REHABILITATION LITERATURE

***Article of the* Month**

Normalization and the Sheltered Workshop

A Review and Proposals for Change

Paul W. Power

and

Robert P. Marinelli, Ed.D.

'T'HE FRAME of reference from which many rehabilitation and helping services are provided is to create a controlling environment that will, hopefully, stabilize sickness or deviancy. This rehabilitation effort wishes to achieve the goal of stopping certain behaviors without instilling new, positive directions. Within this atmosphere and with these goals, new, healthy life-styles are not therapeutically created and nourished. These beliefs have been previously emphasized by Leitner and Drasgow,[12] as well as by others.[6,13]

With less than normal expectations, in an environment provided by many sheltered workshops that is more in harmony with deviancy than normalcy, the handicapped are only being contained in their weakness. The entire so-called "therapeutic atmosphere" is not enabling people to grow from their strengths. Program results reflect the program itself. The rapid turnover of many clients, clients seeking a haven in the terminal workshop when there is measured capability for competitive employment, few competitive job placements—all bear evidence that, if our expectations in the workshop and in rehabilitation are considerably less than normal, we will achieve less than normal results.

Relevant to the necessity for a change in our rehabilitation philosophy are a renewed examination of the nature of work and a brief look at what workers think of their jobs. The *Occupational Outlook Quarterly*[23] reported that in a survey conducted by the Department of Labor, where a representative sample of the nation's labor force was interviewed, most workers were happy enough at what they were doing, and only 3 percent said they were not at all satisfied. The article explained that employee contentment depends on the inter-relationship of what a worker wants and what he gets. Almost three-quarters of those interviewed felt it was very important to be doing interesting work; 17 percent felt this was "somewhat" true and only 4 percent replied "not at all." About 85 percent of the workers said that opportunities to develop their special abilities was "very" to "somewhat" important. Yet 6nly 70 percent could say such opportunities existed at all on their jobs.

About the Authors

Mr. Power is * doctoral candidate in the department of rehabilitation counseling at Boston University. Currently he is extensively involved in exploring more effective methods for rehabilitating the long-term, chronically ill patient. Prior to his returning to his graduate studies he was employed for two and one-half years as a rehabilitation counselor for a sheltered workshop in California. Mr. Power has also worked as a counseling psychologist with the Veterans Administration and received his Master's degree in rehabilitation counseling from San Diego State University. He is a member of the National Rehabilitation Association and its divisions, the National Rehabilitation Counseling Association and Vocational Evaluation and Work Adjustment Association.

Dr. Marinelli is assistant professor and program director in the department of rehabilitation counseling, Sargent College of Allied Health Professions, Boston University. In addition, he is involved in research activities relating attitudes and behavior toward disabled persons. Dr. Marinelli received a D.Ed. degree in 1971 from the rehabilitation counseling program at Pennsylvania State University, where he taught for one year in the rehabilitation education programs. Prior to his doctoral study, he was for two years a rehabilitation counselor at the Pennsylvania Rehabilitation Center. Dr. Marinelli is presently a consultant to the Veterans Administration Hospital in Boston and the Social Security Administration. He is a member of the National Rehabilitation Association and its divisions (National Rehabilitation Counseling Association and Vocational Evaluation and Work Adjustment Association) and the American Personnel and Guidance Association (American Rehabilitation Counseling and National Vocational Guidance Associations).

Experience alone testifies to the discrepancy between the types of work found in a workshop setting and in competitive industry. The dull, routine, monotonous type of work seems to be the backbone of the workshop setting. We cannot avoid monotony and routine in work. But does it mean that, because we feel that most of the handicapped can perform only such tasks, the potential for higher type tasks cannot be explored? Many a rehabilitation client has received a poor work rating, implying that he is unmotivated. Perhaps, through an extended time of monotonous work, he has become bored.

Hudson[11] writes that the actual meaning a worker derives from his occupation has decreased. He explains that, because the job a man performs has become further alienated from its resultant product, it has become meaningless; in former times the fact that a man could see the finished product of his efforts produced a significant satisfaction. We can thus surmise that for the average working man it becomes necessary to learn ways in which to cope with this dilemma and attempt to solve it.

For the handicapped and the disabled, such satisfaction becomes all the more important. Recovery of independence and self-functioning status becomes an extremely strong motivation in the lives of the disabled. It would seem that workshop training programs, with work as the main therapeutic tool, would attempt to develop pride and a desire for craftmanship in those clients who are offered the opportunity. Unfortunately, the workshop may mirror the feeling that most handicapped and disabled are not capable of independence and self-functioning status.

