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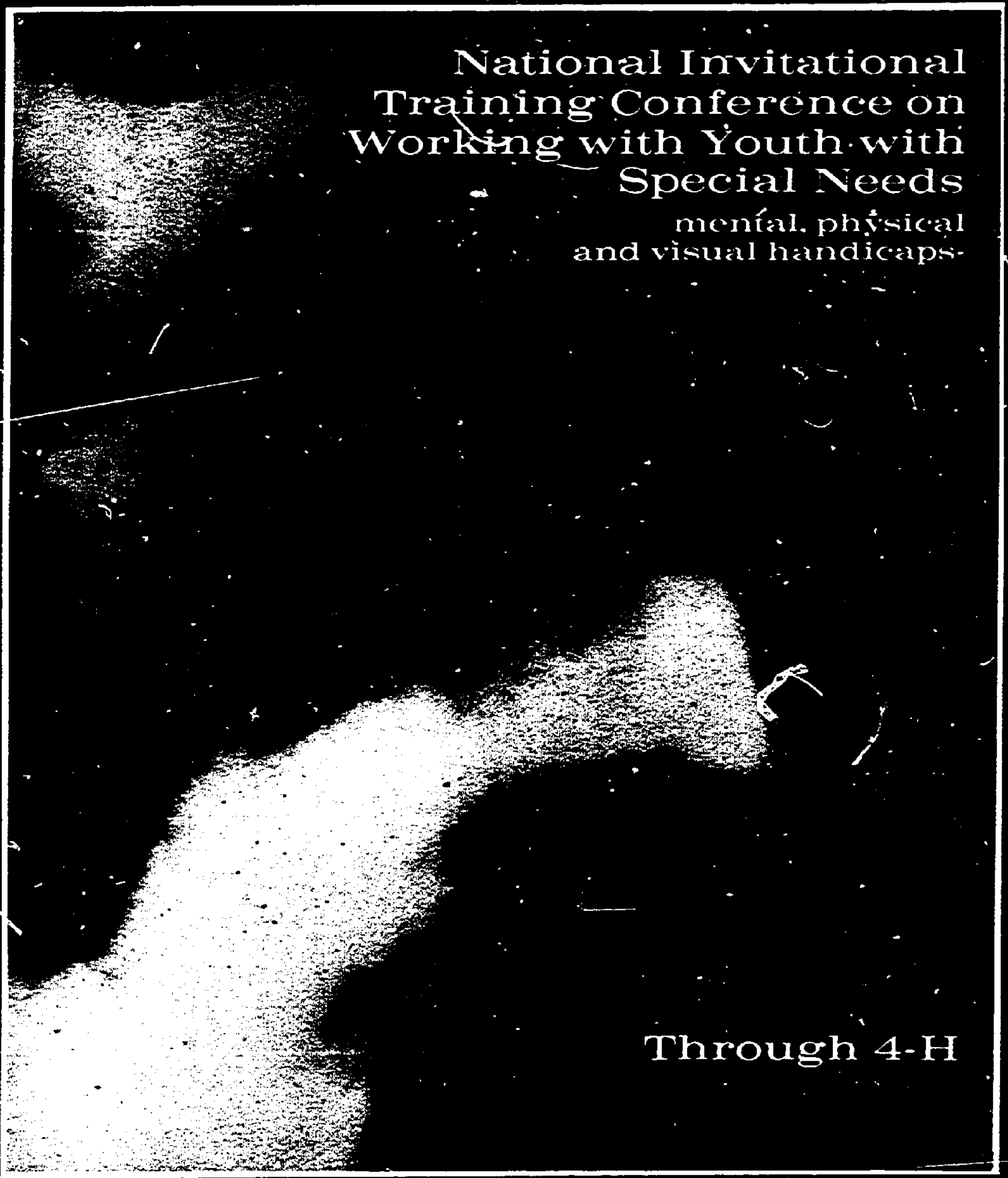
ABSTRACT

A conference set up to exchange and disseminate ideas and information on the mentally retarded is presented. Specific purposes of the conference are: (1) to promote appreciation and understanding of handicapped youth--mentally retarded, and physically and visually handicapped youth, (2) to promote knowledge of on-going programs through 4-H with handicapped youth, and (3) to have a working conference through small group discussions. Appendices contain resources on handicapped youth, an article on the handicapped, and a list of NARC publications. (CK)



National Invitational Training Conference on Working with Youth with Special Needs

mental, physical
and visual handicaps

Through 4-H

curtis hotel
minneapolis, minn.
october 28-30, 1970

VT013381

National Invitational Training Conference

On

Working With Youth With Special Needs

Through 4-H

Compiled by Mrs. Phyllis Worden

Additional copies of this report may be purchased for $2.00 each.
Make checks payable to University of Minnesota and send to:

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AGRICULTURAL EXTENSION SERVICE

UNIVERSITY OF MINNESOTA

INSTITUTE OF AGRICULTURE
Office of the Director ST. PAUL, MINNESOTA 55101

January 1971

To: Conference Participants and Other Youth Leaders

Re: Proceedings from National Invitational Training
Conference on Working with Handicapped Youth

One of our challenges in Extension is to reach youth with special needs. The Minnesota 4-H Staff was encouraged to plan and conduct a training conference for persons interested in working with handicapped youth. The meeting was held in October with 40 persons from six states and Minnesota attending. The conference may well be the beginning of continued study and training in working with handicapped youth.

The conference proceedings include the conference speeches and discussion and reference materials available on working with handicapped youth. It is hoped this will be a useful reference for those on state and county Extension staffs who give leadership to special programs for youth with mental, physical or visual handicaps.

Sincerely
Roland H. Abraham
Roland H. Abraham, Director
Agricultural Extension Service

RHA:PW:S

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TO: Participants in National Invitational Training Conference on Working with Handicapped Youth through 4-H

FROM: Phyllis E. Worden, Phyllis E. Worden
Assistant Extension Specialist
4-H & Youth Development

The following are references and statistics which should help you prepare to be a participant in our conference in October.

Mental Retardation

"The mentally retarded person is one who, from childhood, experiences unusual difficulty in learning and is relatively ineffective in applying whatever he has learned to the problems of ordinary living; he needs special training and guidance to make the most of his capacities, whatever they may be" -- National Association for Retarded Children.

Degrees of Mental Retardation (from "World of the Right Size," Minnesota Department of Public Welfare, St. Paul, Minnesota):

LEVEL	INTELLIGENCE QUOTIENT	NUMBER IN 30 AFFECTED
Borderline	70-85	
Mild (educable)	50-70	26
Moderate (trainable)	35-50	3
Severe (trainable) Profound (dependent)	25-35) below 25)	1

There are over 6 million mentally retarded in the U.S. today.

Causes of Mental Retardation (from Youth NARC Handbook)

No one knows all the causes of mental retardation. More than 200 causes have been identified. They fall into these five main categories:

1. Genetic irregularities.
2. Embryonic--such as German measles, glandular disorders.
3. Birth trauma--such as serious reduction of oxygen.
4. Post-natal--childhood diseases such as measles, meningitis, metabolic imbalances.
5. Environmental--inadequate attention or diet; poor medical care.

References

1. Roberts, Nancy and David. "David" Richmond, Va.: John Knox Press, $4.50

   The story of the first four years of life of David Roberts as told by his parents through printed word and pictures. Their feeling is that a retarded child is not a problem to be endured but a challenge to be accepted and a blessing to be shared.

2. Buck, Pearl. "The Child Who Never Grew" Description of Pearl Buck's mentally retarded daughter whose mind would never be more than that of a four-year old child.

3. "The Retarded Can Be Helped," -- National Association for Retarded Children, 420 Lexington Avenue, N.Y. 10017. Pamphlet contains information on the causes of mental retardation and a description of how young people can be helped.

4. Jacob, Walter. "New Hope For The Retarded Child," -- Public Affairs pamphlet #210, May, 1965 (25¢), Public Affairs Pamphlets, 381 Park Avenue S., N.Y. 10016 Description of what is being done and can be done for mentally retarded children.

Handicapped

One person out of every seven (or nearly 30 million persons) in the U.S. today is physically handicapped.

References

1. Splaver, Sarah. "Your Handicap, Don't Let It Handicap You."
2. Wolf, James M. and Robert Anderson. "The Multiple Handicapped Child." Springfield, Ill. Charles Thomas Company, 1968
3. Barsch, Ray H. "The Parent Of The Handicapped Child." Springfield, Ill., Charles Thomas Company, 1968
4. Strang, Ruth. "Helping Your Child Develop His Potentialities."

Blindness

There are about 400,000 legally blind in the U.S. today. In addition, another 500,000 or so have such limited vision they are unable to read a newspaper (Splaver, listed above In Minnesota, there are 350 visually handicapped youth between the ages of 9-19.

"Causes Of Blindness," -- listed by American Association of Workers for the Blind, Inc.

Amblyopia, Glaucoma, Parkinsons' Disease, Retrolental Fibroplasia, Rubella, Strabimus.

References

"Blindness: What It Is, What It Does, And How To Live With It," Carrol, Thomas J., Boston. Little, Brown & Company 1961

"Blind Students Learn Food Skills," Pass, Gisela and Susan Uhlinger, Extension Service Review April, 1970, pp 10-11.

Blindness--Ability, Not Disability," Wood, Maxine. Public Affairs pamphlet 3295, 25¢.
ublic Affairs Pamphlets, 381 Park Avenue N.Y. 10016

PEW:dw

INTRODUCTION

Dan Lindsey:

I want to welcome you to the National Invitational Training Conference. I am sure you will pick up some ideas and some information along the way that will be helpful to you.

We have tried to plan our program to fit in with and supplement some of the National Association of Retarded Children Conference sessions in areas of concern that we in Extension are working on under the broad umbrella of working with the handicapped.

This morning we will zero in on the mentally retarded.

To welcome you, I would like to introduce our Director, Dr. Abraham.

Director Abraham:

It is a pleasure to welcome you to Minnesota.

I am sure that this beginning--and I look upon it as that--for fairly widespread growing interest in youth programs for handicapped young people can be the nucleus or start of a movement that I think is likely to expand over the years. While the number of people who have found it possible to participate this year is probably smaller than most of you would like, nevertheless I think you can begin the formation of perhaps a continuation of this kind of study and interest in succeeding years.

There certainly is a growing acknowledgement of the needs of young people who have these special handicaps. I suppose we know more about these handicaps these days because of research that has been done, growing communications, and because our systems have been geared to identifying these young people. I think that some of the recent programs that have been directed at people handicapped through low income have helped identify some youth as well. Certainly the Head Start program is one which has helped identify some of these handicaps at an early age.

My own son is having an interesting experience this year. He is teaching in junior high. The school has divided the students into a high ability, middle and low ability group. He has been assigned both a high and low ability group. He has to do some pretty fast footwork to adjust his methods, his content and the expectations that he can address to these two groups. I am sure the middle group would be a far easier task because he would be more like the middle group. He has to adjust to the needs of both the high and the low.

I expect it is not unusual that in addition to the more formal programs of the schools that interests have developed in working with these youth in the more informal settings. So the program that began in Minnesota several years ago, largely in the metropolitan area in collaboration with Twin Cities schools of adapting 4-H methods, techniques and activities to the abilities of the severely disadvantaged youth have been met rather enthusiastically. The people who work in the area tell us that the 4-H "methodology" does two things for these young people. First they have a real need for a feeling of achievement. Here is a program that can be tailored to their own capacities for achievement. Secondly, they can achieve things with others like themselves and have a sense of belonging. These two factors apparently have been some important aspects of the success of of the application of the 4-H program to the needs of these young people. To be sure, the program might be looked upon by many as being quite urban. This does not surprise us in Minnesota. You are sitting within 25 miles of where one-half of the people in this state live; so one would expect more young people who have these handicaps live here because these problems exist irrespective of income, geographic location, race or other items. It is important, however, to also bring these programs into the rural areas. The young people who have these handicaps do not have the same resources in the rural areas, generally as those in urban situations. We see this in the more sparsely populated areas of any state. Perhaps we can adapt not only 4-H but other youth volunteer programs to the needs of these youth.

