



March 1970

## Kelley: Both U. S. And Europe M. R. Programs Have Excellences, Shortcomings



Francis P. Kelley, mental staff recently.

Both the United States and the European nations have outstanding service programs for the retarded as well as many similar problems, Francis P. Kelley, superintendent of Connecticut's Mansfield State Training School, told a gathering of PCMR and Health, Education, and Welfare Department staff recently.

Kelley toured mental retardation programs and facilities in the Netherlands, Denmark, Sweden, England, France and Germany last summer on a Rosemary Dybwad Fellowship study.

U.S. programs, Kelley reported, are superior to the European in the following areas: education of the retarded (except workshops); program development methods and innovation; interest on the part of government, particularly at the national government level; regional services and community involvement in direct services; the role of parent organizations; the effective use of volunteers; and rehabilitation, community placement and employment of the retarded.

Programs in the six European nations are superior to U.S. programs in the following areas, Kelley said: all levels of residential care, par-

ticularly in Sweden and Denmark; development and operation of hostels and group homes; standard of care for all handicapped individuals; application of the principle of as-near-normal-as-possible living as developed in the Scandinavian countries; in-service training; public awareness and community acceptance of the needs of the retarded; architectural design of facilities; implementation of the human rights of the mentally retarded; development of services for the retarded adult.

"Mental retardation program leaders on both sides of the Atlantic have valuable experience to give each other, I found," said Kelley. "It isn't a case of one side having all the answers and the other side none."

The best organized workshops for the retarded that he has ever seen, said Kelley, are in the Netherlands. He was especially impressed by the large numbers of severely retarded individuals employed in these workshops and by Dutch success at breaking down tasks into component steps for handicapped workers (for example, among manufactures at Dutch workshops are bicycles).

But other aspects of the workshops were less impressive, Kelley reported. They often seek to create a self-contained world in which the retarded individual can live and work happily without any community contact. Many of the workers are

Francis P. Kelley,  
Mansfield, Conn.,  
State Training School  
Superintendent, reports on  
his Rosemary Dybwad  
Fellowship study of  
residential facilities  
for the retarded.



mildly or moderately retarded individuals who might better be part of the community work force.

Kelley found the same mixture of features in other programs in the six nations. Denmark's and Sweden's small, beautifully designed facilities for near-normal living for retarded persons are justly renowned. Less well known, however, is the fact that all of the European nations still operate traditional large-population facilities for the retarded that have many of the same problems that U.S. facilities face—overcrowding, dehumanizing conditions and underfinancing. "None of these facilities," Kelley said, "are as bad as our worst, but it was a bit of a surprise to me to find them."

Among the points at which Kelley felt U.S. planners and program developers could profit from experience in the six European nations are:

- Dividing population areas into regions in which small, homogeneous, community-identified programs and facilities can be developed.
- Developing residential care facilities for five, eight and ten persons. (This is now being implemented in the Scandinavian programs. Wards presently are for 10 to 15 persons in the Scandinavian facilities, a considerable advance over the 35- to 40-person wards of several decades ago.)
- Application of the normalization principle to living arrangements and program in every facility.
- Construction of facilities with a planned obsolescence in view; employment of regional architects and landscapers; design of facilities according to function.
- Development of prefabricated educational fa-

cilities (patterned after Denmark's "Green Schools.")

- Development of a personnel academy for in-service training of workers with the handicapped. (Denmark presently has such an academy in which 4-year training, with salary, is available. Sweden's excellent special education program requires teachers of handicapped children to take more training than teachers of normal children and pays them more than teachers of normal children.)
- Development of more pre-school programs for severely and profoundly retarded children.
- Development of programs for the retarded adult.

Kelley told  
listeners that both  
U.S. and Europe  
programs have  
outstanding features



European mental retardation authorities are critical of U.S. behavior modification, volunteer and foster grandparent programs, feeling these are overemphasized and often poor substitutes for basic training and care measures. The European authorities also question the large sums spent in the U.S. on research and training; they believe U.S. programs do not place high enough priority on care. At least in regard to use of volunteers, however, change is beginning in Europe. European young people understand the concept and value of the volunteer. As younger professionals move up the ladder, Kelley predicts, the volunteer will come into a significant role in European programs for the first time.

In a concluding observation, Kelley noted that the European nations have a higher expectation for the severely and profoundly retarded, while in the United States today highest expectations are for the mildly and moderately retarded.

