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ABSTRACT

Presented are six articles on residential living, vocational education, employment recreation, deinstitutionalization, and workshop experience of mentally retarded children and adults. K. Grunewald discusses the planning of housing for five- to eight person groups of retarded children and adults in varying kinds of residential facilities in Sweden to provide a stimulating educational environment, proximity to community services, and opportunity for normalization. Discussed by R. Bourgea is a Pennsylvania cooperative vocational education project for 10-24 educable mentally retarded high school students, who have rehabilitated old homes and built new homes, and who have been employed in building trades after graduation. Recounted by B. Posner are a gasoline station owner's techniques of teaching job skills to a mentally retarded pump attendant and providing stimulating experiences, which have resulted in a father-son relationship. B. Freeman and J. Mundy give an overview of recreation, which began for the retarded in state schools and hospitals for purposes such as personnel respite and now consists of offerings for all age groups and levels of retardation (the article is noted to be the first chapter of a monograph). Reported by C. Rodlund are reductions in South Dakota institutionalization (half of 101 patients) due to patient evaluation during a 4-year hospital improvement program; and explained with five case studies are casework, special class placement, foster home placement, and vocational training. C. Reece describes a Florida sheltered workshop involving can recycling by severely retarded male adolescents.

(MC)

MENTAL RETARDATION

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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SELECTED ARTICLES
FROM THE
REHABILITATION
RECORD



The Dynamics Of Residential Living

KARL GRUNEWALD, M.D.

There is an observation made by persons who work in institutions that severely retarded persons appreciate a "small environment" where there are few interactions with other people. Observations show the positive effect on severely retarded persons when they are moved from a large ward of 20-30 persons to a small group of 10 or less (preferably 5-8). Their reactions suddenly become predictable. They recognize and grasp reality. From such observations psychologists have formulated the *principle of the small group*.

Thus, an influence for favorable development is to be found partly in the small number of interpersonal relations forced upon the retardate. Stimulation rather than frustration results. The second part of favorable development comes from the homelike atmosphere and equipment of the room and of the unit to which the room is connected.

The homeliness—or homelikeness—may need to be modified when considering more or less perma-

nent medical needs and when considering necessary technical arrangements for persons with handicaps additional to their retardation.

What is important when planning for residential living is that the starting point be an environment normal, homelike, and small.

Learning And Application

Psychologists teach us the importance of a clearly-structured learning situation, and research shows us how much we can achieve with profoundly retarded persons by individualizing and simplifying the influence techniques. Psychologists and educators are producing increasing amounts of carefully programmed and systemized learning sequences based upon exact pretraining analysis of the level each retardate has reached in his various capabilities. These clearly-structured sequences must be realized in both individual and group situations.

Applications of these structured influences must be made in a small group and in an environment very rich in stimuli, e.g. in a surrounding that contains all that is found in a normal home and which makes possible normal self and group activity. In these

Dr. Grunewald is Director of Mental Retardation Care Services, the Swedish Board of Health and Welfare, Sweden. The article is based on a paper that he presented at the First Regional Conference of the United Kingdom Committee of the World Federation for Mental Health. The conference was held in Dublin, March 27-April 1, 1971.

situations the child or the young persons should have the opportunity to experience what the psychologists call "transfer" to related situations.

The point is that the pupil does not have to change his conceptual structure in order to apply what he has learned, as these must be basically the same in one situation as in another. There must be slight concrete changes, however, in order to be transferable to increasingly different situations. This transfer ability determines the potential for development of intelligence and eventually for the integration of different abilities at increasingly higher levels. Thus, good adaptation requires transfer training; transfer requires a small environment rich in stimuli; and individualized, well-structured, and meaningful influence techniques are required to achieve the greatest benefit from the stimuli of a small environment.

This application milieu must be a socially real and concrete environment. It is not possible to build up substitute situations within institutions. The retarded individual needs training in a situation identical to that in which he is going to function, yet at his own pace. This means that we must offer our severely retarded persons social environments and situations where they may apply freely and in a natural way that which they have learned in the specific instructional situation. This application concept is an important consideration when determining where in our community a hostel or residential home for retarded individuals is to be located.

Consequences For Residential Planning

Socially-real applicational environments have already been made in Sweden. We have built a residential home for severely retarded children that is situated in a normal, private residential area in a town. The children can watch traffic from the windows or be taken outside onto the sidewalks to experience natural light and sounds, to play in the yard or exchange greetings with neighbors and passersby. They have the opportunity to visit shops along with the staff members. Thus they have some of the opportunities a normal child experiences in a close community.

Another home, partly for severely retarded children less than 7 years of age, consists of three houses in an ordinary block of row houses.

These examples of placing smaller residential units in the centers of our communities are only hints of

how to give the most severely retarded children and adults a concrete and close educational environment.

The Planning Of Comprehensive Services

We cannot run systematic programs of guidance without considering the emotional ties of the child or young person. Services of the future will support parents to a much greater extent than presently. Those children who cannot stay at home continuously will at first be taken into residential units for short-time care and for observation or relief care. Educators will teach in the home those children who cannot come to a group. Parents will be offered courses individually or in groups.

We must plan our services by starting from the normal community. The flow and development of increasingly comprehensive services should be from without the institution to within. This means that specialists who organize services and supervise staff must not be tied to institutions. All services for retarded persons must be regarded as of equal importance and the priority for serving residents in a residential home on a 24-hour-a-day basis must be broken. The development of care at home and other kinds of day care will benefit.

This concept of serving the retardate in the community also means that we should put greater demands on all kinds of specialists whose skills we can use in our provision of services. We should buy such services as much as possible instead of building up a specialists' service of our own. We need exactly the same specialists for retarded persons as for other children or adults.

The emphasis on provisions for services should be transferred to the community. The retarded individual should be regarded only as one among all others who needs some form of support or service. It is not enough to normalize the retarded person, but we must also normalize our services and the entire organization of services. In reality, retarded persons are part of the total community and can help us in a process of de-intellectualization that is necessary for the good of all.

When planning and forming future services for mentally retarded persons, two important factors must be considered. One is that we apparently will have fewer severe retardates in the future. According to certain Swedish statistics we have a concentration of the most severely retarded in the age group

15 to 25 years old. In older groups there appears to have been a very high death rate. With the age groups below 15, we have been more active in habilitation and have given better prophylactic care. Possible contributory causes to the concentration of severely retarded in the 15-25 year age group are that these persons did not benefit from recent improvements in premature care which now saves the lives of many children and the widespread use of penicillin and other antibiotics. In the future I think we will have a decreasing number of additional severely retarded people. At the same time we can expect improvement in the functioning level of those whom we now serve.

The second factor involves consistency in separating residential living, occupation, and leisure time. We want a geographical distance, for instance, between the school and the residential home as well as between all other types of living and the daily occupation. We also want to use the community's leisure-time and recreational facilities. Our goal is to have leisure time spent out in the community, preferably individually but otherwise in groups.

The Dynamics Of Living

The dynamics of residential living are initiated and developed by our creation of small heterogeneous environments so rich in stimuli that the retarded person assimilates the benefits of the environment and can advance to a new and even more normal setting. In the future we will need many relatively small units located in the middle of society, which are more or less specialized for the functional level and actual needs of the retardate.

This means that the retarded person, as he progresses, will have to move more often than he has had reason to so far. Movement is regarded as a disadvantage by many people who think it is good and a matter of security for the retarded person to live and stay in one place for his entire life. We ourselves, however, often experience economic or personal development and renewal when we change places of work and residence. So the experience should not be specifically restricted to the nonhandicapped.