Last summer several Minnesota extension staff members had a chance to visit a program being funded by OEO and operating in northern Minnesota in which emotionally disturbed young people were recommended to a camp by county welfare boards--especially from rural areas. The program was to help them experience some kinds of interaction among themselves and programs which for the most part they do not otherwise have a chance to participate in. There was a variety of activities including waterfront programs. The most successful activity was one of remedial reading training. Here were youngsters who should have been in the seventh grade who really didn't even know their ABC's--who could not read. Several teachers were hired to help teach them to read in very small groups.

Study and consideration of how we might adapt existing programs in extension and other agencies to the needs of these disadvantaged youth is very much in order. Every time I have had a chance to describe the program, even to legislators, it captures their interest so I know there is interest around. Superintendent Davis of the Minneapolis public school system has spoken very highly of the program and has gone out of his way to write to us hoping that we can expand our efforts with the public schools. I trust that you will have helpful and useful discussions in the next day or two that will help you as you plan and work toward programs in this area.

PURPOSES OF THE CONFERENCE

Mrs. Phyllis Worden:

I would also like to add my welcome. We are pleased that you are here. We should have several opportunities to get to know each other this week. This is perhaps not the major purpose but will be an important aspect of the conference. The other purposes as I see them are:

1. Appreciation and understanding handicapped youth--mentally retarded, physically and visually handicapped youth.
2. Knowledge of on-going programs through 4-H with handicapped youth.
3. To have a working conference through small group discussions, sharing on-going programs and question-answer periods.

We do plan a follow-up report of this conference. Dan, would you introduce our morning speaker, Mrs. Betty Hubbard.

Dan Lindsey:

Mrs. Hubbard is a consultant, parent and community relations department, Special Education Department of St. Paul Public Schools.

She is formerly the Executive Director, St. Paul Association for Retarded Children and is currently chairman of Minnesota Committee on Legislation for the Handicapped, an umbrella organization composed of ten voluntary and professional associations concerned with the education and rehabilitation of the handicapped.

Mrs. Hubbard is also chairman of East Metropolitan Mental Health-Mental Retardation Regional Coordinating Committee, three-county coordinating and planning body. We are happy to have you with us this morning . . . .

UNDERSTANDING MENTALLY RETARDED YOUTH

Mrs. Betty Hubbard:

People who anticipate working with mentally retarded persons are usually nervous and ill-at-ease at the prospect. "What are they like?" they ask. This is particularly true of volunteers. "How should I treat a mentally retarded youngster?"

To those of us who have worked with mentally retarded children and adults for many years, the questions seem inexplicable. Mentally retarded people are as different from each other as any other segment of the population. They are white and black and brown and yellow, rich and poor, of every religious and ethnic persuasion, and with a wide range of abilities and disabilities. This is one of the basic concepts we must accept when working with mentally retarded people. It used to be the fashion to sentimentalize about the characteristics of mentally retarded people. They were not very bright intellectually but they could do anything with their hands. They were affectionate and outgoing. It took them a long time to learn something, but once they learned, they never forgot. They were unaware of their own deficiencies. They had no concept of right and wrong. These are all popular fallacies.

As those you know, retarded individuals are well aware, those silly generalizations are no more true of the mentally retarded than they are of black people or French people or Army privates. There simply is no convenient way to categorize retarded people, except in those gross categories of functional level: profound, severe, moderate, mild and borderline, which can be dangerous because they are based on very frail evidence, the I.Q. score. I.Q. scores are poor predictors of a person's capacity to profit from social, recreational, and educational programs. They do not measure initiative, drive, motivation, and the curious chemistry that differentiates members of the human family from each other.

In other words, people who work successfully with the mentally retarded have learned that there is no common denominator in mental retardation, except a slower learning rate, and that individualizing programs to suit the varying capacities and needs of the youngsters is the way to success.

Once we accept these premises, it is possible to go on to examine traditional practices in the treatment of mentally retarded children which compound their problems, particularly in adolescence and young adulthood. In a society which places great value on academic achievement, mentally retarded children are apt to be undervalued and overprotected. Because their reading skills are generally poor, they may have learned little or nothing in school. Special classes usually have no unified curriculum so that children are not expected to acquire a certain body of information during a school year. They frequently spend many years in endless repetition of primary academic work, with little or no contact with, or information about, the real world.

In junior high school, the mentally retarded youngster is "integrated" into industrial arts and home economics classes which, for the most part, do not take into account his slower learning rate. In many school districts, mentally retarded young people are integrated willy-nilly into any course open at a particular time, without regard to their deprived academic background. In the suburbs we find the mentally retarded being placed in biology classes which does not really make sense. It is assumed by many school administrators that rubbing elbows with normal students, even though the course may be quite unintelligible, will somehow "normalize" the retarded youngster. When he becomes restless and unhappy, he may be allowed to dust books in the library, or in the principal's office, or he may be indignantly suspended for disruptive behavior. Many a retarded young person's education ends at the point where the school's inability to adapt to his needs becomes intolerable for him and for school authorities. Special educators often refer to the pyramid shape of special education programs, with large numbers of children in elementary programs, fewer in junior high schools and fewer still at the senior high school level.

Many school districts do not have senior high school programs at all, even for their educable children. Even in Minnesota, it is a rare school district that provides anything beyond the elementary level for trainable children, and odd practice when you consider the need of the more severely retarded individual for a longer period of training and education.

Happily, there is a growing trend toward individualizing and enriching the early education of handicapped young children. There is also a growing recognition of the need to reverse the negative effects of their early education in order to fit retarded persons into society as productive citizens. In order to do that, it has become necessary to use the skills of vocational rehabilitation counselors and vocational educators in new ways to prepare handicapped young people for the world of work. In 1968 Congress passed an amendment to the vocational education act that some funds be used for the handicapped. Twenty five percent of the funds are now designated for programs with the handicapped children and adults. I would urge you to see what your own school districts are doing for the handicapped. We are astounded that all across the U. S. these funds are not being used because no one knows how to develop the programs. The old concept of the sheltered workshop as the most appropriate outcome for the special class graduate is rapidly vanishing as vocational counselors are using business and industry as training stations, and mentally retarded men and women are filling jobs which, only a few years ago, would have been considered too difficult for them.

Sheltered workshops are now reaching down to a more severely, often multiply, handicapped population. Men and women who were placed, in childhood, in large institutions are now returning by the hundreds to communities often ill-equipped to receive them. Many of these people, against unbelievable odds, are overcoming the dehumanizing effects of long-time institutionalization and are actually entering the employment world. Many of them, on the other hand, are returning to the social and emotional isolation of a room in a boarding house, and a future far bleaker than the one they faced in the human warehouse they left. There is an enormous need for work activity centers, sheltered workshops, clubs and recreation programs, and small, homelike residential facilities with continuing social supervision. Communities are gradually gearing up to provide services for mentally retarded adults are "better of" in state institutions dies slowly.

4-H programs for the mentally retarded play an important role in the "normalization" process. "Normalization" is the name of the game. Every enriching experience that can be given to retarded young people counts toward making them as much like normal people as possible. Every success for people accustomed to failure as a way of life builds confidence and self-esteem. Being liked for themselves, being treated like adults, being commended for what they can do, instead of being scolded for what they can't, contribute to their feelings of self-worth. Every experience that sharpens their awareness of the world around them, that builds a relationship with another human being prepares them for successful functioning in the adult world.

One of the most prevasive failures in programs for the retarded is that they are too often unchallenging, childish and condescending. Numerous research projects have demonstrated that teacher expectations have a great influence on the performance of retarded children. Recent research by Dr. Marc Gold of the Children's Research Center at the University of Illinois showed that workshop personnel fall prey to the same low expectations. Dr. Gold has a subcontract with a bicycle company for assembling of two complicated brake assemblies. The teachers at the workshops said their mentally retarded persons could not do it. However, the research project showed that they <u>could do it</u> and did it well. Dr. Gold says the teachers have too low expectations of their people and have overprotected them. Programs for normal young people like Scouting and Campfire Girls are frequently over-adapted downward to the needs of handicapped persons. I have often wondered if one of the reasons for the perennial difficulty in recruiting leaders for "special" youth programs might be the fact that the programs, themselves, bear so little resemblance to the organization's real program and are, in fact, a crashing bore. Special Scout troops often toil, interminably, on simple-minded craft programs while opportunities for introducing handicapped youngsters to the lore of woods and fields are blindly ignored.

National leaders in youth organizations are now taking vigorous steps to counteract the watering-down and over-adaptation which have robbed their programs for retarded youth of their challenge and vitality. Fortunately, 4-H administrators recognized the pitfalls and took forthright action to guard the quality of 4-H programs for the handicapped by developing program guidelines, materials and staff training. This systematic approach has prevented many of the disabilities which have plagued other youth movements. However, even with guidance and materials, it is possible for programs to be mediocre. Where 4-H programs are geared to the interests of the age-group served, but adapted to their slower learning rate, they are making a valuable contribution to the social and emotional growth of the individuals served. Where they are devoted to demeaning, kindergarten projects, they maintain the retarded youth's image of himself as a worthless, dependent child.

Mentally retarded youth are easy to understand when we place them within the framework of the struggle for human rights. Have you ever thought of them in this way? They belong to a traditionally disadvantaged, oppressed minority, whose opportunities for education, training for employment, adequate housing, appropriate leisure time activities and religious experience are severely limited. Overprotected and underestimated, mentally retarded people have been robbed of their birthright by well-meaning people who have reduced their school program to boring, mechanical exercises, relegated even the most capable of them to the most menial service occupations, and systematically deprived them of all the things that give color, texture and interest to life. 4-H has the opportunity to add enriching, normalizing experiences to the lives of mentally retarded children and youth, to provide social, recreational and educational learning that will help to make them more capable adults. This is the challenge and the joy of working with retarded.

"SHARING ON-GOING EXTENSION PROGRAMS"

Darrell Spoon, Kansas:

In Kansas, we plan to have a two week camp. It will follow the traditional type of camping experience with emphasis on physical activities. Our objectives are to develop social and physical skills and to help them develop self-confidence and some self-discipline.

It is directed toward the 9-15 year olds. We plan for 125 youth for next summer at Rock Springs Camp. Our staffing pattern will be in a ratio of 1 to 5. Hopefully, there will be the dual role of not only helping the handicapped but also helping the counselors. We hope to involve college students or mature high school students who will have special interests in working with the retarded to encourage possible training for a future occupation. We plan to include activities such as swimming, volleyball, softball, large motor activities and social activities. We want to also try to involve the parents. We will plan to take the children from families with limited income first. Hopefully, there will be some carry over into the home after the two week program. We hope to coordinate this camp with the mental health centers and other agencies in Kansas who have had experience in camping.

Question: What kind of training is necessary for normal youth working with camps?

Darrell: In the orientation there will be concern about the "What do I do now?" We will probably try to verbalize this in the orientation as we'll clue them in on the camp schedule. Hopefully, there will be opportunities to continue working with the counselors throughout the camping period.

Esther Whetstone, Iowa:

In 1964 in Iowa we tried this type of camp with 194 4-H'ers and 18 mentally retarded youth. We then spent some time with the 4-H'ers after the mentally retarded went home talking about what happened. It was a tremendous experience. We could have repeated this but because of the lack of funds we have not done it. It is <u>not</u> difficult as we think it is. We had a young man working on a Ph.D. who helped us with the orientation. A special education teacher was also involved.

Mrs. Worden, Oregon:

Mrs. Worden shared the Oregon bulletin, "4-H Opens The Door for the Mentally Retarded" which Cal Monroe, Acting State Leader provided.

Iris Kalich, Texas:

What has been done in Texas has been reported in an article in the September 1970 issue of <u>Extension Service Review</u>. It is a pilot program of 42 counties. An effort has been made to educate and inform the public about facilities available.

These counties have mental health--mental retardation committees. Dr. Pellett has developed some information and guidelines for use with agents including MHMR Notes newsletter .

Several 4-H clubs have had citizen grants-in-aid making it possible to work with the mentally retarded. Electricity, personal hygiene and foods are the most popular projects selected by the mentally retarded youth.

TARS (Teens Aid to Retarded) program of the Texas Association for Retarded Children began in 1965 in Dallas. Now youth-NARC Chapters have been developed in all states. 4-H should become informed and possibly involved in these youth programs of the National Association for Retarded Children.

Dan Lindsey, Minnesota:

Dan Lindsey discussed their 4-H resource materials file. The box includes folders on 18 subject matter topics and includes some bulletins as well as other materials. The boxes are available to teachers in Minnesota as a resource file for the cost of $10.

