

May 15, 1975  
75-3

# Programs for the HANDICAPPED

Office for  
HANDICAPPED  
INDIVIDUALS

## TABLE OF CONTENTS

	<u>Page</u>
Handicapped American of the Year . . . . .	2
Spinal Cord Injury Rehabilitation . . . . .	3
Multiple Funding Made Easy . . . . .	5
Human Genetics Centers . . . . .	6
Research and Training Centers in Mental Retardation, Part III by Joseph Fenton, Ed.D. . . . .	8
News of Interest to the Blind by Sharon Strzalkowski . . . . .	19
The Right to Vote - A Right for All by Morton Posner . . . . .	20
Pedodontic Training at USC . . . . .	23
Special Education Music Festival . . . . .	24
News of Interest to the Deaf . . . . .	25
New Publications:	
A Deaf Adult Speaks Out . . . . .	7
The Deaf Child in the Public Schools . . . . .	26
Light at the Tunnel End . . . . .	27

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Office of the Assistant Secretary for Human Development

Office for HANDICAPPED INDIVIDUALS Washington, D.C. 20201

## HANDICAPPED AMERICAN OF THE YEAR

A State Senator from North Dakota, severely wounded in the head in World War II, has overcome the handicap of multiple epileptic convulsions to be named "Handicapped American of the Year" by Harold Russell, Chairman of the President's Committee on Employment of the Handicapped.

Elton W. Ringsak, Sr., of Grafton, North Dakota, received the President's Trophy, the nation's highest honor to its handicapped citizens, on May 1, during the Annual Meeting of the President's Committee at the Washington Hilton Hotel.

A legislator since 1957, his efforts have resulted in passage of laws which have removed architectural barriers, granted special parking privileges and assisted handicapped citizens of North Dakota in getting an adequate education. Additionally, he has been instrumental in passing legislation giving disabled veterans needed benefits.

In addition to his work as a legislator, he is the senior member of the Ringsak and Webb law firm. In his work as a lawyer he has devoted special energies to securing workable probation rules for juvenile defenders, providing treatment rather than punishment. He served for eight years as a State's Attorney for Walsh County, North Dakota, being elected to this position by confident voters a month before he took the state bar exam.

Ringsak is one of the most highly decorated veterans to serve in World War II. He has received a number of Purple Hearts, as well as the Bronze Star, the Silver Star, the Distinguished Service Cross (twice), the French Croix de Guerre, the Italian Military Valor Cross, the Presidential Citation, the White Legion of Honor, and four European Theatre Operations medals. He entered the service in 1937 as a Second Lieutenant and was discharged in 1945 as a Lt. Colonel.

Ringsak was wounded four times in the North African campaign and returned to duty after each injury. However, in 1944, while on scouting duty, an artillery shell exploded, embedding shrapnel in the left side of his head. This caused continuous convulsions (as many as 20 a day) and he was not expected to live. However, self-taught behavioral control and medication made it possible for him to recover and return home to become an active citizen in his community.

Although he must avoid fatigue and emotional upheaval, keep from getting chilled, restrict himself in making rapid movements, follow a strict diet and continuously take medication, Ringsak has been active in all aspects of community life. He has served as a leader in the Republican caucus, headed the Walsh County Cancer and Heart Fund Drives, served with the county chapter of the Red Cross, and in 1973 served as the chairman of the Social Welfare and Veterans Affairs for the North Dakota State Legislature.

Born on November 18, 1915, the son of Mr. and Mrs. Martin Ringsak, he married Ruth J. Baker in 1938. They have five children (Russell, Suellen, Ruth, Elton, Jr., and Rande), all married, and he now has eight grandchildren. He lives at 322 Cooper Avenue, Grafton, North Dakota.

## SPINAL CORD INJURY REHABILITATION

At 22, Mike is an active young man. He works 8 hours a day, and uses his spare time for night courses and volunteer work. On Tuesdays, he plays basketball. But Mike does these things a little differently from the way most people do them--he does them from a wheelchair.

Mike is paraplegic. At 19 he sustained a spinal cord injury that left him paralyzed from the waist down. His future looks bright, but there are problems he must meet and cope with every day for the rest of his life. Mike is one of almost 110,000 spinal-cord injured people who live in the United States today. And almost 10,000 more are so injured each year--victims of auto, motorcycle, shooting, and sporting accidents. About half of the spinal-cord injured are paraplegic like Mike--partially or completely paralyzed from the waist down. The rest are quadriplegic--partial or complete paralysis of both arms and legs.

Care for spinal-cord injury is both extensive and costly. Initial medical care ranges from \$28,000 to \$68,000, and that is just the beginning. The spinal-cord injured person faces a lifetime of medical care and equipment expenses. Very often, there is no money left for the rehabilitation services necessary to regain competence as a contributing member of society.

Professionals responsible for the care of the spinal-cord injured saw the gap in services and were continually searching for the more effective methods of providing total rehabilitation care. The idea of a specialized regional center caught their attention. In 1966 the Rancho Los Amigos Hospital in Downey, California set out to test this idea.

An orthopedist headed a staff of health-related and medical personnel who operated a 76-bed spinal-cord service. Over 500 patients came from the four states served, California, Nevada, Arizona, and Hawaii. They received extensive medical, social, psychological, and vocational services. Symposia, short courses, and workshops offered training to both staff and patients. Research studies explored the physiology and pathology of cord trauma and the incidence of spinal-cord injury in two of the four states.

Rancho stressed patient and family education. An illustrated Handbook answers the complex questions asked by patients and their families. Pamphlets discussing skin care, bladder irrigation, equipment and clothing, and exercises to stimulate unused muscles were prepared. Guidelines for Drug Abuse Incidents describes the experiences of patients and staff in combatting the unauthorized use of drugs in the unit.

Many emotional factors were found to affect patient care. Depression is the most common emotional response to spinal-cord injury. It takes as long as 6 months for a spinal-cord injured patient to begin adjusting to his disability. Personality and outlook determine the extent of rehabilitation a patient will reach out for, work for, and achieve. An Adjustment Counselor, himself spinal-cord injured, was employed to help patients, since personal contact with success is frequently the most effective means of motivating a patient.

Rancho's methods speed the recovery process and reduce the length of hospital-

ization. Patients who arrive at a spinal-cord injury center within 2 weeks of injury spend approximately 100 fewer days in acute and rehabilitation hospitals.

The most crucial treatment gap was found to occur at the site of injury and during transportation to the hospital. Investigations revealed that current ambulance standards do not always provide for the transportation needs of patients with severe trauma; nor do ambulance drivers and those first on the scene always recognize spinal-cord injury. Improved equipment and education programs are needed to remedy the problem. Post-hospital care is also a major problem. Rancho has proposed a half-way house or foster home plan as a possible solution. A total system of spinal-cord injury (SCI) care is on the road to becoming a reality. Seven Model Regional Systems for Spinal Cord Rehabilitation are now operating across the country. At these "systems" Rancho's approach will be supplemented by emergency evacuation from the site of injury directly to the center, rehabilitation during the acute-care phase and long-term community follow-up. These systems are located in New York, Virginia, Alabama, Arizona, Illinois, Texas, and Washington.

