

# Office of Mental Retardation Coordination

# programs for the handicapped

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June 28, 1972

72-5

## Informe Sobre Retraso Mental

(Spanish Language Mental Retardation Newsletter)

The first issue of "Informe Sobre Retraso Mental" will be available by October without cost on request from the Office of Mental Retardation Coordination, U. S. Department of Health, Education, and Welfare, Washington, D. C. 20201. The first issue will contain selected articles on mental retardation.

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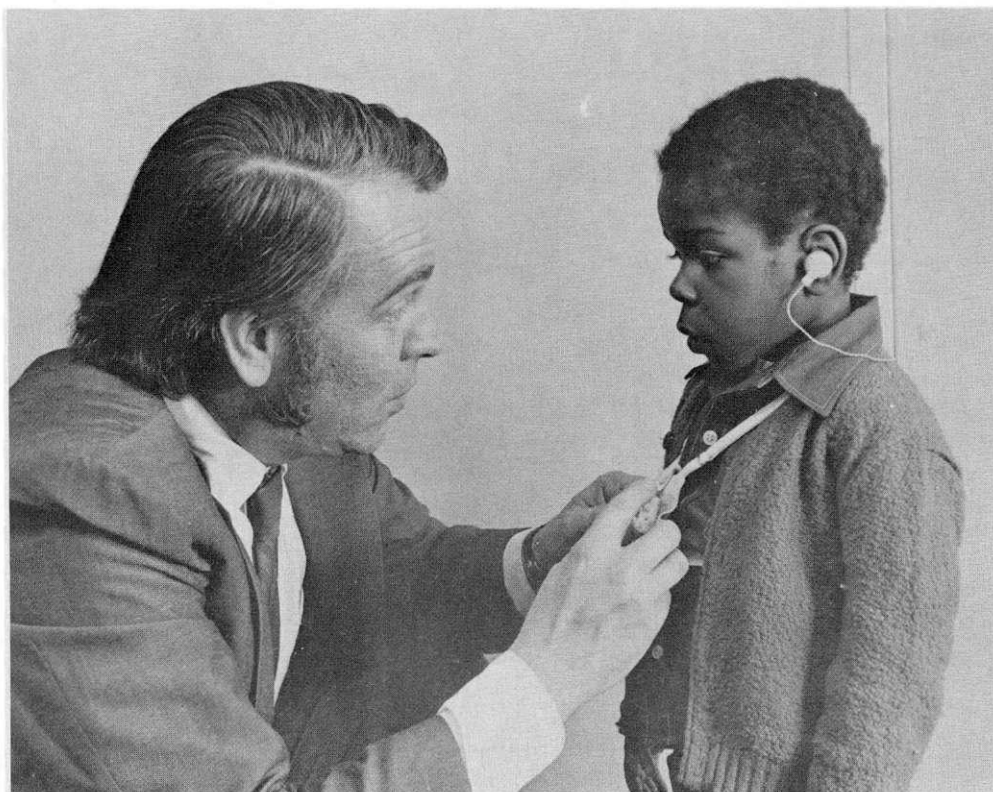
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Founded in 1957 and incorporated into Gallaudet College in 1964, the Kendall School has served deaf children of the National Capital Area for more than a century.

The most recent landmark in the history of the school was the enactment in 1970 of Public Law 91-587 which charged it to become a demonstration elementary school. As the Kendall Demonstration Elementary School (KDES), it will provide a comprehensive educational program for deaf youngsters to prepare them for high school and other secondary study and to stimulate the development of similar excellent and innovative programs throughout the Nation.

The commitment of the United States Congress to the Kendall School is long-standing. In 1957, Congress approved an act to incorporate the Columbia Institution for the Deaf, Dumb, and Blind. In 1885, this was renamed the Kendall School for the Deaf. With continued strong Congressional support, the School realized steady growth and in 1962 opened new facilities for 110 students. Today, Kendall services 175 children, with a projected enrollment of 300 in 1975.

The present Kendall School is ungraded and divided into two departments--primary and elementary. Special areas within these departments include



*Dr. Thomas R. Behrens, Director of the Kendall Demonstration Elementary School, stops to chat with a young friend and adjust the amplifier on the child's hearing aid.*

programs in computer-assisted instruction, art, physical education and eurhythmics, and media services. Professional services are available to Kendall students through a staff of audiologists, speech therapists, social workers, and electronics technicians.

