

Programs for the HANDICAPPED

November 22, 1974

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Office for the
HANDICAPPED

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A SUMMARY OF SELECTED LEGISLATION RELATING TO THE HANDICAPPED: 1973*

I. MAJOR LEGISLATION BENEFITING THE HANDICAPPED

A. Social Security Amendments (P.L. 93-66 and P.L. 93-233)

General Scope: Two sets of significant amendments to the Social Security Act were enacted during the 1st Session of the 93rd Congress. P.L. 93-66, signed into law on July 9, 1973, increased social security benefits, raised the Federal Supplemental Security Income (SSI) payment level, expanded mandatory State supplementation under SSI, extended benefits to "essential persons," protected certain Medicaid recipients against loss of benefits due to SSI eligibility, repealed restrictions on reimbursements for nursing home care and placed a four month moratorium on implementation of new social service regulations.

Then, in the waning days of the session, Congress took further steps to correct deficiencies and inequities created by the enactment of the Social Security Amendments of 1972. P.L. 93-233 authorized a further extension of the moratorium on new social service regulations plus additional increases in social security and SSI benefits. Additional steps were also taken to protect current aged, blind and disabled recipients against the loss of Medicaid and food stamp benefits once the SSI program went into effect.

Implications for the Handicapped: Because of the controversy surrounding the use of Federal social service funds and the lack of consensus on the most appropriate legislative solution, during 1973 Congress twice delayed implementation of new HEW regulations governing social service expenditures. Effective July 1, 1973, P.L. 93-66 placed a four month moratorium on regulations issued in final form by the Department in May 1973. Despite the issuance of modifications to the May regulations in September and October, Congress voted in late December to extend the moratorium through December 31, 1974 (P.L. 93-233). In taking these actions, Congress made clear its intent to consider substantive legislative changes in the program during the 1974 session in order to clarify the policy making roles of Federal and State governments and the statutory objectives of the program.

During 1973 Congress also moved to increase social security benefits, eliminate inequities and otherwise modify the Supplemental Security Income (SSI) program. SSI, enacted by Congress in 1972 as part of the Social Security Amendments of 1972 (P.L. 92-603), replaced separate State-run programs for the aged, blind and disabled with a single Federally financed and administered program of cash assistance for such persons, effective January 1, 1974. (For a brief review of this

*Part I of a two-part series prepared under contract by the National Association of Coordinators of State Programs for the Mentally Retarded
--Robert M. Gettings, Executive Director.

legislation, see "A Summary of Selected Legislation Relating to the Handicapped: 1972," U. S. Department of Health, Education, and Welfare, June 1973.)

The main thrust of both sets of 1973 amendments was to assure elderly and disabled individuals an adequate income and protect certain recipients against loss of benefits. Among the relevant provisions of P.L. 93-66 and P.L. 93-233 are:

- Increased Social Security Benefits. A 5.6 percent cost-of-living increase in benefits was approved for all social security recipients, effective in June 1974 (P.L. 93-66). Later in the year, an additional two-stage, 11 percent increase in benefits was voted by Congress (P.L. 93-233). Over one million disabled Americans currently receive social security benefits. Of this number, some 287,000 are adults disabled in childhood.
- Increased SSI Benefits. The Federal payment level for the aged, blind and disabled under SSI was raised to \$140 a month for individuals and \$210 a month for couples, effective July 1974 (P.L. 93-66). Later in the session, Congress advanced the effective date of this increase to January 1, 1974 and voted a second increase (\$146 per month for single beneficiaries and \$219 for couples), effective July 1, 1974 (P.L. 93-233).
- Essential Persons Coverage. SSI benefits were extended to so-called "essential persons" - i.e., persons needed to care for SSI recipients - under certain conditions (P.L. 93-66).
- Mandatory Supplementation. States were required to supplement Federal SSI payments to current aged, blind and disabled recipients who otherwise would have had their payments reduced when the new "federalized" program went into effect. States failing to provide such supplementation are ineligible to receive Federal Medicaid matching after January 1, 1974 (P.L. 93-66). P.L. 93-233 further required that Medicaid coverage be mandatory for those persons who received a mandatory State supplement to SSI.
- Medicaid Eligibility. Among the groups protected against loss of Medicaid eligibility after SSI went into effect are:
(1) essential persons; (2) the disabled individual who does not meet the Federal definition of disability and yet is currently eligible for Medicaid as a medically needy person; and (3) an individual who is an inpatient in a medical institution and whose special needs made him eligible for assistance. P.L. 93-233 goes one step further and makes Federal matching available for Medicaid benefits on behalf of any new SSI recipient; however, coverage of such newly eligible persons is optional on the part of the State.