Project impact on the medical community has been considerable. Several SCI services and centers have been patterned after Rancho. These are located at Northwestern University, Chicago; Campbell Clinic, Memphis; University of Miami, Miami Beach; and University of California, San Francisco. University of Southern California surgical and medical students serve periods of rotations on the Rancho SCI services. An orthopedist who worked at Rancho can easily introduce similar services at other hospitals. During the last three years of funding, Rancho completed a system analysis of the tasks performed at the Center and a cost-benefit analysis of operations.

Rancho pioneered a brighter future for the spinal-cord injured. In terms of dollars and cents, the Rancho methods mean a 50 percent reduction in the cost of spinal-cord rehabilitation. At a specialized center, \$16,000 will now rehabilitate a paraplegic; twice that amount will only stabilize his medical condition at a non-specialized hospital. In terms of the quality of life, Rancho means independence. The same person who enters Rancho critically ill and totally disabled, leaves with the ability to get a job, join in social and athletic activities, and assume responsibility as a family member and breadwinner.

Ed. Note: This document was prepared under RSA Grant No. 15-55142, sponsored by the Division of Research Utilization, Social and Rehabilitation Service, Department of Health, Education, and Welfare, by the Regional Rehabilitation Research Institute, University of Florida, Gainesville, Florida, and is reprinted with permission.



## MULTIPLE FUNDING MADE EASY

Projects that might draw funds from a number of federal agencies now can get these funds packaged by a special new government office.

Savings for the multiple funds-seeker: administrative time and costs (no funds come out of the new office directly).

The new office is in GSA (General Services Administration). Its objective is to streamline the administrative process where there are multiple-source federal grants awarded to a single project.

New legislation has authorized the "Integrated Grants Administration" (IGA) for 5 years: "The Joint Funding Simplification Act" (P.L. 93-510). IGA has already processed 34 projects, and plans to increase the project load to 65.

IGA was established 2½ years ago in the Office of Management and Budget on an experimental basis; and it now becomes a legal grant mechanism.

Applicants approved in the past include State agencies, local governments, regional councils, and Indian tribes (mental health agencies participating in a multi-agency grant qualify).

EXAMPLE: The City of Seattle, Washington, and the Urban Indian Social and Health Services Project are nearing completion of their program under IGA. Four Federal agencies, Health, Education, and Welfare, the Office of Economic Opportunity, the Bureau of Indian Affairs, and the Department of Labor, were involved in a \$431,500 grant for the integration and delivery of services (health, manpower, training, education).

IGA operates in the following way:

- (1) an organization must first determine if funds are available in several Federal grants that could be packaged into one program designed for their needs.
- (2) an organization may then submit a preliminary application to a Federal Regional Council which can accept or reject the application.
- (3) if the preliminary proposal is accepted, the Federal Regional Council appoints a coordinating officer who assists the agency in preparing a formal grant application and guides it through the grant process.
- (4) the Federal Regional Council then appoints a task force composed of members of Federal and State agencies involved in the grant process which can approve or disapprove the application.
- (5) if the final application is accepted by the task force, a lead

agency is chosen as the Federal agency which becomes the focal point for all future contact (e.g., funding, reports, audit, and other management operations) for the applicant.

No application deadline exists, but interested applicants are urged to contact the Federal Regional Council at least six months ahead of possible grant activity.

FOR ADDITIONAL INFORMATION, CONTACT:

Federal Regional Council (located in each of the 10 Federal Regions)

or

Office of Management Systems and  
Special Projects  
General Services Administration  
18th and F Streets, N. W.  
Washington, D. C. 20405  
Telephone: (202) 343-7461

Ed. Note: Reprinted from Federal Grants News, a newsletter of the National Association of State Mental Health Program Directors, with permission.



## HUMAN GENETICS CENTERS

The University of Pennsylvania and the Indiana University School of Medicine have received funds from the National Institute of General Medical Sciences (NIGMS), NIH, to establish centers to conduct research on the diagnosis, treatment and prevention of human genetic diseases and disabilities. These recent grantees bring to 10 the total number of universities and medical schools which have received funds to establish human genetics centers under a program begun in 1972.

The basic focus of research at the University of Pennsylvania will be on hereditary disorders of the nervous system and chromosomal disorders, while research at the Indiana center, which will be located in the James Whitcomb Riley Memorial Hospital for Children in Indianapolis, will include studies dealing with hereditary deafness, identical twins and their families, the effectiveness of genetic counseling and the recognition of new genetic diseases and their causes.

Other centers have been established at the Yale University Medical School; Albert Einstein College of Medicine and Mount Sinai School of Medicine in New York; The Johns Hopkins University, Baltimore; University of California School of Medicine, San Diego; University of California Medical Center at San Francisco; University of Texas Graduate School of Biomedical Sciences, Houston; and University of Washington School of Medicine, Seattle.

A recent booklet published by NIGMS, entitled What Are the Facts about Genetic Disease, points out that an estimated 12 million Americans suffer defects which are wholly or partly due to defective genes or chromosomes. Medical authorities estimate that one in every 150 babies is born with a genetic defect which will result, for most, in serious lifelong physical or mental impairment. In addition, genetic factors are said to be responsible for at least 40 percent of all infant mortality.

Progress in detecting, diagnosing, preventing and treating genetic diseases is cited, and descriptions of various genetic diseases and the effects that they produce are also included in the 32-page publication.

Single copies of What Are the Facts about Genetic Diseases may be obtained free of charge from the Office of Research Reports, National Institute of General Medical Sciences, NIH, Bethesda, Maryland 20014.



## NEW PUBLICATION

A Deaf Adult Speaks Out by Leo Jacobs has just been published by the Gallaudet College Press.

Leo M. Jacobs is a teacher of mathematics at the California School for the Deaf, Berkeley. He is a deaf man, the son of deaf parents, the father of a deaf and a hearing child, the husband of a deaf woman. It is out of his personal experience and his extensive knowledge of the deaf community that he has written this book.

This book should provide a bridge by which hearing persons can gain an insight into the world of the deaf person, and specifically into the world of education as it affects the deaf child.

During the 1972-73 academic year, Jacobs was the recipient of the Powrie V. Doctor Chair of Deaf Studies at Gallaudet College. A Deaf Adult Speaks Out is the fruit of that year of study and teaching at Gallaudet. Said Jacobs, "I saw in the offer of the Doctor Chair, a chance to 'tell it like it is' about the world of deaf adults - which has been my world, too."

A Deaf Adult Speaks Out is available from the Gallaudet College Bookstore (7th and Florida Ave., Washington, D. C. 20002) at a cost of \$4.80 for hard cover editions and \$2.40 for paperbacks plus postage.

# RESEARCH AND TRAINING CENTERS IN MENTAL RETARDATION (Part III)

TEXAS TECH UNIVERSITY  
RESEARCH AND TRAINING CENTER  
IN MENTAL RETARDATION  
LUBBOCK, TEXAS

Gerard J. Bensberg, Ph.D., Project Director  
Carol K. Sigelman, Ph.D., Director of Research  
Jerry L. Parham, Director of Training

The Rehabilitation Research and Training Center in Mental Retardation at Texas Tech University came into being in the latter part of 1971. In its effort to be selected as the site for a new Research and Training Center in Region VI, the Texas Tech University staff emphasized its strengths: its size; its strategic location in the region; and, most importantly, its desire to bring its variety of resources and strengths to the task of rehabilitation research and training. In addition to the resources available within the Texas Tech complex, there were substantial community, state, and regional facilities, programs, and personnel ready to begin a comprehensive and unified approach to rehabilitation in mental retardation.

