

A PROPOSED STATE PROGRAM FOR THE MENTALLY RETARDED

AS APPLIED TO COLORADO

By

E. N. Roselle, Superintendent
Southbury Training School, Southbury, Connecticut

* * * * *

COLORADO STATE DEPARTMENT
Public Welfare Library
458 Capitol Annex
Denver 2, Colorado

Issued by

THE COLORADO STATE PLANNING COMMISSION
130 State Office Building
Denver, Colorado

November, 1954

Colo. State Department
Public Welfare Library

A PROPOSED STATE PROGRAM FOR THE MENTALLY RETARDED

By

E. N. Roselle, Superintendent
Southbury Training School, Southbury, Connecticut

In planning a program for the mentally retarded in any state - Connecticut or Colorado - it is, of course, first essential to know as accurately as possible how many persons there are in the state who are in need of the various services of the program. In our field one must know first and basically the number who fall in each of the three categories of the mentally retarded; namely, (a) the severely retarded; (b) the moderately retarded; and (c) the mildly retarded with particular reference to those of school age and further breakdowns as to general health, physical handicaps and other factors. In establishing the numbers for our state of Connecticut, our committee made a survey of the literature referring to incidence of mental retardation and checking it against known facts of the mentally retarded population in our state.

Figures for each level of mental retardation were arrived at and recorded on the basis of the number in each 100,000 and then applied to the population figures for the state. No claim is made that they are based on a door to door canvas with Binets for each case. They are based, however, we believe, on the most intelligent estimate which could be made, based on all data available. To be somewhat more realistic, figures are given within stated latitudes for each grouping. These figures should be helpful in many approaches to the problem.

Number of Mentally Retarded in Colorado

Using the data and percentages developed in the study, and applying the formula to the latest estimated population of approximately 1,450,000 for Colorado, estimates of mental retardation in Colorado are as follows:

Colorado's Population Estimated at 1,450,000

<u>Level</u>	<u>Number per 100,000 Total Population</u>	<u>Estimated Number in Colorado</u>
Mildly Retarded	500 - 700	7,250 to 10,150
Moderately Retarded	225 - 325	3,260 to 4,700
Severely Retarded	75 - 110	1,085 to 1,600
Totals	800 - 1,135	11,595 to 16,450

This total range accounts for figures centering around 1 per cent of the total population of Colorado, which was estimated in 1953 to be in round figures 1,450,000. Of the retardates in the total population at the present time, 60 to 65 per cent are mildly retarded; somewhat less than 30 per cent are moderately retarded; and 9 to 10 per cent are severely retarded. The value of using ranges here is the same as for the school age population.

SCHOOL AGE POPULATION (Ages 5 to 17) ESTIMATED AT 290,000

(As to school population in Colorado, they come out about as follows)

<u>Level</u>	<u>Number per 100,000 School Age Population</u>	<u>Estimated Number in Colorado</u>
Mildly Retarded (80%)	1,500 - 2,000	4,640 to 5,800
Moderately Retarded (15%)	300 - 450	870 to 1,090
Severely Retarded (5% to 6%)	100 - 150	5% -- 300 to 365 or 6% -- 350 to 435
Totals	1,900 - 2,600	

The total range of mental retardation, therefore, encompasses about 2 to 2.5 per cent of the present school age population of 5 to 17 in Colorado which is 290,000 in round figures. Of the retardates of school age, slightly less than 80 per cent are mildly retarded; somewhat more than 15 per cent are moderately retarded; and between 5 and 6 per cent are severely retarded. Since the precise figures cannot be pinpointed and are changing, the study group felt that it was wise to keep a range of figures in mind.

The shift from the higher total percentage found in school age children to the lower in the total population is due to two factors:

(1) Severely and moderately retarded children have shorter life spans than normal individuals.

(2) After becoming young adults many of the mildly retarded are self-sufficient and could in no way be regarded as socially and mentally deficient.