SMALL GROUP DISCUSSION REPORTS

Question: How can we overcome some of the "fears" many people have in working with mentally retarded youth?

Answers:

Group I

We recognize it is not easy to overcome fears. One might try to get acceptance of mentally retarded youth by the community at an early age, giving these youth status. This can be a positive image.

Group II

Try to break the stereotypes. A program might be given to acquaint people of the exceptionalities of these children. Develop a willingness to work with and in acceptance of the abilities of exceptional children. How does one define the underachiever? We are perhaps the handicapped since we don't know everything about handicapped persons.

Group III

Work with volunteer leaders, perhaps starting with recreation or song leading. Leaders working with the mentally retarded need to feel immediate success. As leaders continue to work with the mentally retarded, they will come to know them as persons.

Question: What methods work the best in developing programs through 4-H for mentally retarded youth? What other methods might work?

Answers:

Group I

We feel we need to work for flexibility in the program. One might try to involve parents. Try to develop a one to one ratio. Encourage independence and suggest projects which will give immediate success. An animal care project can give a chance for consistent behavior and help the mentally retarded youth.

Group II

Do not generalize. Be more flexible in 4-H programs. Develop 4-H in the classrooms as well as in community clubs. 4-H personnel and leaders need to understand the place of special education in general education.

Group III

4-H should start by contacting Directors of Education in a local city or county and work through them. If he is convinced in the value of 4-H with the mentally retarded, programs will go; if not, it may be your duty to convince him of the worth of the 4-H program.

Question: How can work with the mentally retarded through 4-H be individualized to a person's own special needs and wants?

Answers:

Group II

The overall philosophy of 4-H means it should work in a variety of programs based on the needs of individuals. One might want to break 4-H traditions--records perhaps need to be adjusted. Avoid generalizations when speaking about or working with the mentally retarded.

Group III

Individualization is important. Perhaps just a report of a field trip or small project in place of traditional 4-H records. Junior leaders can help the retarded develop skills.

Joe McAuliffe:

Good afternoon. We are happy to have Mr. Perry Johnson with us this afternoon to discuss physically handicapped youth. Originally from Pennsylvania, Mr. Johnson now resides in Minnesota, is married and has two children. He is a graduate of Ohio University and a member of the Ohio University Alumni Advisory Board, and has a Master's degree from Mankato State College in vocational rehabilitation counseling. Mr. Johnson is a former instructor of Education at Mankato State College, of Afro-American History at St. Cloud State College, and is currently a Case Manager at the Cooperative School-Rehabilitation Center at Minnetonka.

UNDERSTANDING PHYSICALLY HANDICAPPED YOUTH

Perry Johnson:

Before this meeting I had not heard of 4-H. Evidently, coming from the East I must have been so far in the inner city that 4-H did not reach me. I quickly ran around and asked some of the teachers at our school about 4-H. They gave me some information. Off hand, I would say that 4-H is a very worthy organization. It is an organization that is greatly needed today.

Today we are going to focus on handicapped--primarily the physically handicapped. I would like to start by giving a brief background and philosophy of handicapped. There have been five major areas and ideas concerning the philosophy or ethics of dealing with the handicapped or disabled. The first view is a view of extermination. This view was held by the early Greeks and the Spartans. Their philosophy was that no deformed person was permitted to live. The greek emphasis was upon being a warrior and the body being beautiful--we see this in their art. At this time a person who was deformed would be sent out into the woods and the wolves would take care of him.

The second view was one of ridicule. This view came primarily during the Middle Ages. Many of us have heard of stories of the town clown who was used to abuse disabled people. The Hunchback of Notre Dame is an example of how a disabled person was treated.

The third era was the era of asylum which came during the reformation of the church. Gradually some kind of Christian thoughts were developed with a feeling for people who were disadvantaged. They would take a person and put him in confinement or in a dungeon. This treatment at least was a step forward.

The next was an era of education. This also came during the reformation of the churches. The monks began to have an important part in the church and kept manuscripts and other things sacred in the church. The monks began to enter soul searching and think of man's worth. They helped change attitudes toward disabled persons.

The last view is one of occupational adequacy. This view was held in the 1940's in the United States. We all know that during this time we were involved in a great war and we had to use all of our resources. There were times when a handicapped person who was on a crutch or lame would get to the factory. He could produce, he could fit into the small places where a normal person couldn't reach. These people began to build up our ideas concerning the handicapped. Even now we have our mascot, festus. Festus was the only olympian who worked for a living. He was the Greek god of fire and metal work. As the craftsman god he was worshipped at the industrial centers such as at Athens. He was credited the invention of bronze working and many other ingenious devices but it was because of his lameness (he had one leg) the gods began to ridicule him and make fun of him.

In every field of human endeavor we have seen great handicapped persons. These persons often had to struggle with their deformitories. The world knows of their deeds but little of their deformities. Socrates, great philosopher was a deffective cripple. The Apostle Paul, one of the workers of the Bible and the builder of the Church was considered a hunchback. Miracle Girl of Lords of France or the Blessed Bernadette, was a cripple. Sir Walter Scott and Lord Byron both had a club foot. Mozart and Handel, composers, were lame. We can go on and on. We can mention our great president, President Roosevelt--we all know of his paralysis. A crippling condition should not hinder a person from being ambitious or seeking his abilities.

People often regard the handicapped with curiosity and approach them with fear. Things which are unknown are feared. The crippled persons are often depicted as evil. I remember when I was a kid of picking up a comic book, and the villian often was crippled. Why can't the monster just be a monster? Most of the time he had to be dragging a leg or he had to be moving his twisted arms. When a child mimics a monster, he has to contort his muscles and get into an odd position. This is part of our way of thinking.

In our religious views we are created in God's own image. God was conceived to be perfect. Man in his attempts to be God like must also be perfect physically as well as in other ways.

Today as we watch TV we see all the things that they try to advertise. They always use people who are normal or perfect. They don't even consider a handicapped person who could come in on crutches and who might demonstrate that Zest soap is a good soap to all. They just eliminate handicapped people. Physically, mentally and emotionally, the handicapped are victims of three paradoxically interwoven threads of Judeo-Christian thought.

1. Christian Medical Ethics decree that people no matter how severely disabled shall be kept living whenever medically possible.
2. The work ethic decrees that the level of worker performance shall be maintained as high as possible.
3. The Protestant ethic decrees except for a few, all people must work. As we go back over these three we can think of the handicapped person as we face many situations.

You know that if a person was badly mangled on the battle front or in a car accident, we hate to look at him. Usually he has to be put together. Can we keep him alive? Should we keep him alive.

Some people have abilities that others do not have. Who is to say that work is supposed to be the criteria of goodness or badness or rightness or wrongness. This is part of our lives. It puts an additional strain upon the handicapped. I don't believe that all people are able to overcome the situations and cope with their handicaps like President Roosevelt did.

The intense interest in physical beauty of Americans makes people who are statistically normal concerned about their own deviations from the idea of beauty. We know that Americans spend billions of dollars trying to fit the norm, trying to be accepted, trying to bring themselves closer to the culturally specified physical idea. They invest in hair dyes, wigs, bleaches, foundation garments, false eye lashes, and so forth. Contact lenses even have to be colored now.

We have overlooked the handicapped especially their inner feelings. A study by Crookshank shows that a desire for and a fear of social participation causes anxiety and fear in crippled children. Even normal children have a fear of being accepted. Will I be invited out to the dance? Will he take me to the beach? This is what normal teenagers worry about. It is even magnified among the handicapped.

The handicapped child is likely to spend more time in the home and be more dependent upon the family for social contacts. They are limited in mobility. The problems of formulating an adequate self-concept are many for the physically handicapped. Self-concept is a very important factor in personal adjustment. In some respects you are as others see you. The concept that you have of yourself, as it goes out and comes back to you, helps to convince you and helps to build a better view of how people view us. The physically disabled may suffer from pain or fatigue and may be somewhat fearful of accidents.

These factors make it difficult for him to form realistic precautions of his own adequacies and limitations. The handicapped may bring fear and inadequacy and sometimes the resulted behavior may be maladopted.

We might mention, people may be affected by the same physical impairment but some will have more powers of acceptance and overcome or even cope with the situation better than others. We can look to sports careers. On the Baltimore Colts team, Ray Berry had an ailment where his leg was much shorter than the other but overcame this situation with determination and ability to become an outstanding football player. Some quarterbacks have played with one eye. Some people can't even see with two eyes and here was one who was doing it with one. There is no limit to what can be done.

Now let's talk about some of the incidents of the orthopedic handicapped. Children and adults with orthopedic handicaps have all varieties and degrees of difficulty with physical movement, such as walking coordination and speech. The physical problems may have been caused by accidents, disease or congenital disorders and also includes children with cerebal palsy. It is difficult to generalize on the physical handicapped for they may vary in degrees and are as numerous as a broad category of physical disabilities. The number of physical disabilities may vary according to the source and can be as low as one in a thousand or ten per thousand. An unfortunate trend has been toward an increased impairment by accidents of various kinds.

The National Safety Council in 1963 indicated that accidents claim more lives of children ages 1-13 than the five leading diseases combined. Between 11,000 and 15,000 children are accidentally killed in the United States each year. And it is estimated that 50,000 other children are permanently crippled and disabled by accidents. Over half of these crippling accidents occur to children under five years of age. (Garrison and Forest 1965)

More than 19 million people in the United States have physical disabilities according to the Public Health Service and among them are concluded three million have arthritis, 3 million heart disease, 1.5 million have cerebal palsy, four hundred thousand have a hearing loss, 345 thousand have blindness and 140 thousand major amputations.

You ask about the intelligence of crippled children. It is difficult to obtain intelligence scores of the physically handicapped as they are not homogeneous. Their psychological characteristics are somewhat different. If you were to test some of these handicapped people you could use a standardized test but if you deviate some of the ways of taking the test, you would invalidate the test. The physically handicapped will score lower because of many factors. They may have damage to central nervous systems. Brain damage alone will have an adverse effect on psychological testing. There is a physical ineptness--loss of time in school, limited opportunity, limited opportunity for environmental exploration. You have a lower level of energy and limited levels of aspiration. They all operate to a detriment of adequate scoring on tests of intelligence.

There may also be a tendency on the part of the teacher to over estimate the achievment of the handicapped. In some studies that we have had, teachers tend to over estimate the achievement of girls who are handicapped and under estimate the achievement of boys who are handicapped. Those persons with infectious diseases which can lead to physical disability scored higher than those with disabilities due to congenital defects.

Parents need to react as normally as possible to their handicapped child. Parents may have feelings of guilt, shame, and depression and patterns of mutual dependency. We all know about the guilt cycle. We know about shame. I have visited parents who have disabled children and I ask them if children would go to Sunday School. I have asked, "Does your child go to church?" Then there is great silence. "No he doesn't go." I ask, "Why?" There are many reasons but I suspect that a lot of it is shame of having people say "Oh, there goes the Jones' and look at their child." We think we have gotten beyond this but somehow it is still there.

The responses to deformity may be in many ways, for example, the child may go into immediate withdrawal or be absorbed with himself completely. What we have to do is try to gradually return this person to reality. Allen and Pearson suggest that the child's adjustment problems are more closely related to parental attitudes than the child's inability to cope with his own physical disability.

We have seen a significant decrease in the crippling conditions which have resulted from infectious diseases. Polio, tuberculosis of the bones and joints, and arthritis due to infection have been reduced due to medical science.

We have some data on the time that the crippled have to spend in hospitals. The average stay in 1936 was 631 days. If a child had school in September and something happened to him like falling out of the tree, broke his hip, you would not see him in school until the next year. Then he was behind in school when he came back. In 1953 the average days had gone down to 159 days and the Bureau of Statistics states that in 1962 the average stay in the hospital was down to 21 days. When I read that, I think of something sneaky and I suspect that the high cost has something to do with it too! When the bill is up to something like $50 or $60 a day I can see why it is 21 days or less.

The human being is a being of worth, and should be respected and cherished no matter how severe his disabilities may be. He has a right to be consistent and unfold his personality and develop his potentialities. And he must have a right to do this for his own sake and for the good of society. The physically handicapped should not be showered with pity, they need understanding and assistance and not pity. Assist them with courage. Give them an opportunity to do things for themselves.