Reflecting today's emphasis on mainly stopping and controlling deviancy, rather than creating environments for the building of positive, healthy behavior, is society's attitude toward deviancy. Wolfensberger[25] explains that handicapped persons are frequently perceived as deviant. Yet the attitude that we may see expressed toward a person with a certain deviancy may not really be specific to that deviancy at all. Such an attitude is very apt to be part of a more generalized attitude-complex about a group of deviancies, or perhaps about deviancy in the hardest sense. English[10] provided evidence that negative attitudes toward blindness were related to similar attitudes toward racial and ethnic minorities.

Wolfensberger[25] writes that when a person is perceived as deviant he is cast into a role that carries with it powerful expectancies. Strangely enough, these expectancies take hold not only of the mind of the perceiver, but also of the perceived person as well. Wolfensberger believes it is a well-established fact that a person's behavior tends to be profoundly affected by the role expectations that are placed upon him. Our experience only reinforces the truth that people will play the roles they have been assigned. Consequently, role-appropriate behavior, dictated by environmental events and circumstances, will often be interpreted to be a person's "natural" way of acting.

What happens, therefore, is that, when the handicapped person is seen as different and sometimes offensive, he is separated from the mainstream of society and placed on its sidelines. The aged are placed in special homes, and many of the handicapped are told to go to a sheltered workshop, often located on the periphery of a respectable population center, and are supposedly rehabilitated in far from a normal situation.

The environment of the workshop today, the nature of work and its pervading unappealing aspects to the handicapped, the subhuman expectancies both in the disabled and in the mind of the perceiver—all have created a lack of growth in our rehabilitation efforts and, more importantly, have caused harm to the client. There is time for change; there is a necessity for change. To achieve this final goal of client change, change itself must be explored and a proposal presented as to how this can alleviate many problems accruing from the rehabilitation atmosphere.

The Workshop as a Rehabilitation Medium

Generally workshops want to provide a variety of services in order to meet a wide diversity of client needs. This wide variety provides, in turn, a complex pattern for an observer to understand. Though one can delineate a dominant service offered in the workshop setting, such as vocational evaluation, at the same time this service will display many different forms and shapes according to the facility staff, the "type" of clientele, the purpose of the facility, and the work offered. Yet, with this diversity one can still detect, from a brief examination of the available literature, certain problems that arise from the current rehabilitation approach of the sheltered workshop!

Wolinsky and Kase[26] write that the production function of the sheltered workshop is meant to be ancillary to the main theme or rehabilitation, but it has often dominated the scene. Production is seen by these writers as the prod that moves the workshop into the area of marketing its products. It is in marketing, the writers believe, that the rehabilitation agency is found crossing swords with the other participants in our economic movement. An agency, therefore, commits a disproportionate amount of its resources to marketing with little skill in this area In competition, sale prices are reduced and because of this condition in the midst of the rehabilitation effort the alarm goes out, "We must get something, anything, into the workshop to keep the clients busy."[26, 41]

To accomplish this and to compensate for the price drop, the writers state that the client's wages may be reduced below their full production value. Because of cost and money crises, opportunities for client services within the workshop deteriorate. Even necessary improvements,

improvements that could make a work station, for example, look similar to that found in competitive industry, are put aside. Old machinery is used. The client's opinion that he is in an "unreal" atmosphere is reinforced.

The director of a workshop does not have an easy job. Asfahl[3] believes that usually his job can be made easier than it is and difficulties avoided if effort is directed to establishing effective system management. These authors also believe that system management can be an effective tool, but only if used in a way that considers that many clients are or can be qualified to assume responsibility. Usually the staff takes over the management responsibilities and systematically orders the responsibility down to the foreman. But does such responsibility have to stop there? Generally it does, often because the client is lost in system management. Rusalem and Baxt[19] write that delivery of rehabilitation services and work involvement should be decentralized and returned to the people through procedures that guarantee professional freedom and the over-all participation of everyone concerned. Wendland[24] adds that present programs must be revised in order to accommodate persons who have a greater capacity for and need to expand their physical and emotional energies. His survey, in presenting views expressed by administrators from some of the larger rehabilitation centers, indicates that many potential client problems can be prevented by sharing and giving a greater degree of confidence to the handicapped worker.