Since its funding by the Social and Rehabilitation Service, the Texas Tech Research and Training (R&T) Center has grown from a skeletal operation to an active center with a combined budget of \$284,000 and a staff of 18 part- and full-time professional and supportive personnel. It has worked closely and fruitfully with the staffs in Psychology, Special Education, Engineering, Business Administration, Speech, and Home Economics, as well as with many agencies in the region.

## Research Activities

Four major areas are emerging as priority areas perceived by the agencies and R&T staff as crucial in the rehabilitation of the mentally retarded--development of an empirically-based training program in mental retardation, rehabilitation of the multiply handicapped, vocational evaluation, and community adjustment and training.

## Development of an Empirically-Based Curriculum in Mental Retardation

The objective of the project is to develop better orientation and in-service programs for rehabilitation counselors working with the mentally retarded. The project is a systematic attempt to determine the job functions of rehabilitation personnel in mental retardation, current levels of proficiency, and the content now provided in training programs. Based upon this information, training priorities will be established and programs developed and tested. Progress to date has indicated a clear need for such programs.

---

\*Parts I and II of this series by Joseph Fenton, Ed.D., Social and Rehabilitation Service, appeared in the November 22, 1974 and February 15, 1975 editions, respectively.



Most state rehabilitation agencies have made more than a perfunctory commitment to staff development. A common pattern for the states in HEW Region VI is to provide each new counselor with a two-week orientation training program, and to offer continuing education by means of two or three seminars or workshops each year. In spite of the availability of training opportunities for rehabilitation personnel, the adequacy of such training is questionable. A review of the literature indicates that more than 50% of the general field counselors feel that their professional training was inadequate and that much of their in-service training related to policies and procedures rather than to substantive content regarding the disabilities served.

In order to obtain a more complete and up-to-date picture of the current practices of rehabilitation agencies, letters were mailed to the 55 state and territorial rehabilitation agencies and the 33 rehabilitation agencies serving the blind. Forty-three of the general agencies responded but only seven of the agencies serving the blind responded. This would suggest that the latter group does not see mental retardation as one of its major concerns.

Twelve of the states responding indicated that they did not provide training for their staffs in mental retardation, and 18 indicated that they at least provided the new counselor with an orientation to the area. Twenty of the states indicated that they depended heavily upon the R&T Centers at the Universities of Oregon and Wisconsin and upon the Regional Training Center at the University of North Carolina. A number of states have found the regional special education centers helpful in providing pamphlets and films. Most of the responding agencies indicated a need for training materials which are specifically oriented toward rehabilitation personnel.

A second effort to assess needs has led to the development of a true-false and multiple-choice test of knowledge in the area of mental retardation. This test has been administered to three groups: graduate students in special education, evaluators and instructors in vocational evaluation centers, and rehabilitation counselors who serve primarily the mentally retarded. Interestingly enough, the last group made the highest scores on the test. A final source of data has been interviews with counselors working with the retarded. This information has suggested that problems in parent counseling, level of aspiration among the retarded, orientation of employers to the retarded, and special problems related to minority groups should be included in training programs.

Due to a shortage of staff during the past year, training material development has been delayed. However, at least a modest beginning was planned for the Winter and Spring of 1974.

#### Rehabilitation of the Multiply Handicapped

The multiply handicapped, particularly the blind retarded and the deaf retarded, represent high priority groups for the Social and Rehabilitation Service. In addition to a completed project which demonstrated that the blind multiply handicapped could be trained to participate in productive work, the Center has undertaken a descriptive study of the hearing impaired mentally retarded in state and private facilities.

The project seeks to assess the incidence of deafness among the mentally retarded

in residential facilities for the retarded. A comprehensive questionnaire was developed in cooperation with Gallaudet College and the American Speech and Hearing Association. Questions were included to reveal the number of hearing impaired and their characteristics, as well as types of treatment programs, quality and size of staff serving these individuals, and needs and problems perceived by the staff.

The questionnaire was mailed to 212 state and 438 private facilities. Although one additional follow-up letter will be mailed to those facilities not yet responding, sufficient data have now been received to permit a preliminary report. Only 17% of the private facilities have responded to the questionnaire. This probably reflects the inclusion of many foster homes in the sample. In spite of this limited return, the percentage of retarded who are hard-of-hearing or deaf is about the same as that reported in the state residential facilities. The total population of retarded living in the responding private facilities is 2,372, with 3.2% of this number being classified as deaf and 6.3% as hard-of-hearing.

The response was much better for the state residential facilities, with 81% completing the questionnaire or sending a letter which provided minimal information. These facilities served a total of 104,603 retarded, with 2.4% being classified as deaf and 5.4% as hard-of-hearing.

Most of the facilities reevaluate their deaf and hard-of-hearing residents on an annual basis. Approximately two-thirds of the facilities provide a speech and hearing evaluation as part of the admission procedures. Hard-of-hearing and deaf residents seem to be distributed equally over the age range, except among children under six and adults over sixty years of age where a lower percentage were identified. This probably reflects the difficulty of accurately testing hearing acuity in the very young and the higher ability levels among elderly residents. Surprisingly, there was no great variation in the incidence of hearing impairment among the retarded of different mental levels. This is probably related to the difficulty of obtaining accurate assessments for the profoundly retarded.

The facilities were asked to indicate areas of strength and weakness in their services. As might be expected, the inadequacies listed far outnumbered the adequacies. The areas most often mentioned as being adequate included: good manual communication with the hearing impaired residents; a positive use and understanding of behavior modification techniques; and good diagnostic and evaluation services. The weakest areas were: a need for better sharing with other facilities and universities as to what methods might be effective with multiply handicapped individuals; lack of trained and well-motivated staff, particularly teachers trained in both areas; and inadequate funds to employ staff and construct facilities to serve this group.

#### Vocational Evaluation

A third core area entails the development of an automated vocational assessment battery designed to provide information about the work skills of retarded clients in rapidly prepared and concise reports to vocational counselors. In this effort, the R&T Center has tried to stay tied very closely to the actualities of job placement. That is, we have concentrated on developing an instrument which

will give the counselor an overview of the skills usually required, or inquired about, in obtaining employment for the retarded, rather than assessments of the social and interpersonal skills usually considered of more importance in maintaining employment. Toward this end, a two-pronged approach has been adopted: developing a battery of skill area tests; and, developing a more effective method of presenting these materials and reporting the results to the counselor.

Although a number of vocational assessment devices are currently on the market, most are not suitable for use with the high school age retarded person, primarily because the subject matter is inappropriate to the types of jobs for which the retarded client is likely to be suited. For this reason, a survey of the most probable job types resulted in the selection of a number of skills or ability areas, and the construction of appropriate tasks to measure these abilities. The resulting task areas are: eye-hand coordination (linear maze tracing, bolt and nut manipulation, hand-steadiness); matching-to-sample (form matching, picture matching); basic tool identification (identification of common workshop tools); basic measurement skills (use of a ruler to measure height and length); multilimb coordination (coordinated use of a foot switch and hand control); and performance maintenance (performing tasks of sufficient length that decreased attentiveness results in lowered scores).

