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ABSTRACT

Presented are the proceedings of a 1975 special study institute for parents, teachers, and administrators in programs for the deaf-blind. Entries are divided into two sections--institute for parents and institute for teachers and administrators--and include the following titles: "Legal Rights and Advocacy for the Deaf-Blind" (F. Laski), "Political and Practical Dynamics" (J. Pernick), "The Role Parents Play in Policy Making" (B. Griffing), "How to Influence the Legislative Process" (B. Pollack), "High School Classes for the Deaf-Blind" (J. Vlachos), "Continuing and Higher Education Possibilities for the Deaf-Blind" (E. Sanders), "Personal Approach to Teaching and Learning" (A. Combs), "Handicaps and the Human Agenda" (R. Gorney), "Constructing a Total Commitment to Deaf-Blind Children" (L. Finkle), "A Psychohistorical Perspective on Multihandicapped Children" (E. Marvick), "Community Recreation for the Handicapped" (C. Dougherty), "Planning for Nutrition of the Handicapped Child" (P. Pipes), and "Vocational Rehabilitation for the Deaf-Blind" (N. Tedder). Appended are brief papers on how the legislative process works and how to work on legislation. (SBH)

Proceedings

The Roles of Parents, Teachers, and Administrators in Programs for the Deaf-Blind

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Preface

A special study institute for parents, teachers, and administrators in programs for the deaf-blind was conducted in San Jose, California, August 24 through 29, 1975. The theme for the institute was "Build Up—Don't Tear Down."

To expand the horizons and viewpoints of personnel working with deaf-blind children, the institute included outstanding professional people whose discipline and expertise, although not directly involved in programs for the deaf-blind, are clearly and closely allied. The effort to introduce new concepts and new personalities into the field of deaf-blind education was amply repaid by the contributions made.

This initial effort at providing an "intellectual outreach" program included Arthur W. Combs, coauthor of *Individual Behavior;* Roderic Gorney, M.D., author of *The Human Agenda;* Elizabeth Wirth Marvick, contributor to the *History of Childhood;* and speakers representing government and education.

We could not exclude from this outreach effort recognition of the entertainment provided by the "Electric Sign Company" with Gary Sanderson and Sharon Neumann Solow from California State University, Northridge. Their talents made such an impact that they were invited back for a repeat performance.

We feel that the field of the deaf-blind is still developing and that inspiration, guidance information, and support can be gained from many areas. This is why we were enthused by the opportunity to present speakers from a variety of areas. We hope to continue doing so in the future. As Robert Browning says in *Andrea del Sarto,* "Ah, but a man's reach should exceed his grasp, or what's a heaven for?"

WILLIAM A. BLEA
Project Director
Southwestern Region Deaf-Blind Center

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Legal Rights and Advocacy for the Deaf-Blind

Frank Laski, General Counsel
Massachusetts Department of Mental Health

I would like to share some ideas with you concerning some of the theoretical concepts of legal rights and some of the practical problems of legal rights and advocacy. I will try to lay out the road map or blueprint in terms of where we are in terms of legal rights and what has been going on in terms of advocacy. After we have a common understanding of where we are, we will be able to discuss what to do, how we can do it, and what vehicles we should use to achieve our common goal, which is quality service for deaf-blind children and adults.

I will review some of the elementary principles of the legal system and legal rights. Everybody should understand that we are dealing with a broad range of issues and we have a broad range of vehicles and tools to use to achieve the goals we have in mind. I think persons who are concerned with advocating for handicapped persons sometimes narrow in too much, in terms of using particular strategies and particular vehicles and in terms of setting fairly short-range goals. We should try to understand what our scope of responsibility is in this area. I will start laying out this road map or blueprint with a statement of what legal rights deaf-blind persons have. This statement has been developing over a time period of about a year and one-half.

Almost two years ago Ray Jones of the University of California, Northridge, and Edgar Lowell of the John Tracy Clinic asked me to develop a statement of rights for a handicapped person, specifically a deaf-blind person. Recently, other people have been going over the statement I developed at that time. I am going to include the statement here because I think the language is very important.

Rights of the Deaf-Blind

The most important principle to keep in mind, the principle that overrides all the rest, can be expressed as follows: deaf-blind persons have the same rights as all other citizens, and they have a right to such education, training, rehabilitation, and guidance as will enable them to develop their ability and maximum potential. These are the two most important principles within the statement of rights.

Several other statements are encompassed within these two. A deaf-blind person has a right to economic security and a decent standard of living. He or she has a right to engage in a meaningful occupation to the fullest extent of his or her capabilities. A deaf-blind person should be able to live in a family environment and participate in different forms of community life. The family with which he or she lives should receive assistance. If care in a congregate facility becomes necessary, it should be provided in surroundings and circumstances that are as close as possible to those of normal life.

Procedural Principle

Another principle is a procedural principle. Whenever deaf-blind persons are unable, because of the severity of their handicap, to exercise all their rights or whenever it should become necessary to restrict or deny some of these rights, the procedure that is used must contain proper legal safeguards. These should include a plan for providing the least restricted conditions possible, an independent periodic review of the restrictions imposed, and a right to appeal whatever action is taken.

These are important statements of legal rights. I want to define what we are talking about when we speak of legal rights because one hears much political sloganeering about rights. I am talking about a right that is enforceable by one individual against another individual, a right that will be recognized in a court of law, and a remedy that will be granted to the individual claiming the right. Although these rights are stated broadly, we are not talking about rights against the world or rights against the state. Whenever we talk about these rights, we can always identify what they are in individual terms. Also, we can identify a corresponding obligation of somebody else to ensure that those rights are granted. When we talk about rights in the educational system or rights in the rehabilitation system, we can always bring them down to the level of the individual in terms of the counselor's obligation to a person or a teacher's obligation or a school system's obligation through a local school authority whether it be a school committee or a school superintendent. No matter how broadly we speak, we can always bring it down to the level of the individual and take specific action to make sure that these rights are enforced. I just want to emphasize that I am not talking as a social theorist. As an attorney I firmly believe these rights can be recognized today through our state and federal court system and certain administrative procedures if the issues are presented properly and the facts justify the granting of these rights.

The Legal System

Before getting into specific examples of what people are doing to enforce these rights, I would like to give an overall view of the legal system. In the legal system we have the legislative process; the judicial process; and, most important and often ignored, the administrative process. The latter is the action taken by executive officers and administrators to implement the state and federal laws. It is an important part of the legal process. We must consider the interaction of all three parts. If we do not have this interaction, we are not going to achieve what we want. If we work solely within the legislative process, we can effect change there and perhaps get some legislation passed which is supposedly beneficial to deaf-blind individuals. If we stop there, if that is our only concern, I think experience has shown that we are not going to realize the actual benefits that are supposed to be guaranteed by the legislation. Neither should we work solely through the judicial system. Much can be lost between the order and the implementation, basically through administrative channels. We must concentrate on all three areas if we are really interested in effecting legal change.

Another important aspect we are going to have to keep in mind is the federal system. We have two basic forces which interact to determine the rights, benefits, duties, and obligations of persons. Increasingly important are the federal components of this interaction. These components are the guarantees, the services, and the protection provided through federal legislation; however, in our system federal guarantees are highly dependent upon state action, both legislative action and administrative action. Although federal legislation is supposed to apply uniformly throughout the 50 states, one can find a great variance in terms of the actual services and benefits that people are receiving. This is because there has not been enough advocacy action at the state level to guarantee that the proper legislative and administrative action will be taken to ensure that individuals receive the maximum to which they are entitled under specific pieces of federal legislation. I am going to talk about education, an area which has a federal-state component, and rehabilitation, which also involves the interaction of federal and state statutes.

Constitutional Guarantees

I want to mention briefly the guarantees of the U.S. Constitution. The Constitution is the supreme law of our land and dominates all state and federal statutes and the laws emanating from state and federal decisions. It also applies to the administrative process. Two principles of constitutional law are most significant in terms of guaranteeing the rights of the handicapped person. These are the concepts of (1) due process of law under the Fourteenth Amendment of the Constitution; and (2) equal protection under the law. These legal theories of due process and equal protection have been used during the past 20 to 25 years to support affirmative judicial action in cases of discrimination against all minority groups. More recently, they have been used successfully in terms of discrimination against handicapped persons. Due process simply means that people have to be treated fairly and given equal protection. Basically, people in similar circumstances have to be treated equally unless the state has adequate justification for differential treatment.

The equal protection concept is ambiguous in terms of deaf-blind or other severely handicapped individuals because we have to give appropriate regard to the idea that there is no greater inequality than treating unequal as equal. On one hand we have to make sure that equal protection applies. On the other hand we have to make sure that we understand that for a certain number of individuals the legal concepts require modification because these individuals may be left at a disadvantage. So we have to make, both in our legal system and in our everyday activities, the appropriate amount of accommodation to achieve a true equality. I think this will be made clear as we speak of some specific cases and examples in the areas of education and rehabilitation. I will talk about the education process in terms of what the ideas and principles of developing court cases have to do with other areas. We could be talking just as easily about medical care, the employment program, access to other services like transportation and recreation, or economic security, which would get us into our supplemental security income (SSI) programs. I will use education as an example because I think the legal principles have been well developed there. The legal principles involved in education should be extended as well as carried over into some of the other areas.

We are concerned here with two major landmark cases. One is the *Pennsylvania Association for Retarded Children* versus *Commonwealth of Pennsylvania*, and the other is *Mills* versus *District of Columbia*. I discovered recently that one of the best statements in terms of rights to education, equal education, was made by the California Supreme Court in 1874. Although the judges were not dealing with deaf-blind or handicapped children, they said education is a right, a legal right as distinct as the vested right in property and as such is protected and entitled to be protected by all the other guarantees by which other legal rights are protected and secured. In 1874 the California Supreme Court allegorized the right to education as a property right. This is very important because it means a student or prospective student can challenge the deprivation of that right. For one hundred years this right has been recognized not only by the courts but by the legislative bodies.

One of the greatest guarantees we have in this country is the right to pursue education to the extent of our ability. This long-standing principle was first applied to handicapped youngsters and tested in the Pennsylvania federal court case that was brought by the Pennsylvania Association for Retarded Children. This case established that handicapped children, as all other children, had an absolute right to be educated. They could not be excluded from classes on the basis of some determination of ineducability. The statutes in Pennsylvania at that time as well as in many other states in effect declared that each individual has a right to education *except* and there are a lot of exceptions. Most of the exceptions can be reduced to whether or not the school system wants to take the child. The court could have said that the system is not really granting these persons due process in developing procedures in terms of deciding what they can benefit and profit from.

The court said that everyone is entitled to education; there is no such thing as ineducability. Ineducability really reflects the failure of the educational system rather than any inherent concept in terms of the child's ability to benefit. The Pennsylvania decision was the first judicial recognition of the right to education for handicapped persons. Whatever applied to other children in a community applied equally to handicapped persons. That was followed by a decision in Washington, D.C. The case in Pennsylvania had involved a specific class of individuals, mentally retarded children. In the District of Columbia, the plaintiff represented children with a number of different types of handicaps. Those represented were mentally retarded children, multihandicapped children, orthopedically handicapped children, and many other handicapped children. The plaintiff represented all children in the district. The relief granted to these children was given to all children with special needs. The court again applied the ideas of due process and equal protection. It was a case based on the Constitution, not on particular statutes or rules of the District of Columbia. Relying on the Constitution, the judge made the following decision:

> No child eligible for publicly supported education in the District of Columbia public schools shall be excluded from a regular public school assignment by a rule, policy, or practice of the Board of Education of the District of Columbia or its agents unless such child is provided: (a) adequate alternative educational services suited to the child's needs, which may include special education or tuition grants; and (b) a constitutionally adequate prior hearing and periodic review of the child's status, progress, and the adequacy of any educational alternative.

The two main ideas involved in the judge's decision are (1) no child can be excluded; and (2) the educational services provided must be adequate to the needs of each child and there has to be some periodic review. This goes back to one of the constitutional principles I mentioned earlier. Adequate prior hearing and periodic reviews may mean different things to different people. Parents must be involved, and they must be given every opportunity to question and to participate in planning their child's educational program. Concerning the fiscal impact of the decision, the District of Columbia court said the following:

> The District of Columbia shall provide to each child of school age a free and suitable publicly supported education regardless of the degree of the child's mental, physical or emotional disability or impairment. Furthermore, defendants shall not exclude any child resident in the District of Columbia from such publicly supported education on the basis of a claim of insufficient resources.

In other words, the argument that there is not enough money to go around is not a valid defense.

The idea that a handicapped child has to carry the burden of inadequate fiscal resources is not a defense. Once the state makes a decision to provide an educational system or provide a service, that system or that service must be made available to all on an equal basis. The system no more can exclude a child on the basis of a handicap because his or her education is very costly than it can decide "because we do not have enough money this year, we are going to drop all pupils in grade three or we are going to educate only boys." That is really the rationale. It does not make any more sense to do that than it does to exclude a particular child because he or she has different needs or his or her education may, in the short term, cost more.

The judge left alternatives up to the school system. If adequate programs are not available within the school system, tuition grants and other means may be used. These are just two of the cases. In the last three years there have been about 30 cases that have followed the same pattern and the same principle. If we look at the range of cases, we find at least six or seven principles that have been recognized not only in the courts but also in legislative action in terms of revising both the special education laws and the formulas of reimbursement and appropriation in terms of special education. This has happened in my own state of Massachusetts, and it has happened in Tennessee and in Wisconsin. The interaction between the two systems is evident. An impact in one system may result in the desired remedy being achieved through another system.

Right to Education

The right to an appropriate education and the right to a due process hearing are guaranteed by state statutes as well as by constitutional principles. This is important in regard to implementation. The six principles that are established firmly in each of our states are the following:

1. Every child regardless of handicap is guaranteed the right to a free and equal educational opportunity.
2. The argument that certain individuals are ineducable is without basis. All children are capable of benefiting from a program of education and training. Again, I want to emphasize that this is a legal principle that has been recognized in the courts.
3. The education provided for the handicapped child must be appropriate and suitable to the needs of that child. Custodial programs may be equivalent to exclusion. I think we can show that to grant a child access to a classroom and then to provide what is essentially a day-care program without paying any attention to the child's development or needs is really the same thing as excluding him or her from the classroom.
4. The right to free public education cannot be denied on the basis of a claim of insufficient funds.
5. Normalized and integrated school settings are legally preferred over separate settings.
6. Educational decisions must conform to due process requirements, including an advance notification of placement and the reasons for placement, an opportunity for a hearing concerning the educational program, a periodic review of the suitability of the assignment, and the right to appeal to some independent authority if there is a difference of opinion or a problem in placement.

Compensatory Education

Another principle that must be developed as a legal principle is the entitlement to compensatory education by the older children and adults who were denied education in the past as a result of exclusion or inappropriate placement. It is important to realize, and the courts have recognized this, that education involves more than the years of compulsory schooling that we have under our state laws. The laws differ from state to state. The cut-off age may be anywhere from sixteen to twenty-two. Some states have developed special provisions for preschool education. Also, the courts have recognized that school systems have the responsibility for areas which are outside traditional academic responsibilities. This has been litigated in cases where a state department of education has refused to accept responsibility for educating the handicapped person. The courts generally have stated that they will not try to distinguish between types of service. Whether the professionals call it training or education, the school system must provide this service.

In one particular case in Maryland, a judge was referring to what is involved in teaching a child to tie his shoe. He said, "I don't care what you want to call it or how you want to categorize it, somebody in the education system has to provide it." I think this is an important development because it reduces the number of educational categories that have been established by different state administrators. In Massachusetts, for example, clinical nurseries may be the responsibility of the department of mental health, education, or rehabilitation. Whenever a new category is established, people are caught in between. One should recognize, as the courts have recognized, that the point of accountability for providing services for school-age children is at the level of the local educational agency. The courts have heard much debate concerning the preservation of that line of accountability. This is important in terms of implementation and in terms of access to fiscal resources. I have not really addressed the specialized educational provisions that exist in terms of regional centers, in terms of rehabilitation, or in terms of the National Center for Deaf-Blind Youths and Adults. I am going to leave those aside, important as they are. Those are responsibilities that the federal government has taken for policy reasons; and it is good that it has. The existence of those resources does not eliminate other responsibilities at the state and local levels to provide services. The deaf-blind person should have access to specialized service when needed; more important, the deaf-blind person should have equal access to the services that have been made available to all citizens in the community.

Rehabilitation

I will discuss rehabilitation as an example of the services for the handicapped. Education is basically developed through court action and legislation at both the state and federal levels. The amendments that were passed in 1974 as part of the Education of the Handicapped Act were largely the result of court cases; however, rehabilitation has not been a matter of much concern in terms of judicial action. Most of the rights, entitlements, and processes have been developed by consumers and advocates through legislation at the federal level. We should be concerned about the interaction between the legislative entitlements, the administrative levels, and the existing possibilities for court action to obtain quicker action in terms of legislative entitlements. The federal entitlements vary from state to state in terms of how each state uses its funds and what type of program emphasis it places on doing a certain type of job.

In 1973 the Congress initiated a study of rehabilitation programs throughout the country. Members of Congress were concerned that rehabilitation was not reaching down and providing services for those persons who needed them most, the severely handicapped. They were concerned that the rehabilitation system was "creaming," that is, taking the easiest cases and rehabilitating them into employment or sheltered work and then claiming credit for that and showing a very good record of rehabilitating. Therefore, the Congress passed specific provisions requiring that rehabilitation agencies give priorities to severely handicapped persons. They defined severely handicapped persons in terms of both type of disability and degree of disability. The deaf-blind were included as severely handicapped persons. Before passage of the Education of the Handicapped Act, the rehabilitation counselor literally had carte blanche to do what he or she wanted to do in terms of program planning or determining the services that would be provided.

The rehabilitation program includes educational components, medical components, job training components, placement components, or practically anything that can be done to restore a person and get him or her into some productive activity. It is a good system in terms of the flexibility it provides in developing a program. The problem was with the discretion that was rampant in the system. Many of the decisions that were made were unfair decisions in that they were made without participation of the client or without an opportunity for review. In addition to legislating a priority for severely handicapped persons, Congress approved Section 102 of the Vocational Rehabilitation Act. Section 102 effectively brings the idea of due process into the rehabilitation program. Section 102 requires that an individualized rehabilitation plan be developed for each client. Elements of that plan include both short-term and long-term rehabilitation goals, a statement of services that are going to be provided and the time required to provide those services, some objective way of evaluating the progress of the client within those services, and an annual review.

The most important part of the law is that the rehabilitation plan has to be developed with the full participation of the client or, in the case of a minor, his or her parents. Under this statute a person cannot be dropped from the program unless it is shown beyond a reasonable doubt (and this is the burden of the agency) that the individual is not capable of achieving a vocational goal. This is tremendously important because it requires the involvement of the client in the development of the plan. Section 102 delineates the procedures by which you or I as a representative of the client can challenge the decision that has been made. Before this, the decision was a professional judgment and it could not be questioned.

The development of new client-advocate-counselor-provider relationships will to a large extent influence the degree to which legal rights and entitlements are actually realized by disabled persons who need rehabilitation services.

Titles IV and V of the Vocational Rehabilitation Act of 1973 provide mechanisms by which handicapped persons and their advocates may assert rights to employment and access to transportation and public buildings. The most far-reaching provision is the act's civil rights clause, which reads: "No otherwise qualified handicapped individual in the United States shall solely by reason of his handicap be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance." The language and legislative history of the Vocational Rehabilitation Act make clear that this provision was patterned after Section 601 of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, or national origin, and Section 901 of the Education Amendments of 1972 relating to sex discrimination. Section 504 establishes the federal requirement that all programs receiving federal financial assistance shall be operated without discrimination on the basis of handicap. As indicated by a report of the U.S. Senate Committee on Labor and Public Welfare, Section 504 was intended to protect all handicapped persons in relation to federal assistance in employment, housing, transportation, health services, and other federally aided programs.

Examples of protected persons the Senate committee included were: physically or mentally handicapped children who may be denied admission to federally supported school systems on the basis of their handicap; handicapped persons who may be denied admission to federally assisted nursing homes on the basis of their handicap; persons whose handicap is so severe that employment is not feasible but who may be denied the benefits of a wide range of federal programs; and persons whose vocational rehabilitation is complete but who nevertheless may be discriminated against in certain federally assisted activities. Clearly, all deaf-blind persons, in pursuing many life activities and relating to service providers, will be able to invoke the protection of Section 504 of the Vocational Rehabilitation Act.

Political and Practical Dynamics

Judge Joseph Pernick
Wayne County Probate Court No. 1
Detroit, Michigan

Because my parents were deaf, I naturally gravitated to the problems of the deaf and have been concerned with their situation all my life. But too often when we are in the area of assisting individuals who are handicapped, we forget that these individuals themselves are human beings or that they are distinct persons. It was only just before my parents died that I realized that they could think for themselves. As a child, I was their bridge over the communication barrier. I was the one who signed for my mother and father, and I signed poorly. In fact, many called me "MR," that is, manually retarded. It was a rude awakening when I found out that my mother and dad could think for themselves. They got along perfectly well when I was in the service and away at school. Parents must remember that the son or daughter is an individual who can think and act for himself or herself.

Another point that I am going to emphasize is the need to beware of experts in the field; beware of the administrators, and beware of the know-it-alls, especially those who have obtained their input and expertise through the educational process. I do not know how people can call themselves experts in this field unless they themselves are handicapped. We should stop saying "I know what is best for you" and substitute "Let me help you determine what is best, but the final decision is yours."

In this presentation I am going to try to cover four areas: the judicial system, employment, social services, and the educational process. I will give you some examples of things that have occurred in California.

Judicial System

Judges and lawyers as a whole are advocates. They fight hard for what they believe in. I think you get a more sympathetic reaction from the judicial system as far as handicapped persons are concerned than you do from many professionals in the field. Perhaps, judges and lawyers are a little more objective in viewing the situation because they are not as involved; however, they have their problems too, because of the tremendous pressure on the courts to speed up the hearing of each case. The probate court in Michigan has tremendous jurisdiction over the mentally ill, mentally handicapped, juvenile delinquents, alcoholics, and drug addicts It also has jurisdiction over the wide range of services available for helping these individuals. We are a court of compassion rather than a court of passion; however, tremendous pressures are exerted on us to hear a case quickly and hurry on to the next case.

Under due process, as far as the judicial system is concerned, a defendant is entitled to know the nature of the charges against him and be able to assist in his own defense. The right of a deaf person to do this was established only recently. Several cases, especially *Jackson versus Indiana,* were significant in bringing about this change. I will cite two cases. One was the Sanchez case, which was heard in Bakersfield, California, in 1967. Rodrigues Santiago Ramiris Sanchez was a deaf, illiterate Mexican-American who walked into a bar in Bakersfield and pumped five shells into another individual. On the face of it, it was murder; there is no question about that. I do not know if it was justifiable or not. An investigation was made, and the common opinion was that the charge should have been felonious assault or at the most manslaughter. Apparently, the individual whom Sanchez killed had been ridiculing him, had been calling him names as they worked together in the fields, and had tripped him a couple of times while he was carrying some baskets of fruit and vegetables he had picked. The tension had been building up between them before the incident occurred.

The judge had to use a double interpreting technique to hear the case. The court had to find an individual who could not only understand Spanish but one who could also use the same basic signs of communication used by Mr. Sanchez. The judge knew that the trial might last three months or longer and that the defendant might not understand what was taking place. Therefore, the judge declared that the defendant was incompetent and referred him to the psychiatric section for evaluation. That is a "cop-out" commonly used in cases involving deaf persons; however, it also is used with mentally retarded individuals.

The doctor who examined Mr. Sanchez had no knowledge of deafness nor any knowledge of communication with the deaf; however, the doctor concluded: "It is my opinion that the subject, Santiago Sanchez, suffers congenital deaf mutism. He is additionally uneducated and has not learned conventional sign language communication. He is unable to fully comprehend his present circumstance, and, because of his communication barrier and the difficulty in appreciating his circumstances, he is unable to assist intelligently in his own defense. Consequently, I feel that he must be considered insane at the present time for the purpose of standing trial. He does appear to be capable of learning and to be in need of further training."

