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ABSTRACT

Described photographically and textually in the brochure are the educational, vocational, and social needs of deaf mentally retarded (DMR) children and adults. The DMR person is discussed in relation to the double handicap which precludes educational benefits from a traditional program, secondary problems such as visual handicaps, and incidence figures (such as 17% of children in schools for the deaf who are also retarded). The DMR are said to be found in locations such as public or private schools, vocational training programs, and sheltered workshops. It is maintained that although some DMR children are in special classes for the multiply handicapped in residential or day schools, the majority of DMR children are in institutions with no appropriate educational programs. Listed are the few states that offer vocational training programs, and cited is the need for trained personnel such as speech therapists, special teachers, and vocational counselors. Reviewed are needs such as comprehensive diagnostic and treatment centers, state cooperative systems, a wider variety of educational options, and parent education. Recent court decisions which assert the right of every individual to be educated are quoted to show that society has a legal, moral, and ethical responsibility to provide comprehensive services for the DMR person. Listed are sources of additional information. (MC)

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**THE DEAF
MENTALLY
RETARDED**

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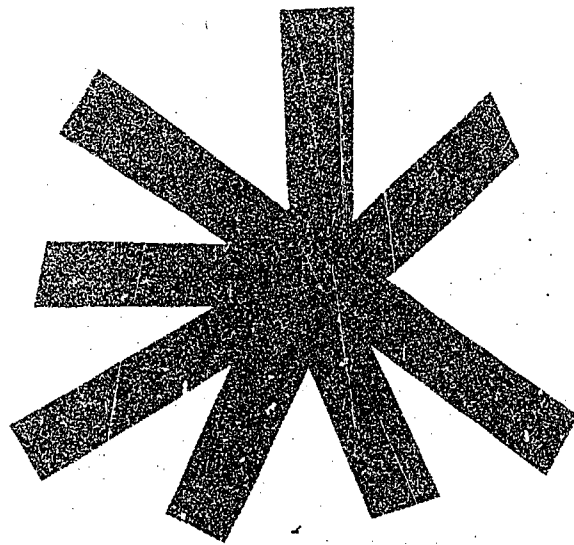
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Understanding Their World:



Although deafness is defined in a variety of ways, most authorities agree that deafness is a loss of hearing severe enough to make hearing and understanding of conversational speech impossible for all practicable purposes, with or without a hearing aid.¹

"Mental retardation refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifest during the development period."²

When these two handicapping conditions, deafness and mental retardation, are found to exist simultaneously in one individual, the combination generally prohibits the person from benefiting through traditional programming for the mentally retarded alone or the deaf alone.

The Deaf Mentally Retarded are persons significantly handicapped in social, educational, and vocational performance, who require special services to achieve maximum potential.

¹ It is sometimes necessary to define deafness in terms of a unit of measurement (decibels) for medical or legal purposes.

² Manual on Terminology and Classification in Mental Retardation, American Association on Mental Deficiency, Special Publication Series #2 (1973)

The presence of more than one handicap in an individual produces a compounding effect greater than that expected with either disability alone. Deafness combined with mental retardation generally results in a multiplication of problems.

One of the most handicapping effects of this dual disability is severe impairment of communication ability which can only be overcome with intensive speech and language training.

For example, when a retarded person cannot hear and communicate his needs adequately, behavioral, emotional, and social problems may occur. The same conditions that produced the mental retardation and deafness often create additional problems in visual perception, learning, or motor coordination. These common problems affect the individual's ability to care for himself. Metabolic deficiencies and upper respiratory disorders also may exist and, without proper medical treatment, can reduce body strength and impede future growth.

The Deaf Mentally Retarded are truly multiply-handicapped

It has been established that:

- 17% of children in schools for the deaf are also mentally retarded.³
- 15% of children in schools for the retarded have educationally significant hearing loss.⁴

The precise number of Deaf Mentally Retarded people in the United States is unknown, however, numerous studies justify a conservative estimate of 10-20,000 persons (newborn to twenty years) with this dual disability, and at least 10-15,000 adults are estimated to be Deaf Mentally Retarded.

³ Craig, W. N. and Craig, H. B. (Eds.), *American Annals of the Deaf: Directory of Programs and Services*, Vol. 118, No. 2 (April 1973).