Various fraternal and service groups have been very active and have helped the different types of handicapped persons, particularly the crippled. We have the Elks, Shriners, American Legion, Junior League, Kiwanis, and Rotary and also we must include 4-H as I see they are trying to expand to various handicapped groups. People want to help. They get involved through these various agencies and youth should get involved in programs that deal with the handicapped such as Big Brother Program. At our institution we have high school kids involved in a Big Brother Program where they pair off and come to the institution. Youth who come to our school mentally retarded and/or are physically handicapped. We have youth from the high school come to help them and they pair off on a one to one basis. These high school youth take our students bowling and to Betty Crocker Kitchens. They may take them to a dance or a hayride. It is getting youth involved and realizing that there are other people besides their own pretty little selves and their own little problems. If they want to do so much to help society and they want to make a better world they can get out and do something. It doesn't take too much of their time. In our situation and the high school is not too far away. They call us up and they drive down in a matter of ten minutes and we have the teenagers ready. They can go on with their plans with them. They can take them to dinner or whatever they are going to do. This is getting youth involved in something constructive.

Lastly, I would like to quote from Gelman and he says, "We need to get people to accept disabilities as a natural thing in life. Society needs to be informed. We need to recognize that the handicapped will function in school. We need to utilize all of our resources. We need to avoid corrective jobs and specifications for disabled. The handicapped can make a contribution to society regardless of his handicap."

Before closing I would just like to bring in one other thing. A lot of you can think in your own lives when you were kids and what you did. In Pittsburg, our next door neighbor was a gal who stuttered something fierce and it was at that time my greatest delight to imitate this girl, not all the time, but especially at her highest moment of frustration and then something got beside me (and I would say it was the devil) and I began to imitate this girl just in a moment when she did not need to be immitated because she had problems. I got so good at it I had to stop it because I was beginning to stutter unconsciously. After college I was teaching in Cleveland and I was invited out one night. Low and behold, the lovely girl next door, saw me and recognized me. We paired off to go to a show and she said, "No, that is the boy next door." I looked up and I wanted to say, "Forget the whole thing, I didn't mean to do those terrible things," but I did do them and she remembered them. We are good friends but it shows how cruel I had been when I was a kid. I guess we all have our involvement in some way and I hope that somehow we will begin to see a better life and learn how to deal with handicapped youth.

Discussion following speech by Mr. Johnson:

Mr. Johnson mentioned that the cooperative rehabilitation center of which he is a case manager was developed five years ago as a research project and they simply operate out of the University of Minnesota Research and Development Council. The purpose of the center is to give care to the less capable child. The school is divided into the trainable and the educable retarded. Many of the children also have physical handicaps. We try to give services which school districts in the state which they cannot provide themselves, because of high cost or there are too few students within the district served. This center has made cooperative agreements with 47 school districts in a seven county area around here.

There are two schools in the Twin Cities area--one in Minneapolis and Minnetonka and the other in St. Paul. We have about 200 children in the Minnetonka school now.

One of our purposes is to help the youngsters prepare for work or vocations. We have some children who work in downtown restaurants, stores, laundries, etc., or other types of jobs. We try to help the kids prepare for this and to build up their egos. We prepare them for work so that he can contribute to their own well being, to his parents satisfaction and also help the tax situation in that he is self-supporting.

The school, now that the research project is finished, is an independent school district part of the Hennepin County school system. The Research Council at the University of Minnesota was trying to develop ways that all youth in the State of Minnesota have educational opportunities. We often find that students in special education classes are the ones that are most neglected so we have tried to provide some kind of services for them. The superintendents of each school district got together (about 47 of them) and they decided that each school district would join in a cooperative adventure to provide the necessary services for these youngsters.

The school is now District 287 of Minnesota. (Question) Do the young people get academic training? (Answer) Young people do now get academic training but this training is geared to work. How to fill out the application, how to take a drivers test, social security, and reading. We try to get at least the educable ones up to a reading level of at least fifth grade, how to get to the right room and how to tell time. We also have an educational program in which parents are involved because sometimes we find parents have goals that are too far fetched for their child. These kids may not even be able to make change from $1. This person may be able to be a nurses aide or work in the food industry, places where they are capable and other people do not wish to do it. There is a place in society for them. One of our teachers developed a course on money changing. This is available commercially. We also have training stations right within the school such as laundry and food service. Today the kids are paid out of school funds and are paid every Friday. It helps some too for those who do not want to work to let them see that they must work in order to get a check. We encourage parents to let the kids cash the check so that they can have the experience of cashing it and spending some of their earned money to let them know that people do something with money once they receive it. They also have a social interest program where we try to encourage the kids to pick up social cues. The other day I happened to be out at one of the discount stores and I happened to see one of our gals there. She is a very lovely girl and when she is out in a crowd nobody would know she was retarded. She was at the cosmetic counter which was her specialty. She was buying an article and I said to myself, "I am going to watch and see what she does because I know that she can't make change but I am going to see how she manages." I watched her and she had about $4 and it was just about like you play cards. I watched how she picked up the cues. She picked up her article since it was self service and just looked at the cashier as she put out the dollar and kept on putting out money until she picked up the cue from the cashier that was enough money to pay for the article. The cashier then gave her change and she put it in her purse and she said thank you. I am sure that many didn't know that she was retarded. So she can manage since she picked up a few important cues.

Another big thing that many parents said their children need to learn is to tell time. We have a very good time program. The children from our school are from ages 14-21, and they do go home every day. They commute. Also when we get jobs for the kids downtown, it is a distance from their homes to work, so we do have a program teaching them how to catch the proper bus. Sometimes it is an educational program for the parents as they remember back when Johnny was a little boy and got lost on the bus and police were looking for him but now he is 17 and once the parents go along with our program they are amazed to see what the kids have learned and are capable of doing.

(Question) "How do you deal with the emotional problems that young people often have in this situation?" (Answer) "We do have a doctor of psychology on the professional staff at the center and we also do have a number of consultants who come in. We also have enough staff to have a one to one relationship which is not possible in the public schools. What do you look for in determining whether a youngster should or should not attend the program? The children that we get, of course, are referred to us so we go back and look at the last test that he had, then we thoroughly examine the results of the test. Then our next step is to talk with the parents and get a run down on the whole family. What do parents think? What has the child done? We bring all of this information back and have a group meeting among our staff and try to determine what this child looks like and how he might be helped. We see if he can fit into our program and see whether he can benefit or not from our program. We can even take them if they have an IQ of 30 at least on a trial basis and we will fit him into the program how we can and hopefully he will begin to function. Then we also have a constant testing program; some of the staff do and sometimes they consult with others who come and give tests to help us build up some of our own norms. We do have some youngsters who have to take medication and we get permission from the parents or the doctor and we do give the child his pill before his meal or whenever he needs it. We have no minimum length of training program to determine whether the child can come or not. He is welcome to stay if he can even operate at a minimum level which may include finding his own bus or getting on the right bus.

NARC KEYNOTE SPEECH

Honorable Elliot L. Richardson, Secretary of Health, Education and Welfare:

It is a particular pleasure for me to be here with you for this transitional evening in the history of your association. We have just witnessed an impressive array of NARC founders and past presidents, each of whom has contributed to your obviously successful record of "Twenty Years of Progress." And certainly the vigor of your membership and the breadth of this conference's program for the next three days reflect a strong "Prologue to the future."

The National Association for Retarded Children has exemplified the best of the voluntary associations which form such an essential part of every vigorous society, by providing the leadership to expose and bring into action the best ideas in a particular area. Certainly a society which lacks volunteers, a society which lacks either the freedom to form voluntary associations or is made up of individuals who leave problems to others, or to governments, is a terminal society. Fortunately, we are a nation of volunteers, of active people who organize to improve various aspects of our lives.

So may I congratulate you individually and collectively, for your roles not only in changing the shape of the world for the mentally retarded, but also for initiating changes that have benefited the larger society as well.

We have only lately begun to grasp the truth of an insight that we were given a few thousand years ago: When we improve life for the least privileged, we improve life for all humanity.

When I first ran across this concept as applied to the mentally retarded, during my first tour of duty at HEW, I was on the Board of Trustees for Radcliffe College. I remember being struck by the words I read in the Radcliffe Bulletin, written by one of the founders of the Massachusetts Association for Retarded Children, who happened to be a Radcliffe graduate.

She wrote about the development of the mental retardation movement which had been gathering headway for most of the decade by that time, and asked why there had been such an upsurgence of a grass-roots movement to combat this handicapping condition? Answering her own question, she replied: "It is because the world is very much with us today. We know (many of us perhaps only subconsciously) that if our way of life is to survive, every individual, be he handicapped or whole, be he white or black, be he a privileged American or an underprivileged peasant in India, every individual must be counted an individual and accorded his place in the sun."

Her words are vastly more applicable today. And certainly better understood than when John Donne in the 17th century expressed the same idea by reminding us: "No man is an island, entire of itself; every man is a piece of the continent, a part of the main."

It is perhaps the greatest achievement of the past decade that Donne's concept, which was accepted only intellectually until quite recently, has now penetrated to a deeper level of consciousness. And it is a consciousness that compels action. This new outpouring of concern is having an impact on every level of government, indeed every institution of society. Young law school graduates are turning down high salaries in prestigious law firms to defend the disabled and the disadvantaged; more and more young doctors and nurses are staffing neighborhood health centers in urban and rural slums, attempting to bring personalized health care to many who had not previously had any health care at all. And in all areas of education, students and teachers are reaching out beyond the walls of the classroom that formerly defined the limits of education.

Through your 21 years of service you have played a significant role in shaping and heightening public awareness of human needs. For what we are seeing today did not spring full-blown out of a vacuum. We are seeing, I believe, a maturing of values which is an outgrowth of past efforts, just now beginning to bear fruit.

The Association is well geared to meet the challenge of changes which will be coming faster now in our accelerated age. You are reaching past your earlier horizons, as evidenced by your involvement in programs designed to prevent mental retardation--not just biomedically, but also environmentally. The joint Project "STAR" of NARC, the Urban League, and The Family Service Association in several cities is a most promising venture in the field of social action as well as in the prevention of mental retardation. By helping low income families with children who have special learning problems to learn about and make better use of services, "STAR" could have a great impact on environment-related causes of retardation. It is also heartening to see such cooperation among agencies with the same goals.

You have opened your ranks to the new life that always comes to an organization when it recognizes the vast contribution and commitment that young people bring to it. YOUTH-NARC could well serve as a model to other voluntary agencies. And involuntary ones also, I might add. In fact, I understand that the television spot of the President's Committee on Mental Retardation asking for volunteers has to date received over 8,000 replies--mostly from young people. Many are now part of your youth program.

But although the retarded child of today has a far greater opportunity for a life of active adult citizenship than his predecessors, there are major opportunities to meet and problems to solve if the past 20 years are indeed to be a prologue to a better future for our retarded children.

Among the great opportunities which make the future so promising is the potential for reducing the number of children born every day who are destined to manifest evidence of mental subnormality later in life, currently more than 250 per day.

There are approximately 27 known inheritable diseases that cause mental retardation which can be diagnosed prenatally. Chromosome studies can determine whether genetic defects will occur. There is available immunization against some viral diseases, such as rubella, which can cause massive damage. Most universities and other large medical centers now offer evaluation of a potentially afflicted child early in pregnancy. Genetic counseling is available by referral to specialists in the field. But information on the availability of such services, as well as other health information which can reduce the frequency of retardation, still needs to reach the public in greater quantity and quality, especially those at high risk, who tend to be concentrated in crowded urban or isolated rural areas.

The President's Committee is conducting a pilot study of delivery systems in five States which will shed some light on this problem and hopefully lead to the end of the costly program duplication and unevenness in quality that often characterizes both government and private mental retardation efforts.

We have made great progress in the amelioration of the sense of hopelessness, repulsion--even fear--which has characterized public feelings about mental retardation. But now we need to gain general acceptance of higher levels of understanding. There is still a widespread unawareness of the competence of most mentally retarded people and how well they can function as members of society.

Certainly our institutions for the retarded, particularly the public ones, are a disgraceful collection of monuments to primitive attitudes. We must stop building these "out-of-sight, out-of-mind" warehouses and begin building normalized dwelling places for human beings, which through proper care, adequate supervision, and good location, prepare their tenants to leave them, not adapt to them.

Until we change the nature of our facilities, these institutions for only 10 percent of the retarded will remain visible symptoms of progress yet to be made in society's understanding of all mentally retarded people.