Mr. Sanchez was then sent to Carmel. Two years later, after a lot of groundwork and much letter writing, we got the interest of the legal defenders' office in Bakersfield and the case was brought back. We got a very sympathetic superior court judge. He discussed the situation with Mr. Sanchez and suggested making a lesser plea of felonious assault. When you are charged with murder and you get an opportunity to plead guilty to felonious assault, any practicing attorney would advise you to accept it.

The probation department did not know what to do with Mr. Sanchez. Although he reported each month to his probation officer, the probation officer could not communicate with him. On sentencing day the probation department recommended incarceration for two years even though Mr. Sanchez had already spent two years in the state mental hospital. He had been the only deaf person at the facility, and he had spent two years in solitary confinement. He could not communicate with anyone.

Before the trial the interpreter told me that members of the deaf community in Bakersfield were willing to house Mr. Sanchez and support him until he got a job. They also would assist in training him in the use of sign language. After all the arguments had been heard, the interpreter requested the court to hear what Bakersfield's deaf people had offered to do. The judge granted permission and, after hearing the plan, asked if the interpreter would be willing to interpret for Mr. Sanchez at the probation department. She agreed, and the judge placed Mr. Sanchez on two years' probation. The point here is that you have to assist the courts if they are to help you. The interpreter and the deaf community in Bakersfield provided the need[illegible]istance [illegible] this case.

Th[illegible] heard before my bench. I h[illegible] my life with the problems of th[illegible] I have tried to educate my bro[illegible] bench about the problems of working with deaf individuals. I hear many of the cases involving deaf people in Wayne County.

In the courtroom I was advised that the case involved a deaf person, Kester Benson. I signed with Mr. Benson and found out that he was a graduate of the Detroit Day School for the Deaf, which is primarily an oral school. The doctor in the case had diagnosed Mr. Benson as being schizophrenic with paranoid indications. I asked the doctor how he had communicated with Mr. Benson, and the doctor replied that he had used pencil and paper. I asked what Mr. Benson's responses had been, and the doctor said that they were irrelevant. I had Mr. Benson retested with the help of an interpreter. The doctor changed the diagnosis to sociopathic problems with slight retardation, which is very different from being schizophrenic with paranoid indications. The problem was the communication barrier. I think the judiciary has done a great deal to enforce the rights of the handicapped individual.

Employment

The barriers to employment for the handicapped were broken about ten years ago when the Postal Service in Detroit began hiring the deaf. The postal examination was set up in three parts. Sections one and three were related to the job, but section two had nothing to do with the job. It consisted of general intelligence questions, and a deaf person's education in the traditional method could not reach the established norms. Therefore, we got the postal authorities to agree to remove that middle section. Out of 87 applicants, 67 passed the test for clerk/carrier.

One of the jobs available at that time was sorting machine operator. The loud chatter of this machine bothered the normal individual but had no effect on the deaf person; however, the job in itself was a little monotonous for anyone. After deaf persons had become established in the postal system, I was walking down the street and got tapped on the shoulder. It was one of the deaf postal workers in a mail carrier's uniform. I asked him how he had achieved that, and he said that, when he realized that his classification was clerk/carrier, he told his supervisor he wanted to be a mail carrier. The supervisor said a driver's license would be required so the deaf clerk pulled out his license and got the job. As far as I know, he is still out there, delivering the mail.

Chrysler Motor Corporation initiated a training program for deaf persons. After the first trainees graduated, we approached Chrysler's managers and asked why they would not hire the graduates. They replied that, if the handicapped were on the work force, the insurance rates and Workmen's Compensation rates would be increased. We explained that statistically handicapped persons are less vulnerable to injury or reinjury and that they are better workers and more conscientious than the normal-hearing individual; however, the struggle continues.

Social Services

The handicapped, especially the deaf and the deaf-blind, are discriminated against most in the social services. When a deaf-blind person tries to get supportive services from a local agency, he or she is often told that communication is not possible. This again is a cop-out. The agency can hire an interpreter to handle that situation.

Another neglected area is that of assistance to parents. Marriage is difficult enough without having a handicapped person in the family. If our philosophy is going to be to choose the least restrictive alternative that is best for the child and to keep the child in his or her home surroundings, we must give adequate support to the parents. Having a handicapped child within the family can create tremendous pressures on every member of the household. A parent's relationships with the spouse or with the other children are affected. One sometimes overreacts and becomes overprotective. I realize the problems parents face, and I respect them for the efforts they are making. But they have to overcome their own guilt feelings about having a handicapped child. This is not of their doing. Too often parents blame themselves, and adequate counseling is not available to help them overcome that initial problem.

I have heard rumors that it may be possible to develop day care centers to take the handicapped child out of the home by the day or the week to relieve the pressure on the parents and siblings or to relieve the pressure on the family unit as a whole. The [illegible] do not want to dodge their responsibilities, but how much can anyone take? Everyone needs a respite.

Educational Process

One of the things that really disturbs me is how parents are forced to run from pillar to post to get assistance in educating their children. They go to one place for a medical evaluation. Then they are sent across town for other tests. They have to wait three weeks for an appointment for an educational evaluation. Finally, they are sent in another direction for another type of evaluation. By the time things are brought together, 10 to 15 months have elapsed. In Detroit we tried something new. We placed all the agencies that serve children together under one roof so that parents could come to one place for assistance. A complete medical facility was available in addition to the other testing services. It was beautiful on paper or as an idea; however, each one of the professionals was so jealously protecting his or her area of expertise that the idea did not work in actuality.

We need to have the deaf and the deaf-blind integrated with the nonhandicapped, because this is the way they are going to interact in outside life. We cannot keep warehousing the handicapped in institutions. It is too expensive, it is stupid, and it is a waste of a valuable human individual. You parents have got to keep the pressure on. You should not let the professionals tell you that they know everything. The law is there to assist you. These problems can be overcome if you stick together and fight.

The Role Parents Play in Policy Making

Barry Griffing
Assistant Superintendent and Manager, Office of Sp ducation, California State Department of Education

Parents have an important role to play in cy decision making or in policy making. Perh should use the term *policy making* because *policy decision making* implies that the policy development process has been completed. When I looked for a definition of the word *policy*, I found at least three important definitions. One source defined policy as a settled course of action by a government group or an individual; another defined it as the management of affairs; and a third source defined it as government or the science of government. Actually, I want to discuss all three of those definitions.

When we discuss policy that affects the education or education-related services provided for our children, we must begin with the child. Parents make policy decisions concerning their child's education. They do not decide whether or not their child will go to school for that is a policy decision made by the community; however, parents do make some important policy decisions that affect the growth and development of their child. Ultimately, all the other policy areas have an important relationship to the parents.

Another policy area is the local school. This may be the neighborhood school, a special school, a special class within a school, home instruction, or individual instruction; some form of public education is provided on a local level where certain decisions are made in terms of grouping children or placing a particular child with a particular teacher. These are the kinds of decisions that are made at the local level. Policy decision making is a delegated authority at the local school level; in most public school systems, authority is delegated by the elected governing board of a school district. Governing boards are legal entities that make policy for public schools in a given area, region, or school district. They have enormous responsibilities and enormous power to make certain decisions. Recently, I saw decision making in action when the governing board of our high school decided to economize by eliminating bus transportation for children who lived within a certain distance from school. The board had the responsi- and the authority to make that decision, and ny parents were not happy about it.

Influencing Policy Decisions

What are the ways that parents can influence policy decision making? The authority of the local school governing board is very real. The California Education Code clearly sets forth the principles by which local schools are given certain powers. This was necessary because in California the power of the state has grown tremendously. The Education Code states that local school districts have specific authority and powers that will not be taken away from them.

School boards are still governed to some extent by the state. Policy at the state level is determined by the State Board of Education and the Superintendent of Public Instruction. Neither the Board nor the Superintendent makes law. The Board generally makes regulations that are an implementation of law. In special education the state government is perhaps the most critical level of policy making, and that is where parents in this state have had the greatest impact on policy. Beyond the state level, of course, is the federal government, which during the last 14 or 15 years has been escalating its role in determining policy. This upsets some people and pleases others. The federal government has been taking a much stronger policy stand than ever before in history. Federal policy is being tied to the allocation of federal support. Federal policy is decided in Congress, in the executive branch of the federal government, and in the U.S. Office of Education (USOE), which is in the Department of Health, Education, and Welfare. The USOE is responsible for making the policies that affect the deaf-blind regional centers. These decisions are implemented through that office in the same way that state-level policy is implemented through the State Department of Education in Sacramento.

Ultimately, the largest policy-making body is the people. They can have an effect on all levels of decision making through their elected representatives.

Making Policy

What is a necessary condition of policy making? First, an obvious need must exist. This need must be expressed as an accurate, clear identification of the problem. A statement of need expresses the difference between what *is* and what *ought to be.* If a gap clearly exists between what is and what ought to be, then a need exists. Having determined the existence of a need, one can search for solutions or alternatives to resolve [illegible]minate the gap. Somebody will have to state [illegible] problem and present alternatives with a recommended course of action; and somebody will have to establish objectives.

If people at the policy-making levels are unaware of the need and have not been apprised of possible solutions with specified objectives, nothing will happen. A demand has to be created or at least brought to the attention of those at the policy-making levels. To do this, one must identify the urgency and scope of the need. For example, we might have 1,000 deaf-blind children, and only 500 are in an educational program. Obviously, we have a gap of service for 500 children, and we need to create more public school programs to serve them. Someone has to state this as a problem of today, not of tomorrow, and someone has to point out the personal, political, social, and legal implications of not moving forward in implementing the objectives. Someone has to create the demand.

Even though the people at the decision-making levels may be aware of the need and be convinced that something must be done, they sometimes are not free to act. The necessary funds, space, personnel, or time to implement the solution may not be available. I mention this because parents may forget these important factors and expect immediate solutions; however, a new building or program takes time and money. The person creating the demand must consider these factors.

Influencing Policy Decisions

Parents have had a positive influence on some important policy decisions. You may be familiar with Assembly Bill 1886, which in 1969 provided the authorization for funding classes for the multihandicapped, including the deaf-blind, in California. For 11 years prior to 1969, the Department of Education had been working on programs that would meet the educational needs of these children. We did all the traditional things: we conducted surveys to identify the youngsters by name, age, residence, and educational needs; we sent reports to the Legislature and the State Board; and we wrote reasonable objectives. But nothing happened until the needs became critical after the rubella epidemic. The gap then became so large that many hundreds of youngsters needed to be served. The second thing that happened was that parents joined in the expression of the demand. Never underestimate the power of the represented because they were heard and were able to get that piece of legislation enacted. That is just one example. There are a number of others. For example, the state determined that an additional school for assessing neurologically handicapped children was needed in the Central Valley. This need was based on an excellent study. One could not disregard it or deny the need; however, this facility was built only after organized parents of neurologically handicapped children came to Sacramento and to the Legislature. The parents told the legislators "Here are our needs; here is our objective; here is the way to achieve it; and here are the resources that we suggest be made available for achieving it." These are two important examples of how parents have had a role in formulating a policy or causing it to be made.

There are a number of ways parents can participate in making policy. Let us talk about the individual pupil, your child or my child. The Privacy Act of 1974 requires that parents be notified legally that they have complete access to the school records of their children. This is a monumental step forward for parents. I do not know how many people are exercising this right, but parents do have absolute access to these records. More than that, the school is charged with the responsibility of informing parents of this right.

The Privacy Act applies to parents of minors and to students eighteen years or older. A parent may ask to inspect any or all official school records, files, and data relating to his or her child. If any information in the file is inaccurate, misleading, or inappropriate, the parent may request that the information be removed or that a statement disputing the material be inserted in the record. That is a big inroad into policy making. I personally have never understood the mystique or secrecy of school records, medical records, and the like. We are the owners of our children in a very real and technical sense. We have the right of access to these records; and we have a responsibility to ensure that the records are accurate. I do not wish to imply that school personnel have a habit of putting errors or misleading information into student records. Most of the time the information is placed in the record with honest, sincere intentions, but sometimes mistakes are made. There are at times differences in judgment, and we cannot generally overturn a person's judgment. That person is entitled to his or her judgment, but you are also entitled to yours. You may file in your child's record a statement saying, in your judgment, it is this way with your child. You are thus participating in the decisions made concerning your child.

Because we do have access to the records, we should be able to work together to ensure that those records are appropriate and proper. I think people are reasonable, and, when they communicate with one another, they create a spirit of reasonableness that is in the best interest of the children.

Interestingly enough, when a student turns eighteen, parents no longer have a legal right to see the records. If I want to see my eighteen-year-old daughter's school records, I must get permission from her. I must have a note saying I may look at the records. It is a very interesting point of law, but that is what attorneys say you must do; that is the law.

When a parent asks to see a school record, the school must provide it within 45 days. In other words, there are some time constraints on the school district.

In California the Education Code provides for parent participation. In 1974 legislation was enacted requiring that parents be notified at least ten days prior to the time when a child is going to be given an assessment or evaluation. The parents must be invited to participate in the discussion of the assessment data, and, if a parent disagrees with a decision, he or she has the right to procure an independent assessment from another source. That assessment also becomes part of the pupil's record.

Parents must be given access to the records whenever an assessment has been made or whenever data are available in the files. There are a number of rights given to parents in terms of appeal if they disagree with any information.

Providing Input

I will describe a few ways that one can provide input in terms of decision making. We are moving more and more into the era of advisory bodies. Many schools have advisory committees on all types of programs. They are strictly advisory, but they are duly constituted and they do have an audience to which they can address their concerns. They have the responsibility to represent you and me. These advisory bodies are available to us. Because most of these committees are covered by the Brown Act, they must open their meetings to the public. Parents have the right to attend and to know when and where the committee meets. This affords you an opportunity as an individual or a group to identify a need, to spell out some objectives, and to make demands for a particular service. Advisory bodies at the local, state, or national levels should be considered appropriate vehicles for parent participation in decision making.

Our present society includes advocates for every type of handicapped child. These advocates are concerned individuals, community groups, and parent organizations. They are important sources of input to policy. In California almost every major legislation that has been enacted to bring programs into existence has been enacted in response to demands made by parents. In spite of a posture that says we are not going to have more mandated programs in California, the parents of autistic children brought a mandated program into existence this year. So advocates, advisory bodies, and strategies have direct input. I have witnessed parents testifying before committees, and they are being heard. Parents represent a powerful constituency. Parents, more than anyone else, can help assess needs and spell them out. They can suggest alternatives and evaluate objectives. More than anything else, parents can creat a demand. They can demonstrate by voicing their concern to those who have the responsibility to make the decision.

To achieve success when you are participating in policy making, you should do the following:

1. Be clear on all your facts.
2. Be sure that you are talking to the right person.
3. Be reasonable in what you request.
4. Be able to compromise if it comes to that.
5. Be ready to try again if you do not succeed the first time.

How to Influence the Legislative Process

Betty Gillespie Pollack
Executive Secretary, National Association of Social Services, Greater California Chapter, Sacramento

The premise upon which this presentation is based is the inescapable, all-pervasive fact that social and educational programs are enacted through the political process. Most social and educational programs are funded with public monies; the allocation of that money is a political process. Additionally, the rules and regulations that govern how and for what purposes these monies are spent are determined through the political process.

Knowledge of how to utilize the political process becomes even more crucial when we observe that there is an increasing scarcity of resources combined with ever-increasing needs and demands for a variety of social service programs. Programs which traditionally have been funded by charitable sources are suffering from the current recession because traditional benefactors have less money to give; and it is patently clear that both the federal and state administrations are cutting back expenditures for public, social, and educational programs.

Hence, I begin with three assumptions: (1) funding of social programs occurs through the political process; (2) resources are scarce; and (3) tremendous demands exist for the utilization of these scarce resources.

These assumptions lead to my thesis that the public social programs that achieve funding, by and large, are those which have well-organized, politically astute citizen and recipient lobbies who have successfully educated their legislators about their needs.

I understand that parents of the deaf-blind are interested in forming an organization that can politically address the special needs of their children. I would urge you to do so. If the programs that your children need in order to develop their full potential are to be established and maintained through the years, it is essential that legislators be educated to those needs. For concrete examples we need only to look at the history of accomplishments of the lobby for the blind and at the recent accomplishments of the coalition of the aged, blind, and disabled, or at the child-care groups, or at the lobbies representing the retarded.

Strategies for Influencing Legislation

Parents, working as individuals or in groups can influence the legislative process. First I will discuss some specific strategies by which citizens can influence legislation. This will be followed by a delineation of some key points of intervention where citizens can make their influence felt. This presentation should provide you with some useful tools and also help to remove the mystique of the legislative process.

Letters

Letters do influence votes. Many people are unaware that individual, well-written letters are well received by legislators. In fact, since over 4,000 bills per year are considered by the California Legislature, members depend upon constituents and lobbies to keep them informed about the implications of the bills they must consider. When writing to a legislator, it is most influential to tell your story accurately and concisely, explaining why a bill is needed or why it would be detrimental. Concrete examples are very useful. Legislators are less influenced by postcards and influenced very little by obvious form letters.

The people to whom to write include the bill's author, the chairperson, members of the committee that is hearing the bill, and your own legislators. Sometimes it is also useful to write to the Assembly Speaker and the President Pro Tem of the Senate.

Meetings

When a bill is of particular importance, it is helpful to meet with your legislator. Legislators are often in their district offices on Fridays. If you cannot meet directly with your legislator, you can probably meet with a staff person. Legislators' staff members are their advisers, and hence, important people to know and work with.

Most legislators welcome visits to their Sacramento offices by constituents. If you plan a trip to Sacramento, contact the district office of your Assemblyman/woman and Senator in advance to arrange an appointment. While in Sacramento, you might wish to meet with the author and the committee chairperson hearing a bill or their staffs. This is particularly important if you have problems with a bill. One can either make an appointment or just drop in at their offices and hope to see them.

Testimony

Another way to influence legislation is to present testimony when a committee hears a bill. Testimony should be brief, factual, and accurate. Case examples which illustrate why a bill is needed or why it would be detrimental are good ways to make your point clear. When presenting testimony, it is common practice to prepare sufficient copies of a written statement for each member of the committee. Rather than reading testimony, it is always more effective to briefly summarize your written remarks.

Legislative committee meetings are open to the public (except in rare instances), and the public is allowed to testify; however, if you wish to speak in favor of a bill, it is wise to contact the author, notify him or her of your interest, and find out if he or she wants additional testimony. If a bill is certain to pass, the author may prefer that you prepare written, but not oral, remarks for the committee.

If you plan to speak in opposition to a bill, you should notify the committee chairperson hearing the bill of your intention to testify. Also, it is courtesy to inform the author.

Use of the Media

On controversial bills, one useful strategy in presenting your case is to hold a press conference or stage a demonstration just before a bill is to be voted upon. These must be carefully planned, and the information presented to the press must be accurate and presented in a newsworthy format.

Coalitions

On expensive and/or controversial bills, groups which are actively working in coalition with one another generally have a better chance of achieving passage. For example, the current supplemental security income grant levels in California resulted from the extensive lobbying of probably a dozen groups. Share your concerns, and work jointly with other groups insofar as is possible.

Delegations

A very effective lobbying strategy is to send a delegation of persons affected by pending legislation to observe the committee hearing. For example, there have been repeated attempts during the past few years to change or reduce attendant care in a manner that would force hospitalization of many severely disabled persons who now live in their own homes. Every time there is a threat to the attendant care program, the disabled show up in force to observe the vote. Individuals testify what would happen to them if the cuts are made. This tactic has been most effective.

Case Documentation

Legislators always want to know why new legislation is needed. In my experience, case documentation is one of the most effective means of presentation available. Let me cite a couple of examples. A few months ago, the Department of Health issued regulations limiting the use of Medi-Cal funds for dentures. Dentures were only to be covered when a doctor certified that they were medically necessary for health reasons. There was a strong public outcry followed by an intensive lobbying campaign led by senior citizens' groups, the National Association of Social Workers, and several other groups. One of the most effective presentations before the legislative committee investigating the situation was testimony by a senior citizens' organization. The group cited actual stories of people with no teeth. One man was there to tell his own story, which made a vivid impression on the committee. The Department of Health amended its earlier order, and the problem was resolved for the present.

Cost Effectiveness

If it is possible to accurately document the cost effectiveness of passage of a piece of legislation, this is an excellent lobbying tactic. Legislators are not always aware of the extent to which expenditures for one program may be offset by savings elsewhere. I am sure many of you can think of examples of how expenditures for educational and developmental programs for deaf-blind children can be proved to be cost effective by decreasing the need for future long-term hospitalization. Such arguments, accurately presented and effectively documented, are powerful lobbying tools.

A Word About Legislators

Many people seem to be afraid to talk to their legislators. Frequently, people seem to feel that their concerns are too unimportant for busy legislators to consider. This is unfortunate. Legislators generally need and want communication with their constituents. Legislators want to be helpful, and they need your vote in the next election. In addition, they need the benefit of your expertise. As I mentioned earlier, there are about 4,000 bills introduced each year in the California Legislature. No single legislator can be expected to understand the implications of each of these. Legislators depend upon constituents and lobbying groups to keep them informed. You might be surprised how receptive your legislator is to reasonable requests.

Points of Intervention

Now that we have talked about what you can do, let us discuss when and where. (See appendixes A and B.)

For persons not already familiar with the steps a bill must undergo in order to become law, a review may be useful. I shall focus my remarks on five key points of intervention.

Introduction of Bill

It is easier to get a bill introduced than most people realize. One must have an idea well formulated in order to convince a legislator to introduce a bill. The fact that so many bills are introduced each year illustrates how easy the process is. What you need is knowledge of a problem, documentation of the need for change, suggestions for a solution, and the ability and willingness to help the author prepare and present his or her case for the bill, should he or she decide to introduce it.

The Legislature employs attorneys and legislative counsel who do the actual drafting of bills in legal language; however, if you are able to present your draft to a legislator in bill form, both the author and legislative counsel will have a better idea of what you want.

Author of Bill

Working with the author of a bill is another key point of intervention. It is the author's prerogative to amend or change a bill. Committees usually accept the author's amendments and are reluctant to accept amendments opposed by an author. If you have problems with a bill, it is essential to work with the author to achieve amendments. If you have a serious problem with the entire bill, sometimes it is possible to convince an author to drop that bill. If you strongly support a bill, the author or his staff can tell you how best to assist him or her in achieving passage.

Committee Hearings

The main work of the Legislature is done in committee hearings. Each bill is assigned to a policy committee in its house of origin for its first hearing. This is the critical point at which bills are passed, amended, or killed. Also, it is the place where public testimony is accepted. Therefore, if you are interested in a particular bill, you will need to find out committee hearing dates by checking periodically with your local legislator's district or with appropriate lobbying groups in Sacramento. Each week the Legislature publishes a schedule of bills to be heard the following week, so you have to keep checking.

Policy arguments are heard in policy committees. Fiscal arguments are heard in fiscal committees. Hence, it is appropriate to deal with program implications of a bill in its policy committee and to present fiscal arguments in the fiscal committee. No public testimony is presented when a bill is voted on the floor by the entire Assembly or Senate. Unless a bill is particularly controversial, it will usually be passed by the full house routinely once it has been favorably considered in committee. If a bill is killed in committee, it is dead for that year in that house.

Bills with expenditure implications have seven steps to go through in order to become law: policy committee hearing, fiscal committee hearing, and a floor vote in each of the two houses and, finally, signature by the Governor. Bills with no fiscal implications have five steps because Assembly and Senate fiscal committees do not have to consider such bills.

A bill need only be voted down at one step in order to be killed. At that point the issue is dead.

Floor Debate

If a bill is controversial, it is a good idea to mobilize a letter-writing campaign and/or organize delegations to visit key legislators when the bill reaches the floor. By doing some homework, it is possible for groups to ascertain who the uncommitted votes are and to concentrate efforts on those legislators.