The Case With Children

In the future children will not have to live in special residential homes but will live at home to a greater extent, or as an alternative in 5-day group

homes (weekends at home) or in 7-day hostels. Today we have had good experience with group homes housing 4 to 6 children in each unit, located in ordinary flats in apartment buildings and private houses.

Our architects must design future group homes so that even the most severely retarded children can live in them. There is no longer any reason to separate these children from the less-retarded. The special medical services they need can be given in one house as well as in another. Of course a certain age differentiation will be needed, but, in principle, one should strive towards heterogeneous family-like groups. That children should not live in the same area as adult retardates I see as self-evident.

Apart from these group homes, places (units) in hospitals are needed for those retarded children who also are ill. These hospital units should be used for short-time care for children who otherwise would live in group homes or in their own homes, and also for longer term care for the multihandicapped, especially those who are seriously physically disabled and epileptic. The care in these hospital units would be integrated with medical care for children in the community. If there is a demand for a whole unit then the unit should be attached to a facility for non-retarded physically disabled children.

The Case With Adults

Trends now developing in planning for adults will prove that we shall be more and more able to manage with two forms of collective living: group homes situated in ordinary apartment buildings and local hostels. For backup or supportive services, we need available places in hospitals for medical and psychiatric care—particularly short-time care. Presently there is the risk that we may be building residential homes that are too large which, because of their size, are segregated automatically from the community, and that we are building too many hospital units that tie the retarded persons to a level of dependency that is much too high.

In Sweden we have a five-year plan for developing different living possibilities.* According to this plan the percentage of adult retardates living in hospitals for the retarded will comprise only 12 percent (rather than the present 19 percent) of all adult retarded persons in need of residential care. Our special hospitals at present average 300 beds each

*Sweden has 8 million inhabitants of which 0.37 percent are retardates receive some form of services. 0.20 percent live in 200 24-hour-homes and hospitals (group homes excluded).

and our central residential homes (generally one in each of our 25 counties) average 200 beds each. When the 5-year plan is fulfilled about 35 percent of the adults will live in this type of residential home.

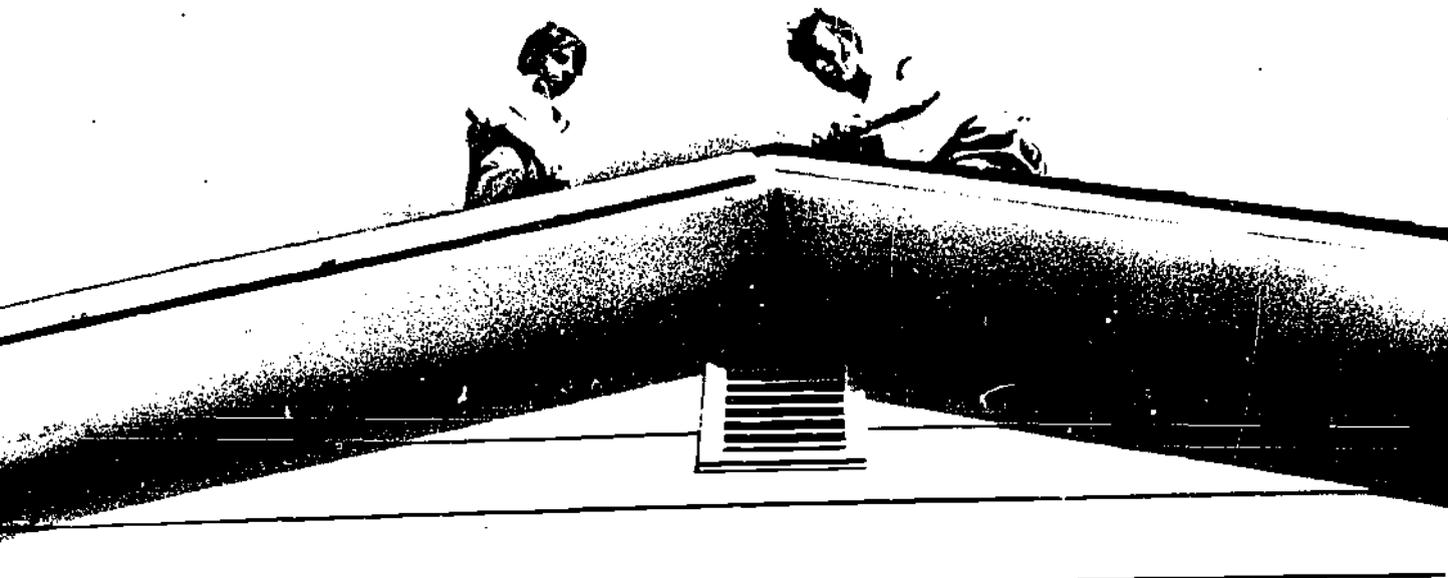
The next step in the normalization process is living in a local hostel organized as an annex to a central residential home. There are a little over 100 of these in Sweden. Their number will increase in the next few years, and they will house on the average 48 people each. In order to be economically stable these hostels cannot have less than approximately 25 residents each, which still means that they are relatively small homes, and--being community centered--will have a fairly good potential for promoting social relations. Thirty-eight percent of all adults--the greater part of all of our adult retardates--will live in these local residences.

Our greatest achievement in collective living at present is with the group-type home. In only a few years the number of such homes has increased from a handful to some 90 homes. The average number of beds per home is eight. Around 6 percent of the adult retarded people live in these homes today, but in 4 years this percentage will increase to 14 percent. This means that we then will have 2,200 adult retardates living in such small group homes, most of which consist of regular flats in apartment buildings, rented by the county administration on the same conditions as for private tenants. Renting, by the way, contributes to quick availability of this type of home.

In the future there will be different types of group homes from those housing 3 to 4 persons and practically no staff to those with 7 or 8 retarded persons in each home. Small apartments should be concentrated in one residential area. Together they constitute a Group Home with a supervisor who assigns staff as needed. We want to avoid "night personnel" in group homes for adults.

The creation of different normalized environments makes possible dynamic living where the retarded person is stimulated by being a member of a small group. Here the adult retardate will be able to develop simply by living.

In this manner, new norms and organizational forms may be formulated that tear down what earlier generations have built with much toil and economic hardship. With humanity, however, it is a maxim that rigid and sterile order is broken by creative unrest and the establishment of a new order requires new means. Indeed, in our society, this is living itself. ■



Building Houses; Building Skills

Ron Bourgea

Recently, I took a short trip to Smock, Pa., to have a look at a unique project involving a community organization and a special education program.

After that trip I felt compelled to find some kind of symbolism in it. I reasoned that many other trips that I had heard about to exotic places for renowned purposes were really important because they were national and international gatherings of the very important people who direct the very important businesses of rehabilitation.

But where did that leave Smock, Pa.? It left it at the grass roots where, I found, very important people were struggling with this thing called "life." They were trying, as man has for centuries, to fill up the container to the brim with meaning and with purpose. I really saw the symbolism, the principle: life processes start from what may seem, at

Mr. Bourgea is editor of the Rehabilitation Record.

a casual glance, to be the insignificant—the human being from two microscopic cells, the oak from the acorn. To wit, the "big" things in life owe their maturity to the thousands of little struggles that are won in unobserved arenas.