# Summary Report on Study Of Problems of Rehabilitation for the Disabled Published

## Services Least Available to Group in Greatest Need is Finding: Widespread Sentiment for Institutionalization of Disabled Expressed

The segment of the U.S. population having the highest incidence of disability—the lower economic group—is the group that has least knowledge of how to deal with disability, is the most backward in attitudes toward caring for the disabled, and is the least likely to receive rehabilitation services.

These are among the leading findings revealed in a summary report on a study of problems of rehabilitation of the disabled. The study was conducted in conjunction with the present Advertising Council national public service campaign on rehabilitation help available to the physically and mentally disabled. The study was made by Roper Research Associates for Warwick & Legler, Inc., a New York City advertising agency creating the campaign on behalf of the Advertising Council and the Department of Health, Education, and Welfare's Social and Rehabilitation Service.

Incidence of disability, the study found, appears to be three times higher in lower economic households than in upper economic households—17 percent as opposed to 5 percent. And over three times as many lower economic household members said they didn't know where to find out about rehabilitation services if needed—38 percent as opposed to 11 percent in upper economic households.

A much lower percentage (53 percent) of disabled persons in the lower economic group had received any special therapy or training than in the upper economic group (75 percent). And a much higher percentage (38 percent) of disabled individuals in the lower economic group reported themselves "unable to work, attend school or keep house"; in middle economic households this figure was 25 percent and in upper economic households 21 percent.

A surprising finding in the study was the widespread sentiment for institutionalization of the

disabled. In reacting to three hypothetical case histories, almost half the survey's respondents favored institutionalizing a mentally retarded young man, over one-third favored institutionalizing a blinded young man, and just over one-fifth would institutionalize a youth crippled by a birth defect.

Fewer than half of the survey's respondents favored job situations in which the handicapped would work alongside non-handicapped workers.

Among other highlight findings of the study:

- Far more of the disabled (56 percent) have received medical services related to their disabilities than have received vocational training (18 percent).
- Disabled individuals appear to receive rehabilitation services either quite early or not at all. "This suggests," says the summary report of the study, "that those disabled who are fortunate enough to come in contact with people knowledgeable about rehabilitation have the path cleared easily for them, while those *not* fortunate enough to come in contact with people knowledgeable about rehabilitation simply do not *get it* at all."
- Fourteen percent of physicians queried in the survey said one of the major problems in providing rehabilitation services for the disabled is "a lack of interest or desire to be helped on the part of the disabled."
- Survey respondents in disabled households do not have clear-cut ideas on where to go for information on rehabilitation services. Some one-third of physicians did not know of any publicly supported or low cost facilities in their areas for vocational rehabilitation services. The actual percentage of disability patients steered to any kind of rehabilitation service by physicians appears to be low.
- Recall of advertising on information about aid for the disabled was highest (30 percent) among respondents in homes having no disabled person. Next highest recall (24 percent) was by respondents in homes having a disabled person. Lowest recall (15 percent) was among physicians.

The study was carried out through survey of a national probability sample of 1,000 individuals who represented a basic nationwide cross section. In addition, half that number of handicapped were

identified during the survey and interviewed separately, and 100 physicians in the survey localities were interviewed. The over-all purpose of the survey was to provide data useful in planning the national public service advertising campaign on rehabilitation help available to the disabled. The campaign is funded by the Social and Rehabilitation Service, Department of Health, Education, and Welfare, from which single copies of the 56-page *Summary Report of a Study on the Problems of Rehabilitation for the Disabled* are available free as long as the supply lasts.

## **Associations for Retarded Children Urged to Take Direct, Aggressive Roles in Community Projects to Remedy Poverty-Associated Ills**

**NARC Committee on Poverty and Mental Retardation  
Makes 10 Project Proposals to Units**

"Associations for retarded children should play an active, vital role in every health council or health committee in every community. If your community has-not established a health planning council at the municipal or county level, the association for retarded children might act as catalyst in bringing about the establishment of a health services coordinating council. . . .

". . . inquire about the existence and coverage of family feeding programs. . . .

