

WILLOWBROOK—WHAT HAPPENS NOW

In January, ABC-TV did a documentary on Willowbrook State School in New York State. Geraldo Rivera, the commentator, has written "WILLOWBROOK, A Report On How It Is and Why It Doesn't Have To Be That Way."* In the Concluding Chapter of his book Mr. Rivera notes that millions of people were outraged and sickened by the wretched conditions in which they saw mentally retarded children living. He points out that everyone, even public officials, agree that the institutions are a disgrace and must be changed. The question he asks is "What Happens Now?"

Letters and newsletters received by THE RECORD Be That Way."* In the concluding chapter of his book and conversations with Stan Meyers, NARC NE Regional Representative, indicate there is action — some of it well received, some exciting, some "too little, too late", some opposed, some anger rousing.

According to MENTAL HYGIENE NEWS, published by the New York State Department of Mental Hygiene, review committees are being established at all state schools for the mentally retarded to evaluate the facilities for compliance with standards developed by the Accreditation Council for Facilities for the Mentally Retarded. These committees' responsibility goes beyond evaluation to development of plans to meet these standards. Periodic reports must be made on progress in meeting the standards.

The Department of Mental Hygiene has sent a memorandum to all state school directors informing them that the practice of secluding residents in a locked room will no longer be used.

A plan to reduce the overcrowding at Willowbrook has been announced. The unused buildings at Williamsburg and Queens State School will be used as transitional facilities for young adults preparing to move into the community. The new Kings County State School will receive residents whose families live in Brooklyn. A new mental retardation unit, to be administered by Queens State School for the Mentally Retarded is being set up at Creedmoor State Hospital, an institution for the mentally ill. A former narcotics addiction control unit, Sheridan House, in the heart of the trucking district, is being made available. The use of Creedmoor State Hospital (or any other hospital for the mentally ill) and Sheridan House is strongly opposed by the NARC N.E. Regional office.

A grant proposal has been submitted to the Rehabilitation Services Administration, U.S. Department of Health, Education and Welfare, for OPERATION EXODUS, a program for a person-by-person screening to determine the readiness for return to the community. This screening is to be followed with appropriate training and placement programs. A federal grant of \$192,740 has been awarded to inaugurate this two-year study.

Emanuel Sternlicht, Ph.D., has been named acting superintendent of Willowbrook. Jack Hammond, M.D., former superintendent, has accepted the position of superintendent at Rome State School, Rome, New York.

The New York Civil Liberties Union on behalf of the New York Association for Retarded Children has filed a complaint in New York federal district court on behalf of the 5,200 residents of Willowbrook and has named Governor Nelson Rockefeller and officials of the Department of Mental Hygiene as defendants. The class action suit claims the residents of Willowbrook are being denied their rights under the 1st, 4th, 5th, 6th, 8th, 13th and 14th amendments to the U.S. constitution.

Two bills have been introduced in Washington by New York legislators. Senator Jacob Javitz's "Bill of Rights" sets standards for institutions. Congressman Edward J. Koch has introduced a bill to provide comprehensive education programs for the severely and profoundly retarded in institutions and in the community.

On June 25, 1972 THE NEW YORK TIMES carried a small item which was headed, "Willowbrook Boy Injured; Woman Aide Is Suspended" and stated that an investigation was begun after a 10 year old resident was found with bruises and welts on his back. Other residents in this attendants charge in the sick bay were too retarded to be questioned about what had happened, it said.

Mr. Rivera's reports moved students of Midwoods High School's volunteer organization to collect over a ton of clothing for Willowbrook residents. Many of the students wishing to do more became affiliated with the Working Organization for Retarded Children (WORC), a group of concerned citizens.

Every other Saturday nearly 150 students and a few senior citizens are picked up by WORC's bus and travel to Willowbrook. They show their friendship by

taking children to the playground, helping them eat lunch, giving them wheel chair rides around the grounds and lending a hand wherever they are needed.

According to Danny Weber, who was coordinator of the student volunteer organization, it has been an experience which has brought them many joys and rewards. Danny Weber has graduated from Midwood and is aiming for a medical career. When asked if he'd like to work with retarded children in his practice he said, "I haven't really decided what my specialty will be, but I hope there aren't any more Willowbrooks to work in by the time I'm a doctor."