The big things in Smock in the past were the mines from which the local people earned their living. Now the inactive coal tipples (elevators) are all that remain of that Bygone era. They stand as ghostly and mute landmarks in the maze of small patch towns that dot the hilly, Western Pennsylvania countryside. Among them Smock stands the same as the others, yet, it stands a little different because of the "marriage" of two organizations who are concerned for the welfare of the geographical area and of its people. The marriage took place in 1971 when a group called Concerned of Pennsylvania, Incorporated (CPI) and the State Department of Education's special education section of

Intermediate Unit One (IU-1) joined forces in a vocational education project for educable mentally retarded high school students who rehabilitate dilapidated homes and build new ones for at-cost resale to low-income families.

To date four old homes have been renovated and are occupied; one new home has been completed and is about to be purchased, and four more are under construction. The old, abandoned homes are bought for taxes by CPI as is the land upon which the new homes are built. Because of this savings and the absence of labor charges, the houses are sold for materials cost—two renovated homes sold for \$5,000; the highest priced home went for \$9,500.

The new homes, of course, are more expensive. In this case a new dimension is added by the purchase of ready-made house shells, sold by a local prefabrication company. The purchase helps bring money and work into an area in which unem-

ployment is several percentage points higher than the national average. Once the shell is erected, the students from IU-1 go to work installing heating and plumbing, finishing walls, floors, and stairs, installing windows and doors, and accomplishing all the other tasks that go into the finished product.

Depending upon the condition of the house, the students perform all of the necessary work needed to make it habitable. I visited one such home and saw, next to it, another that stood in its original shabbiness. The project house had been stripped to the studding and rebuilt from there. In contrast to its neighbor's ailing clapboard siding, the renovated house's exterior walls were shingled in soft green asbestos. The interior was light and airy, with the living room, dining room, and three upstairs bedrooms completely paneled. A fourth, unfinished upstairs room allows for future expansion. IU-1's students had installed new wiring, a new heating system, and "brought in" the plumbing. The house now was a home for a young married couple who have two children. "I am happy with our home," the lady of the house testified.

Since this program is considered a senior high school project, students selected come from that age group. They are, essentially, educable mentally retarded persons who have been referred by school counselors, psychologists, or teachers. Sometimes referral comes from the student himself. Since the program has gained more visibility, more referrals are coming from parents. Before a final selection is made, parents are contacted, and the program and its significance to the student are discussed. But even after selection, a student may transfer out of the program without penalty or being "held back" from graduation.

Students First

The fact is never overlooked that the young, mentally retarded per-

sons who work on these projects are first of all students. Their academic work progresses hand-in-glove with their construction tasks. These are made relative through close cooperation between the vocational teacher and the special education teacher who are physically located at the construction sites with the student workers.

The problem of distance between construction site and school was corrected by providing a trailer at the building location where academics are imparted to the students. This also enabled the project director to raise the number of students from 10 to as many as 24. Half the student body attends trailer classes in the morning and works on the houses in the afternoon. The other half alternate, with morning workers attending classes in the afternoon.

The curriculum is kept relevant. The terms of the construction trade are taught, and the students are introduced to the hand and power tools that they will work with. Safety on the job is instilled from the beginning. Math relates to measuring of doors, windows, or other related areas, or to weighing this, that or the other. Reading is translated into the practical: "What mix of gravel, sand, and cement will produce the mortar needed?" "White wires are ground wires." When an on-the-job problem arises, the students can retire to the trailer with their teacher to study and solve it. The teaching means something; the learning is real and right now. . . .

"In my estimation," says Alvin Sheetz, Director of Special Education of IU-1 and the project's guiding light, "These boys are proving that they can learn; they can accomplish. They are doing meaningful work that is a benefit not only to themselves but to the community as well. Many of them are succeeding for the first time. And they are succeeding in championship fashion!" In support of this, Ed Tekavec, IU-1's supervisor of special

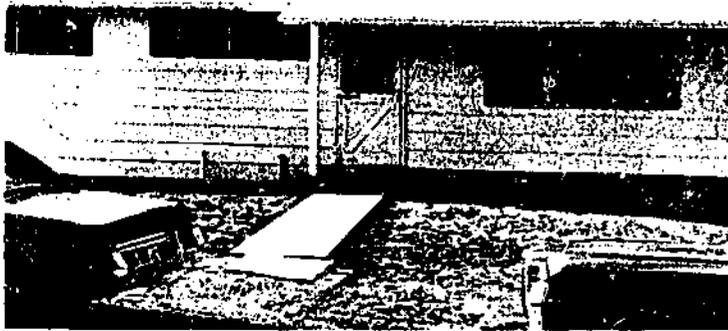
classes said, "This is what special education is all about. It should be flexible; it should meet the everyday needs of the students. We have gone beyond teaching a kid how to make a lamp or a stool and then saying to him: 'Ok, you're ready to go out into the world of work.' He wasn't ready when we used to say that, but he's ready now!"

Do the graduates of the Smock program fulfill in deed the things they have learned? Alvin Sheetz supplies the answer: "Of the eight graduates in the class of 1972, it is significant to emphasize that all eight are not employed in the building trades. Proper employment is our main concern and the Smock Project is but the vehicle to make employment a reality. The experiences at Smock amplify the opportunity to learn work habits, attitudes, develop skills, the use and care of tools and equipment, coordination, measurement, safety, and much more." Two graduates entered construction work and one each went to work for a lumber mill, a glass manufacturing plant, a coal mine, a power company, summer work and then the armed forces. The eighth student went directly into the armed forces. The students' hourly wage rate, at the time of this writing was from \$2.60 to \$4.80.

In The Beginning

The direction of IU-1's providing real work to its students had its beginnings in 1964 when an abandoned school bus garage was turned over to the unit as a classroom and training area. Not having been used for years, the garage bore the scars of years of neglect. A massive cleaning campaign dressed the old building in more respectable attire, but the picture it presented was still a sad one to behold. Complete renovation would be the only cure.

Alvin Sheetz describes that early work: "It was obvious that in getting the building ready to be occu-



Photos above show, at left, a newly constructed house. While, at right, a rehabilitated, formerly tax-delinquent house, makes a comfortable home for a low-income family. At left, IU-1 students carefully measure footing where a new home will soon be "on its way up." Students learn by doing and they do thousands of operations in the building trades.

ried some of the work could be done by students under supervision. From the onset . . . we marveled at the different types of work that the students could do. . . .

"The project took 2 years to construct a wood working shop, an auto shop, and one classroom. . . . The building had become more than a training facility to the students. It was a constant 'reminder' of what they could do. . . . We were convinced that it shouldn't end there."

And end it did not. In September 1967 a home that was about to be

condemned in Connellsville (about 10 miles from Smock) was given over to the program. The students went "back to work." By September 1968 the 5-room home had had a complete facelifting. It became known as the Eliza Street School for trainable, high school aged girls. I visited the home and observed the creative things being taught these young ladies. Certainly, much of the learning atmosphere is derived from the pleasant surroundings. The girls contributed substantially to that atmosphere by producing such home

decorations as hooked rugs, pillows, spreads, curtains, and drapes. The boys continue to be responsible for the maintenance of this building.

Commenting on the status of things in early 1970, Mr. Sheetz said: "The program was accomplishing rewarding gains in attitude and skills. . . . Continued success was vested in the development of occupational skills which the on-the-job experience provided. The program, however, had exhausted all the school needs for building and renovations." But, as luck would have it,

REHABILITATION RECORD

a new staff member of IU-1 just happened to be on the Board of Directors of Concerned of Pennsylvania. He saw the possibilities of a merger of interests and reported on it. The affiliation was consummated and it prospered.