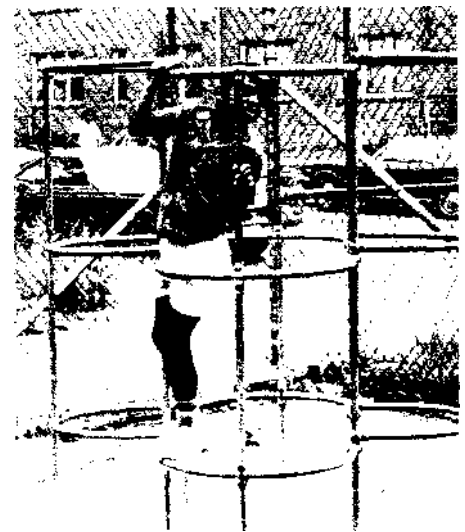
"Make known the . . . willingness of the association for retarded children to lend support for continuance and expansion of (Headstart and Parent-Child Center) programs. Provide some volunteers for these programs. . . .

"Every association for retarded children should seek to become organized in, conversant with and sensitive to the lower socio-economic segment of its community. . . . It should go into its community's lower socio-economic neighborhoods and persevere in the effort to take root there. . . ."

These are among 40 action suggestions made in 10 project proposals to associations for retarded children by the National Association for Retarded Children's Committee on Poverty and Mental Retardation. The project proposals are in the areas of comprehensive health services, malnutrition, welfare programs, family planning, early childhood education services, environmental hazards, child abuse, identification systems and procedures, social attitudes and lead poisoning.

The 28-page project proposal booklet is available from NARC, 420 Lexington Avenue, New York, N.Y. 10017, at 35 cents a copy.

The NARC Committee on Poverty and Mental Retardation is chaired by Col. Curtiss E. Knighton, Director, Family and Child Services of the District of Columbia. Among the committee's 13 members are past and present PCMR members and staff. NARC staff consultant to the group is Mrs. Barbara Andre.



## **Employment of Mentally Retarded Becomes Standard Federal Civil Service Procedure**

Employment of the mentally retarded has been established as a standard practice of recruitment and appointment for federal agencies, the United States Civil Service Commission announced in mid-September.

Authority to federal personnel officials to employ the mentally retarded had previously been on a limited time basis.

According to Federal Personnel Manual System Letter No. 306-3, the action "recognizes that utilization of the services of the mentally retarded is now a well-established part of the regular recruitment/appointment program of most agencies.

From a modest beginning in 1964 on an experimental basis, the letter continues, employment

of the mentally retarded has increased rapidly as agencies have found such persons capable of holding many simple, routine jobs previously having a high rate of turnover.

"Motivated by this experience," the letter says, "many agencies have shown great ingenuity and diligence in finding other ways to utilize the services of the mentally retarded. Among other things, they have reengineered positions to bring together those repetitive duties that can be successfully performed by retardates."

Nearly 6,200 placements have been made under the Schedule A authority to appoint the mentally retarded during the program's 6 years. Retarded workers are presently serving in some 120 different kinds of jobs in 40 federal agencies.

## **PCMR Sponsors Evaluation of Curriculum Guides for Educable Mentally Retarded**

Teachers of educable mentally retarded children, special education supervisors and administrators, employers, psychologists, psychiatrists and community leaders are taking part in a President's Committee on Mental Retardation-sponsored evaluation of curriculum guides for the educable mentally retarded.

The evaluation is being carried out through four workshops, each of which applies a set of basic criteria to a number of guides in a specific program area.

Two workshops have been held. The first, held October 15-17 at Casa Grande, Arizona, worked on curriculum guides in basic skills and social adjustment. The second, held November 12-14 in San Francisco, worked on guides in vocational preparation and planning.

Third workshop, which will also work on guides in basic skills and social adjustment, is being held in Denver, Colorado, February 18-20, 1970. Final workshop, focusing on guides in

leisure time and recreation, will be held March 4-6 in Eugene, Oregon.

AVCO Economic Systems Corp., Washington, D.C., is conducting the evaluation project. PCMR consultant Dr. Willard Abraham, Chairman, Department of Special Education, Arizona State University, is supervising the project. Technical director is Larry A. Faas, Ed. D., Assistant Professor of Education, Arizona State University. Dr. Karen Newman, Arizona State University, is serving as co-director of each workshop. Other co-directors are Dr. Byron C. Moore, Arizona State University (Casa Grande Workshop); Dr. Joseph Lerner, San Francisco State College (San Francisco Workshop); Dr. John Ogden, Colorado Department of Public Instruction (Denver Workshop); Dr. Wayne Lance, University of Oregon (Eugene Workshop).