*WILLOWBROOK, *A Report on How It Is and Why It Doesn't Have To Be That Way*, by Geraldo Rivera, can be purchased in paperback for \$2.95 by Vintage Books (V-844), New York and in hardback by Random House, N.Y. We recommend it.

SUNLAND COMMITTEE REPORT ON RESIDENT ABUSE

The Florida Division of Retardation has released the report of the Resident Abuse Investigating Committee, appointed by Jack McAllister, Director of Retardation. The Committee included parents, former superintendents from other states and experts in psychology and social work.

A full understanding of the events at Miami Sunland would require a careful reading of the full report which can be obtained by writing to

Mr. Jack McAllister
Division of Retardation 100
East Call Street Tallahassee,
Florida 32304

A summary of the committee's report was contained in the May, 1972 issue of THRESHOLD, publication of the Dade County ARC, Miami, Florida.

Excerpts from findings of the committee —

A. Abuse

The committee found that abuse had occurred on Flagler Cottage. The abuse included forced public sexual acts, beatings administered with a wooden paddle, excessive use of restraints and restrictions on movements, mouth washing, excessive use of seclusion rooms, use of military disciplinary postures, forced wearing of bizarre clothing, forced abstinence from food or sleep, inappropriate punishment for bedwetting or soiling and denial of visitation privileges.

Time did not permit for a thorough investigation of Leon and DeSoto Cottages. However, the following instances were found — twisting of arms and fingers, dragging a resident by her hair, and inappropriate restraints.

In areas outside the Achievement Division abuse was found. This included random beating and failure

to discover the absence of a boy who had been locked in a linen closet over night.

Dehumanizing and mentally abusive situations were found to exist in all areas. This included some lack of programming, lack of privacy, unattractive surroundings, public humiliation and nakedness. Perhaps most important was the lack of any evidence of any effective means for residents to express their grievances.

The committee also found evidence of neglect or indifference which contributed to the "death or need-less suffering of certain residents."

It is worthy of emphasis that all of the above items were either documented in a log book at the cottages or confirmed by more than one witness.

B. Evaluation of the Achievement Division Program

The committee found that what started out as an attempt to create a behavior shaping program degenerated — with the best intentions of those involved — into a bizarre, abusive and ineffective system of punishment. These cases of abuse were unusual in that they were systematically applied as a part of the program. They were condoned and in some cases encouraged by supervisory and professional staff. They were regularly recorded in the log books of the cottages and were thus available for anyone who cared to read the log book. The token economy system is a type of behavior modification technique which has been used rather extensively throughout the country. The committee found that the system devised at Sunland had not been well planned or carried out. Residents were made to fit into the system rather than having individual prescriptions. Tokens were given or taken away inappropriately. The committee felt that it is almost inevitable that this token economy program would be plagued with frequent problem behavior from residents. Thus, many children could not be handled by this program and cottage personnel did not have techniques available, and the system broke down. The abusive practices grew from this inadequacy.

It was found that these abusive procedures could only have occurred in the complete absence of monitoring, guidance and intervention by the administration and professional personnel at Sunland. There was very little in the way of inservice training and orientation programs. The Achievement Division was allowed to become completely isolated from consultation with other divisions.

C. Administrative Policy and Procedures

The committee found that the policy of the Center and the Central Division clearly prohibited abusive practices and required reporting of any abusive episodes. These policies had not been effectively communicated to employees. There was no consistent program of orientation and training in this regard. There appeared to be a feeling among employees that some physical punishment would be tolerated.

In regard to the preventive course of action, the committee recommended an effective, independent monitoring body be established for the protection and prevention of any future abuse. Abuse should be reported under the Florida laws and the Child Abuse Laws should be revised to include mentally retarded or ill persons over the age of 17 years.

Any new program should be reviewed by independent experts in the field.

A form for reporting abuse should be utilized, permitting personnel to report abuse directly to the central office of the Division of Retardation.

A program of reorientation and training should be carried out on a regular basis. A new program should be initiated immediately for the Achievement Cottages.

The abusive practices found by the committee should be specifically prohibited.

During its investigation, the committee found that many parents of residents and Sunland personnel expressed fear and reluctance to testify on the basis that there would be some retaliation. The committee could not determine how real this was, but this fact must be taken into account in future programs for prevention and detection of abuse.