If the present economic situation changes so that work opportunities are markedly lessened, the number of the retarded in the total population will increase because of the demands put upon them for survival without supervision. Numerically, this is not a large problem, but I need not tell you that it is one out of all proportion to its size in its impact in several factors upon the family, the school and the community.

Whenever it is feasible in the discussion of the individual points of the above suggested over-all program in the sections which follow, the estimated number of persons per thousand of the population of the state has been used.

PROJECTED PROGRAM

Having determined numbers and certain basic facts as to content, the group turned to effective methods and programs to meet the problem.

The very numbers in this group of the handicapped compared with those in other groups of handicapped children give an indication of how formidable and challenging is the problem and how wide and effective must be our efforts if this child is to

receive anything like the rights which God has given to him and which a democracy so fully guarantees. Comparing the problem with other groups of the handicapped we found in each 100,000 of our school age population approximately the following numbers for each category:

Blind	35 per 100,000
Polio	128 " "
Heart (not only seriously impaired)	1,750 " "
Cerebral Palsied	350 " "
Mentally Retarded	2,500 " "

It will be seen that there are about as many mentally retarded as there are of all other handicapped put together.

With this perspective it is evident that in attacking a problem of such scope and so many facets in Connecticut, in Colorado, or in any state, it must be attacked on a wide front requiring state, local and individual participation if any degree of reasonable success is to be attained.

It was, moreover, noted as a major factor that as a problem of society it cuts across the fields of health, welfare and education; that it strikes every economic group; that it includes some blind, deaf, cerebral palsied and crippled; and that it accounts for many of our unemployables.

A NINE-POINT STATE PROGRAM

Following months of study and conference the group felt that a state-wide program, whether in Connecticut or elsewhere, should include investigation and study of and plans for action in the following nine areas and that the program should be an integrated one with emphasis on meeting each and every one of these facets.

ITEMS OF AN OVER-ALL PROGRAM

(1) Adequate Diagnostic and Guidance Facilities so planned as to be reasonably available to all the people of the state that the extent and character of the problem based on a knowledge of the individual cases be known.

(2) Expanded Educational Facilities and Programs for the mentally retarded in the systems of public education with the public schools of the community serving each one of these children of school age who can profit by its program. For those who cannot for one reason or other profit or attend such public school, suitable programs and facilities be provided in the form of community residence schools or state schools.

(3) Occupational Training, Job Finding and Supervision for older adolescents and young adults - a public responsibility and a critically needed follow-up of the public and state school program above.

(4) Social Service and Parent Training to better enable parents and friends of the retarded to understand, implement and operate programs of their own based on mutual interest.

(5) Community Day Care Centers for the relief of families with young children neither institutionalized nor attending the public schools; parent operated but assisted materially by state subsidy.

(6) Sheltered Workshops which might also well serve other classes of handicapped than the retarded and be operated under direction of diagnostic and guidance center with state subsidy.

(7) Recreational Facilities and Programs in established community agencies meeting more adequately the needs of the mentally retarded.

(8) Personnel Training Programs in universities, teachers colleges and state training schools to supply the trained personnel so thoroughly needed in such a program in all the disciplines and contributing areas involved.

(9) Research adequately developed and financed in colleges, universities and in state schools to ascertain basic causes and methods of prevention as well as guidance in existing programs of care and training.

SOME PROMISES IN AN INTEGRATED PROGRAM

Referring again to the necessity for an integrated approach to this problem, it is strongly felt that the above outlined program is so interlocking and so interdependent in its interests and potentials that each of the nine features of the program must be carried out together to a reasonable degree of satisfaction to insure success to each of the others.

All figures as to numbers involved used in presenting the several sections of this report are, in fact, based on success in meeting the program under each heading. To fail in one is to add a burden to another.

As is very obvious, this program is a very ambitious one. Ten years ago your speaker would have felt that the prospects of such a program being placed in full operation in any state would have been quite impractical, idealistic and even fantastic. Today he is convinced it can be done in many states.

SOME OBSERVATIONS ON THE PROGRAM

There follow some observations on each of the nine sections of this program, including an estimate of the likely number to be served under each in your state and some facts as to practical needs in direction, supervision, personnel and facilities in getting each section under way.