A common occurrence in vocational rehabilitation is for handicapped persons to seek and obtain employment with other handicapped people. Unfortunately, counselors often have no choice but to encourage such employment. This practice is defended by believing that the handicapped can spend their time profitably and productively and be rehabilitated by it. Yet Wolfensberger[25] writes that, when deviant individuals work for and with other deviant persons, or when deviant persons socialize intensively and perhaps exclusively with each other, it is almost inevitable that a climate or subculture is created that increases rather than reverses the deviancy of those within this climate or subculture.

He further suggests, moreover, that at a given time a person generally has the potential of forming a limited number of social ties and meaningful relationships. Thus, if deviant workers are surrounded by deviant workers, the chances for the workers to socialize with nondeviant persons are lowered. In fact, it is the authors' experience that many workshops will hire only handicapped supervisors or foremen to work with handicapped workers. The possibility that deviancy could be enhanced in such a situation seems to be great

The lack of achieving two of the important integrations in life, namely, the physical and social, constitute one of the main limitations arising from the sheltered workshop environment. Placed in facilities that are removed, even geographically, from the mainstream of life, working in surroundings almost exclusively comprised of deviant people, it is no wonder that a subculture of the handicapped is maintained, a subculture that brings with it ridicule and subnormal role expectations. Olshansky[16] believes that for some clients the workshop may serve as a negative agent because it is to them a symbol of their failure and hopelessness. It is further seen as a stigmatized institution, much like prison or a mental hospital, and a continuing reminder of their defeat, ill fate, and plight. We can surmise safely, therefore, that the clients who perceive the shop in these terms are likely to be hurt by the workshop experience.

Though we are aware of the limitations, it does not mean that they cannot be overcome, or even eliminated. To achieve the latter would enhance the rehabilitation of the handicapped. Fortunately, some people in rehabilitation believe that it is necessary to introduce change. At the present time it appears that this change is in the form of a principle called *normalization,* a principle that can have far-reaching ramifications for all the handicapped.

Normalization

History and Meaning

Wolfensberger[25] writes that until about 1969 the term *normalization* had never been heard by most workers in human service areas. He explains that the concept of normalization owes its first promulgation to Bank-Mikkelsen,[4] head of the Danish National Service for the Mentally Retarded, who phrased it in terms of his own field as follows: "to let the mentally retarded obtain an existence as close to the normal as possible."[25 p 27]

A review of the literature indicates, however, that in the United States normalization, though not precisely referred to by this name, had been suggested as early as 1958. Beatrice Wright[27] set down a set of statements derived from a conference on psychology and rehabilitation, now known as the "Basic Dozen." The statement included such principles as: *1)* every human being has an inalienable value and is worthy of respect for his own sake; *2)* every person has membership in society and rehabilitation should cultivate his full acceptance; *3)* the assets of the person should be emphasized, supported, and developed; *4)* each person should assume as much initiative and participation as possible in the rehabilitation plan and its execution. Allen[1] writes that legal decisions enacted as early as 1966 were closely related to the principle of normalization.

These decisions *(Kent v. US., 383 US. 541, 1966; in re Gault, 387 US. 1, 1967),* which Allen feels may be termed the *principle of fairness* requires that in decision-making affecting one's life, liberty, or vital interests, the

elements of due process will be observed. He adds that the principle of respect for the dignity and worth of the individual has been supported by legal decisions and suggests in his paper that, as reference had been made at several points to the principle of normalization, so it is important in the context of legal rights. The handicapped person, Allen explains, is to be accorded all the rights that any other citizens may enjoy, excepting only such rights as have been taken away lawfully, for good reasons, and under fair and appropriate procedures.

It was not until late in 1969, though, that the principle was systematically stated and elaborated in the literature by Nirje,[15,p.81] who was then executive director of the Swedish Association for Retarded Children. He phrased the principle as follows: "making available to the mentally retarded patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society." Wolfensberger[25] proposes, for purposes of a North American audience, and for broadest adaptability to human management in general, the following definition: "Utilization of means which are as culturally normative as possible, in order to establish and/or maintain personal behaviors and characteristics as culturally normative as possible."