The second approach--that of developing a better method of presenting, scoring, and reporting results--has been attacked through the use of a conveyor belt presentation device. Use of this device permits the client to be seated in front of the conveyor belt while the task items move in front of him. The task items are arranged on boards and scoring is automated to the degree permitted by each task. Use of this presentation mode in research thus far has offered the following advantages: faster presentation of a large number of tasks; easy modification or interchanging of task items; and a simulated "assembly line" type work situation which seems to offer high face validity to the client and keeps task motivation high. The task of simplifying and speeding up reporting of results has been approached by designing and building a computer library of statements and descriptor phrases which are keyed to various scores or combinations of scores from the various subtests in the battery. In this manner, the scores from an individual's subtest profile are keypunched and run through the computer. The statements and descriptor phrases keyed to the individual's scores are printed out for distribution to the counselor.

Concurrent with the development of the automated presentation and scoring device is the development of a second assessment battery, which consists of the same basic work trait samples, but is in a smaller, non-automated, highly portable form.

The present research effort is directed at establishing alternate form and test-retest reliability of the two batteries. Following this, the batteries will be validated against other psychomotor and psychometric instruments, and criterion validation will be accomplished by means of vocational competency measures to include supervisory ratings, measures of job satisfaction, production rates, error rates, and measures of success in job placement. Goodwill employees, institutionalized retardates, and special education students have served as subjects thus far.

In addition to providing "to-the-point" information rapidly for the vocational

counselor to use in assessing placement potential in terms of skill areas and skill deficiencies, it is hoped that the presentation devices will continue to serve as useful and highly flexible research tools for studying a variety of variables related to job performance and vocational assessment.

A second project in the area of vocational evaluation explores the physical work capacities of the mentally retarded. The types of jobs for which the retarded have historically been prepared require large amounts of physical energy expenditure (e.g., lifting, carrying, and pushing). It is often assumed that the retarded enjoy this type of work and have the capacity to perform physical, if not intellectual, tasks.

The project has used a variant of the Harvard Step Test, which measures heart rate recovery after mild exercise, to gain much-needed information about the general physical fitness and physical capacity of retarded individuals. Preliminary studies have indicated that mentally retarded persons have less physical endurance and capacity than average age-mates in the working society. The pilot studies will be extended to determine if this deficiency exists in a variety of mentally retarded populations. Findings based on the modified Harvard Step Test will be compared with results gained from more expensive and complicated tests which measure physical capacity in terms of oxygen consumption. In addition, if the simpler test proves reliable and valid, it will be made available for use by counselors in the field, who will be provided with a physical expenditure index to permit matching retarded clients to specific jobs on the basis of physical capacity for work. Finally, the project will lead to the design of remedial programs to improve the physical capacities of the institutionalized retarded.

#### Community Adjustment and Training

As it has often been observed that retarded individuals fail, not because of inadequate work skills, but because of social and community adjustment problems, the R&T Center has launched three major projects in the community adjustment area. The first involves research personnel in developing and evaluating a halfway house program to prepare retarded persons for community living; the second explores the nature and effectiveness of group homes as environments which will permit the retarded to maintain jobs in the community and develop toward greater independence; and the third examines patterns of adjustment and factors which underlie success and failure as the retarded leave institutions for the community.

The first community adjustment project is concerned with applying research resources directly to the task of training the retarded for sheltered or independent living in the community. An interagency agreement between the Lubbock State School, Texas Rehabilitation Commission, and the R&T Center has led to the creation of two halfway house projects on the State School campus. Approximately 55 mentally retarded clients from the State School and the community are now receiving personal, social, and vocational adjustment training. The program leads clients from on campus to off campus jobs, while training them in the community living skills which are essential for maintaining a job in the community.

The halfway house clients represent a ready pool of subjects for applied re-

search projects. The Center is engaged in continuing consultation with the halfway house staffs regarding program content, staff development, and program evaluation. Thus far, the R&T Center has evaluated all clients in the program to identify critical skill deficiencies. Each client has been rated by two resident counselors on a behavioral evaluation similar to the Adaptive Behavior Scale and on a newly designed employment checklist. The percentages of agreement between raters for the two scales were 82% and 75%, respectively--both figures representing adequate reliability. Performance profiles are being prepared to indicate overall group characteristics and individual strengths and weaknesses. The R&T Center will continue to aid in developing, testing, and revising the training program.

In a second thrust, the Texas Tech R&T Center has almost completed its first year of a project composed of interrelated studies of group homes. As the University of Oregon R&T Center is conducting an extensive national survey of group homes for the retarded, the Texas Tech Center is emphasizing intensive studies of the transition from institution to group home, the dynamics of group home living and administration, and the effects of group homes on residents.

Several studies initiated thus far have focused on a rehabilitation cottage for women at the Lubbock State School and on several small group homes which are designed for employed residents from the State School program. One study examined dimensions of performance in a simulated job interview in preparation for: (1) a reassessment of interview skills after a year; and (2) a correlational study of interview performance changes and changes in "image" as judged by vocational counselors and potential employers. It was felt that adequate performance in a job interview not only facilitates employment of the retarded, but is indicative of broader maturity in interpersonal relationships. Interviews with residents of the rehabilitation cottage were analyzed for: (1) content; (2) sentence complexity and vocabulary range; (3) responsiveness to communication demands; and (4) nonverbal behaviors such as eye contact, posture, and smiling. The interview performance of State School residents was compared to that of group home residents of somewhat higher I.Q. and social maturity. The study demonstrated the reliability and validity of the newly-developed rating scales and found that group home residents performed better than State School residents in terms of sentence complexity, elaboration of responses to questions, and positiveness of nonverbal behavior. Nonverbal behavior, which was not correlated with the language and communication measures, nor with I.Q., appeared to be an aspect of behavior not typically emphasized in training programs but potentially critical in making good impressions. Although State School residents were no less likely to supply at least minimally appropriate responses, Group Home residents were more prone to volunteer related information and to convert inadequate responses to adequate responses after rephrasings of questions. The study has several implications for training communication skills.

Two other studies have focused on comparing behavior patterns and supervisory styles in the institutional cottage and in two group homes which have absorbed seven of the original 23 women in the institutional cottage. In one study, behavior during leisure periods was sampled in written "snapshots" taken every five minutes and coded according to a modified version of a system used by Bjaanes and Butler (1973). Residents in the two group homes displayed remarkably similar behavior patterns, dividing over 60% of their behaviors equally between passive leisure and social interaction. Compared to the group home



residents, institutional residents engaged in more passive leisure, less chore performance, and less social interaction--findings which suggest that the group home is making more social and behavioral opportunities available to residents. However, goal-oriented leisure was rare in all settings, a finding which has special implications for training in independent living skills.

In conjunction with the behavioral observations, a study was made of supervisory styles, as reflected in one-to-one interactions between residents and caretakers in the institutional setting and in the two group homes. For each interaction, initiator, communication channels, expressed affect, and duration were coded. Descriptions of initiators' behaviors were summarized under five broad headings--pleasantries and expressions of warmth, requests, services, expressions of opinions, and information-giving. Two shifts of attendant personnel at the institution were compared, and within each shift, resident-initiated interactions were compared to caretaker-initiated interactions. Patterns of interaction with supervisors in the institutional cottage were then compared with those found in the group homes. Preliminary results indicate that group home residents are less subject to direct orders and are more involved in complex, give-and-take interactions with adults. This implies that the group home is indeed an environment which can reduce dependency and provide opportunities for learning important social skills.

