of the American Association on Mental Deficiency. The statistical information presented here was obtained through collating data described in the "Directory of Residential Facilities for the Mentally Retarded" published by AAMD in 1965. It represents approximate findings and trends rather than a precise analysis of each institution and region.

Current Employment in Institutions

There are approximately 194,433 beds available for mentally retarded persons in public institutional care facilities within the combined ten regions. This figure represents the total rated capacity of all institutions, rather than the actual in-residence population, and therefore is probably a minimal estimate.

In the combined ten regions there are approximately 56,175 positions on institutional rosters comprising the following categories of employment: attendant or equivalent, registered nurses, licensed practical nurses, teachers, dentists, business managers, and dietitians. The statistical information to be presented relates only to these categories of employment and service program personnel.

Within the combined regions there are approximately 44,444 persons working in attendant or equivalent occupations. This represents 79 percent of all personnel employed in institutions in the categories noted above. In the registered nurse category there are 2,870 positions, or 5.2 percent of all categories; 4.7 percent, or 2,682, are in the licensed practical nurse category; 4.2 percent, or 2,378, are in the teacher category; and less than 1 percent are in each of the categories of recreational worker, medical doctor, social worker, psychologist, chaplain, dentist, business manager, and dietitian.

The resident-staff ratio for the ten regions in the combined categories of positions noted is approximately 1 to 3.5. The ratio of residents to staff was found to be similar in each region except combined Regions II and III (California and Central Coastal) where the resident-staff ratio was found to be approximately 1 to 2.7 and Region VIII (North Central) where the resident-staff ratio was found to be approximately 1 to 4.3.

The percentage of institutional staff in each employment category was similar in all regions with the following exceptions:

1. There was a higher percentage of medical doctor positions in combined Regions II and III(California and Central Coastal).
2. There was a higher percentage of registered nurse positions in combined Regions II and III (California and Central Coastal) and in Region IX (Mid-Eastern).
3. There was a higher percentage of licensed practical nurse positions in Regions I (Northwest), IV (Mountain States), and X (North Eastern).
4. There was a higher percentage of teacher positions in Region IX (Mid-Eastern).
5. There was a higher percentage of psychologist positions in combined Regions II and III (California and Central Coastal) and in Region VIII (North Central).
6. There was a higher percentage of recreation worker positions in Regions VI (Great Lakes) and VII (South Eastern).
7. There was a higher percentage of attendant or equivalent positions in combined Regions II and III (California and Central Coastal) and in Regions IV (Mountain States) and V (South Central).

Summarizing statistics from all regions, it may be said that approximately 92 percent of all jobs related to care and programming within institutions are found in the combined job categories of attendant or equivalent positions, registered nurses, licensed practical nurses, and teaching staff.

In the October 1965 issue of *Mental Health Manpower*, published by the U.S. Department of Health, Education, and Welfare, titled "Survey of Mental Health Establishments—Staffing Patterns and Survey Methodology," the following interesting findings pertaining to personnel in institutions for the mentally retarded were noted:

1. Roughly 75 percent of professional employees (teachers excluded) in institutions for the mentally retarded are female.
2. The majority of psychologists working in institutions for the mentally retarded are at the master's level of training.
3. Institutions for the mentally retarded tend to employ social workers at less than the master's level.

Implications of the Data for Training

Considering all the data presented above as it relates to manpower training issues involving institutions for the mentally retarded, there are several implications which may be summarized as follows:

1. The category of positions requiring the least amount of formal education and special training—namely, the attendant or equivalent

position—also represents the largest number of positions in institutions. The type of training most commonly available to this category of employment is usually of an in-service nature, conducted within the institution and work setting by existing professional staff or staff especially employed for this purpose.

2. The next largest categories of employment also involve those in direct child care or nursing services to residents, namely the registered nurses and licensed practical nurses. Special training and experience at the college level is required of the R.N. group and special training leading to licensing is required of the L.P.N.'s.