In recent years, the Kendall School has pioneered in the testing of new techniques and materials. Several pilot projects were made possible through Federal grants.

One of the most significant projects involved the introduction of computer-assisted instruction for deaf children, and in 1968 Kendall School became the first school for the deaf in the Nation to employ this method of teaching. Through another Federal grant, the School demonstrated the efficacy of academic sessions combined with recreational opportunities during the summer months in order to compensate for the learning loss which occurs when students are out of the academic environment. As a result of this project, the new Kendall Demonstration Elementary School will move permanently to a 12-month school year. Other efforts to tailor the learning process to fit the needs of the individual child have involved development of instructional packages, small group interaction, and production of special media materials.

Further, the Kendall School has become increasingly aware of the need for adequate parental training and education and of extensive social work and counseling in the belief that the school environment alone cannot be the total world of the child.



*A Kendall Demonstration Elementary School audiologist administers periodic hearing tests, and continuously monitors the status of each student's ability to hear.*

As a demonstration elementary school, the departments and special areas will be incorporated into two comprehensive units: Instructional Services; and Clinical, Family, and Community Services.

Since the Kendall Demonstration Elementary School is, by law, committed to accepting children from the age of onset of hearing loss through age 15, an Early Childhood Unit is planned as part of Instructional Services. Psychologists increasingly believe that the experiences of earliest childhood can irreversibly affect intellectual growth and language acquisition. Since it is evident that the hearing-impaired child should be provided with experiences necessary to his development as soon as possible, particular emphasis is being placed on the planning and development of Kendall's Early Childhood component.

Depending upon their ages, young children in the Early Childhood programs will attend group class sessions for varying amounts of time. The youngest children will have short class sessions no more than three times a week to help them develop a readiness for nursery school. Here the goal will be social interaction with the child's peers.

When the child is ready for group instruction, he will be placed in half-day nursery classes each weekday. Placement in a specific group within the nursery will be based upon individual assessment of each child's auditory capacity, language level, and social maturity. The instruction of the children in the various early childhood classes will be adjusted to these differences.

Within all classes, the planning of the learning environment will revolve around the children and their needs. The learning experiences and activities will be designed to satisfy the children's urge to invent, discover, construct, create, and, most importantly, to attach language to these activities. Rather than absorption of facts or subject matter, the process of learning will be the focus, with particular attention placed on the developmental levels of individual children.

An extremely important responsibility of the Kendall Demonstration Elementary School will be the service it provides to the Metropolitan Washington Area by screening children suspected of having hearing loss or deafness. This service will be part of a resident diagnostic and evaluation program which will be comprehensive and supportive of the Kendall Demonstration Elementary School's instructional programs. The diagnostic staff will consist of educators, psychologists, social workers, audiologists, and physicians. A medical component will undertake the study of the developmental phases of young deaf children as well as provide staff and facilities for regular medical care. The clinical complex will be similar to a hospital out-patient department and capable of providing all medical and non-medical evaluations which can be done on an out-patient basis. It will also assume the responsibility for the establishment of an extensive data bank and will be a major factor in the research and evaluation work which relates to the ongoing programs of the School.

The clinical and educational components will also provide facilities for internship of graduate students in education, psychology, and social work from Gallaudet College and other universities. KDES will also initiate an efficient