Results of the project will become part of materials the President's Committee on Mental Retardation is considering in an over-all study of U.S. education programs for the mentally retarded.

## **Agencies That See Most Retarded Persons Send Fewest to Information-Referral Project**

"Schools and medical sources who see the most mentally retarded persons sent the fewest persons to our project. . . . These are areas for major concern," said Mrs. Ralphyne MacDonald of the San Francisco Department of Public Health in reporting a 3-year information and referral service for the mentally retarded project to the National Conference on Social Welfare recently.

Most families learned of the project from informal sources, Mrs. MacDonald said, and came to the project seeking help for a multitude of problems.

An intensive evaluation of one-third of the cases to which the project gave one or more of 13 services during its 3-year operation revealed that 54 percent of the project's cases lived in inner city, low income areas. Families were large (49 percent had more than four children), many (51 percent) represented broken homes, and in nearly

half the cases the family was receiving some form of public assistance.

Less than 2 percent of the cases reaching the project were referred by the schools and only 2 percent by medical practitioners or clinics. Less than one-third of the project's cases were the result of referrals from other agencies.

The information and referral project was originated and operated from September 1964 to January 1968 by the San Francisco Coordinating Council on Mental Retardation and the Community Mental Health Services of the San Francisco Health Department. It was sponsored by the National Institute of Mental Health. Aim of the project was "to stimulate some breakthrough from traditional methods of operation, and to advance and document more creative approaches to the individual who is retarded, his family and the world in which he lives."

## **Future of Special Education: Isolated, Apart? Or Integral Part of The Education Mainstream?**

"Is special education building an empire, isolated and apart? Or will it voluntarily and dynamically become an integral part of the mainstream of education? *And* will the amalgam thus formed address itself with imagination and creativity to the realities of the inner city?"

These issues were joined at the conference on education in the inner city that PCMR and the U.S. Office of Education's Bureau of Education for the Handicapped sponsored last August, former PCMR member Leonard Mayo told the committee in his final report on activities of the education work group, which he chaired in its 1968-69 year.

Among significant views expressed by conference delegates, Mayo reported, were the following:

- Teacher training must be scrutinized and reshaped in the light of what we know about children from low income areas.

- Attention must be given by social scientists to the reasons why such a high percentage of inner city families do *not* disintegrate; indeed, many do remarkably well.

- Our objective must be to educate teachers to deal with wide diversities, to develop the school as inclusive and accepting rather than rejecting, and to assure that each child achieves some form of success in his school experience.

Mayo also reported wide agreement among delegates that the President's Committee on Mental Retardation should include in its 1970 report to the President a "good number" of recommendations developed to assist in fulfilling the Nixon Administration's emphasis on the quality of life and development of children in their first 5 years.

The conference, which was held in Warrenton, Va., brought together state and national mental

retardation, special education and voluntary organization leaders. It was a conference that was "tough, rare and lean," Mayo said.

"It was tough because for the first time in public many of us had to put our teeth into some highly stubborn problems. It was rare because these problems are not usually dealt with in a conference

setting. It was lean because all the fat had been cut away by mid-morning of the first day and we were down to the basics."

The President's Committee, at its December meeting in Washington, approved the proceedings report of the conference and authorized its publication. The report will be available by mid-1970.

## Visiting Danes Hail New M.R. Epoch, Deplore "Old Models in Modern Design"



Fred Krause (left), PCMR Program Specialist, introduces N. E. Bank-Mikkelsen (center), Director of Danish National Mental Retardation Service, and Architect Jens Pedersen.

Nils E. Bank-Mikkelsen, director of Denmark's national mental retardation services, and Jens Pedersen, a Danish architect, recently told a gathering of PCMR and Department of Health, Education, and Welfare agency staff that "a new epoch for the mentally retarded is here, and planning must be geared to the changes taking place both in architecture and programs."

Bank-Mikkelsen and Pedersen had just completed a tour of mental retardation facilities in the United States. They said they were deeply concerned to find some states still building "old models in modern design" to house the mentally retarded.

"In Denmark," Bank-Mikkelsen said, "we are planning small houses so that we can care for our clients in human ways and treat them as we treat

other people. They need special education and special treatment because they are handicapped, but they need to live as human beings, with the same rights as others."

The Danish visitors praised Connecticut's community facilities and group homes, the Central Wisconsin Colony program, and a use of convicts as ward aides in a Massachusetts facility.