Concerned People

CPI was incorporated as a non-profit organization in July 1969. The underlying philosophy was formulated by a group of Protestant ministers and a Catholic priest: they wanted to do something constructive for the people of this depressed area. After consultations with many of the needy families in the area, they opened their membership to the community in order to make it truly representative of the area. The most critical need, they discovered, was adequate, low-cost housing. And so they became home builders.

In September, following incorporation, CPI conceived "Operation Rehab." The program had three main objectives: 1) assess the condition of county-owned delinquent tax property and, where practical, purchase and rehabilitate that property; 2) develop a training program using various manpower programs, volunteer action programs, and vocational technical training; and 3) sell the rehabilitated homes to low-income families through the Farmers Home Administration Interest Credit program.

Modest funding was obtained from State and local organizations. They struggled forward, but financial plight several times threatened to sink the organization. Nevertheless, with WIN and Neighborhood Youth Corps personnel the first two homes were renovated and sold for \$5,000 each.

In January 1971 a cooperative arrangement between CPI and IU-1 was consummated. Under its terms CPI would provide the houses to be renovated or the lots upon which new houses would be built and the construction supplies need-

ed for the jobs. CPI would also provide adequate compensation insurance on the students. It would be CPI's responsibility to sell the homes once they were completed. Further, CPI agreed not to demand completion scheduling dates, since the boys from IU-1 were in a training situation. In return, of course, IU-1 provides the manpower pool for the work to be done, but it retains its prime concern of teaching and developing skills.

The union was successful, mutually beneficial, and an asset to the community. It allows for "the most" from "the least": low-cost housing for the needy, community improvement, training for retarded youngsters, and some measure of economic relief for the area.

President of Concerned, the Reverend Graeme Sieber, epitomizes the organization's place in the community in these words: "We have become a success because of community acceptance and community support. Without this 'glue,' we certainly feel that we could not have done so very much."

The Message

And while the coal tipples of this area of the country continue to deteriorate, a new wealth is being extracted from the land and from its native sons. The wealth is, of course, community pride and the certain knowledge that destiny is in the hands of those who will mold it in the image of progress.

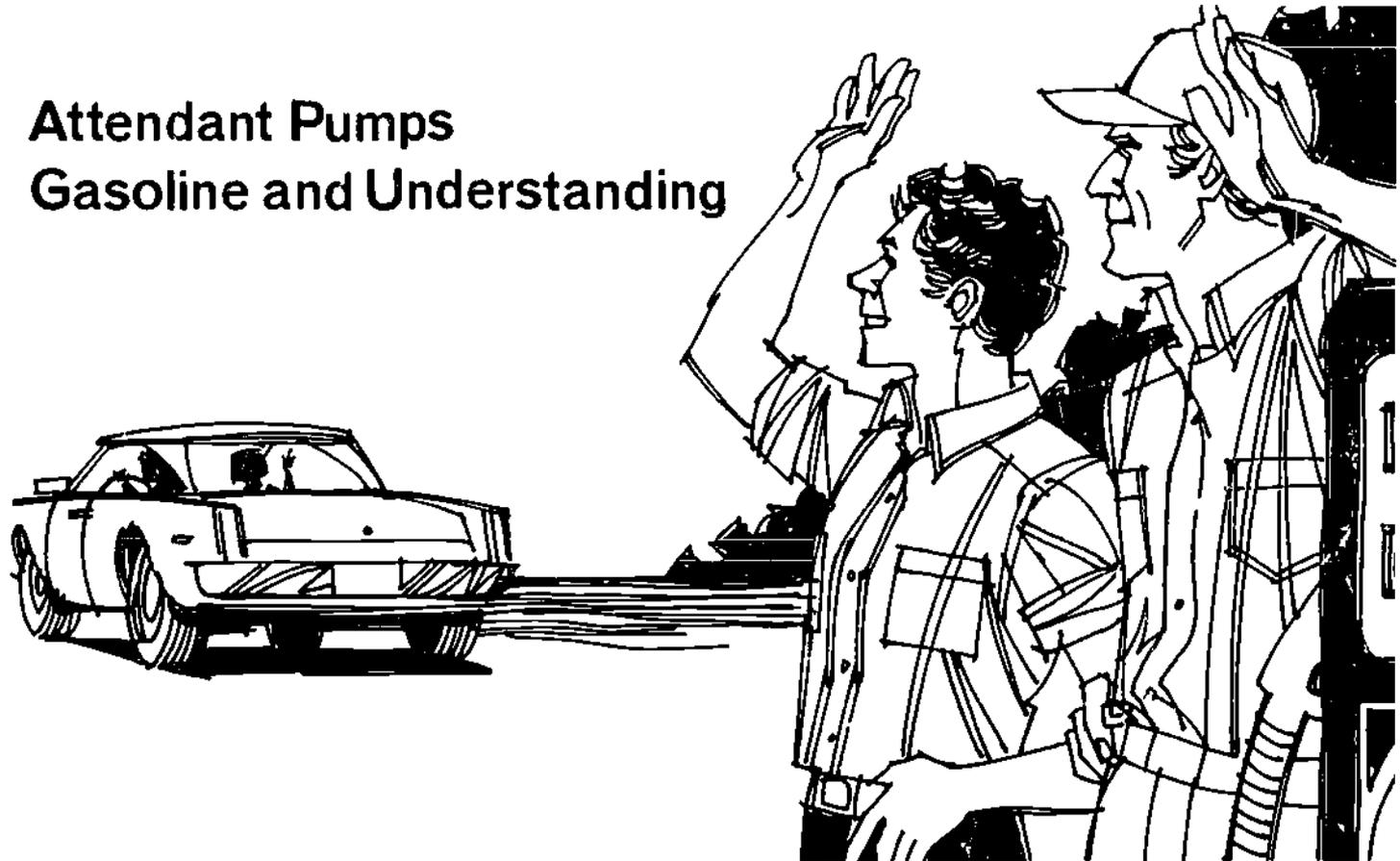
An editorial in the *Brownsville Telegraph* extolls many of the assets that this program has brought to the area. But it also points out what might be of far-reaching importance in "concept" rather than in "material" gains: "He [Mr. Alvin Sheetz] has shown taxpayers a big 'dividend' for their 'investment' in special education programs. These programs are far too often misunderstood. . . . Far too often considered to be waste by many taxpayers. . . . Hopefully the program developed by the IU-1's

special education chief will show that such money was not wasted and there will now be an understanding of the goals of special education work."

But recognition is also accruing at a national level. Mr. Sheetz was recently presented an award of merit by the President's Committee on Mental Retardation for "outstanding effort on behalf of the mentally retarded." This was the first award of this nature made by the Committee. Further the President's Committee is determined to present this project as a model for replication throughout the country. Its officials feel that the principles demonstrated here could be imitated to advantage in many depressed areas in the Nation.

Mr. Sheetz believes that "the only significant difference between the mentally retarded and the 'normal' is time." He and IU-1 and CPI are helping to further shorten that time differential. ■

Attendant Pumps Gasoline and Understanding



Bernard Posner

My wife and I drove into the gas station at 8 o'clock that Saturday morning, a rattling and clanging under the hood of our new blue car. We were on a back road, 30 miles South of Philadelphia, heading for Washington.