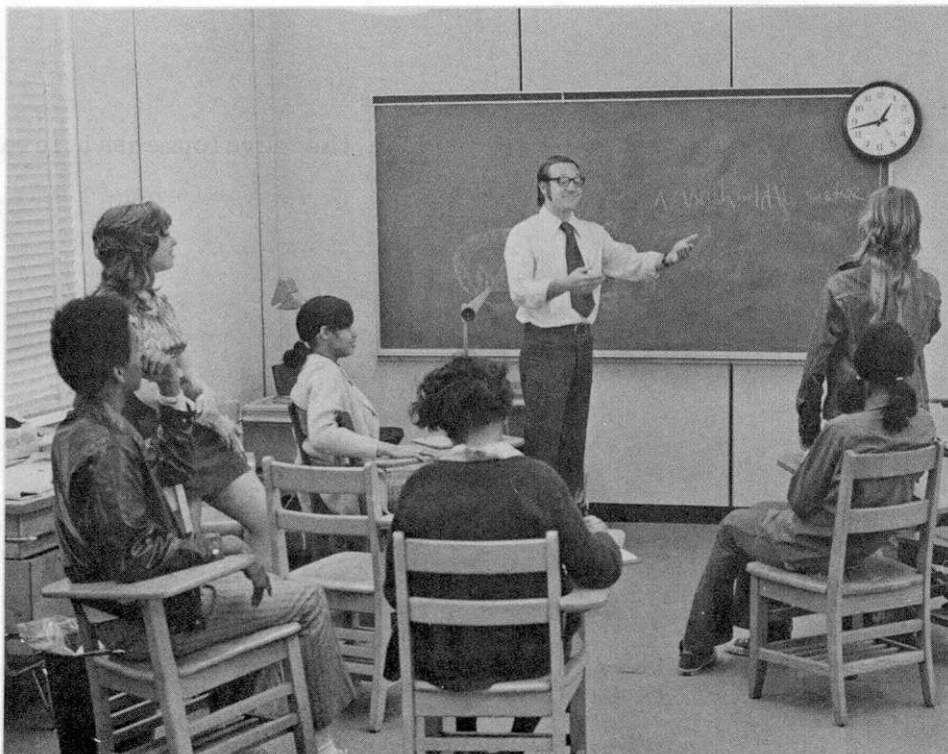
referral system to deal with problems that the School is not equipped to handle. Establishing liaisons with appropriate area institutions will insure optimum follow-through and the continuing educational progress of each child.

As a demonstration school, KDES will search for and test a complete spectrum of methods, materials, and systems intended to maximize the educational opportunities for each child in its programs. This will involve a multi-disciplinary approach to include education, medical, psychological, sociological, and technological experts in comprehensive research programs.

Cooperating with other agencies, the Kendall Demonstration Elementary School will seek to encourage and stimulate a free flow of information and research findings. In this role Kendall Demonstration Elementary School will serve as a clearinghouse for methods, materials, technology, and supportive services.

The educational focus of the Kendall Demonstration Elementary School will progress from emphasis on work with parents, to parent and child, to the child as a person and, finally, to the child's disability, depending upon the age of the child.

The parent education program will consist of two major components: (1) counseling/therapeutic; and (2) educational. Involvement in the counseling/therapeutic component will enable the parents to eventually benefit from the educational component. This program will be conducted both on a "live-in" basis and on an individual or group plan.



*Older students at the Kendall Demonstration Elementary School receive prevocational training, particularly in social and interpersonal skill areas, in addition to regular academic classes.*

Another goal of the new Kendall Demonstration Elementary School will be to identify the individual needs of the deaf child on the basis of objective and scientific information. Research activities will be divided into two components: (1) out-of-house overall evaluation of program output, and (2) in-house needs assessment and evaluation of program effectiveness.

A major responsibility here is a long-range comprehensive study of the Kendall student in order to establish normative data and identify the need for specific studies. In-house research will involve evaluations of the applicability of technological innovations. The needs assessment and evaluation components will also focus on the effects of the Kendall Demonstration Elementary School program and environment upon the parent. All evaluation and research will be designed to have direct implications on the educational program.

The efforts of the Kendall Demonstration Elementary School will also be geared toward community education which will involve the dissemination of information about the School to the public as well as to the profession. The purpose in this effort is to cause the community to look upon the deaf individual as an equal human being, capable of gainful employment and of being a concerned and contributing member of the community.



# **Programs for the Deaf-Blind-Retarded**

## **University-Affiliated Facility Programs**

In response to an inquiry by the Office of Mental Retardation Coordination, eleven University-Affiliated Facilities (UAFs) for mental retardation have described their involvement in programs for deaf-blind-retarded persons.

Most of the responding UAFs provide, at a minimum, screening and evaluation of multi-handicapped children; most of the children are identified as a result of their participation in rubella programs.

One example is the Nisonger Center of Ohio State University. In cooperation with the State Department of Education, the Center currently sees about one rubella child and his family a month. The assessment takes place over a three-day period, using the interdisciplinary staff of the Center, supplemented by consultants in specialist areas as necessary. In addition to the parents and child, a practitioner, such as a teacher, home trainer, or social worker from the family's community, who will have responsibility for follow-up, is also brought in for a full-day's interaction with the clinical team. Findings and recommendations are shared with the parents prior to their departure and subsequently, written summaries are sent to them, the local resource agency, and the State Division of Special Education.