Pedersen emphasized the importance of using experts in mental retardation architecture and programming to work together in planning facilities for the retarded and to make living arrangements as close to normal as possible. This approach, he said, is not only humane, but also economically sound. Denmark, he reported, has found the cost of day care for the retarded to be half that of institutional care.

## National Conference on Residential Care Urges Services Keyed to Individual Needs, Potential

Delegates to a National Conference on Residential Care, held by the National Association for Retarded Children last July 22-23 in Houston, Texas, concluded that reasons for admission to a residential facility should be specified and the individual's program geared, with a time limit, to attain those ends.

Within that over-all recommendation, delegates urged that:

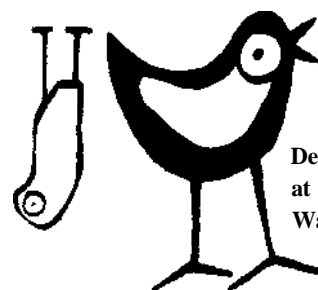
- Programs be based on individuals' developmental needs.
- Architectural and program design allow for normalized interpersonal relations between residents and between residents and staff.
- Program units be small.
- Adult and child residents never live together.
- Staffing patterns of units conform to standards developed by the Council on Accreditation of Facilities for the Mentally Retarded.
- Direct care personnel have the equivalent of a high school education, receive college-level training in application of learning theory and human development, take part in an on-going in-service training program. Emphasis in staff training

should be in human development and behavior modification.

The conferees also called for public education programs to develop community involvement in and acceptance of community programs for the retarded as part of the array of services the retarded need. Also pointed out—with cautions about differences in political and social systems that make direct transplantation of program approaches difficult—were the successes of the Scandinavian program emphasizes on small units and normalization of living.

The conferees also said that "it is of utmost importance that individuals and organizations concerned with the rights of retarded persons be familiar with the legal questions involved in the common denial of rights to our retarded citizens." A thorough exploration of current laws as applied to the retarded was called for.

Twenty-nine specific actions in implementation of the conference's general conclusions were urged on associations for retarded children nationwide.



**Design by residents  
at Fircrest School, Seattle,  
Washington.**

### ANNOUNCEMENTS

Postgraduate programs in maternal and child health for pediatricians, obstetricians, other physicians . . . programs lead to degree of Master of Public Health . . . Program areas: 9-month programs in maternal and child health, health of school-age children, maternal health and family planning; 21-month program in care of handicapped children; 3-year career development programs in pediatrics and obstetrics . . . Fellowship support available. Information:

Helen Wallace, M.D., School of Public Health, University of California, Berkeley, Calif. 94720.

Elwyn Institute Annual Symposium on Trends and Programs for the Mentally Disabled . . . April 13-17, 1970 . . . open to professionals with administrative, treatment or educational responsibilities in mental retardation . . . national and international authorities will lecture on a wide variety of topics . . . Registra-

tion limited to 100. Information: Gerald R. Clark, M.D., President, Elwyn Institute, Elwyn, Pa. 19063.

Seventh Congress of the International Association of Workers for Maladjusted Children . . . July 6-10, 1970, at Versailles. France . . . Theme: the social role of the specialized educator for maladjusted children. Information: I.A.W.M.C., 66, Chaussee-d'Antin, 75 Paris (9<sup>e</sup>), France.



## BRIEFS

A HALF-HOUR TELEVISION DOCUMENTARY ON THE ADULT MENTALLY RETARDED premiered November 15 on WNBC-TV, New York City. Filmed at the Mansfield, Conn., Training School and other locations, the documentary demonstrates how the retarded can progress to a self-supporting, satisfying life in the community. Title: "A Place Among Us." Suggest to your NBC-TV affiliate that a print be obtained and televised in your area.

MENTAL RETARDATION RESEARCH CENTER GROUP FORMED. The second annual meeting of directors of the 12 national mental retardation research centers, held at Nashville, Tenn., saw formation of a Mental Retardation Research Center Group to act as centers' spokesman in policy and information matters. Dr. Charles Strother, University of Washington, was named chairman. Membership of the group is the 12 center directors and two staff members from each center.

5,600 OF 7,850 RESIDENTS OF NEW YORK M.R. FACILITIES considered suitable for community placement remain in residential facilities because community resources are not available to them, according to a report, "Appropriateness of the Continued Institutionalization of the State School Population in New York State," published by the New York Department of Mental Hygiene.