One of the great problems in mental retardation--as in education, health care, social services and every other complex human need--is in finding out what does work effectively and what does not. Our first need is in the proper evaluation of success. What constitutes a successful program? Of two retarded children with equal IQ, why does one become a public charge? There are few physical cures, but there are many social and emotional ways to improve the ability of a retarded child to enjoy his life by being a productive individual.

We must be sure we are thoroughly identifying all those retarded children who can join society as participants, and once they are identified, that our programs are effective vehicles to optimize their development.

One difficulty in this regard has been that, as in so many other areas of human activity, mental retardation is a very complex characteristic to measure. In complex situations the appeal of simple ways to measure a phenomenon are very strong. It is easy to measure IQ, but we now know how insufficient that simple number is to determine a retarded child's prognosis. We have begun to understand that motivational and environmental influences affect the total function of retarded human beings in ways as strong and complex as the rest of us are affected by such influences.

The President has proposed the creation of a National Institute of Education as a focus for educational research and experimentation much of which will benefit retarded children. It would link the educational research and experimentation of other Federal agencies, as well as provide a permanent, interdisciplinary staff of outstanding scholars in behavioral and biological sciences. We can no longer afford to separate the mental processes from the emotional, physical and environmental aspects of the total person.

The National Institute of Education will delve into the mystery of the learning process itself, about which we know very little. It will apply modern science and technology to the techniques of teaching, and it will disseminate the results of its research so that the child in the classroom will be the ultimate benefactor.

This country spends $65 billion a year on education at all levels--as much on education as does the rest of the world. But we are not getting our $65 billion dollars worth when so many of our children are failing to learn.

As a further step to improve child development, the President has also called for a network of experimental centers to discover what works best in early childhood education, the importance of which has come like a revelation in the past few years. Under the joint auspices of HEW's Office of Child Development and the Office of Economic Opportunity, these centers will give us a strong experimental base on which to build the day care program which is such an essential part of the administration's proposal to reform the welfare system. Our hope is to make the Family Assistance Plan day care centers developmental ones, not custodial care that merely baby-sits the child while the mother works. They will help the children form patterns for learning and social interaction in the most formative years of life. They are also the ideal setting for early detection, diagnosis and evaluation of potential physical, mental or emotional problems.

They will be available to <u>all</u> children of low-income working mothers, without regard to individual differences which would otherwise separate them into categorical programs for various handicaps.

As Attorney General of Massachusetts, I was glad to have taken part in the early development of a "Bill of Rights" for the mentally retarded and the mentally ill. Among the features of this recently enacted law is the elimination of compulsory commitment for retarded children, and a ceiling on the liability of parents for state school fees. If a retarded person has been in a state school for over five years, and is over 21, then the parents no longer pay. And all commitments are for a specified time, in no case more than a year, after which the hospital must prove the need to retain--not the parents the need to release.

Currently, the President's Committee's Work Group on Law and Ethics is examining the rights of the retarded offender as well as matters pertaining to guardianship and protective services for the retarded. It is estimated that there are between 40,000 and 80,000 retarded persons in correctional facilities in this country, their needs and rights largely ignored. And there are also many thousands of children denied schooling because of mental or emotional problems. I know that the NARC is also deeply concerned with these areas, particularly guardianship.

Certainly a large governmental role seems implicit in programs to answer these and other future opportunities in mental retardation. But those of us in government realize that while government's role is often large, it must never be total. By supplementing governmental services and performing functions that government cannot perform, voluntary organizations such as yours make an indispensable contribution to our society's total capacity to cope with its human problems. Indeed, experienced government administrators are themselves among the staunchest advocates of the voluntary agencies in their respective fields. Where government in its bureaucratic benevolence is too often impersonal and remote, voluntary organizations provide a focus of action for the wholehearted dedication of private individuals who care deeply and personally about specific human needs.

As citizens and as members of a national volunteer organization, never forget that local and State and Federal officials serve by authority of your vote and your tax dollars. Make your needs known, and make your taxes and your votes count.

As the President said in his Message on Education, delivered in March of this year: "When local officials do not respond to a real local need, the search begins for a level of officialdom that will do so, and all too often in the past, this search has ended in Washington."

"I am determined," he continued, "to see to it that the flow of power in education goes toward, and not away from, the local community. The diversity and freedom of education in this nation, founded on local administration and State responsibility, must prevail."

You could substitute many other areas of interest for the word "education." In all such areas, the federal strategy for answering human needs is becoming more sharply defined. Too often, the Federal government has spent money <u>on</u> problems rather than <u>for</u> solutions. Just as our department is named "health, education, and welfare," not "disease, ignorance, and deprivation," so our efforts should not merely be money spent <u>on</u> the retarded, but spent to do things <u>for</u> them toward achieving a healthy and rewarding position in society for all retarded and handicapped people.

As we are challenged to develop new ways to accomplish goals, and work together in an intensified "outpouring of concern," we realize what an exciting time this is to be alive. It is an exciting time to be with you. Thank you.

ATTITUDINAL-IDEOLOGICAL TRENDS WHICH WILL UNDERLIE SERVICE SYSTEMS FOR THE MENTALLY RETARDED IN THE FUTURE

Dr. Wolf Wolfensberger, University of Nebraska, College of Medicine:
(Outline from notes and tape of Conference participants)

1. For the first time man can control social processes if he wants to.
   A. Now consciously setting up goals and priorities on both local and national levels.
   B. Re-conceptualization of the relationships between citizen and society with renewed citizen activism and participation.
   C. With an increase in society consciousness, with greater consumerism and with the perception of more and more services as being rightful there will be a disappearance of certain types of dehumanization.

2. Instead of this dehumanization we shall see universal acceptance of the principle of normalization and excessive implementation thereof.

   Utilization of means which are as culturally normative as possible in order to elicit and/or maintain behavior which is as culturally normative as possible.

This does not necessarily mean a retarded person would become normal but there are many behaviors of a retarded person which do not have to be different. They can be normalized.

Basic rationale for normalizing services for MR
The mental retardate will not be seen as an animal but as a human being; not as a citizen but a citizen with full citizenship rights; not as a dependent nongoing organism but as a developing adaptive person. The one of the citizen is the most meaningful. We can no longer settle for charitable help for children we can only beg for charity for persons because they are children, because they are retarded. We can demand justice for citizens. As citizens they can, must, and will be normalized.

3. As society became more complex there was a movement from pluralism and conformity to individualism and therefore a greater tolerance of difference.

4. New vistas on prevention which for the first time will make many non-preventative services appear "worthwhile."

   There is a whole new attitude toward prevention. Citizens are coming to realize that we can predict and anticipate and that anticipatory measures cost less than collective ones.

   Also things previously tolerated in society must be prevented if society is to survive.

   Conditions once thought hopeless now are or will be substantially preventible e.g. mental retardation.

   Public will not support causes for which there is no solution.

MAJOR FEATURES OF SERVICE SYSTEMS OF THE FUTURE

1. Comprehensive Services
   A. Services that are needed in many areas and across many types of needs.

   B. Components are:
      Crisis Assistance
      Visiting Nurse Assessment
      Parent Guidance
      Homemaker Services
      Special Education
      Developmental Day Care
      etc.

   C. Components will be under public auspices
   D. Multi-level funding-mostly public funding

2. Extensive diffusion of speciality services into genetic services, particularly by means of public and early childhood education.

Several significant attitudes
  A. Greater acceptance of differences
  B. Greater readiness to give citizenship rights to deviants
  C. A reduction in parental training
  D. Recognition that segregated services are inferior services
  E. Recognition that special services need not be segregated services

Integration-services used by all such as recreation, religion, medical services housing, work education

Will see universal education for age 3 and on
  1968-66% of 5 year olds in Early Education program
  23% of 4 year olds in Early Education program
  8% of 3 year olds in Early Education program

3. Ojectification of human management
   A. Acceptance of decision theory
   B. Extensive automation of human management

4. Consumer participation on all levels of service

5. New Approach to residential services

6. New manpower utilization patterns-less concern with degrees and diplomas and more with performance: acceptance of tighter performance surveillance.

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Wolfensberger, W. Will there always be an institution? II: The impact of new service models. Mental Retardation, in press.

SPECIAL EDUCATION IN THE CLASSROOM

A video tape was shown of two special education classroom situations using 4-H as a method in Minnesota. One class was in an elementary class and the other a junior high class. Mr. Martin Foss, teacher at Marshall Junior High shared these thoughts on the tape:

"4-H at Marshall Junior High School has meant one thing for the students and that is success. The students have been unable to complete or stay in a regular type classroom due to emotional or academic problems. Through 4-H they have been able to have some of the first successes ever completed in their entire lives. Many of the children complete projects that they have never completed before. For example, one girl that I had last year made a rug and she completed this project. It was the only thing she had completed. Many times her academic work was too difficult for her but through 4-H and a project she was able to have success.

Each fall as the students enter my room they often ask, Mr. Foss "Are we going to have 4-H this year?" "Are we going to have a 4-H fair?" Are we going to have a 4-H Club?" The answer is always yes. I feel that there is a need for 4-H and that it is a good thing for them because it does enable them to realize that they have some worth; that they are good individuals and are able to make something and be useful and worthwhile in life and also in their community.

In 4-H the reason for some of the success is that the students are able to work individually in their club. They may work on either individual projects or club projects. Examples of the work of individual projects are woodworking projects, metal work, pottery, candles, arts and crafts, drawing, painting and similar projects. Also we have club projects. This may be as it has been for the past two years setting up a display in the office window explaining what 4-H is to other students and visitors. They put up posters, pictures, and samples of the work of our club. Also, we have done small projects for our school. We put up anti-smoking bulletin boards last year and this year we put up a bulletin board emphasizing UNICEF. Through all of these projects the students are able to work together or individually but the real success is when they work together as a club together.

In the spring we have our 4-H fair but it doesn't start just in the spring. It starts in September with the kids gearing up and working toward the 4-H fair. In the fair parents, teachers and community people are invited into the classroom and the children display their work and play hosts and hostesses to the people and show their projects. The projects are judged and they are able to receive awards for their work. Then students whose projects win in the club fair are able to exhibit them at the county fair or the state fair.

It has been through the students' work and 4-H fair that I have the most contact with my parents. For example, if I see a mother on the street I may be able to talk about something positive which has not been usually achieved with the parents in various conferences. The parents react favorably to 4-H as they can see what it has done for their child. They can see that it has enabled their child to be productive at least once in his life. An example of parental contact is the young girl who was our 4-H secretary last year. The mother was called to the school for some problems with some of her other children. I met her in the hall and right away I was able to say something positive to her. I was able to say "Your daughter has been doing a wonderful job as our 4-H secretary and that she is working hard this year and doing her best work." This pleased the mother and she was able to realize that her child was doing well in 4-H. This girl and many other children in my school come from very very poor homes. The mother was able to do something for her daughter and for her 4-H club. She gave her daughter a notebook in which to keep her secretary records and notes. The notebook was decorated by the daughter and was one of the prized possessions of our club.

If I had to sum up what 4-H means to my class at Marshall Junior High School, I would have to say that through 4-H we have been able to achieve real brotherhood. Children of all ages and races have been able to work together and 4-H has been the means to do this."

UNDERSTANDING VISUALLY HANDICAPPED

Mrs. Worden:

We are most fortunate to have Mr. C. Stanley Potter with us today. Mr. Potter worked with the National Youth Associations Program before becoming director of the Minnesota State Services for the Blind. Two of Mr. Potter's children have been 4-H members, so he is familiar with the 4-H program and in working with youth.

The other day Mr. Olerud of your staff gave me these figures for blind youth in Minnesota who are of 4-H age and are currently being served by the State Services for the Blind.

MINNESOTA	AGES 0-8	AGES 9-19
Totally Blind	14	51
Legally Blind (20/200 limited vision)	88	298

Of those ages 9-19, 160 are in the 7-county metropolitan area. Twenty of these are totally blind and 140 are legally blind. You each have youth in your states who could be served through 4-H programs. Mr. Potter will you share with us your thoughts on "Understanding the Visually Handicapped."

Mr. C. Stanley Potter:

The figures that Mr. Olerud gave you, Mrs. Worden, give us a good starting point for a meeting like this. We have 51 totally blind and then we have the large majority of the group of 298 the rest of them are legally blind. I think we ought to talk about what that means. A legally blind person is one who has 80 percent or more loss of normal sight. But he is not totally blind. He has enough vision to see a minimum of the objects and to use the vision that he has at least is a big help in his mobility.