Another major area of involvement by the UAFs is the provision of a variety of consultative services to clinics, schools, institutions and local agencies which serve the multi-handicapped.

For example, during the past year, the Institute for the Study of Mental Retardation and Related Disabilities of the University of Michigan has provided follow-up assistance and clinical consultation, to the State School for the Blind. This has included consultation with 1) the Supervisor and the social worker on the development of liaison relationships with agencies near the homes of parents; 2) teachers at the School in developing a comprehensive pre-academic training program which leads to placement of the children in the School's elementary school; and 3) motor training specialists in the development of procedures to implement those aspects of the management plan relating to physical development and mobility training.

In keeping with the basic purpose of the UAF program to provide interdisciplinary training in mental retardation, most of the UAF's work with the deaf-blind-retarded includes training opportunities for both students and practitioners from a broad range of disciplines.

The Nisonger Center program mentioned above, for example, provides training not only for the community practitioner who participates in the assessment process, but for students from 14 disciplines who serve as either members of the interdisciplinary team or as observers of the children during the assessment.

The Athens Unit of the Georgia Retardation Center operates one class for deaf-retarded and one for blind-retarded children. Both classes are used for observation and practicum for students in the Program for Exceptional Children at the University of Georgia.

Two other UAFs which provide training in conjunction with or in addition to direct service programs are the Child Development and Rehabilitation Center of the University of Oregon Medical School, and the Meyer Children's Rehabilitation Institute of the University of Nebraska Medical Center.

In addition to its multidisciplinary rubella clinic, which provides training for students from several schools and departments within the University, the Oregon UAF also cooperates in operating a classroom for deaf-blind and deaf-blind-retarded children, with the Portland Public Schools and the State Department of Education, which is administered by the Northwest Center for Services to Deaf-Blind Children. The children are in the classroom four days a week; the teaching staff spend the fifth day in the homes working with parents and children. The classroom teaching team is supported by an interdisciplinary team consisting of: pediatrician, nurse educator, nutritionist, occupational therapist, physical therapist, audiologist, speech pathologist and audiologist, pedodontist, and psychologist. The project also includes an ongoing parent education program, and training opportunities for students from a variety of professional disciplines.

The Meyer Children's Rehabilitation Institute at Nebraska (MCRI) has been designated as the state center for deaf-blind children in that State. They presently serve seven deaf-blind children enrolled in the Institute Nursery School, 13 enrolled in special classes for deaf-blind which they operate at the State Home for the Retarded, and one deaf-blind child in a home program.

In addition to its on-going interdisciplinary training of various professional students, the Institute is also involved in two technician training programs. In cooperation with Creighton University, they are preparing seven teachers' aides to work in the special classes for handicapped children, with work experience provided at the MCRI Nursery School. In cooperation with the Omaha Technical Community College, they are training 15 people as child care technicians in a two-year program combining college level work and on-the-job training.

MCRI also is carrying on the following applied research projects with deaf-blind children:

1. Curriculum development for diagnostic teaching of deaf-blind children;
2. Investigation of the audiometric techniques best adaptable for difficult-to-test children;
3. Sensory motor stimulation of the severely retarded deaf-blind children;
4. An investigation of procedures for determining the educational ability of deaf-blind children.



## Houseparent's Role in the Education of Deaf-Blind Children

A workshop was held at the Arkansas Children's Colony on April 5, 6, and 7, 1972 for houseparents of residential schools for mentally retarded children in Arkansas, Louisiana, Oklahoma, and Texas. Fifty-nine participants studied how houseparents could be more directly involved in the habilitation of deaf-blind children who are residents of schools for mentally retarded children. The workshop was jointly sponsored by the Arkansas Mental Retardation-Developmental Disabilities Services and the Regional Center for Deaf-Blind Children in Arkansas, Louisiana, Oklahoma, and Texas, of the Callier Hearing and Speech Center, Dallas, Texas, using Federal funds from the Bureau for the Education of the Handicapped, U. S. Office of Education.