Two men standing side by side watched us pull up. One was tall, sandy-haired, square shouldered, in his 30's; the other, shorter, black curly hair, laughing eyes, in his 20's.

"Fan belt?" I guessed.

"Water pump," said the tall man.

"Yeah, water pump," echoed the shorter man.

The tall man who owned the station said he'd try to locate a new water pump, but that it would take a couple of hours. Our faces fell.

He invited us into his small office. To make conversation he said, "Been visiting relatives in Philly?"

"No. I made a speech last night at a Retarded Children's Association banquet."

"I think my helper, Chuck, is retarded," he said. I thought this was one of those sick jokes--the word

"retarded" as a gratuitous insult. "No, I really mean it," he insisted. "C'mon in the repair shop with me."

He talked as he started removing the damaged water pump. His name was Pete; he had owned the station for a year. Chuck was outside, servicing customers.

"Chuck lives across the street in that old farm house," Pete said. "When he came to work a year ago, he couldn't count beyond ten. And he couldn't sign his name; he used initials, C.J."

"His first job?"

"No, his second. He worked for a while in a slaughter house, slitting the throats of cattle. All day long, killing cows."

"First thing I did," Pete recalled, "I taught Chuck to count to 100. That took weeks.

"And I taught him to write his name. I made him sit in the office over there, and write each letter 5,000 times. He sure learned!"

Pete had the water pump almost completely disassembled. He called outside to Chuck. "Chuck, how about bringing me the $\frac{1}{8}$ -inch wrench?" Chuck came running, wrench in hand. He went back out to take care of a customer.

Mr. Posner is Deputy Executive Secretary of the President's Committee on Employment of the Handicapped.

REHABILITATION RECORD

"Chuck don't know $\frac{3}{8}$ from a hole in the ground," Pete said. "But I showed him that a 5-slant-8 means $\frac{3}{8}$; or that a 1-slant-2 means $\frac{1}{2}$. He doesn't have to know what they measure as long as he can bring me the right wrench when I need it."

Can Chuck handle money? Well, yes and no.

He has a tough time with change, Pete said. To buy cigarettes from the machine, he puts in a coin (he's not sure what coin) and pulls the handle. If nothing happens he puts in another coin and pulls the handle. And another. Finally, when enough money is in the machine, out pops the pack of cigarettes with the correct change. Who needs to count?

"I let Chuck carry a roll of bills in his pocket, same as all the other gas station people," Pete said. "Look at him." Chuck was standing by a gas tank, proudly fingering his money.

"I also let Chuck go to the bank for me. He carries a lot of dough, couple of thousand dollars at times. First he'll go home and shower and change his clothes. Then he'll get over to the bank and strut in like he owns the place. It's good for him. Makes him feel like he's a somebody."

The new water pump had arrived. Pete was installing it.

"I been taking Chuck to some good restaurants. He had such a crummy life I thought it's time he got some nicer experiences.

"First time we went, I ordered a martini. Chuck decided he'd have one, too. First martini of his life.

"He tasted it and made a face. He called the waiter, 'Bring me a Seven-Up.' He mixed the martini with the Seven-Up. 'Man, that's drinkin,' he said. He's been ordering it ever since."

The gas company held a meeting for station owners in the Philadelphia area. They were invited to bring their most promising employees. Pete brought Chuck.

Later, Pete asked, "How did you like the meeting?"

"Boy, did you see all them fancy lights in the ceiling of that room?"

What happens after work?

"Well, Chuck goes home at 5. He shaves and showers and puts on his good clothes. Then you know what he does? He comes right back over here. Just to hang around. This place is his life. His whole life."

Finally the water pump was installed. We were ready to leave.

I took Chuck aside. "Do you like Pete?"

"Like a father," Chuck said earnestly.

I paid the bill. "You like Chuck?" I asked Pete.

"Like a son," he said.

My wife and I drove out of the station. Pete and Chuck were standing side by side. Pete waved. Chuck waved.

We watched them through the rear vision mirror. A bend in the road and they were out of our sight. . . .

Historical Overview of Recreation For The Retarded

B. L. Freeman, Ph. D., and Jean Mundy

The following article forms chapter one of a monograph entitled Habilitative Recreation for the Mentally Retarded. The book was developed as part of a regional training program in mental retardation, and it was sponsored by the Center for Developmental and Learning Disorders, University of Alabama, Birmingham. The program is supported in part by RSA. The book is available at \$1.50 each from the Center for Developmental and Learning Disorders, University of Alabama in Birmingham, 1720 Seventh Avenue, South, Birmingham 35233.

In addition to the historical overview of recreation for the retarded presented here, the monograph discusses the philosophy of habilitative recreation, planning a program, and administrative problems that might arise in establishing and conducting such a program

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Recreation programs for the mentally retarded had their beginning primarily in State schools and hospitals over the nation which were established to serve the retarded population. In the early days of institutional programming the orientation of the personnel working in the institutional setting was toward a custodial philosophy. Within this framework the primary responsibility of the staff was perceived

to be to keep the residents clean, well fed, and safe.

Recreation during this period was believed to have no paramedical value, nor play any part in the education of the mentally retarded. In many such complexes recreation was, for all practical purposes, nonexistent because it was thought to be useless or folly. Mrs. Eunice Kennedy Shriver described conditions existing in many institutions when she stated, "A few years ago my husband and I were constantly sickened by our visits to institutions for the mentally retarded . . . a ball, inert in some corner, was often the only evidence of a 'recreation program.' Those few with even dull, monotonous work to do were the lucky ones."

As institutions grew and there were increasing numbers of individuals requiring services, recreation programs were initiated. The primary justification and purpose of recreation programs at this time was to be a time filler for the residents. Recreation was something that would keep the residents busy and break the routine of institution life. Second, the recreation programs were also used as a means of getting the residents off the wards or cottages to give the cottage parents or ward personnel a break. With the majority of a cottage out for a while, the cottage personnel would have time to accomplish the many housecleaning chores which might otherwise be prolonged or gone undone, and it was a good time to enjoy an unhurried cup of coffee and relaxed conversation.

A third justification for the existence of recreation in the institutions was the belief that it helped control behavior problems in the resident population. When residents were kept busy and happy it was thought that antisocial behavior would be decreased. A final justification and purpose of institutional recreation programs was to provide fun and enjoy-

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No matter the height of the hurdle, an obstacle overcome is a source of great satisfaction.

ment for the individual participants, and possibly more stress and emphasis has been placed on this one aspect of recreation for the mentally retarded than any other single consideration.

While the custodial philosophy permeated the thinking of those working with the retarded, programs in institutions, day care centers, special schools, and municipal recreation departments tended to focus on "mass diversional activities," as it was expressed by one recreation director. Some of the most frequently used activities were train or bus rides, dances, swimming, and movies, and special events, such as carnivals, pageants, fairs, picnics, beach trips, and comparable activities could be found repeatedly on the recreation schedule. In many cases sports programs, such as volleyball, softball, or basketball were in evidence for the older, more highly skilled players. For those not athletically inclined, but who also exhibited better-than-the-average skills, choral groups were formed.

Scheduling and grouping of residents for recreation periods in an institution has always been difficult. When the custodial attitude was the working philosophy of the institutions, it was felt that the grouping of the retarded for recreation experience was not an important consideration, and therefore, administratively, the easiest, most simple method of scheduling individuals for recreation participation was by cottages. Wilson cottage would go for a bus ride while Roosevelt cottage was on the playground . . . or Spruce cottage would be swimming while Hemlock attended the canteen dance . . . or B-1 might be going for a walk as G-2 heads for the softball diamond. This type of arrangement often leads to wide differences between the participants in their needs, interest, and abilities as they all attempted to function in the same recreational activities.