⁴ Lloyd, L. L. and Moore, E. J. (Eds.), *Audiology*. In J. Wortis (Ed.), *Mental Retardation*, Vol. IV, New York: Grune and Stratton Inc. (1972).

Some Deaf Mentally Retarded persons, depending on age and severity of their handicaps, can be found in a variety of settings including public and private day and residential schools for the deaf or mentally retarded, day care programs for the retarded, vocational training programs, sheltered workshops, nursing homes, and other community programs for the handicapped.

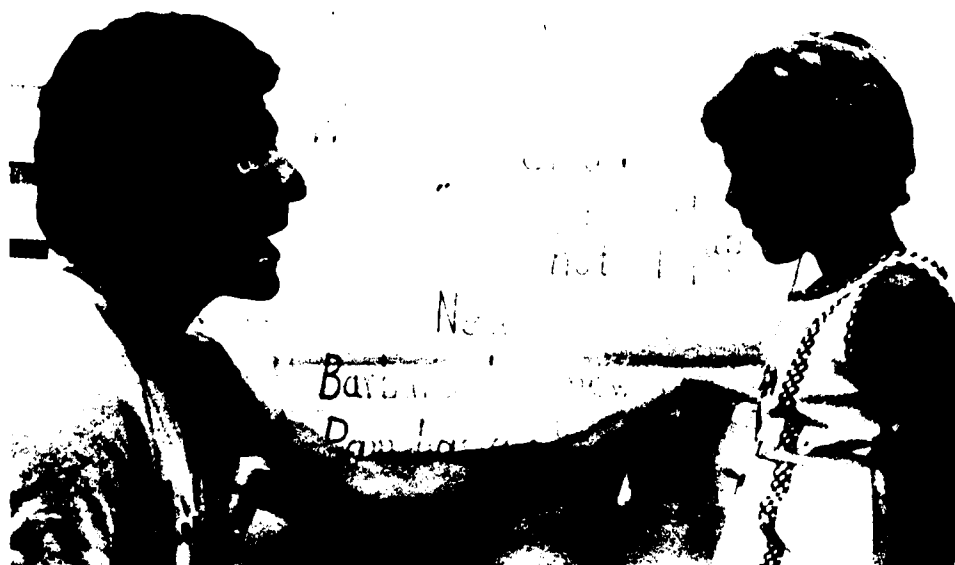
A significant number of the Deaf Mentally Retarded are found in institutions offering them no special services, while others have been denied all public placements, custodial or habilitative.





The majority of the Deaf Mentally Retarded are placed in state institutions for the retarded. Some children and youth are placed in special classes for the multiply-handicapped in residential or day schools. Generally, only those deaf persons who are mildly or moderately retarded are found in institutions serving the deaf.

Few of these institutions offer special instruction by staff trained in the education of the Deaf Mentally Retarded. Unfortunately, a significant number of the Deaf Mentally Retarded have not been placed in programs that can provide them with an appropriate education. Specially designed, staffed, and funded educational programs are imperative to meet appropriately the needs of these individuals. Failure to implement specialized educational services has contributed significantly to the high incidence of permanently dependent Deaf Mentally Retarded persons.



COMMUNITY TRAINING PROGRAMS FOR THE MENTALLY RETARDED

Because of the lack of adequate comprehensive vocational training and placement opportunities, many Deaf Mentally Retarded are not gainfully employed. Those few that are employed are usually found in sheltered workshops or in institutions where few opportunities exist to achieve their full work potential.