Dr. Gerard Bensberg, Center for Developmental and Learning Disorders, University of Alabama in Birmingham, reviewed ways in which behavior may be changed through systematic use of reinforcement techniques. The houseparents were presented methods of helping deaf-blind children use their residual hearing and vision. These methods of sensory stimulation were provided through video tapes from the University of Oklahoma Medical School, Child Study Center. Mrs. Isa Ludy, doctoral student at Southern Illinois University, presented ways in which the houseparent could become more involved in directing services for deaf-blind children, how houseparents could provide information and services which no other staff could provide, and how teachers and houseparents need to work together for achievement of common goals to be attained by deaf-blind children.

A demonstration of mobility techniques which would be applicable for houseparents to use with deaf-blind children was provided by Mr. Clifford Snow, mobility instructor, Conway Children's Colony. During the workshop each participant was blind-folded and wax plugs were placed in their ears for one lunch hour so that they could experience what it was like to depend upon someone else to get from one building to another, to eat without seeing what was on the plate, and to try to identify and relate to what was going on about them when they could neither see nor hear.

Speakers helped define the interaction which was needed among teachers and houseparents as well as other staff members if appropriate services were to be systematically provided in the residential school. Virginia Weihl, Supervising Teacher of the Deaf-Blind Program, Michigan School for the Blind, directed her presentation to the role of the teacher as a helper for the houseparent in providing better ways to develop self-help skills for children.

Dr. Gerald Fisher, Superintendent, Hot Springs Public Schools, talked about how houseparents could become more helpful to children by developing skills in relating to children. Participants discussed their concern about the role of the houseparent and listed characteristics which houseparents need to have to be effective in their jobs.

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## Mental Retardation Program Obligations

### Health Service and Mental Health Administration

The May 8, 1972 issue of Programs for the Handicapped reported fiscal obligations for mental retardation activity throughout the Department for Fiscal Years 1971-1973. The Health Services and Mental Health Administration (HSMHA) supports mental retardation programs in lead poisoning prevention, maternal and child health, crippled children's services, and in research and training relevant to mental retardation in the National Institute of Mental Health (NIMH). The table on pages 11 and 12 updates previous HSMHA mental retardation activity to include "primary focus" mental retardation research and training in NIMH.

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Obligations for Mental Retardation Programs by Activity Designation  
Fiscal Years 1971-1973  
(Thousands of Dollars)

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
<u>HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION</u>			
<u>Services</u>			
Maternal and Child Health Services			
Maternal and Child Health Services (Section 503, Title V, SS Act) . . . . .	\$ 6,988	\$ 6,988	\$ 6,988
Crippled Children's Services (Section 504, Title V, SS Act). . . . .	6,002	6,002	6,002
Community Environmental Management (P.L. 91-695) .	158	6,749	8,489
Total, Services . .	\$13,148	\$19,739	\$21,479
<u>Training</u>			
Maternal and Child Health			
Training for Health and Related Care of Mothers and Children (Section 511, Title V, SS Act) . . .	\$11,200	\$13,571	\$13,857
Maternal and Child Health Services (Section 503, Title V, SS Act) . . . . .	2,767	2,767	2,767
Crippled Children's Services (Section 504, Title V, SS Act) . . . . .	2,998	2,998	2,998
Mental Health Training (Section 303, PHS Act) . . . .	1,617	1,527	1,527
Total, Training . .	\$18,582	\$20,863	\$21,149

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

Obligations for Mental Retardation Programs (Contd.)

ACTIVITY	1971	1972 (Estimate)	1973 (Estimate)
<u>HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION (CONTINUED)</u>			
<u>Research</u>			
Maternal and Child Health			
Research Relating to Maternal and Child Health and Crippled Children's Services (Title V, SS Act) . . .	\$ 1,600	\$ 1,600	\$ 1,600
Mental Health Research (Section 301, PHS Act) . . . . .	1,429	507	507
Total, Research . . . . .	\$ 3,029	\$ 2,107	\$ 2,107
<u>Other</u>			
Health Care Facilities (Title VI, PHS Act) . . . . .	\$ 2,395	\$ 1,300	\$ 1,300
Total, Other . . . . .	\$ 2,395	\$ 1,300	\$ 1,300
TOTAL, HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION	\$37,154	\$44,009	\$46,035

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION



# National Advisory Committee on the Blind

The newly formed National Advisory Committee on Services for the Blind and Visually Handicapped held its first meeting in Washington last March. In announcing the membership of the committee, Secretary Richardson described its formation as "one of the most important moves forward in the field of work for the blind in many years."