(1) ADEQUATE DIAGNOSTIC AND GUIDANCE FACILITIES

Diagnostic and guidance facilities throughout the state are perhaps the keystone of the approach to this problem as a whole. They constitute, in addition to supplying over-all coordinated scientific leadership, the major means whereby those needing the services of this program are located; and still more important, a means whereby counsel is given to parents, school authorities and others on the special needs of each case as well as where help can be best procured.

These clinics should be staffed and located in all of the larger centers of population. In a state with population so widely scattered as in Colorado some traveling clinics for the more sparsely settled areas may be indicated.

These diagnostic and guidance centers should be locally operated and controlled. The state should, however, partially subsidize these centers to encourage local communities to get them started and to ensure their continued existence. To establish a center and to staff it is not a simple task and to procure personnel of the competence required makes it not a simple matter as to cost. It is a splendid project for parents' groups to organize, encourage and support. Its value must be sold so that state and community funds will support it. The center can well serve not only the mentally retarded but also other groups of the handicapped. The center should provide or aid in providing the following services:

- (1) Medical and psychological diagnostic services.
- (2) Social Services
 - (a) Home Training
 - (b) Parent Guidance and Education
 - (c) Vocational Guidance and Job Placement
 - (d) Stimulation of Recreational Opportunities

And, possibly, in lieu of other direction:

- (3) Community Day Centers.
- (4) Sheltered Workshops.

Several of these services are discussed under their separate sections.

(2) EXPANDED EDUCATIONAL PROGRAMS IN SYSTEMS OF PUBLIC EDUCATION

It is fundamental in our way of life that the systems of public education in America provide educational opportunity for every child who has the capacity for education. This is his right in a democracy and it is clearly the responsibility of society to provide the opportunity.

This opportunity should include school facilities and programs in his own community for all who can attend the public schools and for those who cannot attend or profit for one reason or another from attendance in the public school program, facilities should be provided in resident schools either in his own community or in state schools - and all a part of educational opportunity for each citizen of a democracy.

THE WHY OF THIS

A word as to the why of this complete opportunity for our child. Looking at a family typical of many families where there is a retarded child among normal children, there is no difference in the inherent right of the retarded child to receive from society educational opportunity as does his normal brother or sister - but, of course, geared to his capacity. It, therefore, seems thoroughly incumbent upon the public

school of each community to supply this training in its special features for all who can attend these schools. For those for whom it is essential for various reasons that the child be in residence in a school or "live in" to provide conditions for him to receive his educational opportunity, it is the responsibility of society to supply such resident schools either in the community or in the state at large as a state school. We already clearly recognize this latter situation of providing resident schools in the case of children and youth who are blind, deaf, dependent or delinquent. We recognize it with our youth of superior capacities and provide facilities for their training in state universities. This child or youth of ours is, likewise, entitled to his opportunity even though his special needs may require a resident school for his training.

WHO PAYS FOR THESE TRAINING OPPORTUNITIES

Moreover, these training opportunities should come out of the tax dollar as does the cost of all public education as we know it. This child and youth is a citizen of a democracy and the training of his slow mind and often nimble fingers is not only due him and his family as a matter of public education, but it may make him an asset instead of a liability to himself, his family and society.

RESPONSIBILITY OF THE PUBLIC SCHOOLS

As to the public schools' responsibility in this matter, if they are to extend full rights to the handicapped child they need not only to expand their special class facilities and programs in most communities but also to provide comparable facilities for the trainable retarded child with an I.Q. occasionally as low as 25 who is found able to receive specialized training enabling him to assist in meeting his own needs and in living a more happy and purposeful life. In the latter group there would be approximately 1/4 person per 1,000 population or 600 throughout your state. Programs for the educable child should be expanded into the junior and senior high school levels. There would be approximately 2 per 1,000 in the educable group or 2,900 in your state at large. The number for both groups is not relatively large when your total school population of 290,000 is considered but I need not tell you that it is a group in which the interest of many is deep and consequential.