3. In view of the close relationship which exists between the type of service offered by the three categories of employment noted in 1 and 2 above, the implication of joining these three groups in in-service education is evident.

4. Whereas the other categories of employment represented by medical doctors, psychologists, social workers, etc., constitute a comparatively small percentage of total institution positions, they generally represent those professions requiring the greatest amount of time in professional preparation. Within each of these professions, the degree of specialization in the field of mental retardation is steadily increasing, and institutions could enhance the training resources for these professions through cooperative programming with universities and colleges.

There is some reason to believe that possibilities of employment within the various categories of positions discussed in this paper are greater in some AAMD regions than others. Furthermore, there is also reason to assume that the opportunities for training and experience in some employment categories are greater in those regions which employ more persons within a given professional category. It has been commonly accepted that there is a relationship between the availability of colleges and universities to institutions and the number and array of professionals employed in those institutions. It would seem, therefore, that those institutions which enjoy good relationship with and close proximity to universities and colleges could participate actively and responsibly as centers of specialized experience and training for the various professions involved in mental retardation.

Institutions in outlying areas would be able to draw upon manpower developed through this type of cooperative training if the program gave emphasis and direction to the preparation of trained personnel for work in institutions *per se* rather than just meeting the needs of the local institution. Hopefully, development of such programs could be stimulated through state and federal resources with coordination of programs between states within regions and between regions.

Additional training resources for developing staff of institutions might also be accomplished through the use of traveling instructional teams, by

special institutes, administrative projects, etc., funded at state and regional levels, or by mobilizing regional resources through organizations such as the Western Interstate Commission for Higher Education and the Southern Regional Education Board.

Research into Work Situations

There is much need for research regarding those factors which may make institutional work more satisfying and rewarding. It would be helpful if this research were directed to studying the special attributes and needs of persons who are attracted by institutional work. For example, are they mainly motivated by altruism? Do such people tend to require a more stabilized work setting? Do they favor close, family-type employment situations? In the case of women, are they seeking an outlet for maternal fulfillment?

Negative factors of institutional employment should also be subjects of research insofar as they serve to deter employment in institutional settings. Such factors would include: low salary scales; atypical institutional populations which tend to depress some people; administrative rigidity; the tendency to employ people regardless of qualifications, if need be, so that the institution compromises to the lowest common denominator in recruiting staff; instability of institutional operation due to political influence; and lack of opportunity for advancement.

New Training and Recruitment Techniques

In recent months great attention has been paid to manpower problems and staff development by the Southern Regional Education Board and the Western Interstate Commission for Higher Education. Both of these organizations have been greatly concerned with the effective use of existing facilities capable of providing training and experience for persons in the general fields of mental health and retardation. Summary reports from institutes and conferences held under the sponsorship of these organizations have revealed a need for a re-evaluation of the traditional concept of the education process in the teaching institutions to include more comprehensive utilization of resources which can provide essential experiential opportunities for students.

Great promise is inherent in the increased utilization of institutions as field experience resources for undergraduate students. When coupled with a planned program in the university setting, it provides a broader base for those aspiring to enter professional study and for those desiring a more complete understanding of sociological problems. If young people can be presented with the challenge of mental retardation prior to choosing a professional career, institutions may benefit greatly by their choosing a career which will bring them within the sphere of service offered through institutional resources. Institutions, on the other hand, have an obligation not only to care for their resident populations but also to help prepare persons who will ultimately be called upon to plan and provide programs

for their residents. In recent years, institutional administrators have become increasingly aware of this obligation and are anxious to make the institutional setting a rich and rewarding experience for students of all professions. Administrators have also indicated great awareness of the need for in-service programs which will meet the training and educational needs of the vast majority of staff. One of the greatest stimuli to recent in-service programming was provided through federally financed programs. Perhaps no other single manpower development activity has had greater impact upon the general improvement of institutional programming through upgrading the quality of child-caring staff.