6,617 INCIDENTS OF PHYSICAL ABUSE OF CHILDREN were reported in 1968 to official agencies in the 50 states. Analysis of incidents revealed: more boys (53%) abused than girls; about 90 percent of incidents occurred in the child's home; a parent was perpetrator in 87 percent of cases—the mother in

48 percent and the father in 39 percent; most incidents involved beatings—39 percent with hands, 44 percent with instruments; about half the children and at least 60 percent of parents "showed noticeable deviations in social, behavioral, physical or intellectual functioning in the year before the abusive incident"; no lasting physical injury resulted from 90 percent of abuses.

BOY SCOUT UNITS FOR RETARDED TOTALED 1,244 in December 1968, reports Joseph M. Thomas, director of school relationships, Boy Scouts of America. Comprising total were 454 packs, 689 troops and 101 posts.

VETERANS WITH SKILLS IN PARAMEDICAL FIELD should be encouraged to use their skills when they return to private life, the President's Committee on the Vietnam Veterans said in an interim report released October 21. The committee recommended that the federal government intensify its recruitment efforts while working with private groups to adopt new certification procedures that will take military training into consideration. Committee also urged that federal, state and local agencies provide opportunities for the veteran willing to train for a career in health, youth work, social work and other critically needed service occupations.

## APROPOS

Anemia is more severe, and the recovery period more prolonged in Inner City Children of Baltimore than in children of West Pakistan, a country characterized by malaria, hookworm, ascariasis and dysentery. Our children have serum Vitamin A levels below those of Ethiopia and West Pakistan, and bordering on those of Thailand and South Vietnam.

The clear cut excesses of physical stunting, deficient blood biochemi-

cal values, and intellectual impairment in this population have been presented. Although intake of specific nutrients, particularly iron, calcium, Vitamins A and C are well below 66% of the recommended daily allowances in the entire population, deficiency as measured by blood values is rarely seen in the children of organized, functioning families. On the other hand, children with identical intakes, but living in disorganized, socially decompensated families are at high risk of having deficient blood biochemical values.

The poorly understood relationships between emotion, environment, growth, intellectual development and efficient utilization of foodstuffs in full or short supply demand clarification. Neither enrichment of environment alone, nor provision of food alone has been enough to prevent intellectual performance deficiencies. . . .—RAY HEPNER, M.D., *Professor of Pediatrics, and Director, Community Pediatric Center, University of Maryland, in testimony to Congress, July 1969.*

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... if prospective mothers had to fill out as many forms to achieve their objectives as we do to attain ours there would be little concern about over-population. With some resignation, I have learned that the surest form of bureaucratic birth control when confronted by a fertile idea is to direct your colleague to put it in a memo.—ARNOLD WEBER, *Assistant Secretary of Labor for Manpower, to the 33rd annual meeting of the Interstate Conference of Employment Security Administrators.*

If I ever had a retarded child, every time he smiled would mean my greatest happiness. His words, whether spoken or not, would be the consolation for my troubles. I would share at every moment all that was his, and my dearest ideal for him would be to see him happy at all times. I would be immensely proud to walk with him in the park, to show him the birds, the clouds,

everything of beauty, because he possesses spiritual beauty as a result of the purity of his soul, heart and conscience, no matter how large or small, and by being with him I would feel nearer to God.—ROSA M. HERNANDEZ, *Juncos, Puerto Rico, High School, in a first prize essay for the annual literary competition conducted by the Commonwealth Office of Mental Retardation in association with the Puerto Rico Masters Association.*

## NEWSSTAND

**PROMISE IN PROGRESS.** Final Progress Report on Mental Retardation Planning and Implementation in West Virginia. Compiled and published by the West Virginia Commission on Mental Retardation, 1704 Washington Street, East, Charleston, W.Va. 31 pp. Single copies free from the Commission.

Summarizes progress by public agencies and private groups in the planning, legislative, public awareness and community organization areas; discusses activities in prevention of retardation, education, residential care, rehabilitation and recreation of the retarded.

**YOUTH & THE ESTABLISHMENT.** Report of the National Conference on Youth and the Institutions. Compiled and published by the National Committee for Children and Youth, 1145 9th St., N.W., Washington, D.C. 20036. 121 pp. Single copies \$2.75 from the National Committee.