PENNSYLVANIA RIGHT TO EDUCATION IN INSTITUTION

A three judge federal panel in signing the consent agreement between the Pennsylvania Association for Retarded Children and the Commonwealth of Pennsylvania, mandated a free, public education to all retarded children of school age. The judge in the final order stated, "All mentally retarded persons are capable of benefiting from a program of education and training; . . . the greatest number of retarded persons, given such education and training, are capable of achieving some degree of self-care, that the earlier such education and training begins, the more thoroughly and the more efficiently a mentally retarded person will benefit from it, and . . . a mentally retarded person can benefit at any point in his life and development from a program of education."

The agreement guarantees a meaningful program of education and training to every child who is retarded whether he is "living at home, with relatives, friends, guardians or foster parents; whether he is in a group home; if he is in a temporary home, waiting to be admitted to a state institution; or if he is a resident of an institution."

Thus, the Department of Public Welfare, responsible for residential facilities, must now provide more than care. They must now provide each school age resident with a program of education and training appropriate to his need. This program will be approved

and supervised by the Secretary of Education. The Governor has pledged "There will be no more 'welfare cases' in our approach to educating the mentally retarded." The judges concluded their opinion ". . . This group of citizens will have a new hope in their quest for a life of dignity and self-sufficiency." Mrs. Patricia Clapp, President of NARC said, "It is but the beginning of pursuit of the full *legal* and *human rights* of all mentally retarded persons . . . the beginning of making these rights a reality."

LIVING STANDARD IN SWEDISH FACILITIES FOR THE MENTALLY RETARDED

In April 1971 the Swedish National Board of Health and Welfare made an inquiry on living standard of all residential facilities for mentally retarded in Sweden. In a questionnaire the following data had to be reported:

- number of bedrooms
- number of beds per room
- number of residents per room
- sex of residents, and
- age

The items were collected within units. The unit was defined as "the smallest ward unit with own day room/living room."

The main findings are:

There are 344 residential facilities with an average of 50 beds. There are 17,200 beds in 9,000 rooms, which means that "mean room" has less than two beds ($M = 1.9$). There are not less than 48% single rooms and another 34% double rooms. Five beds and more per room are very rare (3%). There are no dormitories at all with more than 12 beds. Nearly 70% of all mentally retarded live in primary groups (wards) with no more than 12 persons. Nevertheless, primary groups with 37 to 48 members at most (0.3%) are recorded. 52% of the residential homes for adults cater for mixed sexes as do 23% of the primary groups of these homes.

The complete report (in Swedish) can be requested from the National Board of Health and Welfare, 105 30 Stockholm, Sweden.

TEST WARD

In October, 1967, the Swedish Board of Mental Hospital Planning proposed the building of a special hospital in Vipeholm's hospital area. The Swedish special hospital aims to have facilities for medical diagnosis and treatment, psychological examinations, habilitation measures and education. In spite of the fact that many of the patients need the resources of a special hospital for a long time, often many years, they must be activated and have the same treatment as patients who stay for shorter periods. Consequently, it is important that the patients are cared for in small units. There are three main advantages for using small rather

than larger groups. Firstly, the patient encounters fewer disturbing incidents which might result in less aggressiveness and anxiety. Secondly, the possibility of selecting patients for suitable groups is considerably greater when there are many small groups to choose among. Thirdly, and most important, the staff has more opportunities for guiding the patients.

In order to test the recommended principles, a test ward for 6 patients was built in Vipeholm's hospital area. It consisted of 2 bedrooms, one for 4 and one for 2 patients, a wet unit, a dayroom and an office. The staff consisted of 6 people for day duty and one for night duty. A minimum of 4 people was on duty at any one time (3 on Saturdays and Sundays).

Results

Group 1—Three men and three women who were easily managed, comparatively clean, mobile and calm. Four of them could communicate verbally. Patients and staff came from an intensive care ward where the working method resembled that of the test ward. The transfer only meant a change of room. Therefore, hardly any marked changes were noticed in the patients' behaviour or in therapy results.

The personal hygiene, however, was considerably improved as the patients had showers at least twice a day. All of them liked this. After a short training most of the patients were able to start the shower themselves.