The Governor's Desk

The appropriate time to write to the Governor or to seek a meeting with one of his staff is when a bill reaches the Governor's desk or when it is certain that the bill is going to reach his desk.

Conclusion

We have discussed key strategies to use when attempting to influence legislation, and we have also delineated key points of intervention.

I must emphasize that this presentation is a brief overview designed to present some basic tools in order to encourage your group to think seriously about organizing a legislative lobbying effort. The legislative process seems mystifying and overly complicated from afar, but it is really predictable and quite accessible.

At this time no recognizable, distinct citizens' lobby is representing the interests of the deaf-blind. Therefore, to a large extent, the needs of the deaf-blind are overlooked in legislated programs. In order for the needs of the deaf-blind to begin to be understood and addressed by the Legislature, it will be necessary for parents, friends, professionals, and the deaf-blind individuals themselves to make their influence felt in the Capitol.

If you should decide to begin a legislative effort, you will find many friends, including my own organization, willing to support your efforts on behalf of the deaf-blind.

High School Classes for the Deaf-Blind

Jeanne Vlachos,
Consultant in Special Education,
Office of the Los Angeles County Superintendent of Schools

The Office of the Los Angeles County Superintendent of Schools has started a project to identify all visually handicapped pupils because many of them have not been receiving appropriate services. These pupils are in programs for the trainable mentally retarded, the multihandicapped, or the developmentally retarded.

In Los Angeles teachers and programs are moved about depending on the geographic location of the pupils. A class for the deaf-blind in one area may be moved closer to where the deaf-blind pupils live.

An itinerant teacher for the visually handicapped is assigned to the school for the deaf and the hard of hearing so that teachers of the deaf and teachers of the blind will have contact with each other and they will be able to see both points of view. As the teachers of the deaf and blind began talking to each other, they realized they were getting similar referrals. The teacher of the visually handicapped, for example, was getting referrals to see pupils with hearing losses, and the teacher for the deaf and hard of hearing was getting referrals to see pupils with visual problems. The teachers were working together to best meet the needs of these pupils, but we realized that we had to approach the problem in another way.

The only programs for deaf-blind children in Los Angeles County at that time were for children from three to eight years of age. Older deaf-blind children were assigned to other types of programs. The needs of these deaf-blind children were assessed by a team of evaluators who looked at what we thought we were providing, what kinds of services the pupils were actually receiving, and what they should be receiving. We found that the needs of the deaf-blind pupils had changed considerably because they were growing up, and our programs needed to grow up as well.

A variety of things including prevocational training were considered. We looked at social-emotional patterns and behaviors because we wanted to know what skills they had to have to live with others. Is independent living feasible for these youngsters? What kinds of habits and what kinds of training do they need to learn to take care of themselves? We investigated many different aspects of living before we wrote our objectives. We met with teachers who had been working with these pupils. We wanted something that would meet their specific needs.

The classroom is housed at the school for the deaf and the hard of hearing and operates on a resource room concept. The deaf-blind youngsters meet individually with the teacher who has been trained in the area of the deaf-blind to work on a one-to-one basis on a variety of independent living skills. The pupils then go into classrooms for the deaf and hard of hearing. The teacher of the deaf and hard of hearing and the deaf-blind teacher then team-teach each pupil in a group situation as well as on an individual basis.

In addition to the equipment, materials, and services that are provided in a typical classroom for the deaf-blind, this classroom also includes the materials and equipment used for the deaf and for the visually handicapped.

Counseling services, vocational rehabilitation services, on-the-job training situations, and orientation and mobility instruction are built into the program for these young people. We also provide an ongoing assessment of skills they have learned. The progress of the severely multihandicapped pupil should be assessed on a weekly basis. This constant reassessment assures us that we are actually providing the kinds of services that these deaf-blind pupils need.

Continuing and Higher Education Possibilities for the Deaf-Blind

Earl Sanders, Program Administrator
Center on Deafness
California State University, Northridge

Where deaf-blind children are and what they are doing depend on one single thing; that is education or what we call education. This includes every type of training and schooling that we use in the learning or education process. Ours is an education-oriented society, and it is easy to see why. Our society is growing more complex everyday, technologically and every other way. Everything that you do is basically educationally oriented.

Many of your children have, I suspect, prospects for gainful employment, but training and education are of paramount importance.

I would like to tell you about our program, the National Leadership Training Program (NLTP), because I think it illustrates some important things. Actually there are two NLTP programs, one in the area of deafness and one in the area of deaf-blind. The original program for training administrators in the area of deafness began in 1962. There were ten people in that original class, and Dr. Blea was one of them. Not one of the students in that class was deaf. In the next class, however, there were two deaf persons. This may not sound particularly surprising in 1975; but 13 years ago, in the context of that time, it was unique—unique because deaf people, even a short time ago, were not considered potential candidates for graduate level training. Perhaps even more importantly, they were not considered to have the potential ability to serve in administrative positions. As another example, 13 years ago, there were fewer deaf teachers than there are today. Furthermore, since 1962, the National Leadership Training Program that operates in the area of deafness has graduated 192 persons with master's degrees; of these graduates, 65, or approximately 35 percent, have been deaf. Of these 65, eight have gone on to obtain doctorates. We feel this is a good record.

Potential of the Deaf-Blind

The question, I think, is one of potential. Because deafness is a communication handicap, the level of personal achievement by the nonhearing was very low in relationship to the normal hearing population. As a result, deaf persons were not considered appropriate for graduate training, teaching, or administration. This does not mean that the deaf, or the deaf-blind, do not have potential. The philosophy of the National Leadership Training Program and the Center on Deafness at California State University, Northridge, is that deaf persons do have this potential, and we feel that every graduate has confirmed this thinking.

I am not proposing that all deaf-blind children are going to become candidates for graduate-level programs, but I do feel that some deaf-blind children are. I realize this is looking optimistically at their potential. We are told again and again that we have to be realistic when setting goals for rubella-affected children. I agree with that, but I think the limits we set may be more realistic in terms of our limited potential to work with them instead of in terms of the children's potential. So while I do not want to overemphasize the potential of these children, I do want to be optimistic in setting goals.

Where do our children go from here? That is probably a question that you ask yourselves daily. I wish I could answer it because I think it is a question that a number of people, particularly parents, would like to have answered. Right now, your children are receiving services from their local education programs and from the regional deaf-blind center so they are in good hands. But when they reach the age of twenty-one, where do they go? I do not believe anyone has yet a clear conception of this. Let me suggest a couple of possibilities, not necessarily probabilities, but possibilities.

One possibility would be an institution; however, there now is a trend away from resorting to institutions, and, hopefully, none of your children will end up in an institution. But where else might they go? Services to the developmentally disabled provide alternatives to those persons who have been in an institution and who are seeking to come out of an institution or who need special assistance in adjusting to the community. There is also the National Center for Deaf-Blind Youths and Adults, which is a nationwide organization that is attempting to meet the needs of deaf-blind youths and adults.

Another place you might turn to for help is the state Department of Rehabilitation, but there are minimal skills which the deaf-blind person must have before receiving assistance in training and rehabilitation from that department. These skills include self-care, toileting, eating, dressing, producing a signature on request, understanding the value of money, and having some basic communication skills. The goal of rehabilitation is gainful, competitive employment, and any training that your child receives from the Department of Rehabilitation will be related to obtaining such employment.

That exhausts my list of agencies available to your child after he or she reaches the age of twenty-one. Perhaps regional deaf-blind centers will raise the age limit for services; I understand that the state of Washington is considering such a change.

Programs for the Deaf-Blind

There have been two programs offered through California State University, Northridge, that might provide some guidelines and perhaps establish precedents useful for planning for the educational needs of deaf-blind persons once they reach the age of twenty-one or go beyond the range of services offered through the regional centers for the deaf-blind.

One of these programs was for Deaf Adults with Need (DAWN). The deaf often leave high school with an educational achievement level of grade five or six, which is a considerable handicap in seeking employment. Project DAWN was designed to break down some of the barriers that the deaf face and to help them improve themselves both personally and professionally. Much of DAWN's work was intended to be done through continuing education, but the deaf face many problems in utilizing community programs for continuing education. One problem is social isolation. Deaf persons were almost completely isolated from society at one time. This isolation may be ending now, for there seems to be greater acceptance of all types of handicaps by society. For example, the orthopedically handicapped are finding it easier to get around now that architectural barriers are being removed. Another problem is that continuing education is basically community oriented, and it demands that the deaf accommodate themselves to a hearing society. If deaf persons want to use community education programs, then they have to do so in that particular environment because that environment is not going to change to suit them. This is very discouraging, but it is one of the challenges that the deaf-blind are going to face. Many continuing education programs which could be profitable to the handicapped are not designed to accommodate them. We have to think in terms of interpreters and a host of other essential services for deaf or deaf-blind persons in order for them to utilize these programs.

One of the biggest problems is that families are often overprotective and ill informed regarding the needs of their deaf children and the possibilities for their training and growth. This may or may not be applicable to the deaf-blind, but it has been a factor in working with the deaf. This problem led to a program called Towards Rehabilitation Involvement by Parents of the Deaf (TRIPOD). The "tripod" in this particular case refers to the relationship between rehabilitation counselors, teachers, and parents. The most important leg of the tripod was found to be the parents. Current research shows that almost from the very moment that a child is born, the child's environment must be receptive. The work done with that child in the very beginning influences how he or she develops. The direct involvement of parents with their youngsters is essential in the educational process of their child not only initially but in the continuing and possibly higher education of their child as well. Parents play a crucial role in the development of their children.

Parents of deaf-blind children may also have to take the role of advocate for their child. Blind persons have been advocates on their own behalf for years and have done a beautiful job. More recently, the orthopedically handicapped have become active advocates of their own needs. The Vietnam veterans who came back handicapped in one way or another are also becoming active advocates of the handicapped. The deaf, on the other hand, have been extremely poor in acting as their own advocates. The mentally retarded are now, with some help, serving as their own advocates. But the more severely disabled, including the deaf-blind, can do very little in their own behalf. It is simply not within their capabilities. Because they cannot organize and cannot be vocal advocates of their own needs, it is essential that parents do so for them. Someone has to try and change the odds against the handicapped. I do not think that anyone is better suited to do it than parents.

The point with which I would like to end is that what is needed is action to get somewhere. Even if you pick a second rate plan, if you put some first rate action into it, you are going to get somewhere. There is an old proverb that says, in all your getting, get going. I think that would be my parting advice to parents who want to help their children reach their full potential.

Personal Approach to Teaching and Learning

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For several generations we have been caught up in attempts to mechanize the whole business of education. We have been applying stimulus-response techniques to human behavior and trying to apply industrial techniques to human behavior and deal with people in mechanized ways. We have developed such things as programmed instruction, television, teaching machines, techniques for shaping and conditioning people, token economies, systems approaches, computer control systems, and performance-based criteria for progress. We even talk about teachers as "delivery systems"!

A lot of people think that a systematic approach to a subject is a good thing. But systems are not right or wrong in themselves. A system is only a way of guaranteeing you will achieve your objectives. If your objectives happen to be wrong, then what a system does is to guarantee that your errors will be colossal!

All of these industrial attempts to deal with human problems have been disappointing. They have given us only partial answers to helping children. Worse than that, the attempt to mechanize instruction has made people less important and has tended to depersonalize and dehumanize the whole educational process. As a consequence, we have youngsters who are copping out, dropping out, and opting out of the system because they find it irrelevant to their needs. Earl Kelley once put it very nicely. He said, "You know it's a shame. We've got this marvelous curriculum, these fantastic schools, these great administrators, and these fantastically wonderful teachers and then, damn it all, the parents send us the wrong kids!" We have been so busy mechanizing things that we sometimes forget that what we are dealing with is people.

Most of you, I suspect, grew up with a conception of learning growing out of the conditioning theory. I sometimes think that Pavlov was the most dangerous Russian who ever lived because of the terrible things his work has done to education. Remember what he did with the dog? What he did was to produce a stupid dog that salivated to a bell. A dog that goes around salivating over a bell is not very bright. Not only that, but the techniques he used are almost impossible for most teachers to use. He tied the dog down so that the dog could not possibly respond in any other way. He also separated the dog from all other dogs. Most teachers cannot do that in dealing with children. In addition, he was able to control all possible stimuli so that the dog could not possibly do anything but what Pavlov had in mind. That is the conception of learning that many people have had for a long time growing out of stimulus-response approaches to human behavior. That approach may be the correct one for some problems, but it has only a limited application to human learning.

I would like to suggest a different view of learning. Learning always has two parts. On the one hand you have some new experience or some new information. That part we do well. We are experts in giving people new information or new experience. Nowadays we can do that faster than ever before with all the gadgets and gimmicks that we have at our disposal. The other part of the learning process requires that we help people discover the *meaning* of the information that we give them; that is where we break down. Remember when you learned about the principal exports of Venezuela or when you learned how to do a proportion? This is where the learning process breaks down. The best example of that failure, of course, is the dropout. The dropout is not a dropout because he or she was not told. He or she is a dropout because he or she never discovers a personal need for the information.

The basic principle of learning in perceptual terms is: any information will affect a person's behavior only in the degree to which he or she has discovered the personal meaning of that information for him or her. Let us take an example. I read a news report concerning a number of cases of pulmonic stenosis. I did not know what that was so the information had no effect on my behavior. Later I heard one of my colleagues talk about this condition. I felt distressed because I did not know what he was talking about. When I looked it up, I learned that pulmonic stenosis is the closing up of the pulmonary artery and requires heart surgery. This information had more effect on my behavior.

Now, let us get one step closer to me. I receive a note from a mother about a little girl in my class. The note says, "Mr. Combs, we have taken Sarah to the clinic and we find that she has pulmonic stenosis. She is going to have to be operated on. Meantime we would appreciate it if you would keep an eye on her and see that she does not strain herself too much." This same piece of information is now happening to one of my students so it affects my behavior even more. I talk to other people. "Hey, did you hear about Sarah? Isn't that a shame? Poor child, she has pulmonic stenosis." We talk about it among the faculty. I see what I can do to arrange things in my class. But we can get one step closer. Suppose my daughter has pulmonic stenosis. Now, this same piece of information affects my behavior much more because it has personal relevance to me.

The basic principle here is that any information will affect a person's behavior only in the degree to which he or she has discovered the personal meaning of the information for him or her. That is where we break down in school. We give people lots of information, but they never find out what it means to them. It also means that people do not behave in accordance with facts. People behave in accordance with their beliefs, their feelings, and their attitudes. The way they behave depends on how things seem to them.

Each of us here behaves in terms of two things: (1) how you see yourself; and (2) how you see the situation that you are in. Let us take an example. Right now I see myself as a lecturer, and I am behaving like one. I see you as an audience, and you see yourselves as an audience. You are behaving like an audience, and I am behaving like a lecturer. We are behaving in terms of how we see ourselves in the situation we are in at this time; and that is the way it is with everybody.

People do not behave in terms of the facts as they are; they behave in terms of the facts as *they see them,* which is a very different thing. A fact is what you believe is so. This is a very important idea. If you are going to understand other people, you have to understand how things seem to them. It does not matter how it seems to you.

Let me give you an illustration of this. A friend of mine, a teacher, had a little boy who was giving her a great deal of trouble. He had been causing trouble all morning. At lunchtime some children came around and said he was standing in the doorway of the boys' restroom and would not let anybody in or out. She exploded. "I walked down the hall," she said, "grabbed that kid by the collar, and marched him back to the room. His feet hit about every third step along the way. I got him back in the room, plumped him down in the seat, and read him the riot act. The rest of the day he was as good as gold. At the end of the day when everybody walked out, he stayed behind. He came up to my desk very shyly, and he said to me, 'You like me, don't you?' I was absolutely astounded," my friend said. "I couldn't figure it out until I remembered that this child came from a home where nobody cared, where he went to bed as he pleased, watched television until he fell asleep, and ate out of the refrigerator. Nobody was home when he was there, and nobody cared." For this child, the fact that somebody *made* him behave was for him an indication that somebody cared!

This is a very important point that a lot of people do not understand. It does not really matter what you think about something; it is what the person with whom you are working thinks about it because people behave according to how things seem to them. The difficulty is that the rest of us do not appreciate that fact. We look at the way things seem to us instead of the way they seem to the people with whom we are working.

If children believe that their teacher is unfair, it does not really matter whether the teacher is or not. If the children believe that their teacher is unfair, they behave as though the teacher is unfair. Whether the teacher really is unfair or not has nothing to do with the question. As lawyers say, it is irrelevant and immaterial information. Children behave in terms of how things seem to them.

The whole business of human communication is based upon our sensitivity to how other people are seeing things. When communication breaks down between people, whether it be between teacher and child, between children, between parents, between mother and father, or between nations for that matter, it is a question of failing to understand how the other person was seeing the situation.

I will tell you a story about that. One teacher had a pupil who went to live in Concepción, Chile. The boys and girls wrote letters to this child. While talking about their letters, somebody said, "What does *Concepción* mean?" One little boy raised his hand and said, "I know. It's like when people get married." "Oh, no," the teacher thought, wondering what was coming next. The child went right on talking, "You know when people get married," he said, "after they get married, everybody drinks champagne and shakes hands, and that is a *Concepción!*"

Breakdown in human communication sometimes occurs because people see things improperly. I think of the school where they decided to give a banner for the best deportment each week. They were totally unprepared for what happened. In the first four grades, the deportment got better, but from the fourth grade on, it got worse! The first four grades thought it was an honor to get the banner, but the upper-grade youngsters thought it was a disgrace.

This principle is especially important for teachers. One of our difficulties is that we believe that the way we see things is right and that the way things seem to us is the way they really are. If other people do not see it the same way, we jump to one of two conclusions: Either the person is terribly stupid or else the son-of-a-gun is doing it on purpose "just to get my goat." We begin with the assumption that what we perceive is accurate and what other people perceive is somehow inaccurate. This is terribly important for teachers to understand because the very fact that you are older means that the way you see things will not be the same as children see them. This is what we call the generation gap.

Young people do not see things as older people do. The fact that you are older means that you start out with a handicap in really understanding how kids are seeing things. When you are working with handicapped children, that is even more so. Most of us who have not had handicaps do not know what that experience is. We do not know what it is to be unable to hear, see, smell, or touch.

I had that brought home to me very forcibly when my daughter was very young. We used to get angry at her because, when we went out on the front porch to call her, every child in the neighborhood would turn around and look except my daughter. This got to be a real drag. Several times we punished her for this. Then one evening she was sitting on the floor in front of me, and I spoke to her. She did not respond. All of a sudden it hit me—I wonder if she hears me? So I began testing. I spoke to her very softly, then a little louder, and a little louder. All of a sudden she turned around and said, "What, Daddy?" And then I knew. She had not heard me. We had been punishing her all that time because of the fact she could not hear. Fortunately, her case was a simple one; she had wax in her ears. When it was removed, she was okay. But think how it is for the child who does not know that he or she is not seeing what everyone else is seeing or the child who does not know that how it is for him or her is different than it is for other children.

We have been doing research at the University of Florida on good teachers, and we discovered that what makes a good teacher is not a question of what that teacher knows. You all know teachers who know their stuff but who cannot teach. It is not a question of what they know. We also found that it is not a question of what they do. It is not a question of methods. There is literally no such thing as a good method or a right method that can be associated with good teaching. One characteristic of good teachers, no matter what methods they are using, is that good teachers are always aware of how things seem to the people with whom they are working. They are always aware of what they are doing and how it is being seen by the other people.

Several years ago I was working in a school with a supervisor and a teacher. The teacher was telling the supervisor about a little boy. She said, "I don't know what to do with him. I know he can do it, but he won't even try! I tell him, Jimmy, you can do it. It's easy!" The supervisor told this teacher never to tell a child something is easy. I have done that myself, so I asked her what she meant? She said, "Look at it from the child's point of view. If you tell him it is easy and he cannot do it, the only conclusion he can come to is that he must be stupid. If you tell him it is easy and he can do it, now look what you have done. You have taken all the glory out of it. There is no glory in doing something only to have somebody say, 'Well, it was easy!' Tell him it is hard, but you are pretty sure he can do it. Then, if he cannot do it, he has not lost face and, if he can do it, what a glory that is for him!" This is what I mean by being aware of how things are being seen by the people with whom you are working.

We discovered that good teachers are always sensitive to how things are being seen by others. That is what psychologists call empathy. You must be able to put yourself in the other person's shoes, and then judge what you are doing in those terms. We have to learn to do what psychologists call "listening with the third ear." Listening with the third ear means you listen not only to what is being said or done, but you ask yourself what the meaning is of what is being said or done. A mother might say, "My child is failing first grade! How can I face my friends?" You get some idea of what she is really worried about when you listen with the third ear.

It is that kind of thing that we have to listen for. It is that kind of thing we have to be continually looking for in working with people. The way you do it is what we call "reading behavior backwards."

People's behavior is the result of how things seem to them. If you want to know how things seem to people, you watch what they do, and you ask yourself, "Now how would a person have to feel or see to behave like that?" Then check it out to see whether that is really true. See whether it happens again or whether other people have to come to the same agreement or whether you can predict what will happen next. We do that all the time with our friends. When we say about somebody "she would," what we mean is that we know her former behavior so well that we can predict what she is going to do.

The difficulty is that all of us do this when we are little. Sometimes we do this when we are grown up. For children it is a survival business. They have to know how their mother and father are feeling. They are sensitive to how people around them are feeling about things. Sometimes you can hear youngsters say, "Hey, stay away from the old man. He ain't feeling so good." All of us in our growing-up days were that sensitive. If a mother has some feelings of hostility toward her child, the child picks it up. The mother cannot hide it. In clinical work, we know it is practically impossible to hide that kind of a feeling from a child. A child's survival depends on being sensitive to you.

The difficulty is that, as you grow up, you maintain that sensitivity only with the people who are important to you. For example, you maintain that sensitivity with your spouse. With mine, I think about how she is seeing what I am saying and I adjust what I am saying in terms of what I think she is hearing. All of us do that with the people who are important to us, especially our bosses. We all know what the old man wants and what he is thinking, even though we do not agree with him. The difficulty is we do not do it with people with whom we do not *have* to do it. A good example of that may be seen in the South where I live. I am always amused when I hear a white man saying that he understands how blacks feel about things. No way. Black people are much more sensitive to how white people are feeling than are white people to what black people feel, for a very good reason. They *had* to be. For 300 years it was a matter of survival. The white man did not have to worry about what the black people thought.

What we have to learn to do, you and I, is learn to do this thing which we naturally do with people who are important to us with the people we do not have to be sensitive to, and especially with children. Each of us can learn to be more sensitive if we work at it. Being sensitive, though, requires a second thing we found in our research on good teachers. A good teacher discovers what is really important. Each of us behaves in terms of what is important to us. If you do not know what is important, then everything is important and you have to do everything. Other people see you doing everything so they *expect* you to do everything. That keeps you so busy you do not have time to *think* about what is important! You get on a merry-go-round: because you do not know what is important, everything is important; because everything is important, you have to do everything; then everybody sees you doing everything and they expect you to do everything; and you do not have time to think about what is important. We found that good teachers have a clear conception of what is really important.

Let me tell you my favorite story about that. In an Atlanta suburb the teacher in grade one was a young woman who had a beautiful head of blond hair which she wore in a ponytail down to the middle of her back. For the first three days of the school year that is the way she wore her hair—in a ponytail. Then she decided to do it differently; she put it all up in a bun on top of her head. Now you know, when a woman changes her hairdo, she looks very different. The day she changed her hair one of the little boys in her class came, looked in her room, and did not recognize her; so he stayed out in the hall. When the bell rang and school started, he began to cry. The supervisor came along and asked him, "What's the trouble?" He said, "Can't find my teacher." "What's your teacher's name?" He didn't know. So the supervisor said, "Come on, let's see if we can find her," and they started down the hall, opening one door after another until they came to the fourth one. The supervisor opened the door, and they stood there in the doorway, hand in hand. The teacher stopped what she was doing, and said, "Joey, it's so good to see you. We've been wondering where you were. Come on in, we've missed you so." The little boy pulled out of the supervisor's hand and threw himself into the teacher's arms. She gave him a hug, patted him on the fanny, and he ran down to his seat.