A proceedings record, including briefs of statements made to the conference and full texts of discussion committee reports (these committees explored the family, church, school, employment, government and community vis-a-vis today's youth).

**THE CLINICAL DELINEATION OF BIRTH DEFECTS,** edited by Daniel Bergsma. 5 volumes, hard cover. \$73.00 for the set from The

National Foundation-March of Dimes, 800 Second Ave., New York, N.Y. 10017.

*Volume 1.* Special Lectures. Includes an introduction and 3 lectures. 12 illustrations, 5 tables, 99 references. 32 pp. \$3.00.

*Volume 2.* Malformation Syndromes. 33 studies and a section on case reports. 573 illustrations, 32 tables, 611 references. 284 pp. \$15.00.

*Volume 3.* Limb Malformations. 20 studies and a section on case reports. 593 illustrations, 22 tables, 522 references. 240 pp. \$15.00.

*Volume 4.* Skeletal Dysplasias. 24 studies and a section on case reports. 940 illustrations, 20 tables, 382 references. 440 pp. \$25.00.

*Volume 5.* Phenotypic Aspects of Chromosomal Aberrations. 24 studies with a section on case reports. 158 illustrations, 60 tables, 352 references. 216 pp. \$15.00.

**RUBELLA,** by Jane S. Lin-Fu, M.D., Pediatric Consultant, U.S. Children's Bureau. Revised July 1969. 8 pp. Free from Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201.

Discusses the disease, its cause, diagnosis, complications and vaccine.

**WORKSHOPS FOR THE HANDICAPPED.** An annotated bibliography. No. 6. Compiled by Dorothy C. Perkins, Martin G. Brodwin, Andrea V. Oberstone. Published by Rehabilitation Counseling Program, California State College at Los Angeles. Distributed by National Association of Sheltered Workshops and Homebound Programs, 1522 K Street, N.W., Washington, D.C. 20005. 58 pp. \$1.00 from NAS-WHP.

The sixth annual edition of the annotated bibliography, this edition covers the literature on work programs for the handicapped for the period July 1968 through June 1969. 154 articles and publications reviewed.

**RESOURCES FOR THE RETARDED IN ARIZONA,** Fall 1969- Compiled and published by Inter-Agency Council on Mental Retardation. Limited printing. Single copies may be available on request to T. K. Taylor, Director, Mental Retardation Division, Arizona State Department of Health, 1624 West Adams St., Phoenix, Arizona 85007.

Lists, by county, all public and private agency sources of assistance for the retarded. An appendix summarizes national resources.

**PRELUDE TO SCHOOL.** An evaluation of an Inner City Preschool Program. A Children's Bureau Research Report (#3, 1968). 96 pp. \$1.00 from U.S. Government Printing Office, Washington, D.C. 20402.

Report on a 2-year study of preschoolers made at an inner city nursery school conducted by a university for research and training purposes. Significant IQ gains (an average of 14.7) were found over the 2-year period. Within the overall average, however, some interesting findings: boys' point gains were greater than girls', and children of higher income families had a different pattern of improvement from children of lower income families.

**SIX YEARS OF REHABILITATION RESEARCH.** Studies of Personnel in Health Related Professions, Client Motivation and Research Utilization, edited by John E. Muthard and Neil S. Dumas. Single copies free from: UF-RRRI, Health Center Box 208, University of Florida, Gainesville, Florida 32601.

Reviews activities of the Regional Rehabilitation Research Institute, College of Health Related Professions, University of Florida. The Institute's current projects in manpower and research utilization are described.

**A FULL MEASURE OF LIFE,** by the National Institute for Child Health and Human Development.

20 pp. Free from National Institutes of Health, Bethesda, Maryland 20014.

A brief report on aging and its significance, together with information on research and training mechanisms.

HIGHLIGHTS OF RESEARCH PROGRESS IN HUMAN DEVELOPMENT, published by and available without cost from National Institute for Child Health and Human Development, National Institutes of Health, Bethesda, Md., 20014. 16 pp.

Research areas covered include population research, reproductive biology, the developing years, physical development, mental retardation, the process of aging.

25 TECHNICAL CAREERS YOU CAN LEARN IN 2 YEARS OR LESS, produced and distributed jointly by the U.S. Office of Education and the National Industrial Conference Board. Free from Careers, Washington, D.C. 20202. 12 pp.

Describes 25 technician careers, how to prepare for them and how to find the schools that prepare one for them.