- Food Stamp Eligibility. A provision of P.L. 93-233 suspended for six months a requirement making an aged, blind and disabled person ineligible for food stamps in any month in which his SSI payment plus the State supplement are at least equal to the welfare payment and the bonus value of food stamps he would have been eligible to receive under the State plan in effect on December 1, 1973.
- Other Provisions. P.L. 93-66 repealed a provision of law which restricted to 5 percent the annual increase in allowable per diem costs for skilled nursing homes and intermediate care facilities. P.L. 93-233 established an upper limit on the monthly income (initially \$420 for a single individual) which an institutionalized person can have and still be "deemed" in special need and, therefore, eligible for Title XIX coverage in a State without a medical indigency plan. Federal SSI payments will be reduced dollar-for-dollar in any State which uses supplemental payments to provide for institutionalized persons in substandard facilities if such care could be provided under the State's Medicaid program (P.L. 93-233).

B. Rehabilitation Amendments of 1973 (P.L. 93-112)

General Scope: The Rehabilitation Amendments of 1973 extend one of the nation's oldest and most effective grant-in-aid programs. Originally enacted in 1920 as the Smith-Fess Act, the scope of the initial legislative authority was subsequently enlarged in 1943, 1954, 1965, 1967 and 1968. The 1973 Amendments completely recodify the old Vocational Rehabilitation Act and place emphasis on expanding services to more severely handicapped clients.

Implications for the Handicapped: The following is a brief summary of the major features of P.L. 93-112:

- Extension of Basic Grant Program. P.L. 93-112 extends the Federal-State grant program for vocational rehabilitation services for an additional two years and sets authorization ceilings of \$650 million in FY 1974 and \$680 million in FY 1975. A study of the current formula for allotting funds among the States is also authorized.
- Service Priorities for the Severely Handicapped. For the first time State rehabilitation agencies are directed to give priority to serving "those individuals with the most severe handicaps" in their basic State vocational rehabilitation program. In addition, State agencies are required to describe "the method to be used to expand and improve services to handicapped individuals with the most severe handicaps." Similar provisions granting priority to the most severely handicapped clients, are contained in Section 121 (Innovation and Expansion Grants), Section 202 (Research), Section 302 (Vocational Training Service Grants), and Section 304 (Special Projects and Demonstrations).

- Individualized Written Rehabilitation Program. The State agency is required to develop an individualized written rehabilitation program on each client it serves. This program, which is to be jointly developed by the rehabilitation counselor and the handicapped individual (or, in appropriate cases, his parents or guardian), will spell out the terms, conditions, rights and remedies under which services are provided to the individual and state the long range and intermediate goals to be attained. Each individual's program must be reviewed at least annually and safeguards are included to assure that every individual capable of achieving a vocational goal has an opportunity to do so.
- Consolidated Rehabilitation - Developmental Disabilities Plan. The new Amendments contain a provision authorizing States to submit a consolidated vocational rehabilitation/developmental disabilities plan. However, the State Developmental Disabilities Services Act (DDSA) agency must agree to the consolidated State plan before it can go into effect. In addition, the Secretary of HEW may reject any such consolidated State plan.
- Special Projects and Demonstrations. The special project grants section of the old Act, Section 4(a)(1), was rewritten and language authorizing grants for "problems related to the rehabilitation of the mentally retarded" was deleted. Instead, the new Amendments direct HEW to give special attention to providing vocational rehabilitation services for clients with the most severe handicaps, including individuals with spinal cord injuries, older blind, underachieving deaf, and migratory farm workers.
- Sheltered Workshop Study. P.L. 93-112 directs the Secretary of HEW to conduct a comprehensive, 24-month study of the role of sheltered workshops in rehabilitation and employment of handicapped individuals.
- Coordination of Programs for the Handicapped. The 1973 Amendments direct the Secretary of HEW to: (a) prepare and submit a long range plan for serving handicapped individuals; (b) conduct a continuing analysis of the operation and effectiveness of Federal programs serving the handicapped; (c) identify unnecessary duplication and overlap in such programs; (d) encourage cooperative, interagency planning; (e) promote the prompt utilization of research findings; (f) serve as a central clearinghouse for information and resources; (g) evaluate existing information and data systems, identify gaps and ways of filling them and spearhead the development of a coordinated, Department-wide information and data retrieval system.
- Organization and Administration. For the first time, P.L. 93-112 establishes, by statute, a Rehabilitation Services Administration within HEW and delegates to the Commissioner of RSA responsibility for administering all aspects of the rehabilitation program authorized under the Act (presently delegated to the Secretary

of HEW). The Commissioner is to be appointed by the President. The Act forbids the Secretary from redelegating any of the Commissioner's authority without the explicit approval of Congress. The Secretary is also directed to insure that all funds appropriated under the Act are used to support rehabilitation programs.