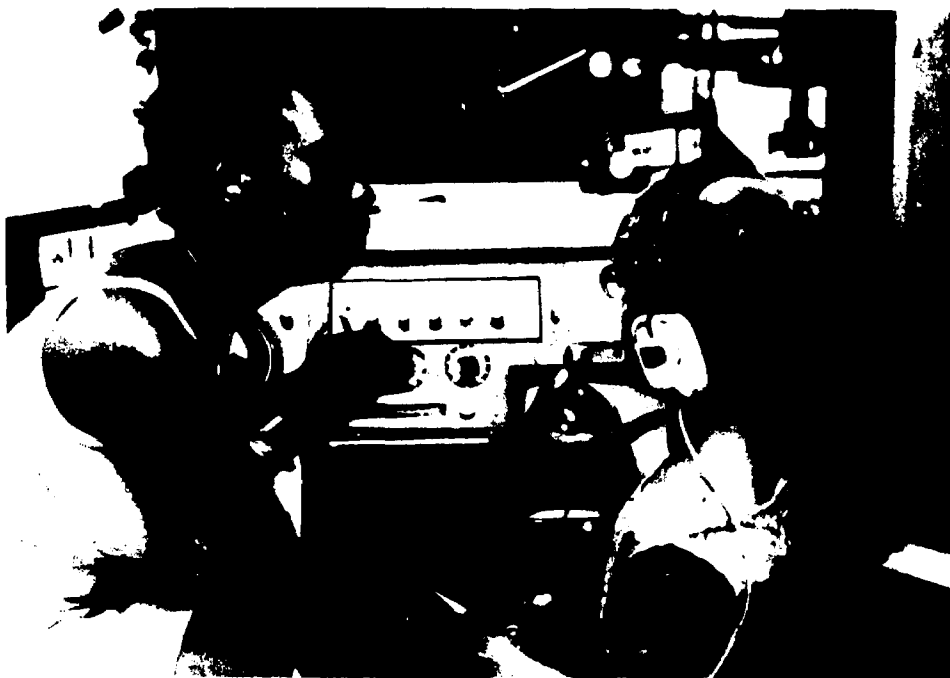
A few institutions for the retarded in such states as Pennsylvania, New York, Illinois, California, Texas, Washington, and Michigan have developed extensive work training programs for the Deaf Mentally Retarded that include institutional work assignments, sheltered workshops in the community, general community work assignments with residence in a halfway house, and independent community job placement.

More vocational programs and services are needed to meet the employment potential of these individuals.



No, there is a substantial shortage of specially trained personnel, both professionals and paraprofessionals. Most existing programs use personnel who have not been specially trained to work with the Deaf Mentally Retarded. Some have their primary training in deafness or mental retardation, or other areas. Few professional or paraprofessional workers have had formal training in *both* deafness and mental retardation.

Some of the personnel needed include speech pathologists, audiologists, special teachers, psychologists, social workers, deaf educators, interpreters, self-care and work training specialists, vocational counselors, recreation therapists, occupational therapists, nurses, and physicians who have a special interest in and ability to work with the Deaf Mentally Retarded.





Yes, there is a pressing need to develop university training programs for professionals as well as other skill development programs for paraprofessionals who will be working with the Deaf Mentally Retarded. The university programs should be affiliated with existing institutions for the deaf and retarded and should include both academic requirements and practicum experience.

More personnel in the fields of special education, deaf education, rehabilitation, counseling, recreation, speech pathology, audiology, and vocational training should be prepared to work with the Deaf Mentally Retarded. Volunteer workers and paraprofessionals will need

special training and orientation to the needs of the Deaf Mentally Retarded. In settings where supervision is limited, intensive training programs for paraprofessionals are essential.

Short-term training programs, special study institutes, and summer school programs are needed for practicing professionals and paraprofessionals to upgrade their skills to work with the Deaf Mentally Retarded.

Deaf persons should also be trained to work with the Deaf Mentally Retarded on a professional and paraprofessional level. Qualified deaf individuals could provide an extra degree of insight into the problems and needs of the Deaf Mentally Retarded.

The Deaf Mentally Retarded need to be provided with some special services throughout life, from infancy through adulthood. At different periods in their lifetime they will need some or all of these services: medical, audiological, psychological, educational, counseling, habilitation, rehabilitation, recreational, vocational, and communication training.

Comprehensive diagnostic and treatment centers need to be established in densely populated states with regional facilities available for less populated areas. These diagnostic and treatment centers need to be staffed with professional personnel who have special expertise in determining the full range of the educational, social, habilitative, and medical needs of individuals with deafness and mental retardation.

State or regional cooperative systems are needed to ensure that children are referred to and reach these centers early and on a regular basis. A follow-through system should be established to monitor and meet their continuing needs and provide for periodic reassessment.

Reliable procedures are needed to diagnose and evaluate adequately the hearing and intellectual performance of young Deaf Mentally Retarded children.