The supervisor who was telling me this story said, "That teacher knew what was important. She thought little boys were important, and that's why she behaved like she did." This supervisor and I began playing a game with this idea. We said suppose she did not think little boys were important; suppose she thought supervisors were important. Then she would have said, "Why, good morning, Mrs. Brown. It's so good of you to come see us! We've been hoping you would come and see us, haven't we, boys and girls?" Or she might have thought the lesson was important. In that case she would have said, "Joey, for heaven's sake, where have you been? You're already two pages behind. Come in and get to work." Or she might have thought that discipline was important, and she would have said, "Joey, when you're late, you must go to the office and get a permit. Now run right down there and get it." But she did not. She thought little boys were important, and she behaved in terms of what she thought was important. That is true of all of us.

What Is Really Important

One of the things we have to ask ourselves is: "What do I think is important in my job? What is really important in what I do with this child?" We can get awfully hung up on that, awfully hung up. Not long ago a principal was taking me on a tour of his school, and we came to a room where a teacher had just come out. We went into the room, and it was a mess. It looked terrible, and he said, "It looks like hell, doesn't it?" I said, "Yes, it does." He said, "It can stay that way. You wouldn't believe it, but the teacher who just walked out of here has raised the reading level of the kids in her class by two years each year she has had them. If she wants to teach this way, it's all right with me!" I thought to myself, here is a man who really knows what's important! Later, walking through another building, we came to the gym and opened the door. People were playing, and he pointed to the floor and said, "Would you believe this is the third finish we've had on that floor this year?" He said they used it in the evenings for family roller skating! This is a school in a ghetto area where they are trying to keep families together. He is using his gymnasium for a family roller rink. That blows my mind. Most places I know you cannot even look at the gym floor.

A Child's Self-Concept

Another thing we know that is important in working with children is the whole business of self-concept, what a person believes about himself or herself. What people believe about themselves is probably the most important single thing that determines how they behave. People who see themselves as men behave as men, and people who see themselves as women behave as women. And people who are mixed up behave in a mixed-up way. Each of you behaves in terms of how you see yourself. What you do is dependent on what you believe about yourself. Well-adjusted people see themselves in positive ways; they see themselves as being liked, wanted, dignified, and worthy. Maladjusted people see themselves as being unliked, unwanted, unacceptable, unable, undignified, and unworthy. One's self-concept also affects one's intelligence. If you do not believe you are able to do something, you do not try to do it. If you do not try, you do not do anything very well. How intelligent a person is is a question of how able he or she feels to deal with life.

Self-concept also affects a person's learning. For instance, the child who comes to the reading clinic almost always has nothing wrong with his or her eyes. We usually catch that fairly early. The child who comes to the reading clinic is a child who *believes* that he or she cannot read. Because Eddie believes he cannot read, he does not try; because he does not try, he does not get any practice; because he does not get practice, he does not read very well. When Eddie's teacher asks him to read and he does not read very well, she says, "My goodness, Eddie, you don't read very well!" And that just proves what he thought in the first place! Then the teacher sends home a failing grade so Eddie's parents can tell him also. Such a child finds himself in a conspiracy where all of his experience is convincing him that he cannot read. This is what produces most of the poor readers we find in the psychological clinics these days.

Self-concept is important in the children with whom you are working, too. Children bring their self-concepts with them. What is happening with their self-concepts may be far more important than the particular thing we are trying to teach them at a given time. In the pharmaceutical industry, before a new product is advertised, it is tested for its side effects. The industry knows that if you have a new cure for a headache but it makes you blind, that is not very good. In education, however, we do not pay any attention to the side effects of what we are doing. We have to understand that there are always side effects in the classroom situation. We need to be keenly aware of these side effects because they may be far more important to the child's development than whether or not he or she learns that 2 and 2 are 4 or the difference between *ch* or *sh*.

We know that what people believe about themselves is learned. They learn it from the experience they have with the people around them. They learn that they are liked or unliked, wanted or unwanted, by the ways in which people treat them.

This can have a tremendous effect upon people. In Orlando, Florida, in a very interesting experiment, all the teachers got involved in a project trying to teach children to feel better about themselves. The teachers had a regular campaign to do this, and they achieved some fascinating results. Discipline problems almost completely disappeared in school. The teachers changed too, when they began to work on the children's self-concepts. The teachers dressed better, they were sick less often, and they even shook hands with greater vigor! Somehow, helping children with their self-concepts had helped the teachers to develop better self-concepts of themselves.

What we have to do here is not difficult to understand. A few minutes ago I said the difference lies in whether people see themselves in positive ways or negative ways. What you have to do is ask yourself, "How can a child feel acceptable unless somebody accepts him or her? How can a child feel able unless somewhere he or she has success? And how can a child feel he or she is a person of dignity and integrity unless somebody treats him or her so?" In the answers that you and I find to those questions, we will find what we need to do in working with the children under our care.

I know of a teacher who developed a self-concept experiment. One of the things she did was bring a cake timer to school. She set it for every 20 minutes and left it on her desk. Every 20 minutes she would take 10 seconds or less to ask herself, "Who hasn't had it yet?" Then, in the next 20 minutes, she would find some way of giving that child some special attention—wink at him across the room, pat him on the back, tell him what a good job he had done, sit down beside him, hug him, or something that would make him feel that he was somebody special, somebody important, somebody of value. What a very simple thing!

Many of the problems we have today happen because there are so many dehumanizing things going on in our public schools. We have been so deeply involved in trying to teach in a mechanistic way that many young people today are feeling turned off by the whole educational process. We should have known better. When industry began to do all these things to workers, workers felt dehumanized and banded together. They formed unions to beat the system. That is exactly what youngsters are doing today at the high school level and the college level. But what about little children or the handicapped? They do not have the option of quitting and dropping out. They are stuck with it. No matter how dehumanizing it is, they still have to live with it.

If we look around at the educational structure, we will find that we do dozens of things that are terribly dehumanizing. Take, for example, such things as grades. The whole business of grading has nothing to do with human progress. It does not even stimulate people to work very hard. Anyone who knows anything about grades knows the only ones who work for grades are the ones who think they are going to get them. Everyone else sits back and watches the others beat their brains out.

Another dehumanizing thing is the use of competition in schools. The things we know about competition are the following:

1. The only people motivated by competition are the people who think they can win. Only those who think they can win will work for the prize.
2. When people are forced to compete and do not think they have a chance of winning, they are not motivated. They are turned off, discouraged, and disillusioned.
3. When competition is too important, morality breaks down. Any means become justified to achieve the ends. Cadets at a military academy break into offices and steal the examinations when winning gets too important. Basketball players begin to use their elbows. Students begin to cheat on their exams.

I do not know how the idea that competition is such a great thing developed. It is terribly dehumanizing for most people.

Let us consider grade levels. A boy in grade six may be reading at a grade-three level. He has experienced failure every hour of every day of every month of every year that he has been in school because you and I cannot figure out a way of giving a success experience to a kid who is reading at the grade-three level and happens to be in grade six. We force him into this kind of experience because of an administrative expedient.

One of the most common complaints that you hear from teachers these days is that they are not appreciated. Part of that is because we do not understand the nature of a democratic society. In a democratic society public servants are expected to do their job and everybody reserves the right to kick like the devil if they do not. We do not go around praising our public servants. The next time you feel that you are not appreciated, ask yourself, when was the last time you went down to the garbage disposal plant to tell them what a good job they were doing? Or when was the last time you dropped in at the fire department and told them how much you appreciated what they were doing? For that matter, when was the last time you wrote to your representatives in Congress with anything but a complaint? We need to understand that in our society, if you do not hear from people, it probably means that they are accepting what you are doing. That is the way we operate.

Common Myths

An expression commonly heard today is, "They like it that way!" When we hear about a slum clearance project where people move in and turn it into another slum, we say, "They like it that way." That is very neat because it excuses us from doing anything. We assume that the people in a hospital like the way they are. I never met a mental patient who liked it the way it is. One of the things we have to understand is that the way people are is the way they *have to be as they see it* in order to deal with the problems they have. From their point of view it seems to them that what they are doing is what they have to do in order to satisfy their needs. If you do not think that is true, try it on yourself. Think for a minute of some stupid thing you did recently. I would be willing to bet that at the time it seemed to you like the best thing you could do under the circumstances in order to accomplish what you had in mind. Subsequently you thought it was a dumb thing to do. If you thought of it before, you might have said, "that's something I wouldn't want to do." But, at the moment you did it, it seemed like the best thing you could do. This is a terribly important principle for us to understand—that human beings, even when they misbehave, are doing what seems to them they must do. It does not mean they like it that way. A delinquent boy may grow up feeling, "nobody likes me, nobody wants me, nobody cares about me." He comes to the conclusion, "Well, I don't care for nobody either!" So he annoys the cops, and we say that is a stupid thing to do. But he is doing what he feels he must do to have some degree of respect for himself.

Another myth has to do with "they." One of the things I hear frequently as I work with teachers is that the teachers do not want to try something because "they will not let me." Who is represented by "they" is never made clear. The idea that "they won't let me" usually turns out to be an absolute farce. I have worked with teachers who tell me they cannot do something because "they won't let me." So I talk with the principal. I say, "Hey, how come you won't let these teachers do this?" The principal looks at me in amazement and says, "Good Lord! I've been trying to get them to do that for five years!" Oftentimes "they" turns out to be a figment of one's imagination. It is a lovely way of avoiding innovation or of avoiding something new.

One of the things I have learned about innovation is to never ask anybody's permission. If you ask for permission, somebody will say, "Oh my Lord, we can't do that!" What you have to do is to go ahead and do it and collect some evidence to show that it works. When they wake up and discover what you have been doing, you say, "I didn't know I couldn't do that. But look what's happening. I got these great results!" That is distressing, and they may say, "You are not supposed to do that. That's not legal." But then they help you find a way of making it legal. If you had gone and asked them in the first place, they probably would have said "No."

It is simply not true that "they won't let you," especially for classroom teachers. When that classroom door is closed, nobody, but nobody, knows what is going on in the classroom except the teacher and the pupils and half the time the pupils do not know. There are more possibilities to try more things than any of us ever do even in the tightest situation. A friend of mine used to say that "in any situation there's always room to wiggle." Now if you keep on wiggling over toward the same side, after awhile people get used to that and they give you more room. If you keep on wiggling in the same direction, by the end of the year you are way over there, and nobody is quite sure how you got there. If you would like to find out how free you are, try wiggling.

One other myth that is especially important for people who are working with difficult problems like you are is that it is very easy for us to get the feeling that what teachers do does not matter. It is not true that what teachers do is not important. Psychologists know that anything you do for a child is done forever. Any experience a person has will last forever. You cannot take an experience away from a person. When you give a good experience to a child, he or she has that experience forever. This is also true if you give him or her a bad experience, unfortunately; but then it is squarely in your hands to decide what you are going to do. It is also true that there are other people out there who are doing bad things to children. It sometimes seems to me as though someone else is tearing down all the good things I am trying to do.

I think we need to remember that a human being, a child, is an economy. The child with whom we work is like a bank account; some people make deposits into that account, and others make withdrawals from that account. Sometimes the balance gets pretty low because so many people have been making withdrawals. You may not be able to do anything about the people who are making the withdrawals; however, you can do something about the deposits. If you can make enough deposits to build up that child's account, it may help him or her to deal with the people who are making the withdrawals. When everything in a child's life is pushing him or her downhill and all you do is keep him or her as bad as he or she is, that is progress. I am serious. When everything is pushing a child down, and you help him or her to hold the line, that, too, is progress. The difficulty is that teachers never take credit for that.

What teachers do is not in vain. Fritz Redl, an expert on juvenile delinquency, once said, "There's not much difference between a good child and a naughty child, but there is a great deal of difference between a naughty child and a tough delinquent." That makes us wish we could just keep the child naughty. The contribution you make is not going to be swept away. It may not be enough, to be sure, but if you can keep making the deposits and get other people to make deposits or stop the withdrawals, that is fine. If you cannot stop the withdrawals, then it is still a good thing to make deposits. If a child is rejected at home, there is no excuse for rejecting him or her at school too. School ought to be a place that is helping to counteract that kind of experience.

Effecting Change

I have seen teachers change a child's family without going near them. Eddie, for example, is driving Mrs. Smith crazy. He is impossible, and his mother does not know what to do with him. When he goes to school, he is a problem in school, but today somebody in school gives him a good experience. Because he has a good experience, he feels better. So when he goes home, he does not irritate his mother so much, and she can live with him for a change. When the father comes home, his wife does not take it out on him. He discovers that his wife is easier to get along with today so he feels better too. When he sits down to read the paper, his daughter comes around and asks him to do something. Instead of shoving her away like he usually does when he is angry at his wife, he says, "Okay, honey," and does what the little girl wants. She has a good experience so she does not pick on her brother, who is the problem in the first place! One of the things we need to understand about a family is that it is a dynamic unit. What happens to any one member of the unit happens to the others in some degree. If you can make a difference in one member of the family, you may be able to help change the others.

A lot of teachers feel that somehow the parents have all the power and the teachers do not have any. Freud pointed out to us how important the early life of a child is. So we began thinking that only the early life of a child is important and that nothing else makes any difference. That is not true. A person is being affected by all of his or her experiences at every moment. The child is not completely made by his or her parents, and parents know that. Why do you think mothers cry when they take their child to school for the first time? When a mother brings her child to kindergarten and goes home crying, she does it because she knows that never again in the life of this child will she ever be as important as she has been. She has turned her child over to society, and from that point on her influence becomes less and less. Other people surrounding that child become more and more important. Teachers have become scared of parents because the teachers feel that the parents have all the power. Actually, parents are in a tough spot. The college says what can we do when they come like that from high school? The high school says what can we do when they come like that from grade school? The grade school says what can we do when they come from a home like that? This is not fair to parents, and it is not fair to children. It is a cop-out when we say, "I can't do anything with that child because of those terrible parents." We have to understand that parents have problems and nothing is gained by getting angry at them. I have heard people say, "Can't they see what they're doing to their child? How come they're getting a divorce?" Well, I never saw anyone who got a divorce for pleasure. It is a ripping, tearing experience to everyone concerned. They do not do it for pleasure; they do it because they have to. They cannot stand life the way it is.

The boy in trouble is often in trouble because his communication with his parents has broken down. To turn around and say to a parent "you gotta do something about that kid," is talking to the one person in the world who probably cannot do it. The parents can make the boy stay in after supper, maybe. They can control him, lock him up, or "whale the tar out of him," but they are not going to make fundamental changes in how that child is thinking or feeling and believing as long as they are out of communication with him. We have to understand that as teachers there are far more things we can do than we have supposed.

Handicaps and the Human Agenda

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In the history of our species, this is the most marvelous moment in which to be alive. Despite poverty, pollution, overpopulation, threats of nuclear war, injustice, energy shortages, economic dislocations, and malformations that damage the children with whom you work, this really is the most wonderful time in the two to four million years that our species has been traveling the planet. When people hear me say that, reactions are not always charitable. Sometimes they say, "Aha! Just another shrink gone wrong! How can anybody in his right mind say that this is a marvelous time when we have such terrible troubles?" I firmly deny that I am a derailed shrink. I want it clearly understood that, among this country's 21,000 psychiatrists, I may be the only "stretch."

My assessment has to do with a long perspective and requires for its comprehension that we enlarge our view so as to see broadly where the species began and where it is today in order that we may grasp where we may yet go. This is the most marvelous moment of humankind because for the first time in our two to four million years we can produce and distribute enough to go around so that all human lives can be fulfilled lives. Furthermore, we can generate not just enough material goods but enough wisdom and opportunity as well.

Concerns

It does not escape me that teachers of deaf-blind and their administrators may consider all that as remote, and I do not want to be irrelevant. I have given some thought to how the ideas I bring you may serve you and how these ideas may relate intimately to that with which you are concerned on a professional day-by-day basis. Because I have never had the experience of working with deaf-blind children, I have asked myself what is it about this most marvelous moment of humankind that may be particularly relevant to you? I have had to rely on my intuition; some of you may be able to help me correct it. Sometimes, as you well know, you have to rely on the person you are trying to reach to help you correct your intuition. Were I in your position, I know the kinds of concerns I would have, and they are not very different from the ones that I have in my own position. I would be asking myself, "Does the community really understand and care what I am doing? Does the community concern itself with these disabled people? Are people willing to support my efforts to help the deaf-blind with the kind of funding, administrative, and other resources that may make it possible for me to do some good?" I understand that in your realm, as is true to a lesser extent in mine, the community does tend to support your efforts fairly well. Because the number of deaf-blind disabled children is relatively few, it is not too difficult for the community to concern itself with the needs of these children. And so your problems are not primarily how to get enough money or community support to continue your efforts.

Leaving aside that sort of concern, I would be asking myself, "Am I able to do anything that is really useful to these damaged lives? Am I making a difference in terms of human fulfillment or human suffering? Is this effort that I am putting into the attempt to teach such impaired individuals paying off in terms of their greater functional capacity?" Do any of you have such concerns as that?

Having asked myself those questions, I would then wonder about the unmentionable, as I have many times in the course of becoming a physician and psychiatrist. Recognizing that all of you will hear it in the spirit in which it is intended, I will mention the unmentionable. We, like all the other species that have struggled to survive on this planet, are mortals. As individuals, we are born, we each live our life's trajectory, and we die. Those of us who are trying to help the handicapped live must ask ourselves at some point, "Is what I am doing for this impaired person humane and decent? Is this a worthy objective for me to be investing my life in, or would my charges be better off if they died now instead of later?" This is the kind of concern that confronts us in geriatrics. I have a friend, a man of 82, who is dying in a hospital in Los Angeles. I often ask myself whether the procedures used to maintain his life, although not heroic, are really in his best interest. I have surely had to ask myself these questions whenever I have worked with very severe psychotically regressed patients whose lives are an unending agony of dread, of terrifying hallucinations, and of delusions of persecution, a conviction that every human being around is there to torture them. Am I right that these kinds of concerns on occasion must cross your minds, too?

Cooperation

Cooperation is the basic law of life. Most of us have been taught something about Darwinian evolution in school and have had it misrepresented to us as constituting an unending struggle for "survival of the fittest," which compels a member of any species to engage in a perpetual effort to do in his or her fellow species members, as well as some members of other species. Tennyson's description of nature, "red in tooth and claw," expresses this notion. How many of you learned, as I did, this view of Darwinian evolution? The only trouble with it is that it is thoroughly wrong.

From the very beginning of life on this planet 3.5 billion years ago, from the first awkward one-celled animals and plants to ourselves, every species that has contended for survival has succeeded to the degree to which it has been able to perfect its capacity to cooperate with members of its own kind. Now we all know the black widow spider kills her mate. But first she copulates. Life is always a mixture of competition and cooperation. I do not want to be misunderstood as a sentimental do-gooder, a smog-poisoned, addled, bleeding-heart psychiatrist from Los Angeles, whose vision is clouded with hearts and flowers. Obviously, it is not possible to live a life characterized solely by cooperation. Nevertheless, the basic law of life is cooperation between members of the same species.

When those sea-dwelling one-celled animals and plants first clung to one another and thus became multicellular organisms, let us say hydras or simple mollusks, many cells cooperated for the survival of those total organisms. When those primitive creatures dragged themselves out of the oceans and onto the shore, they met new challenges in which cooperation remained the central mode by which they were able to survive in the air and on the land. Those that did not cooperate with one another became extinct. This view of evolution was quite well understood by Darwin, but because of the preempting of his ideas at that time by "social Darwinists," who wished to use them in order to bolster their power and position, what he taught became distorted into a rationalization of the most hideous exploitations of people by people—in other words, a justification of the status quo. Social Darwinists explained that because life is a struggle for survival of the fittest, those of us who are richer and more assertive are evolutionarily superior, and we have a right to inflict on others who are weaker whatever ruination we choose.

Over the decades into the twentieth century, it became evident that this was a very pitiful and dangerous misunderstanding of the facts of evolution, particularly as they related to humans. For example, one of the things these people said was that warfare is part of the human species' struggle for survival, and so we must not attempt to eliminate violence and killing. If we do, we will be going against nature. As Darwin himself pointed out, warfare is profoundly antievolutionary because generally it is the militarily "fit" who are sent off to die and the "unfit" who often stay at home and reproduce. We do not preserve the fittest in warfare; we exterminate them.

But fitness in the Darwinian sense does not refer to the capacity to clobber your neighbor at all. It refers to three capabilities: the capacity to obtain food, to reach reproductive maturity, and to reproduce, giving your progeny the same opportunity. It is interesting that as life progressed up the evolutionary ladder, the capacity to get enough to eat and to reach reproductive fitness increasingly depended upon cooperation with members of the same species. Let me illustrate this for you in terms of human evolution.

I am talking now about only the most recent two to four million years, the period during which our species evolved. Let us look back to the time when Stone Age human beings were all nomads. They moved around each day in search of their animal prey and their vegetable foods, never locating anywhere on a stable basis, always pursuing the food with which to stay alive so that they could reach reproductive maturity. Suppose that at a certain point, say 1.5 million years ago, you and I were members of the same Stone Age band. There may have been in our little group 20 to 40 people comprising 6 to 10 families. Being taller and stronger than I, and more intrepid, chances are that one day you would bring down an antelope and I wouldn't. Looking across the compound that night after you and your family had devoured a portion of that antelope, you would see that I and my family were hungry. Motivated by fellow feeling arising out of billions of years of the evolution of life, you would be impelled to share with me and my family the balance of your kill. Why? Well, for one thing, the next day when we moved our camp it would be a nuisance to carry half an antelope. There were no vehicles, no methods for preserving food, no salting, no cooking, no freezing, and no preservatives. The meat would begin spoiling within a few hours.

But more important than that, in these circumstances there was no use in having poor neighbors. If I were hungry and weak the next day, I would not be strong for the next day's hunt when perhaps you might have a sprained ankle and need my help. Therefore, your social security depended upon sharing with me the excess that you had been fortunate enough to acquire. You and I would have helped each other because that would be the way to survive.

Let us transpose the two of us now to a later time, say some 10 to 12 thousand years ago, by which time some human beings had settled down in fixed agricultural communities because of the epochal inventions of agriculture and animal husbandry. Now, corralled outside of your cave, you have a herd of meat-bearing animals and a field nearby growing a grain crop with which to feed them. One day you butcher a steer and again meat is left over. I have no meat because I have no animals. Now, looking across the village of maybe several hundred or several thousand people, you see that I am hungry. Motivated by the same impulse as before, you might wish to help me as before, but now you may not know or care about me as an individual. Besides, now you have a salt-house in which excess meat can be preserved and an icehouse in which the meat can be stored. You have learned how to cook, which will preserve meat for weeks, and you know how to dry and smoke food, which will preserve it for months or years. But most important of all, having established your title to land, you are now in need of a source of cheap labor. For the first time in human evolution, poor neighbors have become valuable as the best source of cheap labor. If I am left hungry I will come to you willing to work for whatever wages you provide for protecting your animals and reaping your crops, and I will be grateful for whatever pittance I am paid for doing so. Thereby, I further enrich you against the inevitable catastrophes of fire, flood, famine, and earthquake that lie ahead, while further impoverishing myself. As you become richer and safer, I become poorer and of less concern to you as a fellow human being.

In a grossly oversimplified picture of 10 to 12 thousand years of human life, this is what has happened to the human species. Ironically, we have transformed ourselves from nomadic, basically cooperative people into a settled agricultural and industrial people who are now much more competitive with one another because of the social side effects of the inventions we have made in the process of defeating scarcity. During 10 thousand years we have remained genetically the same. So you see that while having the same biological equipment as during our cooperative origins, we now live in ways that are characterized by "cutthroat" competitiveness, and we believe that this is quite natural. We believe that it has always been true that each human being is out to "get" everybody else, to gather everything he or she can for himself or herself. We have come to this from the primordial specialization in which the men gathered into a cooperative hunting band to bring down the meat-bearing animals while the women went off and foraged for vegetables, fruits, and tubers. Marriage probably occurred at age thirteen or fourteen and death by age twenty-one. Many of the problems we face today are brought about by the fact that the union between a man and woman, once essential for survival, today has lost this primordial function. Among ancient nomads, the man and woman who shared their food at night could look one another in the eye and really mean it when they said, "Darling, I cannot live without you." Though people today still say the words, these words have become a euphemism because each man and woman can easily "forage" for himself or herself and get along. I spend much of my life teaching medical students and residents in psychiatry how to deal with the wreckage of marriages that, though no longer supported by this survival function, may endure not for 7 but for 70 years.