Other projects have been initiated to examine social and community adjustment problems among group home residents. Interviews with houseparents have helped to determine what problems arise and how they are handled. In addition, a participant-observation study in which a graduate student posed as a retardate and lived for a week in a group home explored patterns of daily living and found the group home to be a normalized environment. Houseparents have begun keeping daily records of social activities and contact with the community, recording phone calls, letters, excursions to the community, and visits by outsiders to the group home. In addition, houseparents have described critical incidents and other major events in the lives of residents, providing a continuous record of social adjustment in the transition from institution to community. This information, which is beginning to reveal critical problems in interpersonal adjustment, will be used to guide rehabilitation training at the State School halfway house projects.

The Center's efforts have not focused exclusively on the social environments of institutions and group homes. A study is underway to explore the effects of physical environment on the behavior of the retarded in order that architectural decisions may optimize human behavior and satisfaction. Environmental size and arrangement will be studied as they affect behavior in work and living settings. A preliminary study has focused on the basic phenomena of crowding and territoriality in an institutional setting as preparation for studies of different types of environments.

In the near future, the project will compare the model of group homes already studied to other models in the region. In conjunction with a follow-up study of furloughed residents of Texas institutions for the retarded, retarded adults placed in community residences will be compared with matched adults placed at home and in independent living situations. As the study expands, it will become possible to assess the characteristics and effects of a variety of living and training environments.

With an eye toward preparing agencies and houseparents to administer community facilities, the R&T Center has already published the proceedings of a conference on group homes which describes models in different parts of the country and will soon collaborate with the Lubbock State School to prepare a manual for houseparents based, in part, upon interviews with practicing houseparents.

One of the new projects at the Texas Tech R&T Center, being conducted cooperatively with the Texas Department of Mental Health and Mental Retardation, is a follow-up study of individuals who have been discharged from the state schools in Texas. Although some follow-up studies of this type have been done in the past, there is little specific information in the literature on post-institutional adjustment to serve as guidelines for predischarge training programs. This is likely due in part to the use of oversimplified success-failure criteria, and also to the procedure of examining community adjustment at only one point in time instead of as a process.

The Texas study was designed to expand upon previous research by: (1) including the moderately and severely retarded as well as the mildly retarded in the sample; (2) examining adjustment processes over time; (3) emphasizing the relationship of community and family support, as well as of personal traits and abilities, to adjustment; and (4) exploring the degree of "normalization" in various aspects of life instead of using a more limited criterion of success or failure in the community.

The study consists of two stages, the first of which is nearing completion. It has involved locating a representative sample of 500 people who have been discharged from the ten state schools in Texas during the past 5 years and conducting a mail survey. Two questionnaire forms were used, one addressed directly to the dischargée, another to the parent or guardian of the less capable individuals. Items covered such areas as employment, family, leisure activities, and problem areas. Background data has been obtained from the state schools and will be related to the questionnaire results. This survey data will provide some comparison of those discharged in past years with those leaving the institution in 1974, when the major part of the study will begin.

The return rate on the questionnaires to date is approximately 30%. A large number of the letters were returned for reason of no forwarding address, and we have been unable to locate 23% of the sample despite reference to phone and city directories, use of relative contacts when available, and information from other state agencies. This loss rate raised the question of the mobility of this sample of retardates compared to that of the general population. Conservatively estimating that only this 23% has moved at least once in the last five years, the mobility rate of discharged residents is somewhat lower than that of heads of households under 35 years of age in the general population (28.3% in a 5-year period); somewhat higher than that of blue-collar employees (22.0%); and still higher than that of a group including farmers and those not in the labor force in the same age group (19.3%), as indicated by a study from the Institute for Social Research, University of Michigan.

Approximately 47% of the individuals who presumably received the questionnaire did not return it, even after a second reminder letter was sent to all non-responders. It is possible that some of these, too, did not reach the addressee but were discarded by present residents, in which case the above mobility rate

is an underestimate. The reasons for moving are important to pursue, and can be explored more fully in the next stages of the study.

The R&T staff is now conducting personal interviews with 50 respondents and 50 people who did not complete the questionnaire. In addition to providing a more complete picture of home situation and lifestyle, the interviews will aid in assessing reasons for lack of response. For example, it may be that those most in need of help tend to return questionnaires, while those better integrated into the community want no reminders of the past.

Beginning in February, a sample of 50 residents furloughed each month for a total of nine months from all of the state schools will be selected. Information will be obtained prior to furlough, and interviews will be conducted after one month in the community, after three months, and then each successive six months for 2½ years. In this way the process of adjusting to a community setting and the difficulties which may arise at various stages can be identified.

In light of the increasing emphasis upon placement of the retardate in a community setting, detailed information relevant to training and support services is more essential than ever before. The effectiveness of rehabilitation efforts can only improve through the kind of feedback which provides the basis for expanding or altering content in existing programs, and perhaps indicating needs where none now exist. The results will be pertinent not only to predischARGE training and readiness for community living, but also to specific placement considerations and the types of community support services which are most needed.

#### Training Activities

The major training effort during the past year was devoted to the area of deinstitutionalization. An attempt was made to identify the major problems associated with the placement of the institutionalized retarded in community settings. Five training conferences were held to strengthen the skills of leadership personnel, to enable them to work more effectively with the retarded, and to develop community programs to provide necessary support systems for maintaining the retarded in the community. In addition to R&T staff, national authorities were also used as faculty. These five conferences provided training for approximately 160 individuals employed by rehabilitation and mental retardation agencies in the five-state Region. The conference themes were as follows:

- Extended Living (Group Homes)
- Interdisciplinary Programming for the Multiply Handicapped
- Developing Social Skills in the Developmentally Handicapped
- Protective Services for the Developmentally Handicapped
- Structured and Unstructured Employment of the Mentally Retarded

Monographs are now being prepared which include the formal presentations, as well as problems and solutions developed by the participants themselves.

A series of three training conferences for rehabilitation personnel was made possible by another short-term training grant. The first of these was a workshop which brought together the directors of staff development from the state rehabilitation agencies. This workshop developed a set of training priorities for the R&T Center and developed the program content for two conferences. Both of these



conferences were oriented toward staff development personnel or supervisors, one dealing with vocational evaluation and pre-vocational training, the second dealing with cooperative work-study programs. A total of some 75 individuals from the rehabilitation agencies participated in these two conferences. Monographs are also being prepared which include the material presented at these conferences, and they will be printed and distributed during the current year.

In addition to the indirect indices of the effectiveness of these seminars, such as requests for materials presented at the conferences or requests to be permitted to attend another conference, an evaluation form was given to the participants to complete on an anonymous basis. The participants were asked to rate the conference on each of 10 characteristics on a scale from 1 to 7, with 7 the most positive score. The mean scores for five of the conferences are as follows:

Planning	5.99	Varied Content	5.79
Information	5.73	Concreteness	4.96
Relevance	5.69	Pace	5.19
Interest	5.69	Involvement	5.49
Organization	5.58	Applicability	5.62

A rehabilitation research seminar which carries graduate credit has been initiated by the R&T Center. This seminar seeks to promote applied-research competencies and career interests in rehabilitation research with the mentally retarded among doctoral level students in the behavioral sciences. The instructional format consists of directed research under the supervision of senior R&T investigators, i.e., an apprenticeship model. These experiences are combined with a weekly research seminar that considers corollary issues pertinent to the overall program of research, as well as more specific methodological and pragmatic dimensions of research. Academic course credit from Texas Tech University is optional, and evaluation is based on professional standards for research.