The personnel hired to administer and lead recreation programs in the institution when it was predominantly custodial in purpose were primarily individuals who were thought to be "good with kids," "good athletes," or "lots of fun." Because the recreation profession is comparatively new, and because recreation for the mentally retarded is an even newer area of concern, recreation directors and leaders for institutional programs generally were not professionally trained people. Often individuals from physical education, cottage or ward personnel, or just people interested in the retarded were brought in to work with the recreation program.

In the late 1950's as new programs were being developed for the mentally retarded at the institution and community levels, a new philosophy--the habilitation philosophy--began to emerge. The primary goal for the mentally retarded, according to habilitation philosophy, was to enable the individual to develop as many skills as possible so that he would be able to function in the community and to interact effectively with, and receive satisfaction from, his environment. The training and development of each individual to the limit of his capacity became of paramount importance. The change in philosophy from custodial care to one of habilitation brought changes in the functions and emphasis of all disciplines working with the retarded.

The purpose of recreation for the retarded within the habilitation context has been expressed in varying terminology. In the publication, *Recreation and Physical Activity for the Mentally Retarded*,¹ it

states, "The basic aim of the overall program is to cultivate varied capacities so that the individual is always progressing toward greater degrees of social independence, physical well-being, emotional stability and intellectual advancement." Elliott Avedon² talks in terms of, "The plus factors in recreation can be put to work to help prevent many types of physiological and psychological impairment in retarded children. These plus factors can also contribute to a successful economic and social adjustment."

In essence, these two statements express the general opinion among professional recreators today who see the aim of recreation for the retarded to be the development of the individual socially, emotionally, physically, and intellectually through the use of recreative experiences.

Philosophically and operationally, this is quite diverse from viewing recreation as a time filler or to give ward personnel a rest or break. When recreation programs are designed to accomplish anything less than the previously stated aims, it is the individual with retarded mental development who inevitably suffers.

In looking at the institutional recreation programs of today, there are no clear-cut definitive lines which can lead us to a generalization. On the contrary, there seems to be a great stratification in programs, ranging in a few places from the situation described by Mrs. Shriver all the way along the continuum to programs which have a strong

developmental and educational orientation. However, for the most part, programs nationwide tend to fall between these two poles.

Generally, there are several trends which can be seen emerging in institutional recreation programs. First, the number of professionally trained recreators being employed in administrative and leadership capacities is increasing. Many of these individuals have special training in mental retardation as well as recreation and the number holding Master's degrees is growing. Second, programs are being offered for all age groups and all levels of retardation. No longer do we see programs geared to just the older, higher functioning resident.

A third trend, is a movement away from "mass diversional activities" toward smaller group activities. The lack of personnel still necessitates working with residents in groups, however, now instead of having one leader to 40 or 50 residents, it is not an uncommon sight to spot one leader with 15 residents. A fourth trend is toward more diversified recreation programs for the mentally retarded. Programs today are offering activities in all areas such as arts and crafts, music, dance, drama, storytelling, sports and athletics, and outdoor activities. Moreover schedules now include tournaments, playdays, and camping experiences as well as community oriented outings. Some programs even allow for unstructured, free participation during the residents' leisure as well as scheduled activities. The diversification in programming can also be seen in the fact that many recreation departments now provide for a wide range of skill levels in many of the activities that are offered. There are often beginning, intermediate, and advanced groupings in different activities, such as swimming. In some situations, the more advanced residents are used to assist in the activities of younger or less skilled residents.

The direction, methods, and philosophy of recreation for the mentally retarded are changing daily. The surface of this growing, challenging field of endeavor has only begun to be scratched. It should not be overlooked, however, that although advances have been made in providing recreation for the mentally retarded, there still remains much work to be done.

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MR Institutionalizations Cut by Evaluations

CARL D. RODLUND

In the early 1960's an increasing push began in the United States for programs and services to provide education, habilitation, and evaluation services for the mentally retarded. Because the Grafton State School in Grafton, North Dakota, lacked some of these programs, the staff applied for and received a 4-year Hospital Improvement Program grant from the forerunner of the Division of Mental Retardation, Rehabilitation Services Administration. Entitled the Outpatient-Inpatient Services, the program sought to provide a comprehensive evaluation for North Dakotans suspected of being mentally retarded and sought to return to the community residents of the Grafton State School, the larger of two institutions in the State, with a population of 1,270 residents.

Coordinated through the staff of the Outpatient Program--consisting of a counselor, caseworker, and secretary--the inservice staff (doctors, speech clinician, psychologist, etc.) is called upon for professional and other supportive services.

Comprehensive Evaluation

While under Federal funding, 101 patients were admitted for comprehensive evaluations. Admission criteria consisted of State residence and the provisional diagnosis of mental retardation. Referrals to the project came from such agencies as county welfare boards, vocational rehabilitation, local

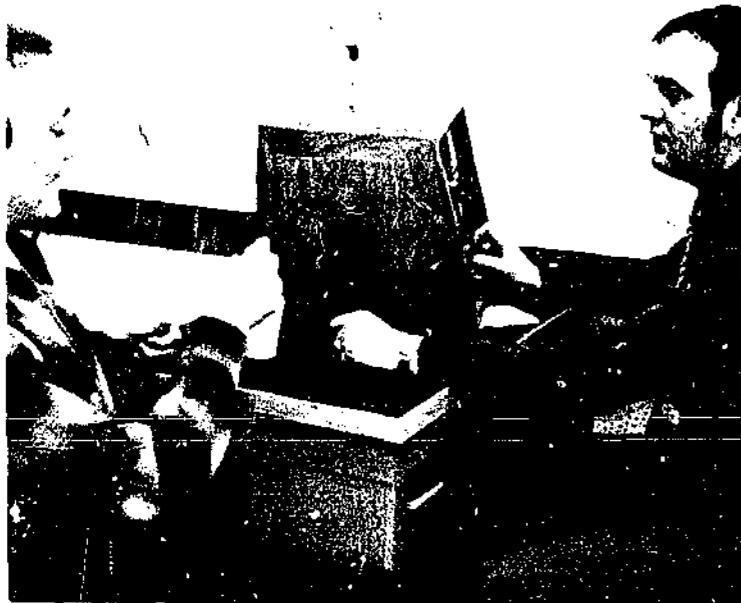
family physicians, mental health and retardation centers, area social service centers, and public service Indian health centers. The local county welfare boards have provided about 75 percent of the referrals. The evaluation process conducted at the school takes from 2 to 6 weeks.

Before the initiation of the evaluation process, an estimated 90 percent of referrals would have been institutionalized, but the project referred only half of its clients to custody. The remaining 50 percent of clients remained in educational programs in their home communities or were placed in such varied settings as foster homes, halfway houses, or training centers. This program demonstrated and gave to the referring agencies recommendations which they were able to follow in keeping the patients off the tax payer roles. Previous referral reports were often misleading, often indicating that the client was eligible for admission. Thus, the client was placed on a waiting list, and eventually he was ordered institutionalized. The new program, however, gives the staff a chance to conduct a comprehensive evaluation, thereby allowing recommendations which are realistic to the rural community from which the patient has been referred.