Legally blind children do need communications skills. Almost all of them would need braille as a reading medium. We will provide braille materials by the volunteers and duplicated in our office. The youngsters get thermoform duplicates which we make on the piece of equipment which works with a combination of heat and vacuum working on a plastic piece of paper.

We supply braille through the sixth grade and almost no tape. If the teacher wants a taped book for a child who has not finished the elementary school we will supply that. A really good explanation has to be given, however. In other words, the youngster must have some other disability which will prevent his use of the braille medium. The reason for this is that one doesn't learn to spell, punctuate or really become a literate person from listening to tapes.

Tapes are a very wonderful thing but they don't really give you the capacity to write notes to yourself, to label things, to read textbooks as part of the educational process and this is very important. It is very important too, on into adult life. The youngsters beyond the elementary school get a combination of helps. Materials that are highly subjective in content such as social studies, many of the materials from geography, English literature, are provided on tape. It is a quicker and easier process. Most youngsters will read faster at that stage of their life. Materials, however, of scientific nature, materials which deal with physics, mathematics, and the other branches of exact sciences are not learned from tape. Tape has virtually no value in learning these things of subject matter. And so on through the junior high school and high school and the college and the graduate school, for those children who go that far in school braille texts are supplied. We have 74 Minnesota students in college this year who need braille for their objectively oriented courses. That is the only way they will learn. Tape becomes the great supplement, especially for the college student.

Let us talk more specifically about legal blindness. It is 80 percent or greater loss and this loss may be in terms of central visual acuity. A person may just not feel that he can see as far or as it may have to do with his field of vision. Persons might have very good vision but in one spot sees poorly or not at all throughout the other field of vision. The loss in terms of central visual acuity is more common with children; many adults have disorders which cause limitations in the field. Certainly the diabetic people who progresses to the point of blindness will have field limitations.

Let's also talk about the person who is right on the edge. He is just inside the characteristic of visual blindness. He has lost 80 percent normal sight. What does he see? Well, he can go about his community without people thinking that he is handicapped. He will have a hard time reading signs unless they are big signs. If he lives in a community where busing is one of the characteristics he will find it impossible to read the signs on the bus to tell which goes where and which bus is what number. He will develop many skills and recognize people but other characteristics than their features.

He begins to absorb subconsciously the stand of people, their walk, and certainly the audio input. His best friend can walk past him on the other side of the street and he will be completely unaware of it and unless the other fellow hollers to him first. As he walks down that street he won't run into anybody, or anything. So, these are people that have communications problems and most of them have a mobility problem which is different from the mobility problem of a totally blind person. I mention these people in particular because they are in bigger numbers and you are going to find them in your community, and there are many, Mrs. Worden, that I am sure that we have not discovered yet. These are people that sometimes develop rather complex personalities. Some of them are very healthy and well adjusted to the problem but others want to attempt to hide it and hide the fact that they don't see or pretend that they don't see as well as other people and pretend that they do. Another personality characteristic is that they retreat toward total blindness and deny seeing things which they do. They think they are faced with a constant problem of explanation--what does this person expect of me? If they think I am like them and I see like them then is that the game I play or do I really retreat and be like the person who is blind and have them understand that I don't see things. In terms of working the adjustment of this partially seeing group of people within the definition of blindness, we are concerned that they have personalities which will permit them to either feel great need or to explain the disability that they have.

One of the many problems is that a person who is legally blind (that is my problem in that I have lost a little more than 80 percent) is that the family makes much of the difference--how the family handles it--does the family make a big thing of it or do they not? One of the big concerns that we find in youngsters, particularly in the teenage level is that they are very sensitive to the attitudes of other people. Teenagers get the idea that vision is a perfect thing. And people who really see everything. They are bothered by having to ask for the salt shaker at the table because someone may say it is right in front of them. So what we try to do is give them a set of experiences in which they understand while 20-20 vision is very marvelous thing if you use it. Most people neglect to use it very well!

Catching buses is another thing. Really they don't want to travel because they can't tell which bus is coming. With this group of people, the counselor or the mobility specialist will go out and help the handicapped person to see what happens when the mobility person who is an adult goes through the same problem. So you get out on the street corner. To begin with the mobility one person says to another person waiting for the bus, "what bus is that? Where is it going?" The handicapped youngster, particularly the adolescent, is terrified with the idea of doing it because he wonders what the observer is going to think is wrong with them. He walked up there all right and he has no obvious problem and now the observer is going to think he has other kinds of problems or he is wondering why he is asking me. But people don't or very rarely does anybody produce any negative action at all. You can go out here in the street and you can ask all kinds of silly questions to people who answer you, but you have to prove that to a person. His question is not a silly one. He just thinks it is going to be the person to whom he is addressing but it doesn't strike people that way. Once in awhile, but very very rarely, you run into the kind of person who will say, "Gee what is the matter can't you see?" and then you are comfortable about it and say, "No, not very well," and that takes care of it. I have tried to stress the youngsters because these are people with whom you work. By the way, all of my kids were in 4-H. I only have two and they enjoyed it very much.

You are going to need to have more of a mental set toward these legally blind youth than the totally blind youngster. You are going to need to ignore his problem rather completely unless you can read in him some helps that he wants. Unless you can unobtrusively offer helps which he needs, it won't help him. Part of the work that we do with youngsters is to get them to freely ask for help when they need help and think nothing of it.

I am sure those of us who have had children with normal sight and who have a disability are often impressed and learned a great deal from them. I recall playing cards with my daughter Cathy when she was about six. Somehow or other, I beat her and her reaction to it was, "Dad, I didn't know you could see that well!" They make adjustments, and youngsters will understand each other pretty well. Through adolescent period they can be pretty cruel to each other and particularly to the youngster who is uncomfortable and who behaves in an uncomfortable fashion. We do have people that can help him. You can help him primarily by observing and if you see helps that he needs simply offer them and let it go at that. Some of them will get to the point of where they will feel free about asking for help.

With the totally blind person I think we have a little different problem. The helps that are needed become quite apparent and pretty obvious. But the public reads in this thousands of the helps which they don't need and this becomes pretty complicated. Often it makes a person much more dependent than he needs to be. So frequently we see totally blind young people who get so much attention from so many people that this becomes a way of life and it robs them of the dependents that ought to be theirs. In adulthood they are going to need it particularly in our times most blind youngsters have every right to believe in and hope and to know that they are going to get a job. This is a change that has taken place over the last couple of decades. It used to not be the case at all. We notice it certainly with high school youngsters and we notice it very much with beginning college freshmen at some of the institutions they enter they get so much help--everybody is taking care of them. We all like attention or like some of it but they get so much and people are doing all kinds of things for them. Just suppose you would find yourself in a position where you have 50 servants around taking care of you. It would be hard to turn down. Often the blind person becomes delicate, too and a person doesn't know how to assert his freedom; he doesn't want to hurt these people. Then what happens if he really doesn't know how to handle it, and you do try to help him or handle it before they get to that point. In about 30 days or 60 days the other students begin to become kind of fed up with all the service. Then the strain begins to build up and the person who is blind begins to feel deserted and people find that their boyfriends become more important or the girl more important than any of the attentions they originally gave the blind student. I mention this to you because in 4-H this point is very important--you should not try to keep drumming into a person to be independent, and do it himself.

This has to come by motivation. It has to come by experience. It has to come by your helping him and as you do with other youngsters and have experiences which are gratifying and which they are proud of accomplishing these things for themselves. Ten percent over praise might be pretty good but 100 percent is damaging. It gets the person to think that he has done something marvelous that he really hasn't, in other words, if he gets too much credit for what he does put into it he is in trouble. He has developed a false conception about his achievement. Achievements must be genuine.

The person who is blind is a person who in our culture, in our whole historical background, has been looked upon as a kind of helpless person until realizing that there were a few decades in which there were a few very outstanding people. Milton, Homer and á few more but for the most part people who were dependent and so youngsters who were for any reason had a deformity or disability or appeared not to be healthy were eliminated in aboriginal cultures. After awhile when we got a little more organized and began to develop a sense of responsibility we went a little bit te other way. We got to the point where we were the caretakers. We (the public) were the caretakers and we were carrying out the mandate of God when we were helpful to the poor, handicapped, or the persons who were different. We see this in connection with our racial problem and we finally decided that slavery was not good and when we substituted a form of repression which in the North took the form of empathy where you want to see them make it you want to do something for them but they are not part of you. This is the problem that often happens with all of the minority groups. With the blind person, it is pretty much the same thing. You take care of him, you put him in an institution, you see that he cares, has food, clothes, but he is really not part of us. We didn't eat, drink with them or socialize with them. We look upon them still as something as very different, not the kind of human beings that we are different among us. You see a youngster, regardless of what disability he has, or his difference, whether it be physical disability, whether it be a youngster who is not quite as alert as some of the other youngsters who is retarded youngster perhaps, that is a label we have to be very careful about these people. Often the problem is one that they have not really had an opportunity to grow.

With the blind youngster who could be in 4-H in your community, it is a matter of respecting the independence of the individual. It is a matter of making it possible for him to be a part of the club <u>if he wants to be</u>. It is a matter for those of you with leadership posts of trying to determine if he doesn't want to be, why he doesn't want to be? To try to make him belong won't help him at all. He has to want to do it. It is a matter of his own motivation. Some youngsters like to participate no matter what their age more than others, and like to be a part of active society more than others and some enjoy other kinds of activities which are not quite so socially oriented. And this is true when you have youngsters too. You can't make them do anything. You can offer the opportunity, you can offer the encouragement but if you look at the blind youngster as you do to the normal youngster you may find nothing wrong at all except that maybe he is not so interested in being helped.

This morning we have said very little about the total impact of blindness in our society. I want to just mention a couple of things in emphasizing the young people because we have a particularly active role with young people as leaders in your community and surely you are concerned about everyone and so just a couple of little things about it. The number of persons who we call partially seeing, who we would separate from the legally blind in other words persons who have lost between 50 and 80 percent of normal sight are four times as many as those who have lost

80 percent or more. This becomes a pretty substantial group. Lots of them are in school systems and I am sure that many 4-H club members are in this group. Often some other problem is suspected in the youngster when it isn't there.

The population of children who are profoundly blind is decreasing fortunately to prevention efforts and due to the fact that in our nation and particularly in the northern states and even more particularly in Minnesota, the public health program has been advanced and improved. However, among the adult population it is increasing. One of the problems is the matter of the diabetic and particularly in the 20's and early 30's the person called the juvenile diabetic--the person who has been plagued by the problem for sometime but either hasn't been recognized medically or hasn't had good health service, or has not been possible for him to control it. We have quite a big group of young people in their 20's and early 30's who are loosing sight because of diabetic problems. Then as we advance into the population beginning at about 40 years of age, the glaucoma problem became increasingly rapid. When you have a chance to go yourself to one of our glaucoma clinics which we sponsor in cooperation with the medical association and sometimes other groups, please go; please encourage your youngsters to go. Although mainly, we are after the middle aged people. If you have some influence on them go to the clinic which when we operate them are free. When glaucoma becomes a problem, it is terribly important that it be caught. Often much damage is done before the person is even aware that he has a problem, because it is a gradual, very gradual loss of sight due to pressure which builds in the eyeball which is a product of a defect that develops in the draining system of the eye. You feel it in your eye. The released fluid exchanges just as your blood does, in other words, you are always getting new fluid in and old fluid is going out. This is the gelatin type material so it doesn't flow very rapidly but it does have to exchange so if you have the input of new fluid. In glaucoma the material cannot escape, so pressure builds up in the eyeball which destroys the retina.

With glaucoma, its progress can now days, almost always but not quite, be halted and the person remains under treatment for the rest of his life. The patient takes a tablet or a drop and that puts the pressure down. He retains his sight, and this is what is important for him. We still have a lot of people who don't know, who don't feel the evidence who go undetected and who loose their sight. At this age it is also the time for diabetes to form. All kinds of people have diabetes but never have any problems but there are some who do and this is the result of a form of diabetes. Diabetes in the adult is more easily controllable, in fact sight is more able to be preserved, with treatment than in the juvenile type which is much more erratic. However, we have lots of diabetics who loose control. They get good advice from their physician but the routine could be too much, the pumpkin pie with whipped cream becomes too tempting when it should not be eaten! The box of chocolates gets to be so delightful and you think it won't happen but it does happen. It is possible to loose sight because of diabetes. People also loose sight because of cateracts. These can usually be removed and are successful in 98 percent of the cases.