Much yet needs to be done to bring about the full utilization of professional staff in institutions as part of the college and university manpower team. One reason for this failure is the fact that these people do not have the teaching credentials required by the universities and colleges. It is a shame, however, that the special and often unique knowledge these individuals have acquired through years of work and association with the mentally retarded cannot in some way be imparted to the student professional. This again points out a need for rethinking those traditional concepts of the education process which serve to impede rather than maximize the acquisition of valuable information.

Within the multi-disciplinary institution there is undoubtedly a wealth of understanding of problems other than mental retardation. Often institutions for the mentally retarded are viewed as narrowly defined operations dealing with a single problem entity, a concept which those who work in such institutions know is simply not true. Indeed the typical institution represents a community of people who have a complexity of needs and problems. Institutional settings offer unique opportunities to observe how the many disciplines can and do work effectively together to resolve a complexity of problems. Institutional administrators therefore need to give great consideration to presenting the institution to the colleges and universities as a unique experience and training resource. Universities and colleges, on the other hand, need to recognize the institution as a legitimate experience and training resource and plan to utilize it as part of the structure and content of their educational program.

A closer relationship and cooperation between institutions and agencies such as those represented by Health, Education, and Welfare, rehabilitation, etc., may lessen the acute problem of professional staff shortage. The exchange or part-time utilization of staff may substantially reduce the need for a self-contained array of staff within institutions. There is good reason to believe that institutional programs, particularly those in or near populated areas, can draw upon the excellent professional resources within these areas. Such a plan not only meets the needs of professionals to have broad experiential opportunities, but also serves to break down the barriers created by self-contained services which have neither need nor desire to share their responsibility with others.

At a recent institute on undergraduate education for the helping

services, sponsored by the Western Interstate Commission for Higher Education and the Vocational Rehabilitation Administration, Dr. Joseph Axelrod, of San Francisco State College, spoke on "fronts of change" in higher education in recent years. These changes may also be applied to a discussion of training issues in manpower development. There is a need to change the structure and content of manpower development resources; a need to realize that the education process should not be a conflict between those who seek to learn and those who decide what is to be learned; a need to realize that there must be constant communication between those who represent the scholars of our field; and finally, a need to be constantly aware that those teachings and experiences which will have greatest effect on the problem of mental retardation are those which are most acceptable to the value systems of the culture of learners. This will require great flexibility on the part of those who presently are responsible for manpower programs, and enlightened and imaginative planning on the part of those who seek to maximize the role of institutions in manpower development in the future.

SUMMARY AND HIGHLIGHTING OF ISSUES IN MANPOWER DEVELOPMENT AND TRAINING

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In closing this morning's session, my purpose is to summarize some of the points made by our speakers, to highlight some of the recurring themes, and, perhaps, to play the role of devil's advocate in raising some questions on, or suggesting implications of, the manpower problem as you define it here.

The Scope of the Manpower Problem

The scope of your manpower problem depends, of course, on how you define the area in which you work. Traditionally, your field of work is concerned with up to 3 percent of the population, about 5½ million people, who are considered as having an I.Q. of 70 or below, with 85 or 90 percent of these people being educable. But if you adopt a more global definition, as Dr. McDowell calls it, then you can think of your field of work as dealing with any sub-average intellectual development which might result from physical, psychological, or social impairment in maturation or learning or social adjustment.

Secondly, the scope of your problem depends upon how ambitious a treatment program you wish to undertake and the concept of treatment to which you subscribe. The traditional custodial problems of maintaining a few people in institutions are only a small part of your work. The statistic was mentioned that about 200,000 are now in state institutions, with an additional number in private institutions. Add the special education and public education programs for the retarded, and another 500,000 people are involved.

On the other hand, if you view your work in a global context, then you are dealing with programs of lifetime continuous service which focus on individual needs, on the social ideal of taking care not only of the few in institutions and in special training programs, but of the need of the 96 percent of the retarded who live in the community. If you define your goals this ambitiously, the scope of your manpower problem increases accordingly.