The presence of the R&T Center has also stimulated the inauguration of an inter-departmental graduate course dealing with rehabilitation of the developmentally disabled. The staff of the R&T Center assumed responsibility for coordinating the course and for securing guest faculty from some nine different departments whose time is donated on a voluntary basis. The goal is to present the most up-to-date information on such topics as law, architecture, management, and food and nutrition, as well as on more traditional topics such as psychological aspects, education, and speech and hearing services for the developmentally disabled.

\* \* \* \* \*

#### BIBLIOGRAPHY OF PAPERS AND PUBLICATIONS

##### Published:

Bensberg, G. J. Administration and staff development in residential facilities. American Journal of Mental Deficiency, in press.

Benton, R. G., N. A. Permenter, J. Baylor and P. McClelland. Perfume manufacturing by the blind mentally retarded. Outlook for the Blind, in press.

Davidson, R. L. Machine-administered versus personally-administered instructions

on an assembly task with mentally retarded subjects. Journal of Rehabilitation, 1973, 39, 8-9.

Griffin, J. C. and B. J. Locke. Self-injurious behavior: a bibliography and synopsis of procedural techniques. Journal of Supplemental Abstract Service, in press.

Permenter, N. Retardate for a week, Journal of Rehabilitation, 1973, 39, 18-41.

Sigelman, C. K. (Ed.) Group Homes for the Mentally Retarded. Research and Training Center in Mental Retardation, Texas Tech University, Lubbock, Texas, 1973.

Submitted for Publication:

Benton, R. G., N. A. Permenter, and J. L. Morris. Development of a general purpose vocational assessment battery. Submitted to Behavior Research Methods and Instruction.

Papers Presented at Professional Meetings:

Griffin, J. C., R. Perryman, W. F. Landers, and E. Patterson. The influence of knowledge of results with mental retardates on a simple vigilance task. Presented at the annual meeting of the Southwestern Psychological Association, Dallas, Texas, April 26, 1973.

Permenter, N. A. and J. L. Morris. An automated vocational assessment battery. Presented at the annual meeting of Region V, American Association on Mental Deficiency, Wichita, Kansas, October 24, 1973.

Sigelman, C. K. and P. R. Werder. Language and communication skills of the retarded in job interviews. Presented at the annual meeting of Region V, American Association on Mental Deficiency, Wichita, Kansas, October 24, 1973.

\* \* \* \* \*

Further information available upon request to:

Gerard Bensberg, Ph.D.  
Director, Rehabilitation Research and  
Training Center in Mental Retardation  
P. O. Box 4510  
Lubbock, Texas 79409

Ed. Note: This is the third part of a series which will be completed in a future issue of "Programs for the Handicapped."



# NEWS OF INTEREST TO THE BLIND

by Sharon Strzalkowski

## Science for the Blind

The technological age has provided many solutions to the problems faced by blind people in our society. But the problems faced by blind people in the field of science itself have been largely overlooked for some time. A new organization, Science for the Blind Products, was formed in 1973 to meet this need. Since its establishment, the organization has primarily worked to develop scientific instruments, such as meter readers, for use by blind scientists in their employment situations. In many cases the devices considered only require slight modifications to be used for this purpose and the organization is able to provide some consultative services in this regard.

A growing area of concern for Science for the Blind Products are instruments for general application to be used in employment settings other than the scientific laboratory, such as Braille calculators and closed-circuit TV magnifiers for those with low vision. Recreational aids, such as an audible dartboard and ball, are also being developed for distribution.

Further information about the activities and items produced by Science for the Blind Products can be obtained by writing to:

Science for the Blind Products  
221 Rockhill Road  
Bala-Cynwyd, Pennsylvania 19004

## Help for Deaf-Blind Children

A correspondence program to help parents stimulate the development of their young deaf-blind children is being offered by the John Tracy Clinic, 806 W. Adams Blvd., Los Angeles, California 90007. Available in English and Spanish, the course consists of 12 basic lessons and supplementary "Learning Steps" designed to assist parents in developing in their child the skills he or she needs to communicate and to gain independence.

Among the subjects included in the basic lessons, entitled "You and Your Child," are characteristics and behavior of deaf-blind children; parent attitudes; setting limits and discipline; language development; toys and play equipment and creative activities.

Each section also includes a list of free or inexpensive publications on the subjects discussed in the lesson, and names of organizations or agencies that can provide related services.



# THE RIGHT TO VOTE - A RIGHT FOR ALL

by Morton Posner\*

News Item - Over 200 institutionalized adult retarded register and vote for the first time . . . . 1974.

It began, as all such events begin, with an idea. An idea, the spirit of which flows from those mighty words penned by Thomas Jefferson, " . . that all men are created equal."

The need to implement the idea developed from being knowledgeable about, and the circumstances concerning, individuals residing in State institutions. The mentally retarded, the mentally ill, as well as many with other handicapping conditions. These individuals, citizens all, are entitled to their human and civil rights. They too were endowed by The Creator with the rights of life, liberty and the pursuit of happiness.

Yet in our society, these rights were (and are) being denied. At best, grudgingly given to a few when the spotlight of publicity, or a Court Order, mandates. To demonstrate their rights; to focus attention towards their potential; to form a political constituency; there were the issues. Utilization of access to the voting franchise was the idea, whose time had now arrived.

The question was not and is not one of who has the ability, or has competency with regard to intelligent voting. This keeps surfacing as a smokescreen. That issue may well be subject to debate. Yet who should play God? Who shall judge ability and competency, even about citizens who are not mentally disabled or institutionalized? The Supreme Court, unanimously, liberals and conservatives alike, in their collective wisdom decided that no one, save a court of law, after all appeals were exhausted, could so decide.

So, the idea now had validity. For so many years prior, a voter registration drive, while attempted, could not be implemented. A majority of residents and patients were institutionalized by Court Order (thus deprived of their civil rights). Literacy tests and other prejudicial requirements were (and still are) a part of election laws.

But along came the civil rights movement of the 1960's. And with it voting rights laws. The most significant event, however, a final turning of the key, occurred in 1970 when the U. S. Supreme Court ruled unanimously on the unconstitutionality of literacy tests as a determinant to voting registration.

Yet New York State election laws still remain virtually unchanged with respect to the rights of institutionalized patients and residents to register and vote. Local election boards have been making slightly greater use of absentee registrations. The New York State Department of Mental Hygiene took no affirmative action. Yet Mental Hygiene Law (recodified 1972) Section 15:01 specifically guarantees that registration and voting rights are not to be denied by virtue of receiving services for a mental disability, except as

otherwise provided for by law.

Two more years had gone by before the historic event was to finally take place during the Summer and Fall of 1974. It took place at Suffolk Developmental Center (a State institution housing over 1700 mentally retarded children and adults), Melville, Long Island, New York. Both the parent organization and more particularly the director (newly appointed) were enthusiastically receptive to the idea. They mobilized immediately to put a massive voter registration drive (among eligible residents) into effect. The final determination rested in the fact that only three requirements remained for eligibility: U. S. citizenship; age (18 or older); residency (30 days in State, county, locality); and voluntary (not Court-ordered) or non-objecting admission status.