Represented on the national committee are the American Association of Workers for the Blind, the American Foundation for the Blind, the American Council of the Blind, the National Federation of the Blind, the Association of Educators for the Visually Handicapped, and the National Council of State Agencies for the Blind.

The committee will advise on policies and procedures dealing with comprehensive services for the blind and visually handicapped, as authorized by law, in the areas of vocational rehabilitation, social services, aging, prevention of blindness, the multi-handicapped blind, and the Randolph-Sheppard vending stand program, which provides opportunities for blind persons to operate vending stands on Government property.

Members of the Committee are as follows:

Mr. J. Michael Freeman  
Vancouver, Washington

Stanley N. Clark, M.D.  
Provo, Utah

Mrs. Myroslava M. Oryshkewych  
Parma, Ohio

Miss Barbara E. Richards, ACSW  
Stockton, California

Mrs. Robert Estes Johnson  
Englewood, Colorado

Mr. Carl J. Davis  
Watertown, Massachusetts

Mr. Peter J. Salmon (Chairman)  
Brooklyn, New York

Mr. John S. Crowley  
Greenwich, Connecticut

Mrs. Leah K. Manning, ACSW  
Carson City, Nevada

Mr. Kenneth Jernigan  
Des Moines, Iowa

Mr. F. Robert Wiesenberger  
Rocky River, Ohio

Miss Betty Ann Jones  
Utica, New York

Mr. Voris G. Bailey  
Kansas City, Kansas

Mr. James Segvard Nyman  
San Antonio, Texas

The Honorable Reese H. Robrahn  
Topeka, Kansas

Mr. Lewis P. Myers  
Madison, Wisconsin

Mr. L. H. Autry, Jr.  
North Little Rock, Arkansas



## Rehabilitation Engineering Centers

A major new effort to harness up-to-the-minute engineering concepts to benefit the disabled has been launched by the Social and Rehabilitation Service. Under the program, the Social and Rehabilitation Service will set up a national system of Rehabilitation Engineering Centers, with the total Federal cost of the first year's operation estimated at \$1.4 million. Engineers will work with medical doctors in treating patients with the most modern technology to rehabilitate the disabled. Many of the engineers have been associated with the U.S. defense and aerospace industries.

Secretary Richardson called the program "a coalition for positive action at the patient level. It is an alliance of medical expertise and space-age technology whose goal is to restore a wider world to the handicapped and disabled." Examples of work by doctor-engineer teams in the Centers will include:

- Muscle substitutes (implanted synthetic tendons attached to muscles).
- Devices to stimulate arm and leg muscles (implanted dime-sized electronic systems that cause, by neuro-muscular means, artificial or paralyzed limbs to move at the wish of the user).
- Internal joint replacement (metal).
- Sensory aids (highly sophisticated cameras and electronic hearing devices) that allow the blind to "see" (silhouettes of pictures and large letters) and the deaf to "hear".

The first two Rehabilitation Engineering Centers will be at the Rancho Los Amigos Hospital, affiliated with the University of Southern California, Los Angeles, and at Moss Rehabilitation Hospital affiliated with Temple University and Drexel University, Philadelphia. Each will receive \$350,000 in Federal funds the first year. Two or three additional Centers are expected to be established in different parts of the country within the next year. The Centers will concentrate on problem areas where unique capabilities have been demonstrated, such as a technique of giving a leg amputee an artificial leg immediately after surgery. To the patient, this can mean much less physical and psychological discomfort, shorter hospitalization, and a quicker return to the community and work. The Centers will also provide the environment for realistic testing concepts by moving devices and techniques through all phases of research development, including clinical evaluation, training of clinicians, and production.

The Public Health Service estimates that the number of persons in this country in need of physical restoration are: amputees, 350,000; paralyzed and deformed, 3,500,000; blind, 1,280,000; and deaf, 1,705,000. The cost of providing physical restoration services now amounts to about \$120 million a year. Of that amount, approximately \$7 million goes for research and manpower development.