From the latter definition it is apparent that as much as possible human management should be typical of our own culture and that a potentially deviant person should be enabled to emit behaviors and an appearance appropriate (normative) within that culture for persons of similar characteristics, such as age and sex. Wolfensberger's formulation implies both a process and a goal, suggesting that, in as many aspects of a person's functioning as possible, the human manager will aspire to elicit and maintain behaviors and appearances that come as close to being normative as circumstances and the person's behavioral potential permit. Greatly stressed is the fact that some human management means will be preferable to others.

In attempting to translate this principle into action, we discover that it can have many dimensions and implications. Wolfensberger[25] believes that one dimension is concerned with the structure of interactions that involve deviant or potentially deviant persons directly, while another dimension is concerned with the way such people are interpreted to others. The dimensions themselves involve both the person and social systems. In the person area, according to Wolfensberger,[25] the normalization principle would dictate "that we provide services which maximize the behavioral competence of a 'deviant' person." It would demand that a person should be taught, as much as it is feasible, to walk with a normal gait and to use normal, expressive behavior patterns. The social dimension implies that "we teach a person to exercise habitually those behaviors which elicit social judgment, even if they have little practical problem-solving value." These behaviors include such normative skills as grooming, dressing, walking, talking, and eating.

Nirje[14] explains that the normalization principle implies normalization of the total environment and of the activities, attitudes, and atmosphere surrounding the handicapped to such a degree that life in the open community will have become understandable to them. As a result the mentally subnormal, for example, will appear to the normal population less deviant, which in turn will lessen the pressures on the mentally subnormal and thus make him surer of himself. The application of the principle will not make the subnormal, normal, but will make life conditions of the mentally subnormal normal as far as possible, bearing in mind the degree of his handicap, his competence, and maturity, as well as the need for training activities and availability of services.

Normalization further means that choices, wishes, and desires of the handicapped have to be respected and taken into consideration as much as possible. Isn't it true, for example, that many clients are only coming to a particular workshop because they are forced by the referring agency? This affects assessment, training, and possible placement. But through personal involvement in the selection of a workshop, the choice process can be an opportunity for the client to gain some needed freedom and self-respect.

The Literature and Normalization

In reviewing the literature related to the normalization principle, it became obvious to these authors that most of its application has been directed toward the mentally retarded. As the principle originated from concerns over the poor treatment of the mentally retarded, the dominance of this particular implementation is not surprising. The literature strongly suggests, moreover, that the principle is today finding more of a home in the care and rehabilitation of the mentally retarded.

Ethel Temby,[22] an Australian writer, has been urging the administrators of facilities in her country to grant equal rights to the mentally retarded, unless they show themselves incapable of using these rights. Quoting the International League of Societies for the Mentally Handicapped, which has interpreted rights spelled out in the United Nations Declaration of Human Rights, she has encouraged the institutions to believe that the needs of the mentally retarded and his independence must be respected by the community, if the mentally retarded are to live satisfactorily in one.

Shearer[20] responded to two local conferences in the Middle West which were exploring the normalization of the mentally retarded living in society in the light of Scandinavian ideas and experiences. She believes that the Swedish concept changes the manner of housing mental retardates to one of domiciling them in small, family-style dwellings near the center of towns, where they have

a minimum of supervision and have added opportunities to work and live normally. Ames[2] reports on an Institute and Workshop in New York City that has developed a program enabling mentally handicapped young adults (16 years of age and over) to move from dependent to relatively independent living and employment. An adjustment center gives counseling and guidance in problem-solving and develops social, communication, and employment skills. The atmosphere of the Institute and Workshop is as normal as possible. A follow-up study of 100 clients indicated 20 percent made limited gain, 39 percent significant gain, and 39 percent achieved success.

Bridges[5] writes about centers operated by the Marbridge Foundation of Austin, Texas. Community living centers provide such services as housing, meals, job placement, social and recreational programs, and money management. A center should be attractive, near a main bus line to ease transportation problems, and have a capacity for 15 to 40 residents, while the clients must cooperate in housekeeping and in maintaining grounds, wear clean clothes, and launder and iron their own clothing. Clients are placed on a weekly budget with surplus earnings deposited for emergencies and savings. When a client has demonstrated the ability to spend money wisely, maintain a job, practice healthful living and accumulate savings, he may be discharged to assume a position of independent living within the community.

Shulman[21] conducted an interesting study, attempting to identify those variables that contribute to or may hinder the success of the youngsters at the Jewish Vocational Service in Chicago, in their efforts to become successfully functioning adults. The findings of his three-year study include: *1)* A workshop rehabilitation program did not appear to accelerate the vocational development of experimental group subjects when compared to their control group counterparts. *2)* The environment from which handicapped adolescents come is a major influence on their vocational development.