With a great deal of time and effort yet to be expended, the registration and public education drive began with news media coverage (NEWSDAY 8/16/74). The process began in earnest despite a lack of cooperation by the Suffolk County Board of Elections.

Prejudice reared its ugly head (NEWSDAY 8/24/74) by no less than a candidate for public office. Objections also came from parents and others who see the adult retarded (despite all their love) as less than full citizens vested with civil rights. More publicity ensued, a good human interest story (NEWSDAY 8/31/74), letters to the editors and more news articles.

Registration Day. September 28 and again on October 2. Parents, concerned citizens and staff volunteered their efforts all day, on both days acting as registrars. The final decision by the election board necessitated mass absentee registration procedures (and subsequent absentee voting as well). It was ruled that although the residents lived in the institution, it could not be their legal residence for purposes of voter registration. The Department of Mental Hygiene in so concurring was in effect saying that an institution may be all right to visit, but not a place in which to reside.

The events all took place in a large gymnasium. The residents were treated like any other citizens, and accorded the dignity and respect so long denied them. Their elation manifested itself in moving demonstrations of enthusiasm and joy: the kissing of a registrar's hand, the hugging of a staff member. There was TV coverage by local and network-affiliated stations (ABC and NBC). Interviews elicited such comments from the residents as, "If they can vote on the outside, I can too!" Additional TV coverage was given (by NBC) to the number of residents successfully working in competitive employment off the grounds. This was a dramatic illustration of the potential of many if not most adults who are diagnosed mentally retarded, given proper programs and services. A verification that these individuals can also become viable, tax-paying citizens, and participate in the community. That ultimately they can be free of institutional life, and all that it entails.

The results of these two days exceeded the most optimistic projections. There were many who, because of severe circumstances, would not participate. There were those who were not sure what was involved, this despite the best efforts by staff to inform all as to what was happening. They declined to participate. Yet when the final tally was in, 249 adult residents had, for the first time in their lives, been registered as voters. Some, as will be explained

later, had their registrations invalidated. Their day will come, when those decisions are challenged, as they will be, in Court.

It must be made clear that this was not a "one-shot" demonstration. The entire process is now an established program. The League of Women Voters came on the grounds. They gave instructions on the mechanics of voting. Candidates toured the facility and spoke with the residents. And on October 29th, another first. A Candidates' Night at a State institution.

Four candidates (running for State Legislature and U. S. Congress, two of whom were subsequently elected) addressed over 200 residents in addition to the parents and staff. The candidates made their statements, with respect and in no way demeaning to any in attendance. The residents asked questions, lucid, intelligent questions. Taxes, jobs, Watergate, inflation. The same issues troubling citizens everywhere.

There were ripples throughout the State, and nearby areas. The Department of Mental Hygiene was now forced to do what it should have done two years earlier. They notified all the State institutions that there must be posted notices advising of voting rights. Further, a staff person was to be assigned to aid those wishing to vote. However, there was less than enthusiastic participation by the staff of many of the other facilities.

In New Jersey, a Superior Court ruled that 33 residents in a New Jersey State institution could not be denied their franchise. And so it went in scattered areas; the sun was rising and casting its light on the beginnings of a new era.

That era began on Friday, November 1, 1974. A mass absentee voting project culminated in reality; what had only, heretofore, been a vision such a short time before. All the necessary safeguards were put into place. Registrars with proper credentials. No one, not any one, allowed to interfere or influence a single vote. Staff, parents and volunteers again put forth a long day's efforts. The result--210 ballots cast--for the first time anywhere, by the institutionalized citizens labeled mentally retarded.

It matters little for whom they voted. The fact remains that these residents, citizens all, participated as full citizens in the electoral process. The impact on society and the political processes will be felt for years to come.

Perhaps some of the deep feelings of this entire exercise can best be summed up by relating the story of one resident, and how she was affected.

Her name is Alice. She is over 40 years old. She was especially grateful at being treated like a human being and a citizen. It was she who was quoted earlier.

Alice is articulate. She works part-time as a domestic, earns an income and pays taxes. Yet she has had to live in institutions all her life, having been born in a home for unwed mothers.

Shunned by society all her life, now even the Election Board would not acknowledge her residency. Thus, once more Alice was being denied her rights. Still



the beauty of this woman showed through. Despite her bitter disappointment, despite all that life had deprived her of, Alice, having overcome her grief, volunteered her services to help out for the day so that all the others could vote.

It is our resolve that Alice, and all the other Alices of this State and Country, will one day be recognized and given their due. This is only the beginning of the final civil rights movement.

---

\*Morton Posner is Executive Director of the Federation of Parents Organizations for the New York State Mental Institutions, Inc., 162 West 56th Street, New York, New York 10019. He is founder and Past President of Voice for the Handicapped (a Long Island coalition). He is the parent of five children, one of whom is a 22 year old daughter currently residing in a New York State institution for the mentally retarded. It was as an active member of the parent organization that he initiated the voter registration, after many years of frustrating attempts. Mr. Posner was a co-founder of the Illinois Association for Retarded Children and an officer of Voice of the Retarded, an Illinois coalition.



## **PEDODONTIC TRAINING AT USC**

A small group of dedicated dentists treat only children with handicaps--mental or physical. These dentists are pedodontists (pediatric dentists) who become specialists through extensive work with handicapped children in outpatient clinics or hospital wards.

A training program in this aspect of pedodontics is offered by the University of Southern California (USC) School of Dentistry in residencies at Children's Hospital of Los Angeles or at Rancho Los Amigos County Hospital, Downey. The residency at Children's Hospital is directed by Dr. Roger Sanger of Playa Del Rey, assistant professor of pedodontics at the USC School of Dentistry.

"Dentists in our program," Dr. Sanger said, "are more concerned with the total health care of their patients than with their teeth alone. For example, radiation treatment for children with tumors of the head or neck will stop the growth of cells connected with tooth growth so that the teeth begin to decay, the gums to recede, and the roots to become very sensitive.

"A dentist for these children must take their medical treatment into account and devise ways to protect or restore the child's teeth. Often we have to protect all the teeth by crowns, or use lead shields to baffle radiation, and we try to strengthen the teeth by a high fluoridation program and strong prevention program."

Children with heart trouble also present problems that the dentist must learn to handle. "Heart patients need special medication before dental treatment,"

Dr. Sanger explained, "because many dental procedures release bacteria from the mouth into the blood stream. If these bacteria settle on a damaged heart valve, they will cause further damage. To avoid this complication, it may be advisable to give the child an antibiotic before dental care is started."

Special knowledge is needed to treat hemophilia, Dr. Sanger noted. "Most dentists will not take hemophilia patients," he said, "because they are afraid of complications. Our students learn the proper concentrate of plasma needed to counteract bleeding, what to do for cuts on the tongue, and the procedure for injections when needed. Dental care for hemophiliac children presents comparatively few problems, if properly planned."

The pedodontic residents at Children's Hospital staff the dental clinics. "In his first year, the resident works on basic scientific research every morning at the USC School of Dentistry," Dr. Sanger said. "His afternoons are spent in clinics at the hospital. Work in the second year is almost entirely at the hospital."