Now let us look for a moment at the individual process of maturation so that we can relate it both to evolution and to your work. Each of us here was born as a helpless little blob whose survival from moment to moment depended upon the generous nurture of a mothering person. You know that a newborn baby is for months and even years completely dependent for its survival on the care of the adult. Some of you may be able to remember as I do how enraged you were at finding yourself at the age of two, three, or four a helpless pygmy in the hands of these huge autocrats, these tyrants who told you what to do and what not to do, what was all right to do and what was not all right, when you could cross the street and how to dance for Aunt Suzie, and what is polite language and what is rude. All that gets foisted onto children. Do any of you remember how angry you were as kids? I remember wondering to myself, "How did this happen to me? What monstrous injustice caused me to be this little midget here getting pushed around by all the big guys?" Many people remember at the age of three or four saying to themselves, "It won't be this way forever. I am going to grow up and become a giant myself. And I will push *other* people around." Unfortunately, that motivation stays with a lot of people and enters their actions and their behavior so that, at least to some degree, they marry and have children unconsciously for the purpose of starting the whole miserable cycle of pushing helpless children around.

Most of the life of the human species has been lived in circumstances in which human beings had little occasion to struggle against each other. The evidence is that most nomadic people had cooperative relationships between neighboring bands simply because these people needed one another to supply mates for their children. From the standpoint of gatherer-hunter survival, it is not cool to go around killing your prospective in-laws. So they did not. They got along with each other as do nomadic people generally today.

Now let us look at the time of Robin Hood. There have always been social revolutionaries, people who felt that injustice had to be corrected, and Robin Hood is a good example. He stole from the rich to give to the poor, but aside from that, the most he could do to the unjust establishment of his time was to torment the Sheriff of Nottingham. After a few volleys of arrows he would grab Maid Marian by the hand, dashing off into Sherwood Forest for a cookout with his friends and a laugh at the helplessness of Prince John. But it was the Merry Men who were really helpless. The nobles were not much troubled by Robin Hood and his band. There was precious little that anybody could do with a bow and arrow to overthrow the establishment. But consider where we are today. One person with a pistol can hijack an airplane and hold for ransom three to five hundred people and endanger thousands on the ground. Atomic scientists tell us that in many public libraries in this country there is information available which, in the hands of a half dozen high school graduates, plus a small amount of plutonium from any of our civilian atomic power plants, could be transmuted into an atom bomb with which to hold half a continent for ransom. You see what I am getting at: whereas then it was safe to raise a tyrannized child into being a Robin Hood, today it becomes imperative that we learn how to raise children so that they do not grow up to be angry ex-midgets ready to destroy the world because, as a matter of fact, a few of them, a handful, could do so.

What does that portend? The most astonishing outcome is that at last justice has become not a luxury to be unequally parceled out but a necessity for all human beings, including children. For the survival of our species, we must see to it that we can raise human beings in environments in which their individuality, their uniqueness, and their basic humanness are treated with justice and with kindness so they do not grow up in rage.

Cooperation in human beings, including the creation and dissemination of justice, depends upon a unique process that we call acculturation. If you follow the evolutionary ascent from one-celled animals to humans, you notice that the degree to which behavior is controlled by heredity decreases in proportion to the degree to which behavior that is controlled by learning increases. There is no such thing as a human being who is not steeped in one culture or another. Those few babies, members of our species, who have been raised by wolves or by deranged people who kept them locked in closets and so forth, are really not human in the full sense of the word. They do not walk erect; they cannot speak. In order to become a human being you must have the genetic constitution of homo sapiens—plus a human culture. By means of that human culture, your genetic capacities can be transmuted into abilities. Every human being, by virtue of the constitution of the human brain, has a speech center. Therefore, we have the inherited capacity for speech, but you know and I know that whether you ever develop the *ability* to speak, whether you learn Vietnamese or French or Yiddish, depends upon who raises you and who teaches you to speak. We are assailed by a group of new social Darwinists who chant what Ashley Montagu calls the new litany of the innate depravity of man or "original sin revisited." They include people like Robert Ardrey, Konrad Lorenz, Desmond Morris, and Anthony Storr, who tell us that human beings are just beasts who inherit all of the viciousness of our animal ancestors and not enough of their inhibitions. The implication is that we cannot help how miserable we are to each other because we were born that way. It is in our genes, so we might as well relax and enjoy it and not make an effort to struggle against our "nature." This is, of course, the most self-seeking rationalization of the status quo that you can imagine, as well as a calumny against other animals who only rarely injure or kill their own kind. Luckily, such observers are just as mistaken as were the social Darwinists of the last century. Human nature is what human beings *learn.* And as for tracing our behavior to ancestral animals the way Lorenz does, Montagu has this to say: "Observations from fish and birds are strictly for them."

Developing Within the Culture

In that mother-child relationship, which is so vital to the survival of the child, is exchanged the fundamental indoctrination within the culture. How we develop within any culture, whether we are maladjusted or reasonably healthy, is also largely determined in that early exchange. An ordinary child is fortunate in having hearing and vision as well as tactile sense as a part of his or her capacity with which to receive the acculturating stimuli. The ordinary child has enough trouble, as any of you parents know, in becoming acculturated in any human culture. But when you deprive the child of either speech or hearing or vision or tactile sense or the coordinating mechanism that is lost in autism, or when you inflict upon that child the deranging and disorganizing influence of schizophrenia, or when you retard the child's "computer" so that it does not develop as fast as the ordinary child's mind does—this interferes with acculturation.

At the present time we do not fully know what the potential of the normal child is to become acculturated in ways that will provide a new generation of pro-social human beings who obey the basic law of life—cooperation—in their daily existence. There is evidence that capacities may be almost infinitely greater than we have imagined. A few years ago at UCLA, for example, several professors in the graduate division took a number of ordinary, bright eight- and nine-year-old students for summer sessions and had them doing graduate work in mathematics, history, physics, and sociology. Such children could probably finish their doctoral degrees at the age of eleven. We may be wasting decades of life by keeping people slowly plodding through academic programs until their late twenties, thirties, or forties. I predict that within the next ten years the debate about whether to give the vote to eighteen-year-olds will shift to whether to start enfranchising, at least in municipal elections, the eight-year-olds.

Now just as our capacities to understand the potentials of the ordinary child are greatly held back by the weight of myth and tradition, so I believe are our capacities to understand the potentials of the sensorially damaged child. Several of you have said we are in the early stages of learning how to teach deaf-blind children and how to communicate with them. What I hope you will see as a result of this long excursion is that what you are engaged in is not simply a desperate effort to preserve and develop the impaired abilities of your charges, but that you are experimenters in that urgent and essential project of investigating and comprehending to a greater degree the process of acculturation on which depends the fate of our human species. Your efforts in many cases will not lead to the independence of every one of the children or adults you try to help. But as you accumulate information and you make it available to your colleagues and the community at large, there will come out of it, as there will in others' work with schizophrenic children or with mentally retarded children, an understanding of the process of humanization which is an interpersonal phenomenon, which will allow us to cultivate those oncoming generations, normal as well as impaired, so that they turn out to be people who do realize their potential, including their potential to live as cooperative, loving people who contribute to the survival rather than the demise of our species.

We spend hundreds of billions of dollars a year on instruments of destruction around the world. Every cent that is spent on behalf of your deaf-blind children and in supporting their teachers is to some degree an antidote to that investment in carnage. When you are helping deaf-blind people you are not simply doing your best to make fulfilling the lives of those individuals, but you are engaging in an activity that is directly in the line of human survival by perfecting the capacity to nurture and to cooperate with your fellow human beings. And this is so even when your charges are so seriously impaired that, in the eyes of many people, they may raise the question of whether their lives should be perpetuated.

Though your day-to-day work may be at times too much of a burden and the frustrations may be too great, it may be some comfort to you to realize that, unlike your colleagues in regular classrooms, the impairment with which you deal virtually prevents you from being faced with "normal" teenaged gangs armed with broken bottles and pistols. I am sometimes called upon to address teachers in public school systems. Some of them would love to retreat from the arena in which they conduct their humanization process to the one in which you work, where they would feel somewhat more appreciated and less jeopardized. But all of us, public school teachers, those who teach the handicapped, those like myself who teach doctors, are all engaged in the same endeavor. We ought to understand that to the degree that we favorably change the balance between destructiveness and creativeness, between competition and cooperation, between humanity and cruelty, we are helping our species to survive. That does not mean we are going to have instant success. Santayana once said that for every problem that is complicated, difficult, and obscure, there is a solution that is simple, easy, and wrong. There is no simple, easy solution to human problems, but there are difficult and feasible ones.

Conclusion

I would just like to close by reminding you of the time perspective in which we are functioning. Before the human species was invented. there were on this planet, in the course of 25 million years, 2.5 million generations of apes. out of one line of which our species was born. Now how many generations ago would you guess our species was born? Everything we have accomplished was done in only about 125,000 generations. How many generations ago did human beings develop the most elemental technological advance: the use of fire? Probably 20,000 to 40,000 generations ago. The entire period of civilization is encompassed in the last 10,000 years, by about 500 generations. Recorded history is only 250 generations old. The entire scientific revolution is bracketed by the last 20 generations. Scientific study of the mind is only three generations old, and Buckminster Fuller first pointed out the possibility of creating a world in which we have basic universal sufficiency instead of scarcity less than one generation ago.

Considering this astonishing acceleration of advance, I see no position for a rational human being except one of considered hopefulness. I am not an optimist, compulsively cheerful despite the facts. I want it understood that I wake up some mornings just as depressed as anybody in this room. But facts like the ones I have just told you cheer me up. I pass these along to you and hope that they might comfort you somewhat in your daily struggles as well.

I thank you for having stayed with me in this long trip through 3.5 billion years. I hope it will have meaning for your daily lives as it does for mine. Every time I review what lies on the human agenda it makes it possible for me to go on struggling cheerfully instead of in a state of perpetual gloom.

Constructing a Total Commitment to Deaf-Blind Children

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People who work with deaf-blind children need as much information as possible. The roles taken by a worker for deaf-blind children are far more involved than those of any other type of teacher or administrator. Not only must we be teachers but also counselors, therapists, diagnosticians, administrators, nutritionists, researchers, politicians, and most of all—"econo-optimists"!

An econo-optimist is defined as a proud, struggling teacher, who upon hearing that the school budget is operating in the red, concludes that the future is "rosy"! After being told that there is no money left to buy supplies for the classroom, this teacher goes out for a few hours and returns with a carload of needed materials. This is the person on whom we should focus. It is the econo-optimist who survives and prospers in a program for the deaf-blind.

Regional Centers

Before we start identifying specific behaviors, we might engage in a review of the growth of the regional deaf-blind centers. Prior to 1970, the education of deaf-blind children in the various states had not been defined, planned, or organized to any significant degree. No specific organization, agency, or school entity committed its revenue to deliver services to deaf-blind children at the national level. A few special schools existed at local levels such as the Perkins School for the Blind in Watertown, Massachusetts; Michigan State School for the Blind in Lansing; and the Alabama School for the Deaf-Blind in Talladega. These schools did provide a refuge for deaf-blind children as long as the funds were available.

To export children to another state is expensive, often disheartening, and possibly cruel to both the children and their parents. Such practice fails to consider the responsibility that the local school districts should assume for the education of all constituents. Other educational means were needed to deliver the education which is a moral right of every citizen.

On April 13, 1970, the Ninety-First Congress extended the programs of assistance for elementary and secondary education to include the establishment and maintenance of regional centers for deaf-blind children. The purpose of Congress was to provide a limited number of model centers so that specialized and intensive services could be developed to enhance the potential communication, adjustment, and education of all deaf-blind children.

Staff training is just one aspect of the services provided by the regional deaf-blind centers. Some of the other services include diagnosis, evaluation, parent counseling, teacher counseling, education, adjustment, and orientation.

In answer to those who suspect that I am advertising the regional centers, I am! Let us hope that the day the centers cease operation will be preceded by the announcement that all handicapped children are receiving an optimal educational program.

Multitalented Teachers

To provide quality education, some excellent, multitalented teachers are going to be needed, for there are many facets etched into the role of working with deaf-blind children.

The first facet is that of the "informed self." For those of us who have to interact with both literate and illiterate parents, or with parents who are not aware of the opportunities available to them or their children, the importance is quite distinct. When we are aware of the basic services available, our discussions with parents can be most productive. Through informal meetings we can assist the provision of services to children by drawing the attention of the parents to what is available.

The second facet is that of the "interpreter self." For those of us who must maintain minimal levels of competency in alternative communications, this is an important facet. Regardless of whether the parents or the children are Spanish speaking, blind, deaf, illiterate, nonverbal, or just plain sedentary, our role should be flexible enough to provide assistance in communicating important information and skills. Although we may not possess the necessary skills to maximize communication, we should be resourceful in organizing an effective communication link.

The third facet is that of the "mobile self." How often have we suggested that the parents take their child to a service agency or clinic without realizing that the parents have no available transportation or that the reimbursement for transportation must be resolved prior to the performance of the services. If our agency will not allow us to consider this facet, then our effectiveness will suffer.

The fourth facet is that of the "extended self." Even though we may be a long distance from the children after school hours, we cannot forget them. Assistance and the scheduling of services are only a telephone call away. This is particularly crucial when our caseload of children is spread over a thousand square miles of territory. Many children live in what are commonly referred to as "outlying" districts. Luckily, most towns in these districts are very small, and parents are easily reached because the telephone directory is on one sheet of paper.

The fifth facet is that of the "regenerative self." Each conference, institute, study, course, and book provides us with new information. The sharing of information at institutes assists in the development of our cognitive skills. Our continual goal should be to seek more information in order to refine our decision-making competencies. Some may say it is a waste of time to attend boring workshops and conferences; but, if they are boring, we may not be paying attention to what is taking place. The blame for any missed information rests with ourselves. Our capabilities are directly related to our information-gathering ability and consequent problem-solving skills.

The final facet is the "cooperative self." In order to maximize the efficiency of persons interested in helping deaf-blind children, a large measure of cooperation is needed. Cooperation implies that those of us involved in the provision of services have common goals and that we possess the necessary willingness to subordinate our own personal interests in order to achieve the goals. The reasons that we should cooperate with each other in serving deaf-blind children are: (1) cooperation reduces the need to duplicate services; and (2) with each of us bringing our little contribution into the arena, the combined effort usually surpasses each f the constituent elements.

Let us analyze each of these reasons more closely. The first reason we cooperate is to reduce duplication. If, for instance, we are interested in providing family counseling services, we usually start by checking with other agencies in order to develop a file, and we check with the parents to determine who else is counseling with them. This preliminary action reduces the possibility that two or more agencies are unknowingly giving the same type of services simultaneously. It is not uncommon to find parents of deaf-blind children receiving visits from the local mental health clinic, social services, John Tracy Clinic, the State Commission for the Blind, public welfare, the Regional Center for the Deaf, the Regional Deaf-Blind Center, and the local school district staff at the same time! Parents are often so confused that they cannot tell you who represents whom, and many of these visitors impart conflicting information.

The second reason for cooperation is to combine individual resources. If you know that it takes approximately $6,000 to educate a deaf-blind child in a local special class or school and that the local public school will only provide the state rate of $1,180, you need to raise the difference in goods and services. By combining the resources of associations, department of mental retardation, private and public agencies, physicians, churches, colleges, and others, it is possible to provide the funds necessary to educate the deaf-blind child. Cooperation is the major facet.

Our determination to commit ourselves to our job must include the community. Let us examine some elements of our community with which we must learn to cooperate. If you are comfortably located in a well-financed, well-equipped child-study center, this information will not be all that important. But for those of us in more austere settings, who have to survive by generating our own methods, materials, and money, I would like to share some information. The three "Ms" of methods, materials, and money are well documented in research literature. The conclusion is always the same: We do not have enough of any! The fourth "M" (management) is not as well documented. The management of one's daily activities is very important if we are to fulfill our vow of total commitment. What are some of the daily elements with which we must interact?

Interaction with the Family

The primary element is the family we serve. Fortunate is the child who lives in the ideal home. Such a home has traditionally been viewed as containing a Mr. Brady-type father, a Florence

Henderson mother, a Ronnie Howard brother, and a Shirley Temple sister. Together they survive the rigors of living in a modest three-story colonial home consisting of twelve rooms. A small fortune is available to sustain the family. Childhood catastrophes are quickly resolved through the infinite wisdom of the father, the angelic grace of the mother, and the full support of the immaculate siblings. With family physicians like Marcus Welby making house calls, a well-endowed library on the main floor, Shirley Booth (known affectionately as Hazel) maintaining order, and sympathetic teachers like Karen Valentine stopping by for afternoon tea, life becomes a bit more bearable. With this family in mind, what does the new teacher do to prepare for a series of home visits? The first thing one should do is to dispel this naive image. Because I have never had the opportunity to meet this type of family during home visits, I can assume that it does not typify the average household.

What variations can one expect in this well-financed society of ours? How about a fourth-floor walkup apartment, an alcoholic father, a cowering mother, two children with handicaps, and a baby sick with pneumonia? How about a field shack, Spanish-speaking parents, and four children who have never seen the inside of a school?

Would it surprise you to hear that neither of these families knew that their local school districts were responsible for the education of their handicapped children? Would it shock you to hear that in every four days of surveying school-age children in rural settings, we find one child who has not been enrolled at any school? Would you believe that we find twelve-year-olds who have never been in school? Who is to blame for this discrepancy—the parents who are not informed or the school personnel who lack the bush-beating motivation? Before fixing the blame on others, we should view our own policies and see if we do not contribute to the confusion. Are you accepting all the deaf-blind children referred to you? Do you look for handicapped children when you are on the road? My thesis is that we must share in the blame, if any is to be accorded.

Last year, following through after an exhaustive survey of the handicapped children in one Texas town, I sent a research assistant to the town. She was to visit the supervisor of special services at the school in order to inform the supervisor of our results. When she arrived in the town, she spotted a grocery store on a side road and stopped to inquire where the school was. As an elderly lady gave directions, the research assistant noticed a heavily built young man sitting in a rocking chair. She tried to strike up a conversation with him, but the lady said that he could not see or speak. Further questioning revealed that he was sixteen, classifiable as deaf-blind, and his parents were sure that the school would not accept him. School administrators were unaware of his existence. He is now in a special class for the multihandicapped and living at home.

Attitudes of Family

Encountering the family of a deaf-blind child can prove to be very interesting. Unless members of the family possess a rare talent in deceiving a behaviorist, one can usually classify them into one of seven attitude groups. These are the following:

1. Overcompensating. This is when parents bestow all of their attention on preventing any kind of harm or adverse influences from reaching the child. The child is usually not encouraged to explore his or her environment, and the results are quite noticeable when the child reaches the preteen years. Some indications of child rearing under this attitude might include continual diaper usage, food intake only through a nipple, lack of exploratory movements, and fear of new stimuli.
2. Fully accepting. This is the healthiest attitude. The parents accept the child and the fact that some handicapping conditions exist, and seek ways to bring the child up as normally as possible. Although the parent may keep a watchful eye on exploratory activities, the child is allowed to grasp the significance of the daily environment unless it presents the possibility of bodily harm.
3. Partially accepting. Often parents will accept the fact that the child is their own but will reject any indications of a handicapping condition. Conversely, the parents may realize that the handicapping condition is permanent, but they are not interested in having the child at home. If the latter is true, then one needs to assess if the rejection of the child is overt, covert, temporary, or permanent.
4. Ambivalent. This word is from the Latin and means "having both values." Parents are attracted to helping the child but see a certain futility in it. They oscillate in their attitudes toward the child. Sometimes they will wholeheartedly agree that the child must visit a clinic for services, and then they will cancel out at a later time. The ambivalent parents might be influenced if the truth regarding the

child were explained to them clearly. If they are told of the alternatives open to them and are then given responsible suggestions, these parents may have less tendency to oscillate.

5. Covertly rejecting. This is commonly referred to as "behind the back" rejection. The parents engage in loving behavior when the child is in the room, but their rejection is evident once the child is out of sight. The child usually is aware of the discrepancy between behavior and intention. Fear and overinhibition often encompass the behaviors of the child.
6. Overtly rejecting. Can you imagine parents who spend the majority of their time punishing, avoiding, and verbally castigating their child? Nothing is left to the imagination. The parents spend most of the interaction time demeaning the child. They often attribute having a child like this as their punishment and imagine themselves as paying a penance for past sins!
7. Abusive. The worst attitude parents can have toward their handicapped child is to believe that abusive behavior is needed. There are enough cases of child abuse to cause the majority of the states to pass laws against it. Surveys of child abuse cases reveal that (1) men and women who were victims of child abuse tend to treat their own children the same way; (2) although parents are able to maintain their composure in public, they may neglect or abuse the child when alone at home; and (3) many mentally ill adults are not receiving adequate therapy or counseling. In this last category, if there is not adequate follow-up services when the mentally ill adults leave an institution, they become parents before they fully recover. This evidence is rather conclusive among parents with histories of mental illness.

Also, in a large family, regardless of how much a baby is wanted and loved, a new baby adds considerable stress in the home. When you compound this stress with prenatal diseases, delivery problems, birth defects, vision problems, hearing problems, expensive medical care, and the daily struggles to meet economic needs, it is a wonder we do not find more cases of child abuse. I suspect that many cases are not reported.

Most normal children tend to model the behaviors of their parents. Their behaviors become a condensed, miniature reflection of the parents' behaviors. One should not expect this as much in a congenitally deaf-blind child. This child's behaviors must be taught, and you have some control in the teaching of his or her behavioral repertoire. One should work as closely as possible with the parents.

Sources of Help

The first individuals to come in contact with congenitally handicapped children are physicians. The labels "impersonal and detached" are often ascribed to physicians. Although these labels may be true for some medical doctors, there are many who can be of immense assistance once they get to know you. Physicians who have experience with handicapped children treat teachers with unqualified respect. As teachers of deaf-blind children you are viewed quite favorably. Unlike the vast majority of persons in the community, there are usually three types of individuals who can reach physicians immediately: other physicians, you, and the doctor's stock broker. Some of the data you have on the children you serve are medical in nature. Although a good Dorland's medical dictionary may be of immense help in wading through the sea of Latin-based terms, a quick phone call to a cooperative physician should clarify any questions that may arise.

Another source of medical information and services is the child-study center. For the past several years, child-study centers have proliferated in both the medical and psychological fields. In one county with a population of 20,000 there are three child-study centers. Policies vary from center to center, but services are usually offered free or at reduced rates.

Personnel at child-study centers are unique and interesting. Having cooperative interactions with the personnel can only enhance your position with the children, parents, other staff members, and the community. Some of the excellent services they may offer you include genetic counseling, parental counseling, diagnostic evaluations, and most medical services.

When it comes to having behaviors and skills evaluated, you will find several techniques being used. Some incorporate videotape protocols, behavior scales, informal assessments, and sequential scales. One of the most exciting behavioral evaluation tools being tested today is the *Behavioral Characteristics Progression* (BCP). Preliminary evaluations of deaf-blind children seem to support the use of the BCP as a fairly good tool in determining both present abilities and setting behavioral goals. If the evaluator exercises flexibility with the BCP, the impressive array of orderly information obtainable from it surpasses any other scale in my repertoire. It may be a little premature to recommend the scale on a broad spectrum because of the small sample of children being evaluated in this fashion. In Texas almost 10,000 multihandicapped children have been evaluated with excellent results. Approximately 300 deaf-blind children have educational plans based on the BCP evaluations. For those who may find this level of participation too low, I should state that none of the 300 had educational plans as recently as two years ago.