Group 2 — Six men who were incontinent, dirty, mobile but restless, and sometimes destructive. They demanded attention at all times and required considerable physical care. None could communicate verbally. None of these men had had showers before and the staff had taken care of their daily hygiene. A standard shower was altered so that it could be controlled by staff. The patients were then trained to use the shower under supervision. Not only did this result in the rapid acquisition of extra skills in the Self-Help area, but, further, the patients showed no signs of additional aggression or agitation.

Group 3 — Six women, four of whom were confined to bed and 2 of whom were confined to wheel chairs or easy chairs. None were verbally communicative. None of these women could move or even help when lifted. Two of the patients could be tended by the aid of bed pans, the others were quite incontinent. These patients were washed all over two or three times a day. Moving the patients was a great strain for both patients and staff. Therefore, suitable transport equipment was designed so that the patient could be fetched from his bed and given a shower and bath with as little disruption as possible. None could use a conventional shower; all had to be bathed in a bath tub or have a shower lying down. Because of the degree of incontinence bathing was only possible after the patient had been washed and showered.

Note: Showers are considered preferable to baths because tests of bath water showed a definite hazard of

exposure to infection for patients as well as bath attendants.

A shower with spray from above and side sprinklers was found to be most desirable. A spray from above is used comparatively seldom, usually only for rinsing after a hairwash or a face wash. The side-sprinklers are efficient from the working point of view and pleasant for the patient. A very incontinent patient, for instance, does not need to be irritated by water in his face when being washed.

A transport system was tested to eliminate the heavy lifting of physically handicapped, bed-confined patients into and out of the baths. The patient is transported from his bed by the van. A board, on which the patient is placed, is transferred to the bath tub via a roller table. After the bath the board is retransferred to the van. The patient remains on the board and is only lifted from the bed to the van and, after the bath, from the van to the bed.

Summary and Conclusions

It was shown that intensive training in a small unit, adequately staffed, resulted in an appreciable reduction of work for the staff and of cost in laundry work. The most important gains were however, increases in Self-Help skills for the patient.

It was also shown that this type of training is best applicable to ambulant patients who need at present much attention.

The test ward experience also supported the conclusions that showers are preferable to baths, though these must also be available for physically handicapped people. As a direct result of the experience in the test ward, some adjustments were made to the plans, providing particularly a shower cabin and a rolling shower van in the bath and shower room and enlarging the bathroom generally.

With permission of the author—"III — A Test Ward For Mentally Retarded," Karl Grunewald, Division of Care of the Mentally Retarded, The Swedish Board of Health and Welfare; in the British Journal of MENTAL SUBNORMALITY, June 1971.

"DESIGN AS A NON-VERBAL LANGUAGE: SELF-FULFILLING PROPHECY FOR THE RETARDED."

Excerpts from a paper given by Dolores Norley, MPA, member NARC Residential Services Committee. Panel on Impact of the Normalized Physical Environmental in the Behavioral Development of the Handicapped.

1972 American Institute of Architects National Convention — May 8-9, 1972, Houston.

Communications is not all verbal or written. Body language is not just movement or stance. It is dress and distance. The territoriality demands or sanctions of an environment are components of another lan-

guage and the decoding of the message is not dependent on the intelligence of the receiver.

There is different residential behavior understood when walking down the halls of Leavenworth or the Ritz.

Living design literally shouts messages of expectation to the resident.

Clerestory windows say we expect you to break glass and besides, your seeing outside is unimportant. They also say society does not want to look at you.

Six, ten, twenty or sixty beds in one room say you are not an individual. You exist only as part of a group.

Benches or rows of chairs in front of a television set say you are boobish and do not need and will not get a cultural-social life.

Toilets without doors say you are incapable of learning self-care.

Carpetless floors say we expect you to soil them and you. are unworthy of training.

Tiled walls say there is more interest in sanitation than in your sanity.

Baths and showers with no privacy say you have no right to dignity.

Eating facilities separate from staff and visitors say you are infra-human and not worthy of cross-sectional companionship.

Limited use or locked doors say society must be protected from you and you from yourself.

Employees are hung with keys to maintain this protective design. They say you have no right to make errors, though error upon error is the normal way we all learn.

Building codes are the whipping boys, or excuses for unhuman planning, but such blame is a cop-out. These are manmade and man can change them — We are skilled in changing laws and regulations.