- Innovation and Expansion Grants. Separate existing authorities for innovation and expansion grants are consolidated into a single formula grant program. Authorization levels for the program are: \$37 million in FY 1974 and \$39 million in FY 1975.
- Non-Discrimination and Employment under Federal Contracts. P.L. 93-112 contains a provision forbidding discrimination against otherwise qualified handicapped persons in any federally assisted program or activity.

The bill also requires all Federal contractors and subcontractors to take affirmative action to employ qualified handicapped individuals. Complaints may be filed with the Department of Labor by any aggrieved handicapped individual.

- Federal Interagency Committee on Handicapped Employees. A Federal Interagency Committee on Handicapped Employees is established to investigate the status of handicapped individuals working for the Federal Government. After consulting with the Committee, the Civil Service Commission is directed to report annually to Congress on the effectiveness of the federal government's efforts to hire handicapped workers. Every federal agency is required to submit an affirmative action plan for hiring, placing and advancing handicapped individuals within 180 days after enactment of the legislation. In addition, the Civil Service Commission is responsible for recommending to appropriate state agencies policies and procedures for improving employment opportunities for handicapped workers.
- Client Assistance. Funds are authorized for a series of 7 to 20 pilot client assistance projects. The purpose of these projects is to advise clients on available benefits and help them in their dealings with rehabilitation agencies. For this purpose, \$1.5 million (but not less than \$500,000) is authorized in FY 1974 and \$2.5 million (but not less than \$1 million) in FY 1975.
- Architectural and Transportation Barriers Compliance Board. An interagency board has been created to assure compliance with the Architectural Barriers Act of 1968 and study additional ways of eliminating architectural and transportation barriers in public facilities. The Board will also be responsible for undertaking a study of the transportation and housing needs of handicapped individuals.
- Mortgage Insurance for Rehabilitation Facilities. A provision is included in the new Act which authorizes up to 100% mortgage

insurance to cover the costs of constructing a public or non-profit rehabilitation facility. Initial capital is authorized for the insurance fund and a \$200 million restriction is placed on the total amount of outstanding mortgages.

- National Center for Deaf-Blind Youths and Adults. Funds are authorized to establish and operate a National Center for Deaf-Blind Youths and Adults to demonstrate new techniques and conduct research related to rehabilitating deaf-blind individuals.

II. OTHER LEGISLATION BENEFITING THE HANDICAPPED

A. Maternal and Child Health Amendments (P.L. 93-53)

A rider, attached to the debt ceiling bill, extended the maternal and child health project grant authority for one additional year. Prior to enactment of the legislation, the MCH project grant authority was scheduled to expire on June 30, 1973. The ratio of appropriations then would shift to 90 percent for formula grants and 10 percent for research and training grants. At the time of enactment 50 percent was allocated for formula grants, 40 percent for project grants and 10 percent for research and training grants. In other words, the effect of the 1973 amendment was to delay for one additional year the transfer of project funds and responsibility to the States.

To ease the fiscal impact of the transition, particularly in large, urbanized States where MCH projects tend to be concentrated, during FY 1974 each State is authorized to receive the greater of either the total of FY 1973 project and formula grants or the amount the State would have received had the project grant authority not been extended for one year. In FY 1975 and succeeding years, no State would receive less funds than it got in FY 1973 for both MCH project and formula grants. A provision for ratably reducing State allotments is included when appropriations for any fiscal year are insufficient to meet the full authorized amount.

When the project grant authority expires on June 30, 1974, the States are required to make arrangements to provide for the continuation of services to groups previously receiving assistance through project grant funds.

B. Health Program Extension Act of 1973 (P.L. 93-45)

P.L. 93-45 extends for one additional year (through June 30, 1974) authorizations for twelve Federal health programs, including the Developmental Disabilities Services and Facilities Construction Act, the Hill-Burton program, the Community Mental Health Centers Act and the Comprehensive Health Planning program. FY 1974 authorizations for the Developmental Disabilities program include \$32.5 million for formula grants to the States and \$9.25 million for training and demonstration grants to university affiliated facilities. \$20 million is authorized for the construction of community mental health centers

and \$49.1 million for staffing such centers.