It is a very good chance that you know people who are blind, so often this occurs that they finally think I am loosing my sight or even my hearing isn't so good anymore and after all I am old. This does not have to be the case. Aging in our society has always been a equated with dependence. Blindness in our society has just culturally been equated with dependence. Now when you combine these two characteristics in the same person you have a person who is looked upon as necessarily dependent. He is a product of his own culture. Remember, he is a product of the same culture just because he is loosing his sight. He doesn't get some great new insight and believe and know that he can do things. No, he retreats and he most frequently assumes the image of the dependent person. And, of course, many many times unless he has a disorder which has been rather totally degenerative and has caused many many other problems he doesn't have to be fed, he doesn't have to be led around, he can be active, he can do many many things that he doesn't know and people who care for him don't know. They think he is blind or it is too bad, and it is too bad. There is nothing good about blindness but there is something much more worse about complete dependency, about losing control of his own destiny even day by day in terms of what you select to do in terms of being able to handle your own food, your own clothing, your own mobility, etc. There are services available.

Total blindness is increasing at a rate in Minnesota and in the northern states which is four times tne population growth rate. This is many times due to the fact that people are living longer, more persons are surviving problems like diabetes and other degenerative disorders because of the medical care but loosing sight. We are very glad that among the child population the number of profoundly blind persons is constantly decreasing. Please remember that the number of persons with severe visual deficiencies (50 percent sight loss and greater) is not decreasing.

We have a lot of things in which you will be interested. I should mention dogs for a moment, dog guides. This has been a public fascination to the point where we have more guide dog schools supported by gifts from people than we have a need for guide dogs. There are lots of things that are needed very badly but this romantic conception of the marvelous dog, and they are, for some blind persons, has really caught the public's fancy over the years. Seeing Eye Corporation which is the best known of the schools, and there are several other schools, has asked its donors to please stop giving money. They don't know what to do with it anymore. Now, this doesn't mean that dogs aren't important to some people. The Columbia University School of Social Work has studied this matter, a really very learned study, in the 1960's. They found 1 percent of blind people are using guide dogs. And that they seem to be using them successfully. Another 1 percent probably should be using dog guides and would be able to use them effectively. They found that when you get beyond that either a person has too much remaining residual vision, in other words, the people who we talked about who are legally blind but not totally blind can't work effectively with a dog. We find among totally blind persons some of them are capable of using dogs didn't want them because they were good travelers with the white cane and the dog would be a problem in their employment. The Seeing Eye under their policies won't let anybody buy a person a dog. The blind person pays $150 for his dog and he takes the rest of his life to pay it with $1 a month or whatever he can pay. The feeling of possession is important. Of course, the guide dog schools spend many times that much in providing the dog and providing the training and transportation to the training center but the investment of a person in a good dog is a very key factor in being very serious about using the dog. If you don't use them as they are trained they wind up to be a very expensive pet. So, anyway, with respect to the dog for certain carefully selected people, they do a marvelous job but the bulk of blind people cannot use them.

I do want to mention in addition to the transcription work with which we began, in Minnesota and in so far this is the only place where any youngster who is blind or partially seeing may have any textbook he needs from grade school on through college or whatever adult hobby or adult education material which is available in print. It is through the volunteer transcribers--people like Mrs. Worden, who do braille, and people who do tapes, that makes this possible. It became tremendously important when we reduced the number of people who were in institutions and put them in Public schools as well as in parochial schools all over the state. A youngster in school may get a textbook in braille, even if he is the only youngster in the state that needs a particular textbook. It happens that there are more than just one that is used; sometimes 20 or 30 youngsters may need the same textbook.

I'd like to share a little about our radio talking book. It is a new communications system. You probably are aware that phonograph type talking books are distributed by the state agencies which the Library of Congress provides. We have more than 2000 now in use in Minnesota. These are records that play at a very slow speed-- 8 RPM. Some day that will all be switched to cassettes so that you will have your reading book, in a form you can carry with a shoulder strap instead of having it sit on the table in front of you. The great problem has been that the society has become more dynamic as blind persons have become much a part of that society. We find that less than 10 percent of blind people now in this state are dependent upon public assistance; the rest are either people who have worked and are on social security or are employed. Some 3000 blind persons currently work full time in Minnesota. We placed 309 last year and hope to do more this year. We are third from the top in the nation in placement per hundred thousand of persons.

If you go to work, you need to be able to participate in conversations about what Mayor McCarthy did yesterday or even this morning, or the President or anybody else. They need it now. They can't wait for it. They can't wait to have it be put on a record and then put in the library and get on a list and then on its way and the first guy on the list gets the book. So you can't afford with new things that people are talking about things that people associate and just want to have more of a relationship that has been coming in the last two or three decades. We can't afford to be without information on what's happening right now. In Minnesota we have approached that problem through the radio talking book network. We have had a representative from BBC in London come and we have had people from Hawaii and many other states and Canada. I am going to wind up this morning by just giving you a little demonstration of how that works. It is a broadcast on what we call a subcarrier chain of the FM radio stations. The programs are produced in St. Paul in studios which are adjacent to our offices and we have a studio that we use to some extent at St. John's University but it is 17 hours of speech. We have people in the broadcasting business say to us you know we want to find out how to do this programming you have done. It is a big job and if we have records to play then what we do is we have records, commercials and then maybe on some educational stations you have lectures. We broadcast the radio talking book 365 days per year with an ever changing speech and it is not audible to general public. We feel we would have copyright problems with publishers. It is only available through the special receivers ($50) each which we loan to blind or physically handicapped persons who cannot use print. Radio talking book is available 100 miles east and west and 200 miles north and south. A station in Duluth will "light" off soon and we should have another one ready to go in Moorhead in six months. It is also on cable TV systems which are too far from the Twin Cities.

The receivers are secured through private gifts, Hamm Foundation and Rochester Foundation as well as Federal matching funds. We have about 1500 receivers in the states.

Discussion Following Talk by Mr. Potter:

Lillian Fritchie, Nevada--they do not always provide dogs for very young people because they are not mature enough to actually have the dog work. They do make exceptions sometimes for young adults 18-25. One of the things that I have found out in working with visually handicapped persons is to have both types of mobility training with the dog and with the cane. Even if you are going to have a dog, someday the dog may be sick and that shouldn't mean that you as a visually handicapped person can't get to work. It is really rare but they do make recommendations and then when you go to mobility training with a seeing eye dog that you also learn how to get around in other ways. It is a real thorough process with teenagers to get them to use a cane because it identifies their visual handicap.

Mr. McAuliffe:

Mr. Potter gave us one good key this morning in what we could do in 4-H programs by getting them involved in an ongoing clothing project, understanding color and design and relate the clothing project to the families so that they are wearing what other teenagers are wearing. In Maryland, when we lived there, they had quite an active program with a guide dog program and we had a lot of cooperation with the Lion's Club that helped identify some of the blind kids. We tried to get them placed in ongoing 4-H clubs. The club that my wife happened to be leading at the time had a teenage girl and teenage boy who asked if they could be in the club. The boy did not respond too well as many teenage boys do not but the girl responded very well and came regularly to 4-H meetings. At the time they were pushing civil defense programs and so she did demonstrations and talks on such things as how you dial telephones in the dark. At one of the 4-H picnics, I read the directions once and she was able to remember them and tell me exactly where the turns were and how far to go. I think I do as many drivers to depend on reading the map the second or third time yet she was able to listen once and tell me exactly where to turn and how far to go. This points out that some of these kids compensate very rapidly especially if they know they are going to only hear it once. They remember it. She did attempt to do some food projects and her mother was able to help her at home but one of the big problems they had with her was that she was afraid of the heat and afraid of the stove.

Lillian Fritchie:

Often parents become over protective and this was stressed this morning that kids need to learn how to do things by themselves. The parents are often not totally aware just what these kids can accomplish. I worked with some kids on home economics skills. They used to come in every Thursday afternoon and fix food. Often anything even if it was just dry milk they had to measure they might spill, I suggested that they measure it over the sink. I do this now myself and it is easily washed down. One of the big problems was when we would make something one week and the kids would come back the next week and I would ask them what they did at home and the kids would reply nothing. My mother wouldn't let me. It frustrated me so that one day I invited parents to come in when their children would be working in the kitchen and made them swear to me that they wouldn't tell their child that they were coming and let them observe the kids lighting the oven and cooking with boiling water and things such as this. The parents sat back and just observed and if I hadn't seen it myself I wouldn't have been able to believe that they were able to do it. Question: Do they need special equipment?

Lillian: No, I don't feel that they need special equipment. One exception is the timer because it is important that they are able to time because it is a helpful reminder to them particularly if they are doing two or three things. Measuring cups with a long handle is helpful but not absolutely necessary. Some power companies will provide special dials on the oven with braille figures or some homemakers label their canned goods or other things with braille labelers. Pat O'Brien: I am working with a totally blind teenager at the rehabilitation center at the University. We sent to the American Foundation for the Blind to get some clothing tabs with the various colors on them. These are provided free to any blind person. Another problem with totally blind teenagers is that they are overweight. They often have just been given things by their parents and they become very diet conscious when you tell them that they need to lose some weight.

Question: What is average speed of reading braille? Pat O'Brien: I believe 350 words per minute would be top speed and it has been suggested that about 200 words per minute is probably average for a braille reader.

Mrs. Worden then shared some materials from the American Foundation for the Blind (listed in appendix). She also shared the 4-H club pledge in braille.

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APPENDICES

A. Resource Material

B. Elaine Mattingly Article

C. NARC Publications

APPENDIX A

Publications on Mentally Retarded

Title	When	Subscription	Group Affiliation
Journal of the Handicapped Child	Periodically	Mainly for professionals in West Virginia	W. Va. Commission on Mental Retardation 1704 Washington St. E. Charleston, W. Va. 25305
Mental Retardation News	Monthly except July and August	Mental Retardation News Subscriptions 420 Lexington Ave. New York, New York 10017 30¢ single copy 1 year $2.50 2 years $4.50 3 years $6.00	National Association for Retarded Children

Mental Retardation

Books

Roberts, Nancy & Bruce Roberts. David Richmond, Va.: John Knox Press

$4.50

The story of the first four years of the life of David Roberts as told by his parents through printed word and pictures. Their feeling is that a retarded child is not a problem to be endured but a challenge to be accepted and a blessing to be shared.

Buck, Pearl. The Child Who Never Grew

Description of Pearl Buck's mentally retarded daughter whose mind would never be more than that of a four year old child.

Mental Retardation

Pamphlets

"The Retarded Can Be Helped" - National Association for Retarded Children
420 Lexington Avenue
New York, New York 10017

Pamphlet contains information on causes of mental retardation and description of how young people can be helped.

Jacob, Walter "New Hope for the Retarded Child" - Public Affairs Pamphlets #210 May 1965, 25¢ (discounts on quantity orders) from:

Public Affairs Pamphlets
381 Park Avenue South
New York, New York 10016

Description of what is being done and can be done for mentally retarded children.

Hill, Margaret "The Retarded Child Gets Ready for School" - Public Affairs Pamphlet #349 1963.

Description of understanding the mentally retarded child and how parents can help their children by setting realistic goals with their teachers.

"Mental Retardation, Its Biological Factors" Public Health Service Publication #1152 1968, Government Printing Office, Washington, D.C. 20402 (15¢; $11.25 per 100 copies)

Description of the biological factors of mental retardation including factors which cause some physical or chemical damage to the brain or nervous system.

Hello World! The President's Commission on Mental Retardation
Washington, D.C. 20201 1968

Description of mentally retarded and what is being done about them. A list of state associations are on the last page.

Publications About The Blind (In Inkprint)

Name of Periodical	Frequency of Publication	Publisher and Address	Subscription Rate	Organization Affiliation
American Foundation for the Blind Newsletter	Quarterly	American Foundation for the Blind 15 W. 16th Street New York, New York 10011	Free	American Foundation for the Blind

Designed for persons working in the field of services for the Blind. The newsletter reports activities of the American Foundation for the Blind.