His conclusions reflect Collins'[7] statement that it is important to understand that each mentally retarded person is a human being first and only incidentally retarded. Olshansky[17] adds that a totally new approach should be undertaken to allow the mentally retarded person to prove himself as an individual rather than as a member of a special group. He feels that segregation of the mentally retarded should be minimized as much as possible and workshop assessment should emphasize situations that would encourage more effective responses.

Though much of the literature suggests that more attention has been given to the mentally retarded, the applications of normalization are also found today in other helping services. Normalization is implicit in much of the mental health movement. The attempts to "get the patient out of the hospital" and into the normal atmosphere of the community are but a ramification of normalization. The further attempts on the pan of some sheltered workshops to pay a decent, living wage to their handicapped employees constitute another dimension of normalization. The attempts from the facility staff to raise their expectations of the disabled are still another aspect of normalization.

The studies and the literature reviewed either express the practical implications of the normalization principle or suggest possible effects if it would be used. The studies reviewed are more of the survey type, and to this date there have been no attempts to do an experimental study, comparing those disabled who have been exposed to normalization with those who have not. Such a study would provide us with more tangible evidence of the effects of normalization. Because the principle was really only implemented into facilities for the mentally retarded in the late Sixties, perhaps it is too early for a feasible follow-up research.

Suggested Implementation of Normalization into Workshops

Rose and Shay[18] wrote that the first thing to remember about a handicapped youth is that he is "more *like* his peers than unlike them." The same can be said of handicapped adults. It appears, however, that our efforts to rehabilitate these adults contradict this dictum. As has been shown previously in this article, if our rehabilitation frame of reference is deviancy, our restorative treatment efforts will be inhibited. It is our intention, though, to show how notmalization, when implemented into the workshop setting, can alleviate many of the problems accruing today from the rehabilitation atmosphere of sheltered workshops.

Crowe[8] states that the times are exerting a great pressure upon the field of rehabilitation evaluation. The emphasis upon consumer involvement, the rights of the consumer, and the emphasis upon the client's "signing off" his own remediation plan illuminate the indicative that research in evaluation must be done from the perspective of the client's needs, rather than the needs of the professional or of the delivery system. It appears most appropriate, therefore, to begin any implementation with the client himself.

If the client is given more decision-making power, starting from giving him an opportunity to visit several workshops in his area and including his involvement in the choice of training within the workshop he selects, then the client's feelings of resentment and anger stemming from his work incapacity, dependency, and sense of failure could be minimized. Assessment and training, moreover, generally mean judgments from the professional. But observations from the client and an opportunity from him to express his feelings about what occurs

during assessment can become just as important, especially when a decision is going to be made for more specific training.

Within the workshop it is also important that there should be a_wide variety of work tasks that stimulate jnterest. Often what many workshops accomplish is only to establish that a person is capable of performing stupid and trivial tasks. Both allowing the client to rotate to various job, when feasible until he decides on a job area that will prepare him for either "terminal" or competitive employment and giving him challenging tasks as part of his workshop experience would help the person to develop some good feelings about himself.

If the client's needs for both self-respect and the desire to lead as normal a work life as possible are placed into a more enlightened perspective, the purpose of workshop training will be brought into sharper focus and the exploration of job capability will be enhanced. This does not imply that the goals of the workshop are undermined when considering client needs. Too often workshop practitioners believe this is so. It actually becomes a question of priorities. As rehabilitation professionals, if we try to assist the client to a greater understanding of himself and provide steps toward giving him back some important self-worth, we will then achieve an appropriate balance between the aims of the respective workshop and the client's uniqueness.

To implement normalization effectively into the workshop presupposes changing the attitudes of the workshop staff. Regardless of the past performance of a client, if the workshop treats the individual with normal expectations, he might try to conform to working demands. A client often brings to the facility an unmotivated or nonconforming past, shaped by those who expected him to act differently. Expectancies can strongly influence behavior. If a workshop expects and accepts poor performance, clients will perform poorly.