RIGHTS AND CONSIDERATION DUE THE PUBLIC SCHOOLS IN THE MATTER

In this connection, however, we must be thoroughly factual and realistic in expecting of and requiring this expanded service from the public schools. It can be met only under reasonable regulations. The public schools already carry a very heavy responsibility in training those who can be trained readily by conventional methods and in conventional facilities. In the very nature of the educational process, as it must be carried on in the public schools in class groups, there are certain children among those for whom we speak for which the public school is not staffed or equipped to receive for training.

Certain criteria fair to the schools and realistic in appraising the child's capacity to receive education should be duly established. Not all children with I.Qs. even as high as 50 or more are educable or trainable in public school groups and we must be realistic about this. In our State of Connecticut statutory requirements provide the following criteria which seem acceptable for determining the child's capacity to receive education in the public schools:

(a) Educable mentally handicapped are designated as "those children who, at maturity, cannot be expected to attain a level of intellectual functioning greater than commonly expected from an eleven year old, but not less than that of a seven year old."

(b) Trainable mentally handicapped are, likewise, designated by statute as "those children who, at maturity, cannot be expected to attain a level of intellectual functioning greater than that commonly expected of a seven year old and who, for entrance into a training program, are capable of walking, of clean bodily habits and of obedience to simple commands."

The statute provides that the public schools shall assume responsibility for each of the above two groups but not for the following or third group designated as "custodial mentally handicapped" and defined as "those children who do not show a likelihood of attaining clean bodily habits, responsiveness to directions, or means of intelligible communication."

It has been our experience that once these criteria are understood by all, the public school will give its full cooperation in meeting that part of the responsibility which is theirs.

STATE SCHOOLS

As to the state school in this plan of educational opportunity, it should be primarily a training institution with every child committed to it being given a full opportunity for training for as useful a life as his capacities will permit. Obviously, for some it will be a home of kindly, humane care only. For most of those, however, who come to it, it should be a place of opportunity to gain information, skills and appreciations to prepare each to live as happily and as purposefully as possible either at the state school for those who must remain; or as useful citizens in a community for those who can be trained for return to their community. The latter possibility demands a thoroughgoing and realistic approach to realize on its possibilities which are in the aggregate, large.

COMMUNITY RESIDENT SCHOOLS

The second type of resident school for mentally retarded is the resident school in the community itself. These may provide for all levels of the mentally retarded as provided by recent legislation in Washington or for the severely retarded as contemplated in Connecticut. The school, of whichever type, should be state subsidized and may be locally or state operated. The Washington plan seems to have the following advantages meriting its consideration:

- (1) Locates the child nearer his home which should be of particular advantage in a state as large in area as Washington. Could conceivably shorten period of commitment by closer family and community ties.
- (2) Provides for the higher grade child better opportunities for occupational training in and about the community and for eventual placement.
- (3) Tends to reduce costs for special services such as medicine, education, etc., by use of local facilities and resources.

For the resident school for the severely retarded child as projected in Connecticut there would seem to be the following factors meriting its consideration:

- (1) Removes from state schools with facilities for the training of the more capable child those who are not trainable, thereby increasing the state's facilities to train those who can be trained for more useful living.
- (2) Being for the severely retarded the building can be a simple type structure with infirmary facilities. Classrooms, auditorium, gymnasias, etc. are of no avail in the case of this type of child and, therefore, can be omitted from such a plant thereby decreasing per bed cost in providing for this type of case.
- (3) Being placed in sizable communities there is at hand better medical services and a more abundant supply of personnel who are self-housed.
- (4) Places the child nearer his family.
- (5) Might provide opportunity for day care center covered in a previous section.

As to numbers, it is estimated that the community resident schools for the severely retarded would need to care for 1/2 person per 1,000 population or 700 as a state total distributed largely, of course, in the more populous centers, and the two state schools would have to provide for 1-1/2 persons per 1,000 or but 2,100 as a state total. It is further pointed out, and as previously commented on, that if the entire program suggested in this paper could be implemented in your state the proportion in state schools could be kept at approximately the above figure for many years.