Many of you may be interested in, or involved with, identifying and locating deaf-blind children. A team of three college students spent six months on a part-time basis surveying one major city and eight rural counties. The total population of the region surveyed was approximately 3 million. The team processed 136 referrals; identified 57 deaf-blind children (20 per million); located five deaf-blind persons over 21; removed 42 from the deaf-blind registry (9 were deceased); and enrolled 5 new parents in the John Tracy Correspondence Course.

Some of the suggestions these students had regarding what they would do differently the next time included: giving parents a list of the services available to them in their own community; visiting the agencies in the community in order to work cooperatively; meeting with other teams to reduce duplication of services and increase services now offered; having a staff meeting each week to review case folders and make recommendations for action to be taken the following week; preparing a slide presentation of what we can offer the children and then showing the slides in the home; and recommending materials for parents of preschoolers.

That last recommendation is a tough one to follow up on. Luckily, there is a formal correspondence learning program provided free by the John Tracy Clinic in Los Angeles for parents of deaf-blind children. Parents receive lessons dealing with basic skills and communications. As the parents work through each lesson, they fill out simple questionnaires that guide the Tracy staff in prescribing relevant future lessons for the parents. In some regions of the country there are Tracy-trained individuals who will assist the parents enrolled in the course. Unfortunately, there are too few of them available. The one who is available to some of the parents in our program must cover a territory spanning 267,000 square miles. Professional teachers may send for the Correspondence Learning Program in book form. The book is not intended to be used as the basis for a school curriculum but may be valuable as a resource.

One of the most beneficial training arrangements is the symbiotic relationship that can occur between a college and a program for the deaf-blind. Now that psychology, sociology, rehabilitation, and special education courses are taught in most local colleges, a valuable resource has emerged. Students who attend college today demand relevant experiences when they step into class. The professor welcomes the opportunity to give the students such experiences, especially if there is little or no paperwork to wade through. The students become stimulated by the experience of working in programs for the deaf-blind; the professor has practical, out-of-classroom reference points on which to align his class discussions; and the school gets teaching assistants, feeders, picker-uppers, and behavior shapers.

The three main problems that are faced in this arrangement are scheduling of practicum time, transportation (if you are located at a distance from the college), and the red tape of the agency you serve. The problem of scheduling can be relieved if you will have the student volunteers come in for one or two hours on a given day. This allows them to work their practicums in with their classes. As far as transportation is concerned, this depends on the topography of your community. As to the red tape of your own agency, convince the administration that this arrangement costs nothing, and that alternatives are expensive; that argument should get you a new program. Note that money is not involved. In having made these arrangements many times, I find that not once has money been an issue. Most administrators like to receive services that are free and that require minimal paperwork.

How about additional classroom space? If your program is autonomous enough to allow mobility, churches can provide you with support that transcends religiosity. Many Sunday-school rooms lie dormant six days a week. These rooms can be a haven for classes, social activities, recreation, therapy, and physical exercises for deaf-blind children. The payoff to the church includes publicity, ministry, increased church participation, possible goal attainment, and sometimes a modest rental fee.

As for money, the local United Fund agency functions somewhat like the scales of justice. The level of the budget determines the height of the pivot point. On one plate of the scales rests the input. On the other scale we find the output. To be a well-balanced scale, the budget and activities must coincide. Money contributed by the public is directly proportional to the public's acceptance of what is done with the money. The output of funds to programs like yours is related to the net distributable funds existing after administrative costs are deducted. The addition of your particular program is justifiable if you can demonstrate the additional support the United Fund will receive by adding it. Any temporary disequilibrium can be neutralized by mentioning the support you might provide at fund-raising time through newspaper contacts, radio personalities, and television interviewers.

Some fraternal organizations will procure needed supplies and services and also assist you, your projects, and the children. If your community has a speakers bureau, volunteer to give talks about your particular program, skills, and services. If your supervisor agrees with your efforts, let the Lions Club, Rotary, veterans groups, and many other organizations know of your willingness to speak or present a slide program to them. When you get an invitation to address a group, mention the various ways that the community might be of some help to you. Most human beings want to help the handicapped in their own way. Individuals may wish to donate time, money, materials, or space. Others may be able to give only verbal support.

Aunt Clara, for example, donates verbally to programs for the handicapped. Whenever anyone donates anything to the programs, she lets the town know about it. When it was time to take the children to the county fair, we were one short of adults to supervise two little terrors. Aunt Clara badgered old John Mumford until he said he would be willing. The day of the fair came, and John Mumford had a good time. The reporter from the local tabloid interviewed John; in a Sunday sermon, the preacher mentioned John's volunteering; and John saw his picture in the paper that following Friday. As you can see, everyone benefits. Now if we can just keep John Mumford from hanging around all the time, we can get back to our classroom duties!

Everybody wants to help. Sources of revenue for the handicapped emerge within the informal web of a small county government. In rural counties there are four centers of power: the county commissioner, the sheriff, the tax collector, and the school superintendent. Trying to appropriate funds from the tax collector or the sheriff is out of the question. That leaves the superintendent and the commissioner. State laws regarding the education of the handicapped and the policies of the state education agency pretty well determine the help you will get from the superintendent. That leaves the commissioner!

One evening I heard a juvenile court judge mention that runaway children, lost children, and children removed from homes for various reasons were all housed at the county jail until arraignment. Knowing what the inside of the jail was like (a neighbor told me), I tried to pry a source of alternatives from the judge. He mentioned that the commissioner had some funds available for setting up a halfway house, but nobody could run one on $8,000 per year. I scheduled a meeting between the Easter Seal staff, the local clinic that evaluates multihandicapped children, and the university practicum supervisor. Time, materials, space, food, and bedding were available. By scheduling the nurse, director, teachers, and counselors on an intermittent basis, it appeared feasible to use the $8,000 for operating expenses. The project is now awaiting approval.

Contrary to popular opinion today, schools play an important part in the educational process. Although you and I have never allowed our schooling to interfere with our education, we thought enough of it to make it our profession. Each year during the summer we are faced with a dual problem, that of convincing parents that we can train their deaf-blind child and convincing the public school administration that we must educate all handicapped children.

It would be easy to condemn the administrators for their hesitancy to expand programs, but we must look at it through their eyes. Highly involved children represent a high cost factor that goes beyond the normal range for the average child. If the school budget floats on a $700 per pupil per year level, as many as 15 normal children may be educated for the cost of just one deaf-blind child. Fortunately, some of the factors which assist placement of deaf-blind children in the schools include the U.S. Constitution (equal rights and due process), various court decisions, state commitments, and local school policies. It is unfortunate that some states do not have specific standards and provisions for the education of deaf-blind children, but the number of states that do is increasing.

Public Relations

You are not only a special educator but a special teacher, and you have been or will be involved in public relations and the activity of publicity writing. Public relations is the art of either doing what the public likes or making the public like what you do! Publicity, on the other hand, is something you get when you are not always ready for it. Public relations is what we strive to improve, and publicity is often the result.

As a public relations person your most important allies are newspaper reporters, editors, and broadcast personalities. If you seek to maximize the efforts of a small federal grant, then your allies will have to be apprised of your project. If public relations work is your responsibility, then you will have to begin to generate a list of contacts in radio, television, and newspapers. You are important to your contacts. They are interested in getting to know you as a reliable news source on items on the handicapped. Before you run out and begin a publicity bandwagon, check with your supervisor. As hard as it is to believe, some supervisors are more interested in publicity than you are in public relations!

Concluding Thoughts

Almost everyone I come in contact with wants to be a teacher, but everybody is so busy teaching that nobody has time to learn! It is interesting to note the number of textbooks available that will help you with your teaching style. There are relatively fewer textbooks explaining how to increase the efficiency of learning in the child.

Teaching deaf-blind children comes under the profession called special education. Just what is special education, anyway? To me special education is:

1. Going to work dressed like a gift-wrapped prima donna, and returning looking like a grab-bag reject from the city dump!
2. Trying to dislodge an erector set coupler from Diane's teeth braces while her mother is screaming something about lawsuits!
3. Asking the ride attendant at the county fair to help you dislodge Billy and his wheel chair from the turnstile that will not reverse itself!
4. Successfully getting a child a complete diagnostic evaluation at an expensive clinic and finding out you brought the wrong child!
5. Finding where Johnny hid the tape recorder last week, and having difficulty pulling it out of the commode tank!
6. Discovering Martha's brailling skill on your social security card, two twenty dollar bills, and your monthly check!
7. Whatever you must do to help a child learn when all the other teachers quit.

As a final point to cover, have you ever wondered why Anne Sullivan, Helen Keller's lifelong teacher and companion, was known as not only "teacher," but to the public, as the "miracle worker"? The next time you become depressed with your progress with the children, step back, take a few breaths of fresh air, and say these words: "If I don't do it, who will?"

You may not consider yourself a miracle worker, but your colleagues, relatives, friends, and I do! Although your colleagues and I may not look to you with the same awe and admiration bestowed upon you by the general public, we do speak of you with respect. You are the miracle workers today, and ten years from now the children will be a lot better off because of you and only you.

A Psychohistorical Perspective on Multihandicapped Children

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What can a psychohistorical study contribute to the solving of problems of deaf-blind children? As a historian of child-rearing practices I have to answer: It cannot contribute much. But what is being done by those of you who work for and with these very handicapped children is so unusual and so heroic that the opportunity to consider it with you from the point of view of childhood history should not be missed.

To explain a psychoanalytically oriented historian's interest in your work, I must admit that while you may have little to learn from psychohistory, there is much that can be learned about psychohistory from what you know and may find out about deaf-blind children. My intention is to identify a few points on which the psychohistorian's need for knowledge may intersect with the ability of teachers of the deaf-blind to supply that knowledge. My hope is that the exchange will be mutually productive, but I expect that it is we in psychohistory who will get the best of the bargain.

Congenital Handicaps in History

In 1942 Norman Gregg affirmed the connection between a multiplicity of handicaps in neonates, including blindness and deafness, and rubella in their mothers during early pregnancy; however, after his findings were published, medical researchers in a number of countries raised a question of great historical interest: If this connection was causal, why had it not been noticed before?

After all, more than a century had elapsed since rubella had been given the name Röteln by the German scientists who had discovered its distinguishing symptoms. In the Australian infants Gregg had observed, the rubella syndrome was so manifest and so catastrophic that its appearance in the offspring of normal parents would surely have been traced before to the peculiar experience of the mothers in the first months of pregnancy. If this was a persistent connection, how could it have been concealed for so many decades?

In answer, some doctors first thought of a biological change. Physicians who published criticisms of Gregg's conclusions suggested that those Australian babies who were victims of the rubella epidemic of 1941 may have been affected by a newly virulent form of rubella; there must have been a mutation in the virus itself. This idea proved wrong. When scattered records from the 1930s and before, taken from American hospitals, were produced, it could be shown that the causal link Gregg had noticed was not a new one. What had changed recently to make the invisible suddenly visible?

If a sociologist of the time had possessed the necessary medical information, he or she might readily have seen that the Australian epidemic was the first occasion, since the identification of rubella, in which a large number of infants were born in hospitals where uniform observations of their symptoms could be made. Under these controlled conditions birth defects among the babies could be related to case histories of maternal experience. It was not history that had changed but the record of history.

In that record blind-deaf neonates were virtually unknown before the twentieth century. But much of what is interesting about human history is off the record. Even today, in nonindustrial societies of Asia and Africa, deaf-blind neonates are still officially nonexistent.

Very little is known about congenitally handicapped children before 1800. In the period I know best, the seventeenth century, I know of no case of an older child or adult with a serious visible handicap that was clearly congenital.* This is not because birth defects did not occur. There is no reason to suppose that the incidence of neonatal abnormality at that time was significantly less than it is now. But the newborn who possessed serious handicaps did not survive infancy. And, as it is today in many parts of the world, it was often enough of a defect simply to be female. In much of

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*Congenital deafness, as an invisible defect, was certainly found among adults. It seems likely that early unresponsiveness of deaf babies was attributed at first to other causes, such as mental incapacity, and thus the relatively normal maturation of such children was rarely achieved.

rural Asia, Africa, and Latin America, the survival rate of boy infants is still far higher than that of girls.

To a number of historians this differential survival rate is a clear indication of outright infanticide. Despite the Christian doctrinal ban on killing infants, traditions supporting a father's absolute power in his own household persisted alongside the newer religious taboos well into modern times. But it seems far more likely that the failure of handicapped infants to survive was more often exactly that, a failure to survive.

In the preindustrial world with its poor sanitation and paltry knowledge of hygiene, infant mortality rates of 20 to 30 percent were normal and often surged to more than 50 percent. Even under the best conditions the probability of a well-endowed newborn child surviving to maturity was no better than 50 percent. For children with severe handicaps, as with other unwanted children, innumerable means existed whereby those responsible for child care could fall short of supplying the active and careful nurturance necessary for survival. A recent news item described an Indian mother and her boy and girl twins of less than two years. The boy was robust and rotund. The girl was moribund with marasmus. This contrast had been achieved in the simplest possible manner: The mother had merely nursed the boy first at every feeding time since birth. Throughout history inadequate wet nurses, insufficient sleeping space, and carelessness in isolating infants from disease bearers or protecting them from hazards have been just a few of the common causes of "natural" infant deaths.

Until the end of the nineteenth century the survival of almost every human being in the world depended absolutely on his successful forging in infancy of a bond with a nurturing figure. For most of the world's poor this meant, as it still does today for many of them, a child's mother. This involved a special, built-in additional risk for the handicapped neonate.

Research into the family situations of modern deaf and blind children has shown how frequently the mother's ambivalence, guilt, anxiety, or outright hostility hampers the emotional and physical maturation of her child. Throughout Christian European history congenital handicaps were proclaimed by official religious explanations to be visible indications of the sins of the parents. The difference between then and now was that, before the present century, negative maternal attitudes were likely to be fatal for the child. In those earlier times the tender solicitude of a mothering figure was a matter of life and death.

These considerations give to teachers of congenitally deaf-blind children an outstanding claim to the interest of historians. Such work is historically unique on two counts. First, the children helped are themselves survivors, for whom there are few if any historical precedents. Second, if we may regard the therapeutic, rehabilitative, and educational work done with deaf-blind children as a kind of welfare work, we may observe that earlier social workers who dealt with children in orphanages could take for granted certain facilitating conditions in their charge's past. They could assume that every child had originally experienced a successful relationship with an effectively nurturing person. The mere fact of survival was virtual proof that minimal basic ground had already been laid for developing a capacity for social relationships. Today, even this basic ground may be lacking. With modern technology and institutions, a child who is almost completely emotionally starved in infancy may nevertheless survive. Artificial, mechanical means of feeding, together with impersonal handling methods, make possible the rearing of humans who have had little contact with another human body. This change is a monumental one for all of us, but it is doubtless of specially ominous import for those who work with deaf-blind children. In the care of these children, providing tactile experience has an accentuated role of creating the possibility for communication with the outside world. Spitz has evoked, with agonizing vividness, the possible effects of depersonalized child rearing on communication and perhaps human thought processes as a whole:

> We may well wonder how extensively feeding babies a formula from a propped bottle may have influenced the development of Western mind in the last fifty to eighty years. That such an influence can be demonstrated in individual development is a matter of record. But the more important question arises of how this may have influenced changes in the ways of Western man, in the ways of his communication, and whether and how it has influenced his relations to his environment, his verbal and nonverbal symbols, and perhaps also his thinking processes. (Spitz, 1957)

If we think of the deaf-blind child as we read these words, I think we are bound to feel more dubious still about the effects of the change Spitz describes.

In any case, from the long view of history, you are confronting a self-assigned task today which is not only formidable and heroic but also unprecedented. As such, what your work can teach the psychoanalytically oriented historian could not have been learned at any other time.

Child Rearing in History

Nowadays it is fashionable in some circles to indict on a grand scale the child-rearing practices of the past. Social observers who would not think of condemning, from an ethnocentric position, the treatment given infants in tribal societies of today delight in "getting the goods" on their own ancestors. The aim of some historians seems to be to show that before the supposed enlightenment of the last few decades, adults as a rule were enemies of their children, abusing and misusing them for selfish purposes.

It is of course true that a great deal of harsh treatment of children is reported in the Christian era of modern Europe. Foundlings or children of conquered territories in particular were abused and misused, mutilated to be made into beggars or servants, restricted by force, and subjected to cruel regimes. Even within families parents seem to have been far more repressive and demanding of the very young children among them. How is this fact consistent with the picture I have painted of a world before our day in which every child who grew to adulthood had a nurturing loving figure in his earliest history? How is it that history is virtually silent on the matter if the usual experience of very small children is as I have described it?

It is not at all mysterious that the normal, devoted parents and their beloved children are silent through all those centuries. After all, they are silent today. Our understanding of filial and parental relations comes from our own experiences, sometimes illumined by art or science, and owes almost nothing to the daily newspapers nor to the official documents on which most historians' reports are largely based. Historians of childhood must use very meager evidence indeed if they seek to chronicle any practices but the aberrant and the sensational. In our own time Winnicott's BBC lectures on "the ordinary, devoted mother and her child" are rare exceptions to the sensationalizing of the mass media (Winnicott, 1964).

In the past children who were abandoned as a consequence of wars and other catastrophes were treated as adults by nonrelatives. When their parents were killed or maimed, often so were they. It does not, however, seem to have been a frequent practice to make children special targets of cruelty, even from strangers. They were not, as a rule, singled out from their elders for specially bad treatment. But, in the absence of a powerful, protective defender, a child was apt to experience the miseries that a cruel nature and uninvolved, unfamiliar persons inflicted on most mature humans who were too weak to resist.

As for harshness within the family, the population patterns of Europe and America until most recent times were such that parents with real solicitude for their children's fate had to make the greatest possible haste to accustom them to frustration and to lead them out of dependency. Childhood was a necessarily brief luxury. Even the nurturing experience of early infancy was, in many more cases than it is today, interrupted by the death of the maternal figure. A peak in the mortality rate was reached for women in the early child-bearing years. It was far more common than it is today for small children to be deprived of those who mothered and protected them.

In this respect most historical experience contrasts with the American scene of today. While it is not necessary for the infantile nurturing experience to be as satisfying as it previously had to be to give good prospects for an infant's physical survival, it is now more likely that parents and surrogates still will be living when their children become adults. The teacher of the severely handicapped can encourage the dependence of his or her pupils with a confidence in his or her own future that the parent of the past would have been foolhardy to feel. The family of the deaf-blind child may be in many cases inadequate or conflicted, but it is apt to remain in the picture as an agent to be called upon, if not for love and support, at least for enlightenment and perhaps restitution. This relative stability of the parent and teacher population gives an opportunity for learning from experience with the deaf-blind child that would have been impossible anywhere in the world until very recently.

Cross-Fertilization Between Psychohistory and Teaching

What may the psychohistorian find especially useful in the experience of those who work with deaf-blind and other severely handicapped children? The answer may be divided into two parts. First, the movement for aiding these children holds lessons for the study of the history of thought. Second, that which is being learned and which will be learned in the future by workers with the deaf-blind throws new light on possible historical consequences of varying child-rearing practices.

Changing Perspectives on the Deaf-Blind

Modern investigation of the multihandicapped child draws the attention of the historian to progressive transformations of the past in how the human psychological process was viewed. Diderot's extravagant optimism concerning the educability of deaf-blind persons reflects the Age of Enlightenment's overestimation of the powers of conscious, rational thought. It stands in interesting contrast with the pessimistic view that was expressed at about the same time by two British scientists. Dugald Stewart and Ashley Cooper pronounced as hopeless the effort to communicate with the congenitally deaf-blind. One may suggest that this contrast has its parallel in our own time between the buoyancy of those who plan on a grand scale for education of the multihandicapped and the realism of those who, together with the children themselves, struggle on a daily basis to make small gains.

Around the turn of the nineteenth century the cases of Laura Bridgman and Helen Keller in the United States gripped the imagination of many educators the world over. This new attention seems to have been stimulated by concurrent developments in communication technology, the same technology that was to play an important role in the new efforts to educate the deaf-blind.

A review of contemporary discussions of the two deaf and blind women's education is enlightening on another point bearing on the history of thought. Both had lost their sight and hearing in the last half of their second year of life. Everyone in this room must smile at the idea that the first 19 months of seeing and hearing were unimportant in shaping their capacity for later learning. But at the time many asked the question: Did their successful education depend at all on the fact that they had once possessed the powers to see and to hear? As far as I can tell, the answer was universally negative. Every interested person maintained that, since the sensation of seeing and hearing had been "forgotten" by the subjects themselves, it could have no consequences for their later educability.

The interest of this conclusion lies in a theme that has recently appeared in historical literature. The suggestion has been made that at the turn of the century Freud's notions concerning infant development were, so to speak, "in the air." The implication is that his basic findings were more or less known already; however, the interpretation of the early experience of both Bridgman and Keller shows otherwise. Freud's discoveries concerning the function of infantile amnesia in concealing the fundamental, complex early development process were strikingly original. At the time only another genius, such as Charles Darwin, had gained through careful observation some insight into the complex and massive groundwork for human development that is laid in the very first few months of life. Even today Freud's discoveries have by no means been assimilated by everyone, but a review of what was taken for granted 75 years ago shows how notably psychoanalysis has transformed the perspectives on human life of most of the world's intellectuals.

Possible Intersecting Points for Mutual Enlightenment

The historical variation in child-rearing practices offers examples that may be suggestive to workers with deaf-blind children. Though it is very likely that these workers may have considered the same practices without awareness of their historical incidence, nevertheless the consciousness of common human experience cannot be amiss in this very difficult work. And, in turn, the unique "natural laboratory" that is afforded by the plight of multihandicapped children is a site for discovery of basic interrelations between child-rearing practices and child behavior. Knowledge of these interrelations is valuable for the psychohistorian as well as for many other kinds of social investigators.

Among child-rearing practices important in history but now increasingly disused in most of the world I will mention only one of the many that seem especially interesting in relation to the deaf-blind child. This is the practice of swaddling, which, by various techniques and for various periods of time in infant life, has historically been a near-universal practice in temperate zones. Autistic behavior in children who were kept for long periods in incubators, with scant clothing contact, seems to suggest that close wrapping might contribute something to the impression a child needs to gain of the boundaries and powers of his or her own body. While the seeing, hearing child may substitute other sensory data for tactile ones, the deaf-blind child has few alternatives. Indeed, even with respect to tactile stimuli, research has shown that the deaf-blind child is likely, even in a family setting, to receive less rather than more tactile response in the form of direct human contact than does the normal child.

Another finding of psychohistorical inquiry is that the meaning of much data on child behavior is transformed if it is broken down by sex. Stoller (1968) suggests that the origins of gender lie at primordial levels of the child's development, at the very earliest point where the biological organism begins to interact with its environment. It seems noteworthy that so much of the reporting on deaf-blind children fails to make reference to the sex distribution of the children in a group and fails to cite differential behavior patterns of girls and boys. The magnitude of the handicaps seems to have dwarfed the sex differences usually considered so important, though often mysteriously so, in the orientation of the growing child. In fact, the handicaps may do so. Yet the difficulty of harnessing diffuse aggressivity in deaf-blind children and the prominent use of teaching techniques that emphasize passive receptivity of tactile stimuli raise, in the mind of an outsider, the thought that sexual differences among the children might receive more attention, both as a variable conditioning behavior and as a potential for positive exploitation. Burlingham (1967) refers to the poignant fact that blind children in her school often expected that part of becoming an adult was acquiring the capacity to see as the adults did. Still, one might ask how the meaning of this could be affected by whether a child expected to become like the father or like the mother.

An unsystematic sampling of some of the literature on the deaf-blind conveys the impression that experience with water is very important in the lives of children afflicted in this way. Historically, in Western Europe and America, the frequent experience of total immersion in warm water was not a part of the lives of many children. Yet Peto (1959) suggests that the contact with the hands and arms of the mother who gives a bath is very meaningful in the child's formation of a concept of his or her own body. From the point of view of the historian or the anthropologist, further findings in work with deaf-blind children might well bring additional enlightenment concerning how variations in body-image between different cultures and different epochs may be traced to changes in handling the children.