Architects have said over and over that they are the prisoners of their clients — private or governmental.

Maybe so. But they needn't be. One suspects that when they are it's because they are ineffectual, lazy or uninformed.

Do you think of a house on an ordinary street?

Do you envision bedrooms for one or two people?

Do you see a family?

Do you see a need for privacy and the storage of personal possessions within reach?

Do you see bathrooms of the same type and number you'd plan for a large family?

If your clients don't see these needs — do you make an effort to educate them?

The day of the concern or protective model is gone. If it weren't—I should have a stove which cuts off above "low", because I tend to cook quickly while doing other things and I burn food often — No one agonized over my disability — and I'd resent it if they did.

Some men and women should sit on formica, sleep on metal and walk on concrete, for their smoking habits are dangerous to chairs, beds, carpeting and other people. Who would try to "protect" them by designing a "safe" environment for them?

Yet we accept extraordinarily sterile environments for retarded people — environments which tell them clearly what horrors we expect of them denying them the dignity of risk and learning how to handle it.

Kenneth Bayes of England spoke of People Architecture and its admissions that each human has a need for self-esteem and self-fulfillment. Planning must be for the maximum potential of the resident, not the convenience of the staff.

The famous anthropologist, Hall, in discussing man's need for space said, "... caged animals become stupid, which is a very heavy price to pay for a super filing system! How far can we afford to travel down the road of sensory deprivation in order to file people away?"

One of the classic problems in communication is frozen evaluation — i.e., it is assumed that a person is non-changing. The retarded do change, therefore living quarters must not petrify potential. Upward mobility must be built into that self-fulfilling prophecy. Let the design speak.

Normal expectations beget normal behavior.

Hear us clearly — give the retarded people a home — the same kind of home you want for yourself.

If *you'd* like to live there, so would they.

MINNESOTA FOUNDATION

The responsibility for the Residential Services Foundation has been assumed by the Minnesota ARC. The Foundation began as a result of a successful benefit premier performance of the motion picture "Airport" a few years ago.

Present activities of the Foundation include:

1. Developing information and strategy to bring about state financial support for building and remodeling of community residential facilities;

2. Stimulating non-profit groups to develop and operate high quality small residences;
3. Acting as an information resource;
4. Working on zoning problems;
5. Surveying needs.

Minneapolis Community Residences

The Charles W. Bronstein Home opened on March 26th with four persons in residence. There are now 10 residents at this home operated by Minneapolis ARC and located at 2644 Fremont Ave., So.

Community Involvement Programs (CIP) apartment living program has filled to a capacity of 10 in one wing of its facility at 1701 Stevens Avenue. Planning is under way to prepare 13 additional apartments for 26 additional residents. CIP has found that people are very anxious to get into a program of this type. MARC TIMES, Minneapolis ARC.

WORKSHOP FOR BLIND

Dixon State School, Dixon, Illinois, has been awarded a grant by the Division of Vocational and Technical Education, Springfield, Illinois, to establish a workshop for blind retarded residents.

The program is designed for trainable and educable blind, or legally blind, mentally retarded, 16 years old and over, whose I.Q.'s range from 19 to 75.

Emphasis will be placed upon introducing each enrollee for the first time to the world of work through teacher's aides, who will accompany the enrollees to the work setting. Basic educational and vocational techniques are used to better equip the blind enrollees with work habits required in private facilities. Such a program will increase the chances for success of the participants upon their eventual return to their communities.

The first workshop contract was for unwinding bobbins. The experience so far seems a happy one for the residents who, for the first time, will be paid for their efforts.

The Dixon State School REPORTER, Dixon, Illinois.

REMOTIVATE

A new volunteer program was launched this summer at Pennhurst State School and Hospital in Pennsylvania under the direction of the Nursing Education Department. That Department will provide training for interested volunteers for a one week period and then the volunteers will be placed with small groups of residents to carry out the program on a once a week basis.

What is Remotivation?

Remotivation is a technique for use by the aide or volunteer. The program's aim is to "motivate" residents to take a new interest in their surroundings by focusing their attention on the simple, objective features of everyday life that are unrelated to residents' emotional difficulties. At the same time, Remotivation encourages the aides to take a more personal interest in the residents.