Additional information about this program may be secured by writing to the following:

Joseph E. Traub, Consultant  
Rehabilitation Engineering  
Office of Research and Demonstrations  
Social and Rehabilitation Service  
Room 5317 HEW South Building  
Washington, D. C. 20201

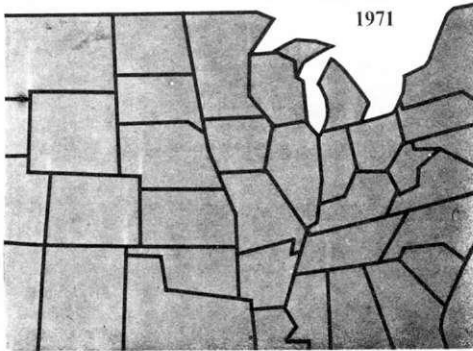
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# Special Report of Sessions for State Rehabilitation Facilities Specialists

Sessions for  
Rehabilitation  
Facilities Specialists

This Special Report consists of a composite of material culled from the tape recordings of two special sessions of the Second Annual Conference of the International Association of Rehabilitation Facilities, which were attended by State Rehabilitation Facilities Specialists, by IARF board members, and by RSA staff. It also includes abstracts of several presentations from the regular sessions of the Conference.

SPECIAL REPORT  
1971



Its substance represents a "State of the Art" vis-a-vis State Agency-Rehabilitation Facility-Federal Agency relationships, with the anticipation that it will be followed by other reports.

Single copies of this report are available without cost from the Division of Service Systems, Rehabilitation Services Administration, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D. C. 20201.

## Promoting the Health of Mothers and Children, 1971

The maternal and child health service reports on  
**promoting the health  
of mothers  
and  
children  
fy 1971**



U.S. Department of Health, Education, and Welfare  
Public Health Service  
Maternal and Child Health Administration

This is a report of the Maternal and Child Health Service for FY 1971. In the report, special attention is given to a number of program developments in which there is a particular interest and activity in the States.

Single copies of this publication are available from Maternal and Child Health Service, Room 12A12 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852.

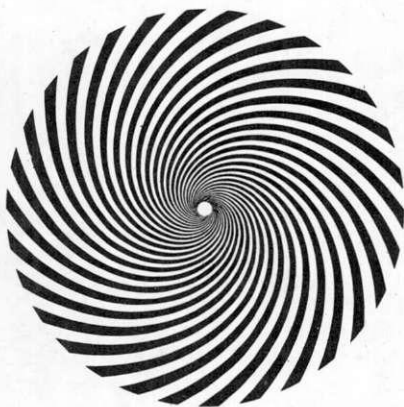
It is also for sale by the Superintendent of Documents, Washington, D. C. 20402 - Price 75 cents - Stock Number 1730-0017.



# Innovation in Special Education: Title III ESEA

## INNOVATION

IN SPECIAL EDUCATION:  
TITLE III ESEA



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
Office of Education

This is a report of a national conference held on September 4 and 5, 1969, dealing with three purposes. First, what does it mean to be "innovative"? Second, who, in their work with educating handicapped children are reaching this goal? And third, how can the bureaucracy help the field be more successfully innovative?

Ten educational projects utilizing Title III funds are presented including the conference keynote address by Dr. Maynard Reynolds.

The document is available from the Superintendent of Documents, Washington, D. C., 20402. Price is \$1. Stock Number 1780-0967.

## Statistics and Epidemiology of Lead Poisoning

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

### STATISTICS AND EPIDEMIOLOGY OF LEAD POISONING

- \*INTRODUCTION
- \*STATISTICS OF CHILDHOOD LEAD POISONING
- \*TECHNICAL NOTE ON STATISTICS OF CHILDHOOD LEAD POISONING
- \*STATUS REPORT ON COMMUNITY LEAD POISONING DATA SYSTEM
- \*EPIDEMIOLOGY OF CHILDHOOD LEAD POISONING - AN OVERVIEW
- \*PATIENTS WITH LEAD POISONING IN SHORT-TERM GENERAL HOSPITALS IN THE UNITED STATES

FEBRUARY, 1972  
(FY 72-L1)



This report begins a new quarterly series that will contain statistics and epidemiologic notes on lead poison at both the national and the local level. In addition, special reports will be prepared from time to time. Status reports on epidemiologic studies and the statistical program of the Bureau of Community Environmental Management will also be featured.

Single copies of this report are available from the Bureau of Community Environmental Management, Health Services and Mental Health Administration, Room 15-87 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20852. February, 1972 (FY 72-L1).