In a workshop, of course, some clients will violate rules for a variety of reasons. Many will perform consistently below even minimum production expectations. Though the entire workshop concept can be implemented to be as normal as possible, still many will not be helped in such an atmosphere. One can consider behavior modification and implement certain principles of behavior change without violating or limiting the normalization principle. It can be demonstrated that behavior is continually modified as a result of daily interaction with the environment. Both in structured learning situations and in everyday life, the principles of behavior modification are continually in operation. Olshansky[18] suggests that within the workshop, for example, positive reinforcement, in terms of pay increments, even on an increased piece-rate basis, might spark motivation. Time-out procedures for those who continually violate the shop rules could be used. He feels that, if one responds to violations by a handicapped worker as violations that won't be tolerated, the punishment could be appropriately painful without ever being humiliating. The punishment should be based on the capacity of the client to understand and benefit from his punishment, the status of the client within the shop, the nature of his disability, and his age.

In implementing the normalization principle, it becomes apparent that both attitudes and behaviors are considered. In normalization, attitudes should begin with the workshop staff, and these attitudes can be expressed in staff behavior. Staff behavior, moreover, can influence positively client performance. And normalization, in attempting to create more normal working conditions and raise staff expectations, is directed to changing behavior. When a person is accomplishing something in a normal atmosphere, usually the attitudes toward self, and hopefully toward the job, will change.

With pleasant working conditions and appropriate, normal expectations from the staff, the importance of pay is additional. Workshops have the notorious reputation for paying substandard wages. Yet these authors know of a workshop that, because it is doing production work necessary to meet the needs of the community, is able to receive federal and state grant money. This money enables the workshop to pay at least the minimum wage. In such a workshop the workers appear to have respect for themselves and are generally treated with respect by others on the workshop staff. Yet, if a workshop is not able to receive grant money, and, because of low production or falling consumer purchases, deems it impossible to pay the minimum wage, a system could be worked out where each worker is paid at least the minimum amount, for example, $1.25 an hour, and then allowed to earn over that minimum through piece rate. One workshop in Northern California follows this procedure, and it seems that more workers are entering competitive employment from this workshop, rather than looking at their workshop as refuge for their so-called deviancy. Other variables exist, of course, but a fair wage for a good day's work is certainly a strong incentive.

The location of a workshop is very important in eliminating many psychological factors of the handicapped in a workshop setting. Buildings can be symbols and, though used for service, can be an effective medium for public relations. Buildings should be located in a first-rate business building that is also used by nondisabled workers. It should be accessible to public transportation and the equipment and machinery used should not be obsolete. Community Workshops in Boston is just one illustration of how both a building and facilities can serve normalization goals.

Referring to a problem already mentioned in this arti-

cle, namely, production competition, Wolinsky and Kase[26] suggest one way to alleviate this difficulty. Workshops feel that to survive they must strongly compete in the market place. This usually has negative results, affecting wages and even the growth of the facility. But there are ways to cope with this production mania. Rehabilitation and sheltered workshops as a whole are seen by Wolinsky and Kase as being a benefit to society as a whole. Society as represented by government should provide an incentive to the private sector of the economy through the provisions of a tax credit. This credit would be an incentive for the commercial world to use the workshop and its resources. With the plan proposed by Wolinsky and Kase, the workshop could maintain production and continue to offer a variety of suitable jobs to its employees, preparing them for more competitive employment.

Conclusions

Though the importance of the normalization principle may be obvious to many, roadblocks to enlightened care for the handicapped are still rooted in mass cultural attitudes reflected in traditional institutional regimes. Dybwad[9] believes that the prejudicial attitude toward the handicapped in the professional community, the inadequate management and rigid administrative structure of institutions, and the inattention to appropriate client programing portray a dismal picture. Such a picture may suggest that the implementation of normalization into the sheltered workshop is in the indefinite future. Yet a review of the literature indicated that a change in sheltered workshop philosophy is necessary. It remains for administrators, rehabilitation counselors, and other rehabilitation professionals to become convinced that a change means needed growth for the client.

It has been mentioned that a totally new approach should be undertaken to allow the mentally retarded to prove himself as an individual rather than as a member of a special group. A new approach should be undertaken to allow all disabled persons to prove themselves as individuals. Perhaps in these days of limited funds for vocational rehabilitation, both the administrator and the rehabilitation counselor will once again become aware of the importance of accountability. What are the client's needs? How involved will he be in the decision of his own rehabilitation? As a transitional workshop is our shop really preparing him for competitive employment? Professionals will have to answer these questions. And in attempting to answer, perhaps change will be born.

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