PRIVATE SCHOOLS

A factor in the care and training of the mentally retarded can be emphasized at this point in the matter of encouraging the operation of private schools, subject of course to the meeting of state standards with provisions for frequent inspections. In recent surveys of private schools made by your speaker he has come to the conclusion that outside of the security present in state commitment and in the factor of economics with the family, the well-organized and operated private school can offer all and many times more than can the best state school. For families of means who can provide an endowment, the better private schools offer much of promise.

(3) OCCUPATIONAL TRAINING FOR OLDER ADOLESCENTS AND YOUNG ADULTS

An older group of the mentally retarded above school age and constituting a real problem in community and home adjustment would number approximately 2 persons per 1,000 or about 2,800 in Colorado. A program for them would be a logical extension of the above program for the educable group. Under this over-all program the schools should have given realistic occupational guidance and the program would have taught some work habits and skills. Social workers from the diagnostic and guidance centers previously referred to should pick up each child as he leaves school. It is a critical period and a time when many retardates get into trouble to the dismay of both their families and society. Some effort at this juncture can bring large results.

Under the plan, retardates would be helped to find jobs and given supervision. Employers would receive assistance and training in working with the retarded. Fortunately there is an excellent pattern for this work in the Hartford Connecticut Adjustment Commission, a branch of the city public school system of that city which has for

years done a splendid piece of work. If the public schools cannot assume this responsibility it is an excellent challenge to parent groups and could conceivably be handled by a properly staffed section of the diagnostic and guidance center previously referred to.

(4) SOCIAL SERVICES AND PARENT TRAINING PROGRAMS

Many families are quite overwhelmed with the problem of the retarded child in their midst. They need in so many cases help and guidance - now so very lacking that they scarcely know to whom to turn. Thus a social service field of work for trained workers. Social workers from the diagnostic and guidance centers, previously described, should on request of families visit the homes of young moderately and severely retarded children to counsel with parents and to show mothers how to meet home care problems.

As soon as the retarded child is brought to the attention of the diagnostic and guidance center, a continuing parent education program should be initiated as an essential step to help them plan realistically for the child's future.

(5) COMMUNITY DAY CARE CENTERS

Few realize the burden on the family of having a young severely or moderately retarded child to care for day in and day out around the clock. These families, and particularly the mother, need some relief from this very engrossing responsibility. The day care center where the child can be taken for a few hours each weekday is literally a godsend to many a mother - and can well be a large factor in protecting normal children, at least to some extent, from any unfortunate effect which the presence of a severely retarded child in the home may have on them.

These day care centers should be located in all of the larger communities. It is estimated that not more than 1/4 person per 1,000, or 350 to 400 throughout Colorado, based on present population, should require these services. These could be offshoots of the diagnostic and guidance centers and locally set up and operated. Their sponsorship presents probably the greatest single challenge to help to parents' organizations. Since they would delay or prevent many young children from being institutionalized, it is logical to partially support them through state subsidy. This would help ensure their establishment and continued operation.

Study should be given to the problem of transporting these children to and from the day care centers. These centers will care for those children too young or too severely retarded to attend the special classes of the community.

(6) SHELTERED WORKSHOPS IN THE LARGER CENTERS OF POPULATION

Sheltered workshops would need to care for approximately 1/4 person per 1,000, or a total of approximately 350 to 400 throughout Colorado. It might be advisable for the mentally retarded individuals in this group to be combined with other handicapped persons needing this type of service. This is another area where it will be necessary to work out the problem of responsibility for the program. Additional research needs to be done in order to determine the most feasible type of program the workshop should offer. It is definitely felt that it should not be a welfare function but might be supervised by the diagnostic and guidance center. If necessary, they could be partly

supported by state subsidy since these workshops could do much to help individuals survive in the community and thus delay or prevent their institutionalization.

Someone needs to spark plug such enterprises and it is a genuine challenge to the best leadership of parents' groups to see that the above forces are gotten together back of the very essential movement in our cause and keep it going.