HOW THE STATE CAN ASSIST YOUR COMMUNITY IN PROVIDING COMMUNITY MENTAL HEALTH AND MENTAL RETARDATION CENTERS. Published by and available free from New York State Health and Mental Hygiene Facilities Improvement Corporation, 44 Holland Avenue, Albany, NY. 12208. 8 pp.

Answers to 18 questions on what, how and why.

THE DEFINITION AND MEASUREMENT OF MENTAL HEALTH, edited by S. B. Sells. Published by National Center for Health Statistics, Health Services and Mental Health Administration, U.S. Department of Health, Education, and Welfare. 280 pp. \$3.00

from U.S. Government Printing Office, Washington, D.C. 20402.

A symposium volume. Papers by 11 prominent teachers and practitioners, with a foreword by Theodore D. Woolsey, Director, National Center for Health Statistics.

PHYSICAL EDUCATION AND RECREATION FOR HANDICAPPED CHILDREN: PROCEEDINGS OF A STUDY CONFERENCE ON RESEARCH AND DEMONSTRATION NEEDS. Published by American Association for Health, Physical Education and Recreation. Limited number of single copies available without cost from AAHPER, Unit on Programs for the Handicapped, 1201—16th Street, N.W., Washington, D.C. 20036.

Conference was held by AAHPER and the National Recreation and Park Association in cooperation with the U.S. Office of Education's Bureau of Education for the Handicapped. Includes recommendations on assessment and evaluation, interpretation, legislation, recruitment and training and services.

THE ACQUISITION AND DEVELOPMENT OF VALUES—PERSPECTIVES ON RESEARCH. Published by and available without cost from National Institute for Child Health and Human Development, National Institutes of Health, Bethesda, Md. 20014. 70 pp.

Report of a 3-day conference. Twelve papers and the discussion they generated are summarized. A concluding section presents concepts for further exploration.

"INITIAL STAFFING OF COMMUNITY MENTAL RETARDATION FACILITIES MODEL CITIES PROJECTS," *Programs for the Handicapped*, September 15, 1969 (69-11). Single copies available without cost from Secretary's Committee on Mental Retardation, U.S. Department of HEW, Washington, D.C. 20201.

Reports on 95 initial staffing grants made during the 1969 fiscal year and summarizes the grants and eligibility requirements.

DIGEST OF "CRISIS IN CHILD MENTAL HEALTH: CHALLENGE FOR THE 1970'S," published by the Joint Commission on Mental Health of Children, 1700—18th Street, N.W., Washington, D.C. 20009. 46 pp. \$1.50.

A summary of the Joint Commission's final report, which was made in June 1969 to Congress, state governors, the National Institute of Mental Health and the Secretary of Health, Education, and Welfare. The full report is scheduled for early publication by Harper and Row, New York City. The observations and recommendations made in the report and summarized in this digest are important to every human service agency.

FEDERAL AID TO REHABILITATION FACILITIES, leaflet, free from Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201.

A handy-dandy ready reference on major provisions of the Vocational Rehabilitation Act, the Mental Retardation Facilities Construction Act, and the Hill-Burton Program.

"EARLY MALNUTRITION AND DEVELOPMENT," by Delbert H. Dayton, in *Children* for November-December 1969 (16, 6). Single copies of the issue 25 cents from U.S. Government Printing Office, Washington, D.C. 20402.

A summary article on observations and findings to date about the effects of malnutrition on human physical growth and mental development. A related-area article in this same significant issue of *Children*: "Psychosocial Deprivation. What We Do, Don't, and Should Know About It," by Elizabeth Herzog.

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## New Playgrounds For Dixon

In recent gala ceremonies, the Dixon, Ill., State School dedicated three new playgrounds. Each playground is special. One is planned to help residents discover day-to-day life forms; this playground has stairs, windows, walks, rooms, corners, labyrinths and many other forms. A second playground features forms in nature—trees, watercourses, sandpits, ridges. The third is a regular playground but entirely donated by citizen group friends of the retarded at Dixon. Speaking at the dedication ceremonies in October were Illinois Governor Richard B. Ogilvie (who announced that Illinois will eliminate its mental retardation facilities waiting list by mid-1970) and Dr. Robert Palk, Chief of Recreation Programs, U.S. Office of Education's Bureau of Education for the Handicapped.



Dixon playgrounds  
feature well-known forms  
from nature and daily living