Of 101 patients who have been admitted to the Grafton State School under the comprehensive evaluation part of the Outpatient Services, each case is a story in itself. In reviewing a few of these, the reader may get a feel for the clients we dealt with and the methods we used to process their cases:

Patient A was a 9-year-old white female. She was admitted to the program in 1967, suffering from

When he wrote this paper, Mr. Rodlund was the director of the program described here. He is now the mental retardation coordinator-counselor at the Memorial Mental Health and Retardation Center, Mandan, N.D.



Hearing evaluation test in progress.

several grand mal epileptic seizures a day. Her mother was becoming physically and emotionally exhausted caring for her and for the other children in the family. The mother was on the verge of an emotional breakdown and referral to the State institution for the mentally ill was being considered for her.

The local county welfare board felt that if Patient A could be removed from the home for a short time for an evaluation to see if her epileptic seizures could be controlled, her home management might be ameliorated. Also an intellectual level was being requested to see if she would be eligible for Grafton State School admission.

While at Grafton, her seizures were greatly reduced under constant, objective supervision, proper dosages of medication, and a regular schedule for dispensing the medication. The program personnel contacted the local county welfare board caseworker and gave him our recommendations. The caseworker in working with the patient's parents made a determination that to have the patient admitted was the best course of action. The mother began to stabilize, now finding it much easier to care for the other children and for her household duties. The child benefited from admission since the school was equipped to manage her ailment.

Patient B was a 6-year-old boy who was admitted to the Outpatient Services in 1968. Previous reports indicated that the boy was epileptic and hyperactive. He had had a shunt surgery for hydrocephalus at the age of 3 months. While the surgery arrested the hydrocephaly, complications continued because he now developed epilepsy. At home he was quite hyperactive, and there was difficulty in controlling his seizures. Previous psychological test reports indicated that he was untestable.

Under constant, objective supervision at Grafton and with proper medications, his hyperactivity was reduced. Also, with the adjustment of medication, his epileptic seizures were greatly controlled. The proper milieu therapy which was provided by the attendants on the ward also contributed greatly to his improved behavior.

The staff and consulting psychiatrist recommendations were that he be returned home and that he attend special education classes. These were discussed with the parents who found out that there was no special education at that time in the local community. The parents began a campaign to provide this needed community resource. The campaign paid off. There are now two special education groups in the community, one for children ages 6 to 10 and the other for ages 11 to 16. Thus, the program helped point out the need for such a resource and indirectly helped establish a special education program within a countywide area.

Patient C was a 4-year-old white male who was admitted to the Outpatient Services in 1970. The referral material which was received stated that he was very hyperactive and hostile in the home, was not toilet trained, had to be fed, dressed and undressed, banged his head on the crib, and needed constant and total care. His intellectual capabilities were estimated to be in the profoundly retarded range.

During the evaluation process we learned that the mother completely rejected him. She had very little patience with him, and, consequently, provided very little in the way of learning, love, or affection. But after just a very short time at Grafton, his toilet habits improved and he attempted to feed himself. To the other children and to the attendants on the ward, he showed no signs of aggressiveness, hostility, or hyperactivity.

Foster home care was recommended. The psychological report indicated that he was functioning in the moderately retarded rather than in the pro-

foundly retarded range. It was felt that if he were not in this deprived home situation, he probably would have improved more than what he did.

From this recommendation, the outpatient staff worked with two different county welfare boards in locating a foster home for him. Again, institutionalization was averted with the provision of a more normal home situation. Presently he is functioning very well in his new home, and his self-help skills are improving.

Job Placement

The job placement aspect of the Outpatient Services was geared to returning to the community as taxpayers institutionalized Grafton State School clients, many of whom had languished in the institution for many years. The idea was to convert these patients into taxpayers rather than retaining them at the school as tax consumers.

While under the Federal program, over 80 residents were returned to society as the result of the efforts of the program. Some of these residents were sent to training centers, halfway houses, or to other facilities for further habilitative services. Others were placed directly in a variety of jobs.

In 1954, the placement record at the school was two. In 1970, 28 placements were effected. Preprogram yearly placements averaged five while post-program placements are up to 21. Again, here are some case materials that illustrate the workings of this aspect of the project:

All project clients receive thorough medical examination.



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Resident D was placed at a training center. While there, he received vocational training and training in social graces. For some unknown reason, he applied for and was hired for a dishwashing job at a college even though a regular student of the college had applied for the same job.

Soon, the boss discovered that our client was not only running the dishwasher assigned to him, but he was also operating a second washer on the second floor in the Student Union. Consequently, the employer hired a college student to work for our client. Thus, a former resident of the Grafton State School is supervising a college student. He is still working and has supervised several college students.

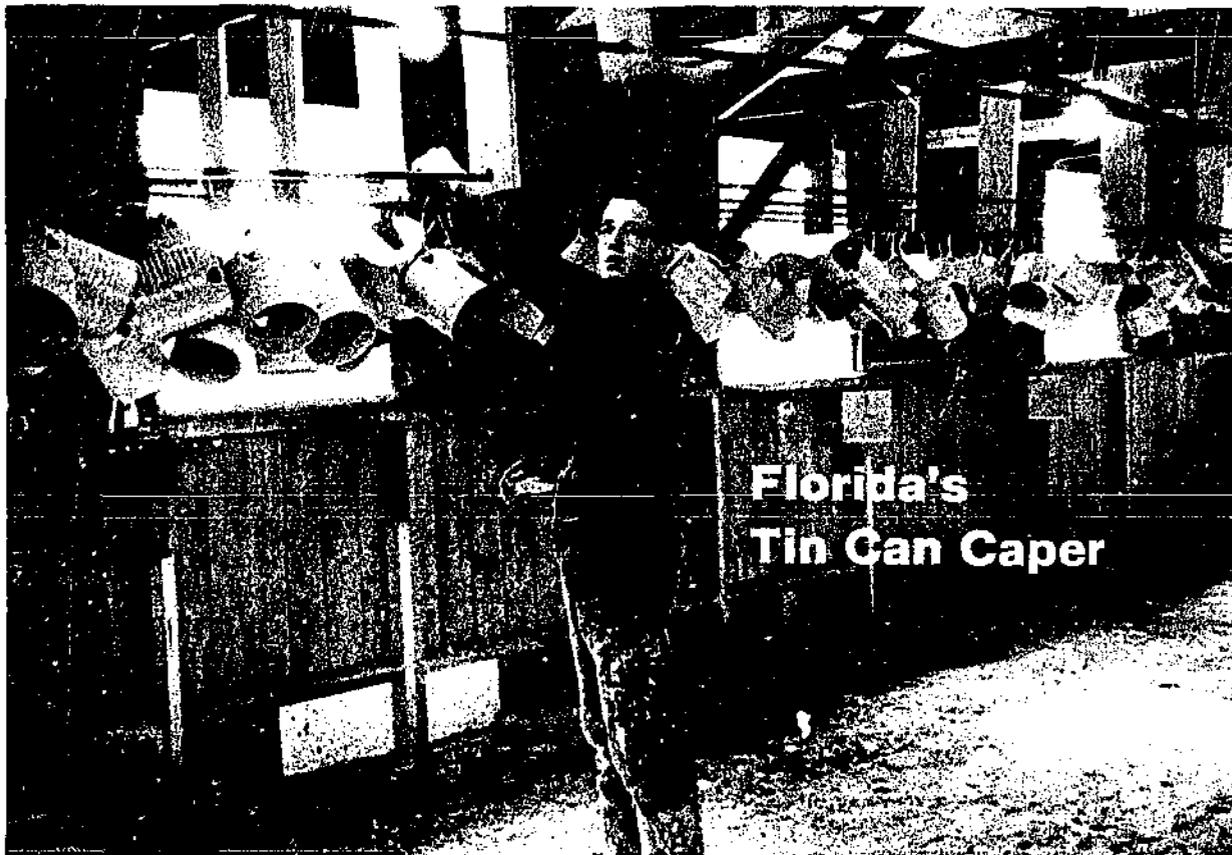
Resident E was placed at a halfway house. After a year's training with an on-the-job training program in a dishwashing capacity in one of the service clubs, it was learned that he could handle independent living quite well. He was phased out of the halfway home. He and another former resident fell in love and were married. They became stabilizing factors for each other; all has worked out quite well.