Historically, one expects that changes in child-rearing patterns will be shown to have affected important social and cultural trends. Practices unself-consciously used on the very young infant may determine the primacy of some skills and preoccupations and diminish the probability of acquiring others. Restraint or encouragement of specific types of physical and mental development is no doubt responsible for part of the specialization in function of various subgroups in the adult population.

For example, taste experiences are variously emphasized from culture to culture. But for the deaf-blind they surely have potentially a greater role to play proportionately in orienting the child to the world outside. One is struck, in reading Helen Keller's diary, with how much her sensitivity to culinary values added to her joy in living. Workers with the deaf-blind might be particularly interested in the practices with which those cultures that have developed high responsiveness to subtle differences in foods and perfumes have initiated their young into these perceptions. Moreover, the historian would be interested in learning the methods by which the deaf-blind worker successfully inculcates such interest and discrimination.

Again, work with blind-deaf children may prove enlightening for the historian and psychoanalyst on the source of differentiation of creative powers and tastes in highly sublimated aesthetic values, such as those for various forms of plastic art. In turn, the flowering of sculpture, for example, in various periods and places in history, and the detailed psychohistory of individual sculptors may throw light on the way this creative form of motor discharge, which is so appropriate to the blind-deaf child because it is so relatively accessible, becomes the one particularly chosen.

These potential areas of mutual enlightenment for psychohistorians and teachers of the deaf-blind are seen as such on the assumption that the technique a child adopts to influence his or her environment is inevitably determined by his or her idea of that environment. Yet clinical observation has been slow to increase insight into the steps by which the infant's experience of the world around him or her results in mental representation of what it is like. In multihandicapped children, however, we are sometimes able to see constructed, piece by piece, a child's view of a world whose components are perceived by highly limited faculties. Thus we are helped to understand, by its reduction to a much simpler form, the process by which an infant constructs an idea of reality.

What have been some of the results of such inquiries? Research has confirmed the basic Freudian proposition that the child's conception of the world develops hand in hand with his or her ability to derive pleasure from it. The so-called cognitive capacity is totally dependent on the capacity for affect.

Decarie (1967) was the first to show, as far as I know, with cases of the most severely affected thalidomide children, the direct dependence on attachment to a person of a child's capacity to strive to manipulate his or her environment. Furthermore, she found, if a child actually reaches this stage of attachment, his or her affective involvement is shown by some equivalent of the clinging and following behavior shown by a normal infant at the breast. Her children were deprived of all normal motor capacity to make contact with the object that they had come to love; however, they represented by some other means the clinging gestures and following of the mother with the eyes that a nursing infant ordinarily exhibits. This discovery is given additional historical interest in the light of a related discussion. A psychologist had hypothesized that the increasing abandonment of breast-feeding may also have made clinging responses in the human infant obsolete. this suggestion occurred as a comment on a paper in which it had been reported that the bottle-fed baby does indeed show less of this behavior than the breast-fed one. Decarie's research seems to point to the need for the child to pass through the clinging and following stage in order to acquire those characteristics that make humans social beings.

Fraiberg and Freedman (1965) report that the blind child must take a major psychological step before he or she can gain knowledge of his or her universe by reaching out for objects. They found that the hand's function must be converted from one of a supplementary mouth (pinching and clawing) to an instrument with exploratory capacity. Making this transition is a change of great importance for further mental development.

Taking a long view of history, I think it remarkable that infants and young children have so often suffered bizarre or harsh treatment at the hands of adults, have so often been afflicted by trauma or separation, and yet have so often grown up able to perform, in ways gratifying to themselves, tasks set them by the outside world and approved by it. But only in the last few decades have we begun to understand the process by which children form attachments to and concepts about objects in the real world which permit them to serve their instinctual demands in ways gratifying to themselves and society. Thanks to your enormously difficult undertaking to help those children who are deprived of the most important means for sensing their environment, we are made better able to glimpse components of this process in its most elemental form.

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Community Recreation for the Handicapped

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San Jose is one of the few cities that has developed full-time year-round recreation programs for the handicapped, and I feel that we have one of the finest and certainly one of the most comprehensive programs in recreation services for the handicapped in the United States. Our programs began in 1971 when we created a unit to provide recreation programs for handicapped residents in Santa Clara County and the city of San Jose.

Our organization believes that everybody in the community has a right to recreation and that it is part of government's responsibility to provide all people the opportunity for recreation participation whether they are handicapped or not. In cases where individuals cannot participate in normal recreation activities because of a disabling condition or barrier, we must create special programs to facilitate their participation and recreation.

Currently we have programs operating at seven different locations throughout the city. We have a special recreation center in the downtown area for the mentally ill and for mentally retarded adults. This program serves about 1,600 mentally ill and mentally retarded adults living in board-and-care homes in downtown San Jose. In addition, we are in the process of opening up a new recreation center to serve 400 to 600 physically handicapped persons in the county. We operate programs at the Santa Clara Valley Blind Center, including a preschool program and programs for blind adults. We also utilize three swimming pools and provide a year-round swim program for people with various disabilities. Also, we have special contracts with the county superintendent of schools to provide recreation programs at the special schools for the orthopedically handicapped and the trainable mentally retarded. We also utilize numerous parks and recreation centers around town for special activities and outings.

Key Factors to Development

I would like to cite some of the major factors that have led to the establishment of a comprehensive program for the handicapped in San Jose.

I feel the most important element in our overall program is the staff. We have a high-quality competent staff. Several major universities are located in the area so we are able to employ students for part-time staff and university graduates for full-time staff. Currently we have 14 full-time people working in programs for the handicapped and about 40 part-time workers. We also employ handicapped people to work in our programs. I think our staff is one of the key factors responsible for our rapid growth in the last three years.

The second factor that I feel is very important and would recommend for any program development is the use of publicity through the news media. We have a full-time person doing public relations work, publicity, and promotion; this person works with radio and television stations and newspapers. This work has been responsible in large part for the community response and support for our programs. We emphasize a lot of our special "glamour" programs, such as special Olympics and wheelchair sports. This publicity generates community interest and support for other programs as well.

Support of city officials is also important. The mayor, council members, heads of departments, and heads of key voluntary health agencies should be involved in the programs. We have had excellent support from these people.

Finally, a cooperative working relationship with other agencies must be developed. I cannot think of a single program we conduct that is not done in cooperation with at least one other agency. We work with the special programs like HOPE for the Retarded, which has prevocational workshops and other types of programs for the mentally retarded. We also work with the United Cerebral Palsy organization, the Muscular Dystrophy Association, the California Wheelchair Athletic Association, and several national organizations. By combining the work of these agencies and coordinating efforts to get supplies, staff, and resources, we have been able to develop a comprehensive program that serves not only recreational needs but also assists in meeting some of the peripheral needs of the handicapped.

Beginning of Deaf-Blind Recreation

San Jose's recreation program for the deaf-blind began back at the University of Iowa two years ago in the recreation education program. The University of Iowa received a two-year grant from the U.S. Office of Education's Bureau of Education for the Handicapped. During the first year, information was collected on motor development, adaptive physical education, and recreation for the deaf-blind throughout the United States. During the second year of this grant, local institutes were established throughout the country. In May, 1974, professionals from different fields in recreation and physical education for the deaf-blind gathered at the University of Iowa to deliver papers and present different ideas on what could be done in recreation and physical education for the deaf-blind. The resources and materials they developed are now available from the Recreation Education Program, East Hall, the University of Iowa, Iowa City, IA 52242.

San Jose Model

Four areas of service to the deaf-blind were included in the San Jose model. The first was a baby-sitting training program, which we have just completed. The response was tremendous. We had over 150 teenagers apply for this training program. The course lasted three weeks. Participants received two hours of inservice training in the morning, and then, in the afternoon, they were placed with a family who had a deaf-blind child to receive additional training from the parents. The instructor would go from home to home supervising. Graduates were given certificates, and their names were placed on a list that is available to all health agencies that serve multihandicapped and deaf-blind children. Parents who are interested in obtaining trained baby-sitters for their deaf-blind child can contact our department in San Jose, and we can place them in touch with a baby-sitter.

The other three programs were a Saturday recreation program offering a variety of recreation activities every Saturday during the school year; a summer swim program; and a camping program. There are two elements to the camping program. One is a day camp program, which includes the usual day-type camping activities and is conducted in one of our parks or at a school. The other is a family camping program in the Sierra Nevadas where families of deaf-blind children and the children themselves attend for an entire week. The recreation department provides a recreation specialist to work with the children, and there are professionals from other disciplines to conduct workshops and sessions on counseling, nutrition, and other areas of caring for the deaf-blind for the parents.

Review of San Jose's Programs

Our department conducts programs for persons with a variety of handicapping conditions. One program is conducted at the community center for downtown board-and-care residents. These are adults who are mentally ill or mentally retarded. Activities include dances, wood-shop classes, and homemaking classes, where participants learn to cook and do home repairs and general activities that will enhance their ability to live independently in the community. There is also a program in the special schools for the trainable mentally retarded. Activities include socialization programs; activities which enhance language and motor development skills and skills needed for expression; and dance, music, drama, and art activities. We try to select recreation activities that will enhance the educational process and aid in the growth and development of the child. We have a variety of special recreation equipment that we use in our programs.

Our special Olympics program has over 1,400 mentally retarded persons participating each year. This not only includes track, field, and swimming events but also a special program of basketball during the winter. These programs emphasize gross and fine motor development. There have been many studies that show learning is enhanced when motor development is incorporated with academic skills.

There is a separate special Olympics program for floor hockey and gymnastics. Floor hockey is a game played on a smooth hard surface. Children wear tennis shoes and use a cutoff broom stick. A round felt puck that looks like a doughnut is used. The children use their sticks to move the puck around as in regular hockey. It is an easy game for them to learn, and it offers much gross motor movement. Physical contact is involved, but it is a very safe game, learned easily, and enjoyed very much.

We take trips quite often to a bowling alley that has ramps installed for the physically handicapped. We conduct bowling leagues not only for the retarded but for the physically handicapped. Several hundred people participate in the leagues and tournaments.

In general we try to provide the same type of recreation activities for the handicapped that are provided for the regular population. Many of the activities of the regular Olympics are also conducted during wheelchair games.

Wheelchair Sports

Wheelchair sports include discus and javelin throwing contests, swim meets, obstacle course maneuvers, and table tennis games. Players are classified according to the level of their disability, depending on the extent of muscle control they exhibit.

Another wheelchair activity that we are involved in is wheelchair basketball in the northern California wheelchair basketball league. We have several athletes from Santa Clara County who participate not only in our state games but also in the national games and Pan-American games. One of the ways we raise funds is to challenge able-bodied basketball players to a wheelchair basketball game. Games have been played against the Warriors and against local radio station personalities. We sell tickets to the games, and from these exhibitions we are able to raise several thousand dollars each year to pay for uniforms and parts for wheelchairs. The mortality rate for wheelchairs is quite high. Spokes are broken, and some players' knuckles are bruised, but participants enjoy it. It is very competitive, and there have been a couple of occurrences where players have gotten into fights. One guy pulled another guy from his wheelchair and beat the heck out of him. The competition is every bit as keen and challenging as in any of the able-bodied sports. We operate these programs for a variety of disabilities, including the educationally handicapped, the mentally retarded, the orthopedically handicapped blind, and the mentally ill.

If we had to rely on city and federal funding alone, our program could not operate. We still need volunteers and donations from the community; that is, free services and free use of facilities.

One of our techniques for getting support from the community is to get important people involved in as many activities as we can. The starter for the wheelchair races last year was a world swimming champion from Australia. We have several Olympic athletes in the area. One of our honorary board members from the San Jose Sports Commission is Bud Winters, who has become interested in the wheelchair Olympics. Bud is an Olympic track coach and is a nationally known track coach at San Jose State University.

Programs for the Blind

Our preschool blind program is an integrated program. We have blind children as well as sighted children in this preschool program, which is conducted Monday through Thursday. We found that the blind children will learn certain things more readily from their sighted peers than they will from the adult teachers. One of the major objectives of the program is to teach preschool readiness skills and self-care skills such as eating and dressing. A big emphasis is placed on independence. There are instances of blind children having been refused admission to special schools because of the severity of their disabilities. After their participation in our program for a year or so they were able to reach an acceptable level of independence and could attend school. Some of the children taking part in the program never had been out of their cribs before they were referred to us. Others had had no exposure outside of the home before they became involved in our program.

Elements for Successful Staff

In developing community recreation programs for the handicapped, three areas are emphasized in staff development. First, the person working with the child should have a general understanding of the cause of the disability and its characteristics and be able to recognize the child's abilities and limitations, including medical needs. Staff persons should have an understanding of normal child growth and development so that they can determine to what extent the handicapped child varies from the normal growth pattern. Second, the worker should have abilities and skills in a wide range of recreational activities, including games, crafts, social activities, motor activities, and language activities. The staff member should have a knowledge of resources available in the community. Third, staff members must know therapeutic procedures used in working with the handicapped and be able to present the activities using proper methods and techniques. Staff members must know how to select appropriate activities that will promote growth and development and how to evaluate the progress and the effectiveness of the activity to determine if it is beneficial or detrimental.

Planning for Nutrition of the Handicapped Child

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Experience with the team that provides diagnosis and evaluation for the visually impaired and multihandicapped at the Child Development and Mental Retardation Center in Seattle confirms for me a statement that one frequently hears: Children with handicaps are nutritionally vulnerable and risk a variety of problems that are related to improper food and nutrient intake; moreover, many of these problems are preventable.

It also is apparent that the success or failure of many of the programs designed to modify a child's food intake often are strongly influenced by the teacher; by the teacher's own attitudes about food; by the teacher's understanding of medications and their effects on the child's appetite and metabolism; by the manner in which teachers use food to modify behavior; by the teacher's success in teaching the child to feed himself or herself; and by the priorities that teachers give to nutrient intake when they select foods to be offered to the child as reinforcers or to be withheld until a task is completed.

Not all deaf-blind children have feeding or nutritional problems; however, many of these children are undernourished or overnourished. Their improper intakes of nutrients may be due to associated physical anomalies, delayed development, hyperactivity, or hypoactivity. In addition, teachers of the deaf-blind may not understand the critical periods of learning in relation to eating table food and the need for nutrients. Furthermore, teachers who work with the deaf-blind child are often understandably anxious about what and how the child should eat.

In this respect, commonly reported concerns include: obesity; slow growth in weight and lack of appropriate gains in length; anemia; lack of appetite; excessive appetite; food allergies; refusal of food or specific groups of foods; excessive and frequent intake between meals of high-carbohydrate sweet foods that dull the appetite at mealtime and result in limited intake of many nutrients; refusal of table foods; and continued use of strained food when children are developmentally ready to consume more mature textures.

I should, therefore, like to share with you my concerns about the energy and nutrient intake of the deaf-blind children with whom you are working, and I should like to elicit your help and support in creating an environment and providing the foods that will result in the prevention and/or amelioration of nutritional concerns in these children.

Evidence Provided by Studies

There are only a few studies of nutrient intake or feeding problems of deaf-blind children. Studies of children with other handicaps, however, offer relevant information on which estimates of requirements for energy, nutrients, and food can be made. Studies in institutions for the mentally handicapped provide criteria on which estimates of appropriate energy intake may be made. Studies of children with abnormal motor patterns suggest problems in achieving appropriate nutrient intakes for children with cerebral palsy. In addition, studies indicate the effects of anticonvulsants on folic acid metabolism and the need for vitamin D.

Energy Requirements of Developmentally Delayed Children

Culley and Middleton (1969) report that institutionalized retarded children who are ambulatory with and without motor dysfunction have energy requirements similar to those of normal children if height is used as a standard for estimating caloric needs. Culley and Middleton find that when motor dysfunction becomes severe enough to cause children to be nonambulatory, the calorie requirement per centimeter of height is significantly reduced. Because many of the children in this study are of short stature, their calorie requirements are less than those of other children the same age. Deaf-blind children frequently have short stature because of biological or genetic defects and, if so, will require fewer calories than other children of the same age.

Mertz (1961), on the other hand, reports that a group of emaciated children in an institution for the mentally handicapped have energy requirements in excess of normal children. Even though such children have caloric intakes approximating the recommended amounts for age, the children remain emaciated.

Careful evaluation of the child's growth in response to the calories he or she consumes may be important in establishing the appropriate number of calories which should be consumed.

Studies of Children with Cerebral Palsy

Studies of free-living populations of cerebral palsied children show acceptable intakes of nutrients other than iron. Vitamin A and C intakes are considered equal to those of normal children (Hammond, 1966), but diets consistently are reported to provide less iron than is considered adequate (Karle, 1961). Dietary intakes of less severely retarded children are markedly higher in all nutrients except vitamins A and C.

The energy value of the diet is influenced by the child's ability to self-feed. Children with motor involvement and mental retardation severe enough to interfere with the ability to feed tend to consume fewer calories than children who are able to self-feed (Hammond, 1966). Deaf-blind children who have not learned to feed themselves may face similar problems.

Spastic children are repeatedly reported as being overweight for height and having low calorie intakes for age. Weight greater than 20 percent of that anticipated for height is felt to interfere with the child's ability to learn to walk (Hammond, 1966). Children who are able to consume very limited energy intakes must consume an abundance of foods that provide nutrients as well as calories. Foods such as candy, cookies, and potato chips, which supply only calories, should be offered to such children in very limited amounts.

Effect of Anticonvulsants and Stimulant Drugs on Nutrient Requirements and Appetite

Anticonvulsant drugs that are prescribed to control seizures increase a child's need for vitamin D and alter folic acid metabolism. Stimulant drugs that are often prescribed for hyperactivity reduce a child's appetite and rate of growth. Teachers should be alerted to the potential effects of these drugs on a child's nutrient needs.

Anticonvulsant drugs and vitamin D. Evidence of vitamin D deficiency is found in both institutionalized persons and outpatients who have been treated for long periods with anticonvulsant drugs for control of seizures. Researchers report that serum calcium levels are normal or low, serum phosphate levels are low, and serum alkaline phosphatase levels are elevated. Cases of rickets and osteomalacia confirmed by roentgenograms are reported (Lefshitz and Maclarin, 1973; Silver, 1974; Mendlinsky, 1973).

Phenobarbital and diphenylhydantoin (dilantin) are commonly used alone or in combination with other medications to control seizures. It is a hypothesis that these medications cause an increased metabolic requirement for vitamin D because of the drugs' effects of inducing hepatic microsomal enzymes that interfere with the metabolism of cholecalciferol (vitamin D) to its 25-hydroxymetabolite, which is an intermediary metabolic step in the formation of 125-dihydroxycholecalciferol, the biologically active form of vitamin D (Lefshitz and Maclarin, 1973).

Lefshitz and Maclarin, in their study of residents of an institution for the mentally handicapped, report an incidence of rickets of 7 percent in those residents who are less than fifteen years old and on long-term anticonvulsant therapy. All residents of the institution receive a diet providing adequate amounts of calories, protein, fat, calcium phosphate, and supplemental vitamins. Their intakes of vitamin D_2 approximate 800 to 1,200 IUs (international units) per day. Rickets were diagnosed in those individuals who are nonambulatory spastics, have lived indoors most of their lives, have infrequent exposure to sunlight, and have received combinations of anticonvulsant medications. Lefshitz and Maclarin report that daily doses of 6,000 IUs of vitamin D_2 or 50 units of 25-hydroxycholecalciferol rapidly healed rickets.

Lefshitz and Maclarin also find that residents who receive phenobarbital only had decreased serum calcium levels but no alterations in serum phosphorus levels as compared to children who received no medication. Those who received diphenylhydantoin alone had no detectable alteration in serum calcium and phosphorus but increased alkaline phosphatase activity compared to the children who were used as controls. Combinations of anticonvulsant medications, however, had highly significant effects on concentrations of serum calcium, phosphorus, and alkaline phosphatase, thereby producing marked drops in serum calcium and phosphorus levels and elevations of serum alkaline phosphatase levels.

Silver (1974) finds that institutionalized adolescents who receive anticonvulsants, whose intake of vitamin D averages 85 IUs per day, and who have frequent exposure to sunlight have serum calcium levels that are not significantly different from those who are not receiving anticonvulsants but that serum phosphorus levels are lower and serum alkaline phosphatase levels are elevated compared to the controls. Silver finds that 3,000 IUs of vitamin D_2 per week causes rises in phosphate levels and this amount leads to radiological evidence of healing in those children with diagnosed rickets. Silver finds no case of rickets resistant to treatment with vitamin D.

Amounts of vitamin D necessary to prevent deficiency and rickets in children receiving anticonvulsant therapy appear to vary and depend on the number of anticonvulsants the child receives, the sizes of the dosages, the child's mobility, and his or her exposure to sunlight (Mendlinsky, 1973). It is suggested that such children be monitored biochemically regularly (Lefshitz and Maclarin, 1973).

Anticonvulsant drugs and folic acid. Drug-induced disturbances of folate metabolism have been found in a significant number of patients receiving anticonvulsants. Low serum folates accompanied by a fall in red cell folate and cerebrospinal folate levels are reported in 33 to 90 percent of patients studied (Norris, 1974). Megaloblastic anemia is reported in 0.5 to 0.75 percent of epileptic patients. The symptoms are usually associated with diphenylhydantoin therapy but can occur with phenobarbital or premidone (Reynolds, 1974). The mechanism by which the drugs affect the metabolism of folic acid is unknown.

Administration of folate is reported to precipitate seizures in some patients who are being treated with anticonvulsants. Other studies, however, offer the conclusion that folate apparently has little effect on the frequency or severity of seizures (Norris, 1974).

Hyperactivity stimulant drugs and calorie intake. Hyperactivity or hyperkinesis sometimes occurs in deaf-blind children and is frequently treated with stimulant medication (Krager, 1974). Dextroamphetamine and methylphenidate are the two most commonly used drugs. A common side effect of such stimulants is anorexia. Safer and Allen (1973) report significant suppression of height and weight by dextroamphetamine, growth suppression by methylphenidate when dosage was over 20 milligrams per day, and further suppression of growth with increasing degrees of drug use. Safer, Allen, and Barr (1975) find that discontinuance of the medication during summer months results in a growth rebound of 15 to 68 percent above expected increments, and that the growth rebound is proportional to the degree of growth suppression.

At the Child Development and Mental Retardation Center in Seattle, studies of two children receiving these drugs showed that administration of stimulant drugs causes a decreased intake of calories and the nutrients which accompany them. Increased dosages of drugs resulted in decreased caloric intakes. Dextroamphetamine levels of 20 milligrams or more and methylphenidate levels of 40 milligrams or more decrease caloric intake significantly. Methylphenidate appears to have a lesser effect on caloric intake than dextroamphetamine.

Because of the effect of the drugs on the appetite of children receiving the drugs, very careful planning in regard to feeding is important. Children generally eat well at the morning meal if breakfast is presented before the drug is given. As the drug begins to wear off and appetite increases, food of high nutrient value should be available to the children before the next medication is given. This may be difficult in the school or institution that adheres to a rigid schedule for medications, meals, and classes. Institutions with flexibility, however, can take advantage of the child's appetite, however small, when it manifests itself by providing foods with high nutrient quality at that time. Appetites of children so treated cannot and should not be used as guides to appropriate quantities of food to be consumed. Teachers who feel nature knows best are ignoring the effects of the medication.

Planning Food for Multihandicapped Children

Studies indicate, and clinical practices demonstrate, that the four nutritional problems most frequently encountered among handicapped children are as follows:

1. Undernutrition is due to limited consumption of food resulting in intakes of all nutrients in less than desirable amounts.
2. Overnutrition is due to excessive intakes of food and calories resulting in overweight or obesity.
3. Iron deficiency anemia is due to an inadequate consumption of foods that contain iron.
4. Excessive and frequent intakes between meals of high-carbohydrate sweet foods dull the child's appetite at mealtime for foods that provide nutrients as well as calories.