Finally, if you get into the area of prevention, which ideally is the ultimate goal of our society, then the things that you should do in your field are as vast as our whole society itself. Today, in fact, they approximate the goals of the "Great Society." In the perspective suggested by Dr. McDowell, you ought to think in global terms, so that you do not limit your horizons as you develop individual programs locally and separate programs in the various states.

Meeting Manpower Requirements

Assuming that somehow you have defined your goals in terms of treatment concepts and in terms of the ideal level of services, what would be your manpower requirements? According to Mr. Thorne's statistics, 79 percent of all personnel in the institutions are attendants or aides. These people provide the same kinds of skills used in the hotel and restaurant industry, the same kind of help that you have in general hospitals. If you can think of yourselves as operating institutions similar to hotels and restaurants, with some special characteristics, then perhaps you could find ways to shift some of your recruiting and developing to other agencies and industries throughout the community and to the offices of the Department of Labor, which are already supplying people for this kind of work. There are some differences, to be sure. Many of the people who seek work in your institutions have a high social service motivation. On the negative side, I suspect that working conditions in your institutions are often a lot less desirable than in, say, the Sherman House and similar institutions that compete for the same kind of help.

But not all problems are budget problems. I would guess that we sometimes use the perpetual problems of salaries and working conditions as a crutch because we hate to look at the kind of employee relationships that we have traditionally established in our organizations. The nature of supervision may be a greater cause of labor turnover among attendants and aides, and perhaps among professional help, than we would like to admit.

The problems of recruitment resulting from a poor public image of our institutions have been mentioned by several speakers. Why are we saddled with a poor image? Perhaps as mental hospitals were once viewed as "insane asylums," so we also have an image of organizations providing undesirable working conditions and little potential as a place in which to build a career. If this image is not an accurate one, a mass public education program seems to be in order.

The budget problem itself, of course, is a very real problem. If you buy cheap labor, that's exactly what you get, unless the motivation of people to work is for more than money. It may be more economical to pay more, rather than less, for many of the services that we have to hire. We need to know what factors lead people into institutional work; to what extent dedication is still a major motivating force. Perhaps we are approaching a period in history in which applicants will ask not only how much money they will get but also what the job can offer besides money.

Today, more than ever, people are looking not only for money but for an outlet for dedicated service. People are finding this outlet in the Peace Corps, in VISTA, in the anti-poverty programs, and so forth. This same kind of motivation, it seems to me, also would lead these people to work in your institutions if somehow you could share with them the excitement of what you are trying to accomplish, and if you could provide a working environment in which these motivations and this enthusiasm are not frustrated.

There are, of course, some unhealthy factors that may cause some people to seek employment in your institutions, particularly if you are in an isolated community. Some employees will come and stay because the work is routine, secure, non-challenging. Some may be looking for a way to overcome their own personal insecurities, and sometimes even to satisfy a sadistic need to dominate others, even if they are mentally handicapped.

Effective recruitment and effective utilization of manpower go hand in hand. Thoroughly perceptive supervision is needed, but along with it is required a general upgrading of the manpower force itself with developable people.

In summary, the institution is a visible public agency through which appeal for public sympathy and support can be created and public funds can be secured. The challenges to the administrators include recruitment and retention of developable employees, upgrading the image of the institutions as they shift their focus to modern treatment, extending the institutions into the communities and into the universities, and shifting internally from what amounts to a feudal system of administration to modern administrative practices, especially in the utilization of human resources, of employees, at all levels.

It our goals are to go beyond the institution into the community, with special education programs, with increased utilization of public education facilities; if we go into the community with prevention programs, with education programs and medical care for the family, the home, and the whole community, then our focus should be on tapping many other sources of manpower beyond those that were mentioned for use within the institution. This would require, as Dr. McDowell said so strongly, that we cooperate with other agencies and emphasize our similarities rather than our differences, that we *work with* the local health agencies and the local schools and the local volunteer agencies and with the families themselves. Perhaps we are ready for a massive program of community education, public relations, image-building, to demonstrate that we no longer set ourselves apart but that we integrate ourselves into the main stream of society in which a social consciousness for helping the retarded is developing rapidly.