Name of Periodical	Frequency of Publication	Publisher and Address	Subscription Rate	Organization Affiliation
Education of the Visually Handicapped	Quarterly	Association for Education of the Visually Handicapped 1604 Spruce Street Philadelphia, Pennsylvania 19103	$6.00 a year	Association for Education of the Visually Handicapped

A professional journal which makes articles and current research reports readily available.

Name of Periodical	Frequency of Publication	Publisher and Address	Subscription Rate	Organization Affiliation
The Fountainhead	5 times a year	Association for the Education of the Visually Handicapped (address above)	$4.00 a year	Membership in the Assoc. includes a subscription to Fountainhead

Newsletter which gives the latest information on educational aids, materials, methods and literature concerning the education of the visually handicapped.

Name of Periodical	Frequency of Publication	Publisher and Address	Subscription Rate	Organization Affiliation
New Outlook For the Blind	Monthly except July and August	American Foundation for the Blind 15 W. 16th Street New York, N.Y. 10011	$ 6.00 a year 11.00 2 years 16.00 3 years	American Foundation for the Blind

A professional magazine for teachers, social workers, physicians and others working with the blind. Is designed to be an impartial forum for all views. (also printed in a braille edition)

Name of Periodical	Frequency of Publication	Publisher and Address	Subscription Rate	Organization Affiliation
Research Bulletin	Irregularly 4 times a year	American Foundation for the Blind 15 W. 16th Street New York, N.Y. 10011	$1.50 issue 6.00 a year	American Federation for the Blind

This publication is designed for researchers. Technical and scientific research of significance to the field of blindness is reported.

Washington Report	Bi-monthly	American Foundation for the Blind 15 W. 16th Street New York, N.Y. 10011	Free	American Foundation for the Blind

Periodicals of Interest to Youth (Braille)

Name of Periodical	Where to Subscribe	When Published	Cost
*American Girl	Clovernook Printing House for the Blind 700 Hamilton Avenue Cincinnati, Ohio 45231	Monthly	$5 a year
*Boy's Life (Boy Scouts of America Publication)	Clovernook Printing House for the Blind Hamilton Avenue Cincinnati, Ohio 45231	Monthly	$5 a year
*Consumer Bulletin	Volunteer Services for Blind, Inc. 332 South 13th Street Philadelphia, Pennsylvania 19107	Monthly	Free
*Current Events	American Printing House for the Blind, Inc. 1839 Frankfort Avenue Louisville, Kentucky 40206	Sept.-May weekly	$12.50
*Reader's Digest	American Printing House for the Blind, Inc. 1839 Frankfort Avenue Louisville, Kentucky 40206	Monthly	Varies
*Senior Weekly Reader (for 6th graders)	American Printing House for the Blind, Inc. 1839 Frankfort Avenue Louisville, Kentucky 40206	Sept.-May weekly	$7.25 a year
*Seventeen	Clovernook Printing House for the Blind 700 Hamilton Avenue Cincinnati, Ohio 45231	Monthly	$20 a year
*Today's Health	Clovernook Printing for the Blind 700 Hamilton Avenue Cincinnati, Ohio 45231	Monthly	$35 a year

*Available for free loan from regional library.

Booklets and Leaflets On Blindness

Title	Source	Cost
Sources of Reading Materials for the Visually Handicapped	Publication Division American Foundation for the Blind, Inc. 15 W. Sixteenth Street New York, New York 10011	$1.00 for complete set of 22 leaflets in folder.

Resources listed for periodicals, associations working with and for the blind, sources of braille publishers, research and technology. A good tool for the professional working with visually handicapped youth.

Title	Source	Cost
Facts About Blindness	American Foundation for the Blind, Inc. 15 W. Sixteenth Street New York, New York 10011	Free (Order # F208)

Informative but simply written leaflet explaining the legal aspects of blindness as well as statistics on blindness in the U.S. today. It is revised regularly.

Pamphlets & Leaflets On Blindness

Title	Source	Cost
Understanding Braille	American Foundation for the Blind, Inc. 15 W. Sixteenth Street New York, New York 10011	Free (Order #F222)

Twelve page leaflet describing braille. The cover is braille paper and the title is in braille as well as in ink print.

Braille Alphabet and Numerals	American Foundation for the Blind, Inc. 15 W. Sixteenth Street New York, New York 10011	Free (Order #F206)

A 6½" x 3¼" card showing the braille and roman alphabet and numerals. Helpful in understanding braille if you don't know anything about it.

Blindness

Dale, Verda & Susan J. Uhlinger. Resources in Home Economics for the Blind Homemaker Mass. Home Econ. Assoc., 1965. 50¢ per copy available from Dr. Verda M. Dale, Skinner Hall, U of Mass., Amherst, Mass. 01002

Bibliography of references concerning blindness. Resources are listed by availability in print, braille, tape and/or records.

Wang, Virginia Li and Saul Rogolsky. Rehabilitation Work With The Blind; Role of the Helping Profession in Creating A Family Team--Publication #MEP290. Available for 20¢ from Bulletin Room, Cooperative Extension Service, Symons Hall, University of Maryland, College Park, Maryland.

Booklet which gives information about rehabilitation for the blind through home economics. Outline of workshop training held in Maryland in 1968.

APPENDIX B

The Joy Of Belonging
by
Elaine Mattingly, Indiana 4-H member

Tonight, I watched 12 youngsters receive their coveted first year 4-H pins at their achievement program.

These weren't ordinary members, as one could readily see by the crippled limbs, lack of coordination and too-bright stares. These were the members of my 4-H Club for mentally retarded boys and girls, organized in January 1969. They had an impressive total of 71 projects and 100 percent member completion. I am happy to share their pride in this accomplishment.

As I evaluate the program in terms of initial goals and final analysis, I feel most gratified.

At my first meeting, I knew that my club would be more time-consuming than normal clubs. I had a total of 47 meetings, none less than an hour, some three hours in length. Half of these were regular sessions, the others were project work meetings.

I know that 12 youngsters feel that 4-H is the greatest thing that ever happened. For the past nine months, they've had excitement and purpose in life. They've learned new techniques and they've felt like a part of the normal world. The latter, I feel, is most significant.

A year ago, I would have assumed that mentally retarded persons were happily ignorant of the demands of the world. Although I realized that they might be a source of frustration to their families, I never doubted that they were complacent.

They are far from happy people. They know they are different and sense that they are inferior. They close ranks against the world and are constantly on the defensive. I felt at first that I was the one who must pass some kind of test to be admitted to their circle. They opened up long enough to draw me in, and then I was part of them. They bicker and argue among themselves, but they are fiercely loyal to each other. Secure within the group, they feel threatened by any newcomer, especially an adult.

I am convinced that 4-H fills a void in the lives of these young people. It gives them status in their own families, gives them an opportunity to belong to a group, to attend meetings, to learn to work together and to learn by doing.

As we began projects, we assumed that each member would take only one. However, the group was so eager and our extra meetings enabled people to complete their requirements early in the 4-H year. We permitted them to add more projects if they could complete them, and the total projects record speaks for itself.

In crafts, we followed the project requirements in the books. I had some special help sessions for the basket weavers and the knotters.

Darla is 15, but looks and acts like a little old woman. She is severely retarded and will probably spend most of her life in a rocking chair. For the first several weeks, she was friendly in her way, but uncommunicative. She wanted to learn to knit. It was a slow, tedious process. For every stitch she knit, she seemed to drop two others. Yet she stubbornly refused to unravel any of it. Once done, she meant to keep it intact. Darla warmed as she progressed and by summer she was garrulous--a far cry from the beginning. Darla continued to knit and had a piece 12 inches by 18 inches at exhibit time. I suggested that she show it as a place mat. She agreed until she learned that meant removing the knitting from the needles. Again, she balked and I realized that to her, knitting was the accumulation, not a finished garment. So we exhibited her knitting on the needles, complete with dropped stitches. After the exhibit, when I returned the piece to her, she grabbed it, caressed it lovingly, and I'm sure she'll never part with it again. For her, 4-H provided a major accomplishment and something she'll enjoy all her life. It won't change the fact that she will spend her life in a rocking chair, but at least she'll be knitting.

The members were interested in a gardening project. The two who were most eager were the ones from the Children's Home. I learned that they were not allowed to cultivate a garden because it would set a precendent. Consequently, we adapted the 4-H Flowers project to our needs.

We had a club garden about 12 feet square in my back yard. The members came for project meetings and spaded, seeded, and tended it. Often, they pulled flowers instead of weeds. My father was always on hand to advise them and when flowers began to bloom, they took bouquets home. This, however, did not give them plants to tend at home. We chose large, styrofoam, unbreakable flower pots and had them each plant a dwarf marigold a few weeks before exhibit. The plant was not too large for the pot and several of them had thriving flowers for exhibit. They liked the pot-contained garden because they could carry it and many of them did carry pots back and forth to meetings.

We enjoyed the forestry project, and everyone was eager about collecting leaves. Since most of the members were unable to hike in the woods, we made some minor changes in their requirements. I checked in each of their yards and we included in our list of leaves to identify those they would find at home. For example, we added apple and cherry and omitted those no one would be able to find. I thought it was more important for everyone to know the trees in their own environment. For identification purposes, I made large charts showing the leaf and its name, as well as a number. We used numbers as symbols for the leaves because some of the people were not able to duplicate the words in a satisfactory manner. However, they found a larger number of leaves than the project required, and we spent much time discussing the kinds of trees.

The weather project was another source of pleasure for our club. To complete it, we made a group trip to the Purdue Airport and this was an exciting adventure. We followed the standard requirements for this project. Diane is a quiet, 13-year-old, who is not educable, but trainable. She has little to say to anyone and I was pleased that by summer she stood close to me and clutched my hand, her gesture of friendship. She is fortunate that she has parents who love her and are eager to develop her capacities to the utmost. Diane's parents told me that she had never been able to learn directions, and they felt it was an important thing for her to know since she lives in the country. By the time she completed her weather requirements, she had learned directions thoroughly. They were delighted that she had mastered this bit of learning. At times during the summer we tested her new information. One time, I pointed to the south and suggested that we walk over there to the west. Diane hadn't spoken all day until she announced, "That's south!," then slipped back into her shell.

For a normal child, these incidents would be trivial. For these teenagers who have the minds of small children, they were monumental accomplishments and each one is very significant to them and to me.

Our judging of projects on a county level was done within the club. We had a special exhibit at the county fair, with members competing against each other. Their limitations were considered, so that some members received blue ribbons, others red and white. For prize money, they received the amount of their highest grade on one project.

It must be remembered that these mentally retarded youngsters are adolescents, with all the emotional and social needs of their normal peers. The 4-H program fills a void in their lives and gives them new incentive to do many things. At the same time, they are contributing 4-H members and help to expand the 4-H program so that the organization is not only open to them, but even readily available.

The members consider their achievement program another stepping stone in 4-H and are already planning next year's projects. They feel themselves to be a part of the 4-H picture. I hope this is only the beginning--that the Lincoln Shamrock Club this year will set a precedent for the formation of many clubs throughout the State and the Nation.

Then we can truly say that 4-H is open to all, regardless of race, creed or color... it is also available to all, including that often neglected group, the mentally retarded.

APPENDIX C

NARC Publications

Order Form

Kindly place the quantity of each publication and cost of each in the appropriate spaces.

TITLE	QUANTITY	COST
A Fresh Look 25¢		
Advantages of Multi-Purpose Clinic 25¢		
Chaplain's Role in Institutions 25¢		
Child Under Five 25¢		
Cognitive Patterns $3.00		
Current Issues in Residential Care 35¢		
Dehumanization vs Dignity 15¢		
How Children Develop 25¢		
How to Provide 15¢		
Improving an Institution 25¢		
Ministry and MR 25¢		
Mongoloid Baby 25¢		
NARC: A Philosophy in Action 15¢		
Pastoral Care 25¢		
Planning Facilities for Adults 25¢		
Planning for the MR 25¢		
Policy on Residential Care single copy free		
Puberty in the Girl $1.00		
Punching Holes 15¢		
Serving the MR 25¢		
Sex Education of MR Child 25¢		
Siblings of the Retarded 25¢		
The Mentally Retarded Child 25¢		
Theological View of MR 25¢		
Voices in Chorus 15¢		
Who Helps the Physician 15¢		
	Total	$

Please include payment with order and mail to:
National Association for Retarded Children, 2709 Avenue East,
Arlington, Texas 76011

From: Name ____________________

Address ____________________

City ____________ State ____________ Zip ____________