A handicapped child often receives a considerable portion of his or her food while he or she is at school. This food is given in the form of meals, snacks, and food used as reinforcers. Therefore, planning for the provision of foods that contribute protein, minerals, and vitamins as well as calories is essential if children are to consume an appropriate number of calories and essential nutrients. Meals and snacks should be carefully planned so that they complement one another and result in appropriate intake of the foods that provide the necessary nutrients. In other words, the person responsible for planning snacks should have knowledge of the food to be offered the child at mealtime, and the snacks should be planned to increase the nutrients available to the child. Snacks such as milk, cheeses, peaches, apricots, and green and yellow vegetables contribute vitamin A. Oranges and orange juice, strawberries, melons, and tomatoes contribute vitamin C. Cheese, yogurt, milk, and other dairy products are snacks children enjoy; these snacks contribute protein, riboflavin, and calcium.

Planning for feeding groups of handicapped children implies that the food offered may have to be modified to suit an individual child's needs. Some children will need attention focused on increasing appetite and food intake while others need attention paid to reduction of caloric intakes. Every child needs to receive foods that contain appreciable quantities of iron daily. It is to no child's benefit to receive excessive quantities of the sugar-containing foods that offer little but calories. Nor does it help the child to offer food so frequently that the child never knows when he or she is hungry or when it is time to eat.

The problems discussed are preventable. It seems appropriate, therefore, to discuss general principles that may be applied to effect solutions.

Undernutrition

Handicapped children may consume less than appropriate amounts of food because:

1. They lack appetite.
2. They are offered food so frequently that they never develop an appetite. Tasks which require reinforcement with food should be planned so that they do not interfere with appetite at mealtime.
3. They become so hungry that they lose their appetite. It may be important to remember that food withheld until the child finishes a task may dull a brittle appetite at mealtime and result in an inappropriately limited food intake.
4. They are too weary to eat.
5. They are consuming drugs that interfere with appetite.
6. They are so handicapped that they have never learned to feed themselves, and the person who is responsible for feeding them does not have sufficient time to devote to feeding and does not give sufficient amounts of food.
7. They are disturbed by psychosocial factors such as stress and tension.
8. There is a lack of sufficient quantities of food.

Efforts to help such children should be directed initially toward creating an appetite. To increase the child's appetite, food should be offered at intervals of no less than 3 nor greater than 4 hours. Fat remains in the stomach longer than other nutrients and adds satiety to the diet; therefore, reduction of fat consumed often aids in creating appetite. Two-percent or nonfat milk in preference to whole milk, and omission of high fat snacks, such as potato chips, crackers, and cookies, can appreciably reduce the total fat content of the diet. Each meal should include at least one food the child enjoys, and the child should be reinforced for foods he or she consumes. Parents should be counseled about scheduling meals and the provision of appropriate between-meal feedings so that a consistent effort is made to increase intake, and parents should receive support for their efforts in this direction. The child's response to efforts at increasing his or her consumption should be monitored by periodic determinations of the child's weight and height. If efforts are unsuccessful, a new strategy should be planned.

Overnutrition

Overweight and obesity are indicative of excessive intakes of calories. Energy requirements are determined primarily by the basal metabolic rate, rate of growth, and activity pattern of the child. An intake of calories in excess of expenditures will result in an excessive gain in weight. An intake of approximately 3,500 calories in excess of that expended over any period of time will result in a weight gain of one extra pound. One-and-a-half slices of bread, one large apple, one-third cup of ice cream, three graham crackers, and eight ounces of carbonated beverage provide approximately 100 calories each and when consumed in excess of energy needs will result in one extra pound at the end of a month. Such quantities and more are known to be used as reinforcers in the classroom.

Handicapped children may be overweight or obese because:

1. Their energy needs are not understood.
2. Their calorie intake is not reduced despite their immobility and lack of activity compared to other children.
3. They are fed inappropriate foods as reinforcers.
4. They lack interest in activities other than eating.
5. They receive reinforcement for eating but none for activities that involve no food consumption.
6. They are offered food that has a high calorie concentration.
7. There is a lack of control of portion size.
8. Parents and teachers are reinforced by the children for food prepared and in turn feed the children excessive quantities and inappropriate foods.

Efforts should be made to reduce the rate of weight gain or to prevent further weight gain. Occasionally a child will be sufficiently obese so that weight reduction may be important.

To cause reduction in energy intake, it may be important to remember that fat contributes approximately twice as many calories as does protein or carbohydrate, and that elimination of gravies, butter, cream, and fried food may appreciably reduce the number of calories a child consumes. School lunches may have to be modified.

Portions should be controlled and the child permitted second helpings of only lower calorie fruits and vegetables.

Foods used as reinforcers should be carefully selected. To effect reduction in total calorie intake, some teachers use foods from meals as reinforcers or subtract from a meal foods equal in caloric value to those foods that are used as reinforcers.

Snacks should be carefully planned. Dill pickles, unsweetened fruit and fruit juice, artificially sweetened gelatin and lemonade, and low-fat yogurt are appropriate snacks for children who must restrict their total calorie intake.

Overweight children should not be reinforced for consuming food, and nonfood related activities should be reinforced with social reinforcement.

Foods as Sources of Iron

Every child should receive foods that supply appreciable quantities of absorbable iron each day. Such foods include meat, liver, eggs, dry beans, leafy green vegetables, and dried fruit. Snacks can contribute to the daily iron intake. Foods such as liverwurst, hard-boiled eggs, and raisins provide iron and are enjoyable snacks.

Summary

Multihandicapped children may have problems of feeding and nutrient intake due to a variety of causes. In fact, few feeding problems result from a single cause, and the talents of several disciplines may be necessary to effect solutions to problems presented. Four common problems and suggestions for effecting solutions of these problems have been presented here to aid the teacher.

Appropriate foods must be offered by the school and the teacher if children are to receive and consume the variety of foods that supply the necessary nutrients and appropriate number of calories. School personnel should discuss with parents the types and quantities of food available to the children at home, and programs should be planned so that a consistent approach to food and feeding is effected.

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Vocational Rehabilitation for the Deaf-Blind

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The entire purpose of vocational rehabilitation is to get the best possible "fit" between the abilities of the disabled person and the skills required by the job and, conversely, between the gratifications of the job and the needs of the person. A good match between individual skills and the job requirements will allow employment to occur. A good match between the rewards of the job and the individual's needs will keep the person on the job. For the purpose of our discussion, let us consider the usual sequence of vocational rehabilitation events to be the following:

1. Application
2. Diagnosis
3. Assessment
4. Extended evaluation
5. Certification and eligibility
6. Job training
7. Job placement

Application

First, we must get the deaf-blind person into the system. A simple statement, "I am applying for vocational rehabilitation services" signed by the deaf-blind person, is all that is required.

The application entitles the deaf-blind person to a determination of eligibility. Eligibility is certified on the basis of three factors: (1) Is there a disabling condition? (2) Is it a handicap to employment? and (3) Is there a specific vocational goal for the person? If the answers to these questions are yes, then client and counselor make a contract involving the training and services necessary to get the person on a job.

Diagnosis

The diagnosis of the disability is usually easy to get. We can get volumes of medical information attesting to what is "wrong." We can also describe why the deaf-blind person cannot easily work with all these things "wrong" with him or her.

We have an application and diagnosis (disabling condition plus a handicap to employment), but can we identify a specific vocational goal for the client? No! We have not yet examined his or her abilities to determine what is "right" with him or her. How can the client use his or her assets to the best advantage? Traditional tests and measurements are not going to help us with the deaf-blind client. We are going to have to rely on observation and clinical intuition. Clinical intuition is "best guess." And that is what we want it to be, the best guess rather than "your guess is as good as mine." Parents, teachers, and counselors are all going to have to cooperate in observing and contributing to that best guess.

Assessment

What should you be observing? First consider genes: What special interests and abilities do others in the family have? Is it possible that the deaf-blind client shares some of them?

What motivates the deaf-blind person? Parents know what rewards they use in teaching and disciplining their child. Teachers, too, know reasons why the child will perform. People work for rewards. Many of the deaf-blind child's rewards will apply to his or her work setting.

We all can observe the skills of a deaf-blind person. We can note whether he or she can use current skills in a new situation. How long does it take to learn a new skill? All of this information can help the counselor begin to identify a specific vocational goal for that person.

Extended Evaluation

Another option available to the counselor is the extended evaluation, which allows up to 18 months for a planned assessment of a severely disabled client; however, at the end of the extended evaluation, a specific vocational goal must be identified or the client must be considered ineligible.

Obviously, then, it is in the best interests of the deaf-blind person to do everything possible to facilitate the best possible use of extended evaluation and its most favorable outcome.

First, we need to allow enough time in the educational process to develop the skills for living.

The individual is never going to be in a better situation for being taught language than he or she is in school with a teacher trained to teach language.

A work evaluator may be favorably impressed at the speed with which a deaf-blind person assembles nuts and bolts, but what do you think the evaluator's response will be to being bitten when he wants the person to change tasks? If the deaf-blind person can hold a job soldering circuits but cannot get himself down to the lunchroom or operate a vending machine, who is going to teach these skills? And what will the supervisor's reaction be?

Deaf-blind people need parents and teachers who can help them develop living skills which are more basic than working skills.

We should develop a checklist of the kinds of basic skills a deaf-blind person needs to participate effectively in the extended evaluation or to be "vocationally ready."

I asked a number of people what vocationally ready is. I got many opinions and nothing objective; however, if we put together a list of the most frequently mentioned skills, we may arrive at something objective. I arranged the most frequently cited skills into three categories: personal skills and social behaviors, communication, and orientation and mobility.

Minimal Skills Checklist

Personal Skills and Social Behaviors

1. Self-Care Skills
    - a. Minimal self-care skills are complete (eating, toileting, and dressing)
    - b. Can produce signature upon request
    - c. Understands value of money as medium of exchange (does not lose, give away, or destroy money)
    - d. Can operate a vending machine
    - e. Can prepare a simple meal (sandwich or cereal)
2. Behaviors
    - a. Has concept of self (knows name, me, mine, and so forth)
    - b. Can imitate
    - c. Can be rewarded
    - d. Has a relatively appropriate outlet for rage and frustration
    - e. Can attend for 10 minutes
    - f. Has concept of personal safety
    - g. Can cooperate
    - h. Will accept more than one authority figure
    - i. Has hobby or activity to be done individually
    - j. Can sequence three steps
    - k. Has basic concept of "work" as opposed to play, home, school, and the like

Communication

1. Expressive Communication
    - a. Can communicate a need (words, signs, or gestures)
    - b. Can indicate illness or injury
    - c. Can express emotion with relative appropriateness
2. Receptive Communication
    - a. Understands "survival" words:
        - eat
        - drink
        - stop
        - toilet
        - wait
        - yes
        - no
        - finish
        - come
        - more
        - sleep
        - go
    - b. Understands concepts (or can imitate)
        - hot/cold
        - up/down
        - give/take
        - push/pull
        - wet/dry
        - over/under
        - clean/dirty
        - empty/full
        - near/far
        - soft/hard
        - open/close
        - right/left
        - top/bottom
        - on/off
        - smooth/rough

Orientation and Mobility

1. Indoor Skills
    - a. Can travel independently in familiar environment and retain orientation
    - b. Can follow a sighted guide in unfamiliar environment
    - c. Can locate, upon request, four stations in familiar environment; e.g., work station, restroom, lunchroom, pick-up point, or bedroom, dining room, living room, and bathroom
2. Outdoor Skills
    - a. Can follow a sighted guide
    - b. Has concept of "wait"
    - c. Has a sense of personal safety

Many of the skills listed may change, and the categories can be altered; however, this checklist is a starting point for the evaluation of a deaf-blind person's readiness for vocational rehabilitation.

The local rehabilitation agency should be involved in the evaluation. A rehabilitation counselor should be a member of the team that sets educational objectives so that the deaf-blind person will have all the basic living skills at the termination of formal education.

The teacher should visit the local sheltered workshops and rehabilitation facilities. By observing what skills are useful, what behaviors are tolerated, and what teaching methods are used, the teacher should have a better picture of what the deaf-blind person needs to make the best use of extended evaluation and to be vocationally ready.

Most of you are familiar with the term daytime activity center (DAC). The DAC may serve many positive purposes such as day care, socialization, opportunity for life experiences, behavior modification, and occupational and recreational therapy for a deaf-blind person. It may be used as a transition to a higher level of adjustment by modifying some behavior that interferes with training or assessment. It may also be the level at which some deaf-blind clients remain throughout their lives. It is not a goal of vocational rehabilitation.

A work activity center is very similar to a DAC, but the activities simulate work. As a transition to a higher level of employment, work activity serves a positive purpose. A work activity center also has some value for the person who needs to work. Money may be used as a reward, but it is not substantial gainful employment. It is also not a vocational goal.

Certification and Eligibility

The sheltered workshop for deaf-blind persons provides help to the employees. This help or shelter may be given in the performance of the job itself because the person cannot produce at a minimum wage rate. The shelter can be given in terms of support services in transportation, living arrangements, and socialization. The employee must be able to produce at the 25 percent level of the production equal to the minimum wage rate. This is considered substantial gainful employment. Hopefully, the client will move toward production at a level which will bring him or her the minimum wage, but he or she can be certificated at a lower level, if necessary.

A sheltered workshop position may be a vocational goal. But it also may be a transitional stage as the deaf-blind client works toward his or her highest level of achievement.

Job Training

Competitive employment is any occupation at which a person can make the minimum wage or better and can perform without the kinds of shelter just discussed. There are deaf-blind children who are capable of being competitively employed and who will live independently. It is possible that deaf-blind persons might go directly into competitive employment. They should have the opportunity of entering at any level, and they should have a chance to progress to another level.

If the extended evaluation is used, and the verdict is "not feasible," all is not lost. Deaf-blind persons may still make use of a daytime activity center or a work activity center. They can work on remediating their problem areas. They can apply again for vocational rehabilitation, and perhaps this time they will succeed.

Job Placement

For the last several summers our agency has operated what we call the SOS Project. The letters SOS stand for Summer Opportunities for Students. The project uses the facilities of the Minneapolis Rehabilitation Center for work evaluation. The students are housed in a dormitory on the University of Minnesota campus. The project runs for four weeks and is divided into two parts: work evaluation and work experience.

During this summer's program we included a young man who has been legally blind and severely hearing impaired since birth. He can hear speech at a louder-than-normal-conversation level. He does have speech and has had extensive and intensive speech therapy each school year and every summer for years. His speech is fairly understandable.

He understands work. His family has assigned him tasks in the family business. He is eager to please and performs for praise. He has reading and writing skills and several interests to pursue in his spare time.

He did well in the SOS Project. We found his biggest problems to be his youth and his lack of experience. He did not have much in common with his co-workers. But these are not insurmountable problems when you are fifteen years old!

The Chicago Lighthouse for the Blind conducted a prevocational program for several deaf-blind students during the summer of 1974. The students selected for this program were from a variety of settings, including a state hospital. Their generally high level of functioning and the lack of self-stimulatory behaviors were remarkable. There was a one-to-one ratio, and the activities were prevocational in nature, but I think the point was clearly made that a job is in the future of these students. And, if these students can work, so can others! I think the project is commendable, and I hope to see other such projects.

Summary

In summary, vocational rehabilitation can work with deaf-blind clients. Some actions educators and parents can take to facilitate the process are the following:

1. Stress ability, and point out individual differences.
2. Request consultation from your local vocational rehabilitation agency in enumerating those skills which are basic for working.
3. Enlarge your own knowledge of the world of work and its requirements.
4. Use what has already been done to further develop programs and services.
5. Believe that deaf-blind people will work.

Appendix A

How the Legislative Process Works

General Nature of the Legislature

The two houses of the California Legislature are quite distinct. The Senate and Assembly vary both in structure and in personality. The Senate, operating under its tradition of upper-housemanship, forms the senior body. The Assembly traditionally has been the more innovative house. Members of both houses are elected under the one person-one vote concept, from fairly equally proportioned districts. Senatorial districts are roughly twice the size of Assembly districts.

In the Senate the Rules Committee wields the power. Chaired by the President Pro Tem of the Senate, this committee appoints chairpersons and members to the standing committees, each of which deals with a given area of state government. The Rules Committee also assigns bills to the standing committees where they will be heard. Both houses have one committee to deal with fiscal considerations as well as many to handle policy issues. The assignment often spells the future of the bill, for a committee may exercise virtually complete power over the bill's fate.

The presiding officer of the Senate is the Lieutenant Governor. His authority, however, is limited. He can vote in the Senate only when there is a 20-20 tie. Such a tie easily can be prevented even in a balanced Senate by sending one Senator out of the chamber when the vote is taken. The Lieutenant Governor rarely presides, and in his absence, the President Pro Tem chairs the sessions of the Senate.

While the President Pro Tem of the Senate is a powerful figure, he lacks the muscle of the Assembly Speaker. In the 80-member Assembly, the Speaker rather than the Rules Committee appoints the chairpersons and members of the standing committees. He assigns the bills to committee and administers the affairs of the lower house, where members are elected for two-year terms, making the turnover more frequent.

The Assembly Rules Committee, whose chairperson is appointed by the Speaker, oversees the administrative, fiscal, and business affairs of the Assembly. The chairperson appoints a chief administrative officer to carry out these duties. The members of the Rules Committee are elected by the Assembly.

How an Idea Becomes a Law

Bills are introduced for a wide variety of reasons. Some are requested by the administration to modify public programs. Others are requested by special interest groups to change public policy affecting their constituency. Still others are the result of a special interest or expertise on the part of the authoring legislator.

Whatever the source of the idea, it must be put in proper form before introduction. The Legislature employs a body of lawyers responsible for drafting all bills and giving legal opinions to legislators on any proposed laws. When the bill has been drafted by this body, the Legislative Counsel, the author signs it and submits it to the desk of the house to which he or she belongs. The chief clerk of that house assigns it a number and sends it for its first reading. A bill must undergo three readings on the floor of each house. The first and second readings consist of the chief clerk's reading aloud the number and author of the bill. This seemingly archaic custom was designed and still serves to alert all interested parties to the status of each bill.

The bill is then assigned to a standing committee by the Rules Committee of the Senate or the Speaker of the Assembly, as the case may be. There is no rule that a bill pertaining to a certain area must be assigned to the standing committee in that area.

A bill with no fiscal implications will go from the policy committee to its second and third readings in its house of origin. A bill with fiscal implications will go from the policy committee, to the floor for the second reading, and then to the fiscal committee. If passed by that committee, it is sent to the floor for the third reading, the only time that it is actually discussed on the floor. If approved by the house of origin, it passes to the second house where it follows the same procedure.

Most of the discussion of bills takes place in committee hearings. These hearings provide the only opportunity for public participation. Any interested persons may present their views by testifying at committee hearings. All committee voting is done by a roll call voice vote. This procedure recently was adopted by both houses.

If the second house amends the bill, it must be sent back to the house of origin for concurrence. If the amendments are not acceptable to the original house, a conference committee is formed. Three members from each house strive for compromise. When agreement is reached, the bill is taken back to both houses for a roll call vote.

The passed bill is sent to the Governor for his signature. When the Legislature is in session, the Governor has ten days to veto a bill. Otherwise he signs it or lets it automatically become law by taking no action on it for 30 days. Once signed, the bill is incorporated into the journal of state laws. It becomes an enforceable law on the sixty-first day after signing.

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Appendix B

How to Work on Legislation

Important bills that affect you are considered each year by the Legislature. It is important that individuals, groups, and organizations have their input to this process.

Beginning of Session

Early in the session before the Legislature is organized, while committees are being formed and when bills are just beginning to be introduced, is the time to ask for a meeting with your local legislators. One good way to start is to write your representatives at their local offices, identifying yourself and your organization and asking for an appointment. Express to them your concerns. Be specific about your problem. Cite numbers, cases, and/or examples of the way this problem is affecting people in your districts: day care, nutrition, and the like.

Introduction of Bill

Each bill is given a number and assigned to a committee. Write to your own legislators and to members of the committee. Bills generally are amended many times; this early stage is a good time to indicate the changes you feel should be made. Speak to the specific interests affecting the legislator's constituency. Legislators are glad to get the views of people who know the issue and can discuss with them the impact of a bill, its strengths, deficiencies, where it will find support, and where it will find opposition. By the time a bill is taken up in a hearing, concerned citizens and groups should have completed their job of bringing their views to the author, committee members, and their own legislators. Legislators' administrative assistants and committee consultants can be very helpful and also are interested in your information.

Committee Hearing

A time is set for a public hearing, usually 30 days after introduction. At the public hearing anyone may give testimony in support of, or in opposition to, a bill. Organizations and individuals can be effective with their testimony before the committee. However, if your work has been done well, committee members already will know your views and hopefully will have been convinced by your discussions in their offices and by your letters.

The action taken by a committee usually determines the life or death of a bill. A favorable vote from the committee is a "do pass" recommendation, which sends the bill to the next committee or the floor of the house for a vote. Many bills die in committee, but most bills which survive the committees are approved on the floor. If the bill passes the house, it is sent then to the second house, where the entire process is repeated. So you have a second chance to express your concerns when a bill is assigned to a committee in the second house.

If a bill carries an appropriation or involves any state expenditure, it must also be considered by the Assembly Ways and Means Committee or the Senate Finance Committee before being sent to the floor of the respective house. Bills which are passed by the policy committee may be defeated by one of the finance committees. Therefore, bills must be watched every step of the way through the Legislature. You can write and visit members of the financial committees and your own legislators again at this time.

Obtaining a Bill

You may receive one free copy of any bill from: Legislative Bill Room, Capitol Building, Sacramento, CA 95814. Assembly bills are indicated by AB and Senate bills by SB. Order bills by number and in numerical order, AB's and SB's separately. Enclose a self-addressed, stamped envelope. You can always write the author or your own legislator for help. Legislators also can be reached at the State Capitol. Address them simply as "Dear Senator ________" or "Dear Assemblyman/woman ________". Public hearings are announced in advance. Your legislator can tell you when a bill you are interested in is scheduled for hearing.

Introduction of Budget

The California Constitution requires the Governor to submit a budget within the first 10 days of each regular session. The budget shows itemized recommended expenditures and estimated state revenues. If expenditures exceed revenues, the Governor must recommend additional revenue sources.

The budget actually is prepared by the Budget Division of the Department of Finance, acting for the Governor. The division reviews all agency requests and prepares the budget document which goes to the Legislature where it is introduced as a bill. Department of Finance personnel testify before the appropriations committees in support of the budget bill. The Legislative Analyst, a staff officer of the Legislature, makes recommendations for changes after a detailed analysis.

The budget bill, which must be enacted by July 1, contains about one-third of the total budget. Not included

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is spending that is fixed by constitutional or continuing statutory provisions. These include such things as continuing appropriations to local governments for education and welfare; earmarked funds for highways, fish and game; special funds for pension reserves, regulation of trades and professions; and payment of bonds.

Process of Budget Bill

The budget bill is introduced in the Assembly by the chairperson of the Ways and Means Committee and in the Senate by the chairperson of the Finance Committee. Like all appropriation bills, it requires a two-thirds vote of both houses to pass. The Legislature may change the listed amounts in the bill but may not add items without permission of the Governor. The Governor may submit modifications at various times during the session.

After the budget bill has passed both houses, it goes to the Governor. He may eliminate or reduce any item but he may not increase any. After he signs the bill, it is returned to the Legislature where his vetoes of any items may be overridden by a two-thirds vote of each house. After the budget bill is enacted, the Legislature cannot force the Governor to spend the monies it has appropriated and, by executive order, the Governor can require any agency to cut back on the expenditure of funds.

The budget is introduced each year around January 10. Soon after that, subcommittees of the Assembly Ways and Means Committee and the Senate Finance Committee begin hearings on specific budget items, which are numbered. The only way to have a real influence on budget items is to contact the subcommittee members, especially the chairperson. Generally, budget subcommittee recommendations are accepted without change by the parent committees.

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