Tapping Different Manpower Sources

The problem of manpower requirements can also be viewed from the perspective of different sources of manpower. Dr. Cain discussed the role of educational institutions in providing manpower training. Before educational institutions can respond with special curricula, special training programs, and carreer counseling, you first of all have to define your mission and your needs to them. What are you really trying to do? Is your profession at this stage a very heterogeneous group with missions or goals which range all the way from simply providing custodial care to Utopia, and therefore there is no real articulation of a common mission?

It is confusing to an educational institution to be confronted with demands which are not articulated in terms of the end result to be accom-

plished. Possibly, because of the rapid expansion of the state of the art, with the technology of treatment still in flux, research findings filter more or less slowly down through the institutions, and practice lags behind knowledge. And often supervisors' and superintendents' administrative attitudes and practices are even more incompatible with the need to tap sources of high-talent manpower.

The image of our institutions and our community programs is determined not by what we say we are but by what people experience when they become our employees or members of our community, or by what legislators experience or educators experience or families experience in their contacts with our institutions and programs.

Assuming our mission is well defined, do we need to restrict our *sources* of manpower to the mental health field? Or can we draw upon specialists from existing programs serving many areas? Can we perhaps define career routes through which people can come into our field without having the MR label on them? If so, the administrator is confronted with the problem of inducing people with a choice to seek a career in mental health work. On the other hand, requiring a career decision in mental health work too early in life may keep many young people out of the field, because the last thing most young people want to do today is to commit themselves early for a lifetime career.

Possibly there is a certain myopia in professional organizations where we kid ourselves that we have certain unique manpower requirements and therefore we compete with institutions in education, religion, social work, and health in general for these scarce human resources. Perhaps, rather than trying to compete by differentiating ourselves, we ought to blend ourselves into the main stream of those activities which are already socially accepted, so that personnel could readily shift from one type of employment to another without making a seemingly permanent career shift.

Dr. Cain commented on the differentiated role of educational institutions in supplying manpower and training programs. We should not expect the colleges to be everything for everybody. Rather, we should see in a differentiated way how these colleges, universities, and junior colleges are defining their own educational roles. Then we can begin to find the kind of services we could reasonably expect some of them to do at different institutional levels, with particular attention to the development of programs in the new community colleges. If we can define our mission, as I think the AAMD must do, if we can articulate this mission in terms of specific goals and desired results, if we can visualize the dimensions of the problems involved and the community-wide services required, if we can integrate our needs with needs of others in a cooperative venture, if we can first cooperate among ourselves and jointly develop the needed programs by which we can go to the right institution for the right kind of help—if we can do all these things, then we are likely to get better reception from educational institutions, and we certainly will get a better product.

Effective Utilization of Existing Employees

One question that has been raised repeatedly this morning is the problem of effective utilization of the manpower we have. It is high time we differentiate realistically the degree of quality we need in the preparation for different jobs. Dean Mase emphasized this point, as he stressed the need for job analysis and job specifications as guidelines in employment and training. We can hardly afford a situation in which we have people with high skills spending two-thirds of their time doing something of a lower-skill nature, tasks which could effectively be delegated to aides and clerical workers.

I was particularly interested in your use of cooperative programs with educational institutions as a potential manpower source. How you receive the high school and college students who enter your institution or community programs on summer training or special projects will certainly affect their outlook on your organizations. On the one hand, trainees may be viewed as cheap labor and used that way. In other cases, they may be viewed as a necessary nuisance because the institution wants to keep the program but the permanent staff consider time spent with trainees an interference with regular work. On the contrary, these exchange programs could be seen as exceptional opportunities for recruitment into our organizations of people who are interested in a career and not just a job.