In the community placements effected in this program, the Division of Vocational Rehabilitation played a vital role in providing training funds to support the clients while they were attending various training facilities.

Before job placements are made, most clients are subjected to several training situations at the school. Most attend the academic instruction. Generally, they have reached their academic potential before they are considered for placement. They also undergo a work therapy program where work habits and unskilled work training is taught. In addition, individual and/or group counseling is provided.

The program staff met with the school department to help design two prevocational training classes. Later, a cooking class was also added. In these classes, the residents learn very basic skills, such as how to read a menu, tell time, handle change, and read road signs. The courses were not designed to teach reading, writing, and arithmetic, but, rather, to teach the retarded the things they would need to know in everyday living.

We cannot claim a perfect score in job placement. Our efforts, however, are encouraging. Reinstitutionalized national averages run about 35 percent. We score about 17 percent, reason enough for encouragement. When the Federal funding ended in June 1970, the project continuance was assured by State fund support.



Florida's Tin Can Caper

Clyde L. Reece

A corps of 120 mentally retarded boys and young men at the Sunland Training Center in Marianna, Florida, doesn't know the meaning of pollution and ecology, but when it comes to recycling scrap materials they are experts. So expert, in fact, that during a 6-month period they salvaged, painted, and sold more than 60,000 one-gallon tin cans at a profit of more than \$3,600. At the close of 12 months they expect to reap \$7,200. If they were servicemen, one would have to typify them as having a "can do" attitude!

On top of that, they accomplished this miracle of production with other discards, including two old-fashioned, four-legged bathtubs used for scrubbing and painting the cans; one hand-operated puncher to make drainage holes; wire brushes; and overhead drying hooks made of scrap coat hangers.

They even made their own 26-foot trailer which is pulled by a secondhand bus and regularly delivers their refurbished containers to an eager string of nursery operators who need the receptacles to pot young plants and shrubs.

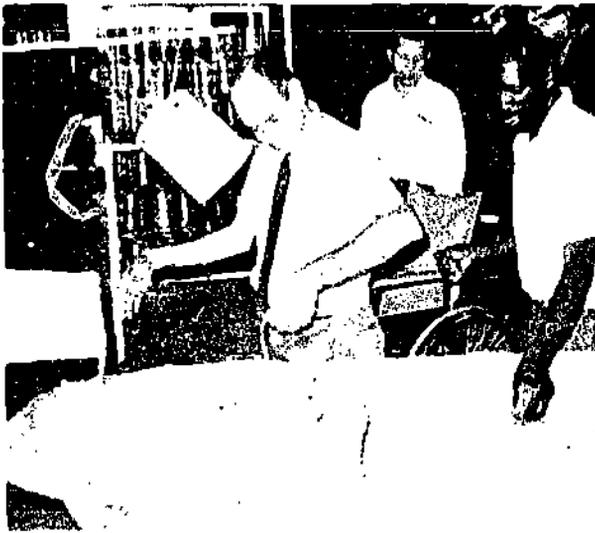
The clients, all severely retarded but physically able to work a few hours a day for pay, are members of a carefully supervised sheltered workshop operation at Sunland-Marianna, one of six such training centers and hospitals operated throughout Florida by the Division of Retardation, a unit of the Department of Health and Rehabilitative Services.

The profits from their tin can operation are carefully audited into a resident welfare fund which provides extra personal gifts and entertainment for other residents unable to respond to work training methods.

Nor have the boys and their workshop supervisors overlooked the Lih movement—they work alongside retarded girls who, during 7 months, have made and sold 2,500 potholders. They also make stuffed pillows, change purses, pincushions, ribbon wrap-

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Two clients (mentioned in article) could not leave their wheelchairs. Now willingly take part in program.

ping bows, stuffed animals, ceramic objects, and many other accessories common to the woman's world.

The sheltered workshop at Sunland-Marianna is one phase of an extensive education and training program spread across the 535-acre campus where total, year-round care and training are provided for more than 900 children and adults, many of whom, in addition to being mentally retarded, are physically and emotionally handicapped.

"The sheltered program is primarily for the severely retarded," says Charles H. Cox, the institution director. "A majority of these residents will never be able to leave the Center. They need positive guidance because some are also blind, crippled, or in need of constant medical surveillance."

Supervising the workshop is Ken Stoutamire, a Mariannacan with a degree in marketing. He also has training as a horticulturist and florist. Of his charges, Ken has this to say: "But whatever their handicaps may be, they are human, and they need to be needed. And they need to learn that what they are doing is worthwhile. They tell us this is true with eagerness and smiles.

"The workshop also provides therapy and understanding of each other, and it keeps them from sitting around and deteriorating doing nothing.

"They can bank or spend their earned money as they choose, and the profits from the operation help other residents to enjoy parties, ice cream festivals, extra gifts and belongings, and accessories for their living quarters."

Two residents already have become walking examples of the workshop's aims and accomplishments. Before the can-painting project began they were confined to wheelchairs; today they can walk to the bus which takes them to their work station.

Sunland officials felt the two would respond if given encouragement and opportunity instead of letting them sit around their cottages. Like others not confined to wheelchairs, they were taken to the sheltered workshop and from their chairs started to scrape and clean the cans. They were encouraged to stand in front of the chairs, with bars to help support and protect them. Gradually, they stood alone.

While both are incapable of walking speed or hard exercise, they are navigating. Like the rest of the clients, they relax practically at will, and work only an outside maximum of 3 hours daily to prevent overexertion and boredom.

The officials say that "incentive" was actually what got them out of wheelchairs.

The idea for Operation Tin Can was born when a staff member observed a heap of discarded food containers at the Center's cafeteria. He reasoned that it was a shame that the metal would be "just thrown away." After the salvage job was conceived and the cafeteria was "despoiled" of its containers, other "feeding centers" were located to supply the steady stream of receptacles needed for the new enterprise.

The workshop has also developed other money-making projects. Other boys make barrel chairs; refinish furniture; and bundle old newspapers which florists use to wrap moist plants. The newspaper is sold both in flat and rolled bundles. They have earned more than \$330 for 10 tons of paper that they have delivered in an 8-month period.

Another project is shoe shining. Twice weekly a truck collects the residents' shoes from the Center's scattered cottages. After a vigorous polish, the shoes are returned to their owners. Nobody pays for this chore but everybody looks spic and span. They charge it up to instruction in personal grooming, also part of their daily training.

Already the Sunland-Marianna residents have a small garden. But on the drafting board, awaiting the day when financial help arrives, is a large horticulture area with irrigation systems and greenhouses which will produce flowers and shrubs for the Center's vast lawns and vegetables for the residents' tables. On that day, they will have tin containers nearby in the sheltered workshop across the road.

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