The dental clinics are coordinated with the medical clinics, Dr. Sanger pointed out. "On Tuesday afternoons, for example, we see hematology patients, who are there for the hematology outpatient clinic--children with sickle cell disease, leukemia, hemophilia, and other blood disorders. Wednesday afternoon is the cardiology clinic, so we arrange to see heart patients that afternoon. Thursday, generally, we work with mentally retarded children.

"We try to make sure that all these children receive regular dental care. Some of them receive it from their family dentists, which is fine, but our services are available if needed. By coordinating our clinics with the medical clinics, patients do not need to make an additional trip for dental care. For example, if a child comes in for kidney dialysis on Monday, Wednesday, and Friday, we would make an appointment for one of those days. We don't arrange to see him on Tuesday."

There are only a few pedodontic training programs of this type in the country, Dr. Sanger said. "As a result, it will be some time before we have enough specially trained dentists to treat all the sick and handicapped children who need them."



## SPECIAL EDUCATION MUSIC FESTIVAL

The Music Therapy Department at Pinecrest State School, Pineville, Louisiana, presented the second annual Special Education Music Festival last month. Approximately 200 students from Special Education Classes, Day Care Centers for the Retarded, and Residential Centers for the Retarded throughout Louisiana performed in the Music Festival.

The musical program included vocal groups and solos, instrumental ensembles with solos, and several dance groups.



The festival is noncompetitive with all participants receiving special gold certificates for their performances. It is believed to be the only Music Festival of its type in the country. It was organized in 1974 by Michael Kellogg, Director of Music Therapy at Pinecrest, to provide an opportunity for the retarded and other exceptional children in special education settings to perform for others and receive recognition for their achievements. The general public was invited to attend.



## NEWS OF INTEREST TO THE DEAF

### Chicago, Illinois

Dr. Laszlo Stein, Director of the Institute for Communication Disorders at Michael Reese Medical Center in Chicago warns that despite all the recent medical and technological advances, a cure for deafness is not around the corner. Dr. Stein said there is no substantial evidence that acupuncture has had any success in treating deafness. The electronic ear devices that use transmitters and tiny vibrators implanted in the ear canal still need much more research and testing before they can help the eight and one-half million deaf Americans. Dr. Stein is concerned about some overzealous salesmanship that overrepresents valid research finds.

### Deafness Center to Evaluate "Scope and Sequence"

The Texas Statewide Project for the Deaf has chosen the Deafness Research and Training Center to evaluate its curriculum for deaf students in grades K through 12. Ms. Mary Barefield, project director for the Texas Education Agency, recognized the need for careful evaluation of the curriculum, which is titled "Scope and Sequence."

The evaluation will take into consideration the formal objectives established for students, other important objectives not specifically included in the curriculum but believed to be vital to its effectiveness, characteristics of teachers which make parts of the curriculum more effective with one teacher than with another, individual differences among pupils, and the curriculum's cumulative effect. Field visits to the experimental and control sites in Texas are an integral component of the evaluation. Questionnaires will be administered to teachers, supervisors and specialists to gather their opinions of the effectiveness of the curriculum and to solicit suggestions for its improvement.

The Texas project is unique in that it will allow evaluation of the State's complete educational program for all deaf students.

## NEW PUBLICATION

The Deaf Child in the Public Schools by Edward C. Merrill, Jr., Steve L. Mathis, III, and Lee Katz.

"Know your child. Accept him. Communicate with him. Search for those programs which will benefit him. Encourage him. Learn with him. If you do this, he will lead a full, rewarding life. He will make you proud." So begins the new handbook for parents of deaf children, The Deaf Child in the Public Schools, a publication which explores one of the educational alternatives open to deaf children.

The question and answer format of the book provides answers to some questions that concern parents: "Can my child be well educated?" "What kinds of educational programs are available to my child in the public school system?" "Will other people accept my child?" "Can he have a good social life?" "How will I know if my deaf child is making adequate social and emotional adjustments?"

The Deaf Child in the Public Schools assesses the options available to the deaf child in public schools:

- Regular classroom attendance with preferential seating and services of a speech therapist;
- Placement in special "resource" classroom with a resource teacher and partial integration in regular classrooms;
- Placement in a special class for "communication disorders," which combines deaf and hard-of-hearing students with other students who have language disorders not connected with hearing loss;
- Placement in a special class for deaf children or,
- Placement in a day school where the entire instructional program is designed exclusively for deaf children.

The handbook, intended as a reference guide, provides information on how the parents and family can facilitate the child's educational processes, discusses the different methods of communication available, and provides legal information concerning placement of the child in city and county school systems. It also describes what parents can expect to find in these systems, and suggests questions to keep in mind when exploring such schools.

The book is co-authored by Dr. Edward C. Merrill, Jr., president of Gallaudet College, the Rev. Steve L. Mathis, III, principal of Carver School for the Deaf in Maryland, and Lee Katz, former executive director of the National Association of Parents of the Deaf. Each has had extensive experience in different approaches to the education of deaf children.

The Deaf Child in the Public Schools provides a concise, factual frame of reference for parents considering public school education for their children. It answers difficult questions parents may hesitate to formulate, or ones they may not have previously considered. It strikes close to home, providing a

humane, empathetic, and factual source of information. It includes an extensive list of local, state, and national services for the hearing impaired person.

The handbook can be ordered from the Gallaudet College Bookstore, 7th and Florida Avenue, N. E., Washington, D. C. 20002. Proceeds from the sale of this book go to the National Association of Parents of the Deaf.

Ed. Note: The author of this article is Muriel Horton, a part-time graduate student at Gallaudet College and a staff member of the President's Committee on Employment of the Handicapped.

Light at the Tunnel End by Leonard A. Robinson.

If Dean Acheson was "Present at the Creation" of our post-WW II foreign policy, Leonard Robinson has provided "Light at the Tunnel End" in illuminating one aspect of blindness in America during the past forty years.

Despite his own blindness, or perhaps because of it, Robinson sees clearly in retrospect the events, large and small, leading up to passage of the Randolph-Sheppard Act and hands down for posterity, a story of how the Act worked and still works today.

It is good to have his first-hand account, told modestly and with restraint, of the legislative and administrative history of the blind vending stand program in the United States, a history which is even now being written in the halls of Congress as the latest Amendments are working their way through hearings to passage.

The fact that more than 3,600 blind persons are currently employed in the operation of vending stands and machines in the Federal-State program is indisputable testimony to the success of the original idea and to the good sense of many Americans who have made the program a useful and necessary part of our economic life.

Upon retirement from the government, which he served with distinction, Robinson activated his dream of telling the Randolph-Sheppard story and threw himself into several voluntary pursuits in the field of blindness and the handicapped. Always the activist, he is well aware that "much more remains to be done" and, pragmatist that he is (a pragmatist being a successful dreamer), he reminds us all at the tunnel's end that "in whatever endeavor the handicapped person finds himself, he is out to prove that ability, not disability, is what counts." And, thanks to the staying power of folks like Leonard Robinson, the confidence of the American people in the abilities of the handicapped has never been higher.

For further information regarding the publication, Light at the Tunnel End, please write to the Foundation for the Handicapped and Elderly, Inc., Leonard A. Robinson, President, 1209 Burton Street, Silver Spring, Maryland 20910.