The aide or volunteer initiates a discussion that is purely objective in nature by using as conversational material current events, history, natural history, geography, national holidays, and so on. The sessions are designed to give even the most withdrawn and inexperienced resident the opportunity of enjoying something with other people even though his pleasure may be limited to the sounds and rhythms of poetry, a friendly smile and a pleasant voice speaking to him. The hope is to remotivate — get him moving again — in the right direction.

STATE INSTITUTION BOARD MEETINGS OPENED

The Pennsylvania State Secretary of Public Welfare has requested state-institution boards and county mental health and mental retardation boards to open meetings to the public.

To assure public participation at meetings, the Secretary requested that advance public notice be made of the date, time and place of meetings; adequate seating space be arranged, and that the opportunity be given the public to raise questions and present relevant matters for consideration. The directive states that executive sessions may be held for discussion of confidential case information or personnel matters, but open sessions should include the fullest range of concerns and not be limited to routine actions.

HOW WOULD YOU FEEL IF NO ONE CARED

Excerpts from A message from one who understands the mentally retarded

TO: The People of Michigan

FROM: E. Gordon Yudashkin, M.D., Director, Michigan Department of Mental Health

The accompanying letter was written by a concerned citizen. One of our major concerns is community resistance to placement of eligible retarded in local residential accommodations in communities where individual citizens have taken an active interest in the mentally retarded and have spoken out in their behalf to neighbors, friends and public officials, there has been noticeable improvement in public understanding and acceptance.

We are publishing this letter hoping those who read it will be inspired by its message and stimulated to action in support of community residential facilities and local programs designed to train, educate and habilitate the mentally retarded.

Dear Sir:

..... as I am sitting in my comfortable and satisfying suburban backyard, I'm determined that someone, and that someone is most logically you, should know how at least one more mother sees the problem of mental retardation. Because precepts precede specifics in the understanding of problems and developing solutions to those problems, I would like to let you know the direction in which I have been thinking.

MENTAL RETARDATION IS A HANDICAP, AND SHOULD BE ON AN EQUAL BASIS WITH EVERY OTHER HANDICAP.

How can we get the community, which is made up of human beings, to see and accept the mentally retarded as people who are also human beings, the only difference being the severity of the handicap they must live with? How can we get the average citizens to exchange their fear for an attitude of understanding?

Possibly by saying to them, "How do you think you would feel if you can imagine yourself as mentally retarded?" Just how do you think you would feel if everyone around you were talking so fast you couldn't understand what they meant or even what they were talking about? How would you feel if every so often someone would say to you, "Hurry up! Why do you have to be so slow?" And then before long you realized that nobody wanted to wait for you, so they were doing the necessary things for you, and they kept doing them until you gave up trying.

How would you feel if every time you tried to communicate with another person, and it might be someone whom you especially wanted attention from, this person ignored you or tried only halfheartedly to listen and answer you, and then left at the very first chance available under any pretext? Would you be lonesome? depressed? or would you make yourself obnoxious trying to get recognition?

The most difficult goal for a mentally retarded person to attain is a reasonable degree of self-respect.

In the vernacular of Charlie Brown:

Self-respect is hearing someone say, "Come and walk with me."

Self-respect is having someone listen when you speak.

Self-respect is hearing someone say, "Suzie can do it."

Self-respect is having someone say, "Will you help me with this."

The answer is another person, a capable mind, who will, with love, empathy, and dedication loan X number of hours per day to be the guiding "think power" for another person handicapped by mental retardation.

The mentally retarded need help to live, to think, to enjoy, to decide, and to choose, but they also need to feel they are needed, loved and can do something important.

A second and almost as difficult goal is a pride in ownership. This is my school, my home, my room, my doll, and my friend. Especially for the retarded who live to reach adulthood, there is a great need for identity that also reinforces self-respect. Nice living quarters with small family-like groups, social activities with their own friends, well supervised leisure time that they can take part in planning, all these are part of a good life. This I believe the mentally retarded have a right to. All the more because they were not given a choice when handicaps were passed around.

We are aware that this is the one handicap that has been hidden, hush-hushed, and given the "out of sight—out of mind" treatment in preceding generations, and for some of the very same reasons that are today so frustrating. Human nature being as it is, people still fear other people who are different from themselves. This difference ranges all the way from size, shape, or color of the other person to not being able to interpret or understand the action or words of the other person.