A wider variety of educational and other placement options appropriate to the individual's level of ability and independence should be made available.





Studies need to be conducted to determine the best methods of teaching language and communication to the Deaf Mentally Retarded. Special curricula need to be developed for the Deaf Mentally Retarded.

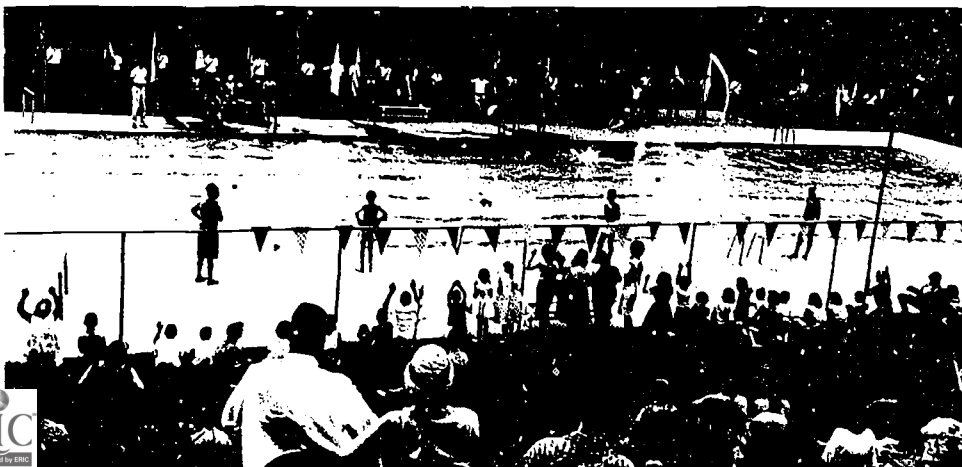
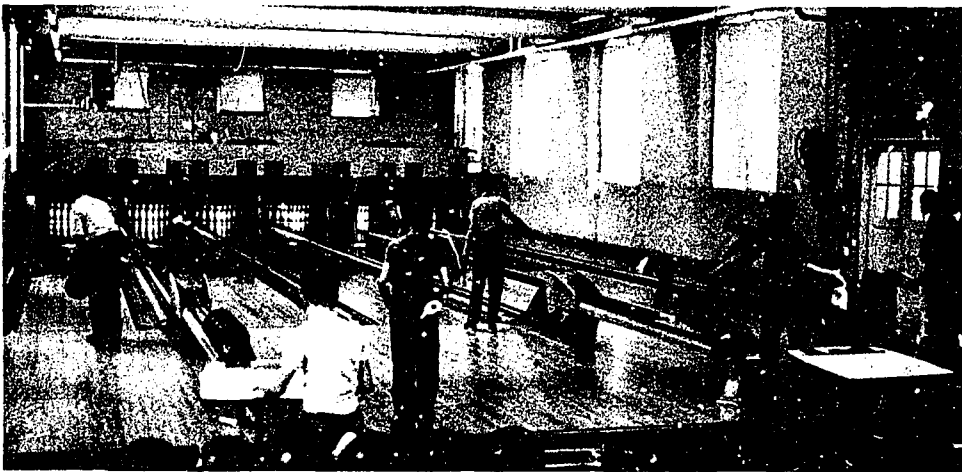
Teachers, other professionals, and para-professionals need to be trained to work with the Deaf Mentally Retarded through a range of short-term training programs and full-degree university programs.

Depending upon the needs of a specific institution or program, other professional or administrative services (for example, legal, business, psychiatric, religious, and others) may be required.

Parents and other members of the community need information that will encourage them to become involved in planning and promoting better services for the Deaf Mentally Retarded.

Parents of the Deaf Mentally Retarded have special needs that are often overlooked. As soon as a child is identified, the parents should be counseled to understand the problems of deafness and mental retardation and given instruction on managing and teaching their child at home. As the children reach adolescence and adulthood, the parents or guardians will need continuing educational, vocational, legal, and health related guidance and counseling by





professionals who are intimately familiar with all services available.

Expansion and improvement of pre-vocational and vocational counseling and training is needed with provision for coordinated work-living arrangements.

Recreational and social activities are needed, especially for older Deaf Mentally Retarded persons.