A few comments on the in-service training problem. If we think of the supervisory function as largely a policing function—that the supervisor's job is to check people in and check people out and to punish them if they misbehave—we practically shut off the possibility of on-the-job in-service learning, because the policeman role is basically in conflict with a teaching role. Often then, we limit on-the-job development to formalized in-service training programs consisting mostly of book-learning which then has little carryover into the work performance itself.

To get on-the-job growth and development, we must think of the supervisory function as being largely a planning function, an organizing function, and then a development function, not a policing one, with a minimum emphasis on controlling of people's behavior and a maximum emphasis on helping people grow and develop. This requires an atmosphere in which there is a freedom to fail, in which each failure is perceived as a learning opportunity, in which people find excitement in taking risks and raising questions rather than feeling compelled to cover their tracks for fear of punishment. This may require a radical change in attitude among supervisors, from exercising tight control over their people to helping their people develop and grow through teaching and coaching and counseling and communication and sharing of the "why" as well as the "what."

The supervisor's perspective, furthermore, must be shifted from one of short-range vision to a view of long-range goals. He must then use every opportunity to build for the long run, even if present employee turnover is so high that long-range plans seem futile. Possibly by focusing on long-range

goals, the turnover problem itself would be somewhat reduced as people commit themselves to goal attainment as well as to the day-to-day tasks.

By blending education with training, the why with the how, we invest in manpower development in terms of quality and loyalty and dedication. For effective manpower utilization, in-service education must be a way of life. We can safely assume that most of the work that we have to do will be done with people who have a minimum of formal education. But if these people work in a learning environment, this is not an insurmountable handicap. The barrier to tapping the potential of people in an organization is often in the supervisory attitudes as much as in the people themselves.

Effective Use of Volunteers

Finally, reference has been made to one other hidden resource, one that is coming into its own very fast. This is the community volunteer in an educated, affluent society. If we are going to lift the level of our aspirations to prevention and to lifetime continuous service, to education and constant public relations, to cooperating with public education, then we must shift the focus of our work beyond the institutions to an emphasis on broad social service. For this we need high-quality manpower, the kind we often cannot afford to buy. This is the kind of manpower that must be utilized in a dignified and a professional way.

Here opportunities are opening up very fast to use people who have completed college, especially those who find homemaking not totally satisfying, people who have leisure time because their primary vocation requires only 35 or 40 hours a week, people like the Jaycees who have a tremendous motivation to be movers and doers and to accomplish. There are also the retired and semi-retired, people who are looking for outlets in which they can be socially useful, who get deep satisfaction not from the paycheck but from the work itself.

It is possible that the barrier to effective utilization of this potential manpower source may be the institutional bureaucracy and the administrative hierarchy of our organizations, which often are very inadequate in utilizing people who are independent of managerial control but because of their knowledge are potentially very useful resources. Organizations which are administered to keep employees dependent and submissive and obedient and controlled will simply be ignored by people who are anxious to help, but not under those ground rules.

Conclusion

As the devil's advocate, I end up with the question that has been mentioned privately by some of your own members. This is the question about the attitudes of you, the professionals within the AAMD. Someone said recently that we have to move away from sophisticated pussyfooting to hard-nosed compassion. Those are fighting terms. Intellectualizing must not become a refuge from doing. Hard-nosed compassion says that we are con-

cerned with getting the job done, not just with talking to each other. Therefore, in that spirit, I should like to encourage the realistic optimism that Dr. McDowell and others mentioned this morning, the kind of optimism that is based upon a professional dedication to doing the job, neither asking for the impossible nor ignoring the difficult, but welcoming the exciting challenges that we have today. It is in that spirit that the AAMD has approached this conference, and particularly the program this morning.

In my summary, I have reiterated the themes presented in the papers this morning. I have also taken the liberty of editorializing on some of the issues in the hope of stirring up a lively dialogue as you move into the following portions of your program. And, since it was not possible for me to incorporate all the issues raised this morning into my remarks, I commend to you the papers of the panelists and speakers as an excellent point of departure in planning and developing your own programs in your important work.

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