Acceptance is a Give and Take Situation.

The people of any community should not be forced to accept contact with the handicapped to the point that it is annoying or intolerable. It will take more generations to build respect, friendship and tolerance.

In the interim, the answer as I see it is to keep working toward definite goals. Help the mentally retarded help themselves for one. Make friends for the cause of the mentally retarded by educating the public.

And last but not least, be tolerant ourselves toward our fellow citizens who find it difficult to understand mental retardation.

Sincerely,
Mrs. Herbert Tompkins
Kalamazoo, Michigan

For copies, write to Dr. Yudashkin, Michigan Department of Mental Health, Lansing, Michigan.

LEARNING FROM THE WALLS

The opening of school this September brought a "new look" to the Mansfield Longley School program.

Total environment is involved in the teaching

process of the new program. For example, students will be literally "learning from the walls." Teachers and students together have painted educationally relevant materials on the corridor walls so that a walk through the halls is both exciting and educational.

Secondly, all programs are developmental for the individual student. As he moves from one level to another his individually designed learning program develops with him in a constant attempt to meet his specific school needs.

Relevant educational assessment materials in addition to a resource guide for various learning areas have been developed and will be revised continuously with feedback from on-going staff meetings, and in-service training sessions.

Supportive areas such as music, arts and crafts, gym and library coordinate activities, with the emphasis on student strengths and weaknesses in a manner which will lead to a cohesive, sequential, developmental and totally reinforcing program.

Program areas include the LOVE Program (Living Outward Vocational Experiences) which encompasses the more limited students; PRE-WORLD which as the title suggests is geared to returning its students to the community; REMOTIVATION Class which utilizes various techniques in dealing with the severely, emotionally disturbed child; a Blind Unit in the dormitories which coordinates services with the school program; a Total Motor Program which sees physically handicapped children a half day in school and a half day in the hospital wing with their teachers; the MPU (Multi-Programming Unit) which utilizes operant conditioning approaches in preparing students for the on-going school program; and a class for the hearing impaired.

Teachers and aides will attend in-service training and staff meetings together in an attempt to enhance a relationship that can best serve the "24" hour residential student. Also, students will be evaluated every three weeks (Longley Educational Assessment Form). Program changes, deletions, additions, and modifications will thus be accomplished when they can do the most good; today in preparation for tomorrow — rather than tomorrow to remedy today's mistakes.

Published by: **Mansfield Training School**
Mansfield Depot, Connecticut 06251.

"STORYBOOK HOUR" STARTS RESIDENT LIBRARY

It all began last February when the Bowen volunteer program began its "Storybook Hour" staffed by volunteers with 40 books made available from the special education department and a few donations.

WISH, a women's service organization at Southeastern Illinois College, collected many books for the

library. The state library in Springfield, as a part of National Library Week in April, sent 50 volumes to the Center on a one-year loan.

A big boost for the program came when the Center was advised that approximately \$375 had been allotted to it for purchase of books under the Library Service and Construction Act, Title 4-A.

Today the library has 1,400 volumes and is rapidly outgrowing its limited space. It is open daily from 4 p.m. to 5 p.m. for residents to check out books from the volunteer worker. An average of 65 books is checked out weekly.

"Storybook Hour" has become so popular that both morning and afternoon sessions are needed.

The future appears "bright" for the library. The state library has notified the Center that its juvenile section, of 5,000 volumes, is being closed and the Center may select numerous books.

Child care aides, educators, activity aides and other employees help residents to take advantage of the library.

NEWSLETTER, A. L. Bowen Children's Center,
P. O. Box 281, Harrisburg, Illinois.

Do You Wish To Continue Receiving *THE RECORD*?

Return to: E. Gene Patterson
Department of Program Services
National Association for Retarded Children
2709 Avenue "E" East
Arlington, Texas 76011

Name: _____

Address: _____

Occupation: _____

Member of NARC: Yes ☐ No ☐

Direct involvement in residential programs:

Yes ☐ No ☐

Parent of retarded child: Yes ☐ No ☐

Would you respond to future questionnaires regarding
content areas to be covered in *The Record*?

Yes ☐ No ☐