(7) RECREATIONAL FACILITIES FOR RETARDED ADOLESCENTS AND YOUNG ADULTS

Many of the mentally retarded youth are greatly handicapped because of their inability to make good use of their leisure time. They need to receive active guidance and supervision in their recreational activities. To them and to their families it is a genuine problem. Social workers from the diagnostic and guidance center should not only help the mentally retarded child get into worth-while recreational activities but also actively work with Y.M.C.A., Y.W.C.A., Y.M.H.A., Community Clubs, Church groups, etc., to have the retarded youth accepted into these agencies' programs. In some cases it may be necessary for the workers to set up special social programs to meet the needs of the mentally retarded youth.

Responsibility for developing these recreational facilities should be placed in the local communities. The parents' organization will need to sell this program to each community with assistance from social workers of the diagnostic and guidance center. A real economy can be effected to all concerned by helping retarded adolescents and young adults remain in the community. Approximately 3 persons per 1,000 population, or a total of about 4,200 in Colorado, would need help in this area.

(8) PERSONNEL TRAINING

A sufficient number of adequately trained personnel will be needed in all the above areas. An active recruitment program in all disciplines should be instituted and new training facilities created along with considerable expansion of the present ones. Greater use of the state training schools should be made in this regard. Broader planning, including improved financing, will be necessary at the state level. Teachers college and university programs for workers in the field of mental retardation should be expanded. Educational grants similar to the recent Peabody College Scholarships for graduate work in psychology of mental retardation should be encouraged.

(9) RESEARCH

A research program in this field should be a properly developed and financed one in (1) the state residential schools, and (2) in colleges and in universities. The State must recognize its responsibility in this area and not leave it entirely to the already overburdened professionals (physicians, psychologists, educators and social workers) now working in the state institutions. Private industry has long recognized the value of sound research programs. The state might well do likewise since research to help prevent mental retardation is a sound investment and could result in real economy.

There should be a professional staff in the state training schools large enough to enable the members to carry on research as a part of their workday. National foundations and philanthropic individuals should be encouraged to make financial grants for research.

CONCLUSION

This paper has presented in outline a suggested program for meeting the existing and expanding problem of the mentally retarded thought applicable to any state. It has attempted to present an over-all program.

As to the immediate problem of the state schools it seems quite apparent that unless some such full program goes into effect, the deteriorative process which is active in all state residential schools will continue. If this process continues their population will become proportionately larger at the severely retarded level, a level where children cannot make use of the extensive facilities provided for more capable children. With an increase in the proportion of severely retarded children and a decrease in trainables, the state would need to man the units with personnel since the number of boys and girls in training is insufficient to help with this work.

The over-all program here suggested would require state supervision and guidance with some department or section of a department having the authority to coordinate and direct such a program. Responsibility should be dual, involving both the state and local communities. The state should fully support the existing state institutions and any part of this above described program that would be operated by state agencies on a state-wide basis. The local communities should operate and partly support community facilities. They should receive state subsidies to aid and encourage them in developing and operating these facilities. It is conceivable that parts of this program can be successfully operated by parents' groups.

It is felt that this decentralized program with increased local control and responsibility would greatly encourage the individual initiative of the separate communities and bring into the situation a healthy spirit of competition which would result in desirable benefits to the children of the respective communities.

It is also felt, as previously commented on, though possibly not at once applicable to your state, that the implementing of this program in each of the areas outlined has definite possibilities for delaying or reducing the need for additional state schools with corresponding savings in capital and operating costs. It is felt that these savings applied to the above described program would eventually bring about a better handling of the problem of the care and training of the retarded as a whole.

It is the hope of your speaker that your state, with its splendid assets in leadership, may think the program worthy of consideration and possible implementation.

He is deeply appreciative of the splendid hospitality and the many courtesies extended to him during this most pleasant visit.

* * * * *

COLORADO STATE DEPARTMENT
Public Welfare Library
458 Capitol Annex
Denver 2, Colorado