Special transportation arrangements are needed to give the Deaf Mentally Retarded the opportunity to travel to jobs and to have some independence in choosing recreational activities.

Funding agencies must assume greater responsibility in making financial support available to provide for the special services and programs needed by the Deaf Mentally Retarded.





Recent court decisions⁵ have reaffirmed the concept that every individual must have an opportunity to achieve maximum development. Society has a legal, moral, and ethical responsibility to provide comprehensive services that meet the needs of all handicapped persons.

The Deaf Mentally Retarded too often have been neglected in health, educational, vocational, social, and recreational planning. Without appropriate services, these persons become totally dependent on others, prove costly to society, and are unable to contribute to the community in a useful way.

To avoid any waste of human potential, our society must accept its responsibility to provide for this neglected group. We are convinced that present knowledge appropriately applied through special programming would permit a significant number of the Deaf Mentally Retarded to be deinstitutionalized.

All concerned persons must consolidate their efforts and insist that the Deaf Mentally Retarded are included in future legislation and community planning to achieve an improved quality of life and maximum societal integration.



⁵ *Right to public education*

Mills v. District of Columbia (D.C.D.C. C.A. No. 1939-71, Aug. 1, 1972)

Parc v. Commonwealth of Pennsylvania [C.A. No. 71-41 (3 Judge, E.D. Pa.)]

Right to adequate treatment

Lori Case v. State of California, Civil Action No. 101679 (Calif. Superior Ct. Riverside County)

Wyatt v. Aderholt, 334 F. Supp. 1341 (M.D. Alabama, 1971)

WHERE CAN INFORMATION ON THE DEAF MENTALLY RETARDED BE OBTAINED?

Some information on the Deaf Mentally Retarded may be obtained by contacting local or state agencies. The following are examples: state departments of education; state schools for the mentally retarded or the deaf; H.E.W. Regional Developmental Disability Consultants; state or county divisions of vocational rehabilitation; local rehabilitation centers; speech and hearing clinics; and community public and private day schools for the deaf and/or the retarded.

The following national professional organizations and agencies may be contacted for information on the Deaf Mentally Retarded:

Alexander Graham Bell Association
for the Deaf
1537 35th Street, N.W.
Washington, D. C. 20007

American Annals of the Deaf
5034 Wisconsin Avenue, N.W.
Washington, D. C. 20016

American Association on Mental
Deficiency
5201 Connecticut Avenue, N.W.
Washington, D. C. 20015

American Speech and Hearing
Association
9030 Old Georgetown Road
Washington, D. C. 20014

Conference of Executives of American
Schools for the Deaf
5034 Wisconsin Avenue, N.W.
Washington, D. C. 20016

Council for Exceptional Children
1411 South Jefferson Davis Highway
Suite 900
Arlington, Virginia 22202

National Advisory Committee on
Education of the Deaf
Bureau of Education for the Handicapped
U. S. Office of Education
2604 ROB
400 Maryland Avenue, S.W.
Washington, D. C. 20202

National Association for Retarded
Children
2709 E Street
Arlington, Texas 76011

National Association of Coordinators of
State Programs for the Mentally
Retarded
2001 Jefferson Davis Highway
Arlington, Virginia 22202

National Association of Private
Residential Facilities for the
Mentally Retarded
1906 Association Drive
Reston, Virginia 22091

National Association of State Directors
of Special Education
1201 16th Street, N.W., Suite 301-C
Washington, D. C. 20036

National Association of Superintendents
of State Residential Facilities
c/o Mr. David Rosen, Superintendent
Macomb-Oakland Residential Center
35135 Dodge Park Road
Sterling Heights, Michigan 48077

National Association of State Mental
Health Program Directors
Bellevue Hotel
15 E Street, S.E.
Washington, D. C. 20001

Office of Demographic Studies
The Annual Survey of Hearing Impaired
Children and Youth
Gallaudet College
7th and Florida Avenues, N.E.
Washington, D. C. 20002

Office of Mental Retardation Coordination
Department of Health, Education, and
Welfare
330 Independence Avenue, S.W.
Room 3744, North Building
Washington, D. C. 20201

President's Committee on Mental
Retardation*
7th and D Streets, S.W.
2606, ROB #3
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*For general information on the mentally retarded.

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Kenneth O. Johnson
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