P.L. 93-45 also provides that programs supported through federal health funds may not require individuals or agencies to perform abortions or sterilization procedures against their "religious beliefs or moral convictions." Agencies receiving federal health funds may not discriminate in employment against any physician or other health care personnel because he or she has performed or assisted in the performance of an abortion or sterilization procedure.

C. Second Supplemental Appropriations for FY 1973 (P.L. 93-50)

P.L. 93-50 increased appropriations for grants to the States under the Vocational Rehabilitation program from \$560 million to \$590 million. The Act also included a special appropriation of \$13.8 million to restore the amount of FY 1972 funds lost because of delays in awarding research and demonstration contracts under the Education of the Handicapped Act. This amount, along with \$12.5 million in regular appropriations, was made available through September 30, 1973.

D. Labor-HEW Appropriations for FY 1974 (P.L. 93-192)

The regular Labor-HEW appropriations measure for FY 1974 included a total of \$32.5 billion for programs operated by the two departments. However, Congress granted the President authority to withhold up to \$400 million from those programs which exceeded his original budget requests--provided no more than five percent was withheld from any one program.

Among the HEW programs which were increased above the President's original budget were the State grant programs for the developmentally disabled and education of the handicapped and the research activities of the National Institute of Neurological Disease and Stroke and the National Institute of Child Health and Human Development.

E. Supplemental Appropriations for FY 1974 (P.L. 93-245)

Just before adjourning for the year, Congress passed a final supplemental appropriations measure which contained increased funds for vocational rehabilitation programs. The largest increase came in the basic State grant program which was raised from the \$615.0 million requested by the Administration to \$630 million. Training funds and service project grants were also increased by \$7.4 million and \$4.0 million, respectively.

F. Lead Based Paint Poisoning Prevention Amendments (P.L. 93-151)

P.L. 93-151 extends the Lead Based Paint Poisoning Prevention Act for an additional two years (through June 30, 1975) and increases the federal matching ratio for detection and treatment of grants from 75 percent to 90 percent. In addition, the Secretary of Housing and Urban Development is authorized to carry out a research and demonstration program to determine the nature and extent of the

lead poisoning problem.

The Act directs the Secretary of HUD to eliminate lead hazards in federally assisted housing built prior to 1950 and prohibits the use of lead based paint in the construction of facilities and the manufacture of certain toys and utensils. Finally, the permissible level of lead in paint products is lowered from one percent to one-half of one percent until December 31, 1974; after that date, lead levels may not exceed 6/100 of one percent, pending the outcome of a study by the Consumer Protection Safety Commission.

G. Federal Aid Highway Act of 1973 (P.L. 93-87)

P.L. 93-87 authorizes the Secretary of Transportation to make grants and loans to private non-profit corporations to assist "in providing transportation services meeting the special needs of elderly and handicapped persons" who cannot use mass transportation facilities. Previously, applicants for such grants were restricted to State and local agencies. In addition, the 1973 amendments permit the Secretary to earmark up to 2 percent (previously 1½ percent) of the Urban Mass Transportation Fund for special transportation services benefiting the elderly and handicapped.

The Federal Aid Highway Act of 1973 also authorizes \$65 million to provide necessary facilities to make the metropolitan Washington, D. C. subway and transit system accessible to the handicapped. In addition, the Secretary of Transportation is directed not to approve any State highway safety program which fails to provide "adequate and reasonable access for safe and convenient movement of the physically handicapped, including those in wheelchairs, across curbs constructed or replaced at all pedestrian crosswalks after July 1, 1976."

H. Amtrak Improvement Act of 1973 (P.L. 93-146)

The Rail Passenger Service Act of 1970 is amended to empower the Amtrak Corporation to take necessary steps to assure that elderly and handicapped persons are not denied access to intercity rail transportation. The Corporation is specifically authorized to design and acquire special equipment and facilities, conduct special training courses for employees, eliminate existing architectural barriers, and provide assistance to elderly and handicapped persons in boarding and alighting in terminal areas.

I. Older Americans Comprehensive Services Amendments of 1973 (P.L. 93-29)

P.L. 93-29 amends and extends the Older Americans Act of 1965. Among the new responsibilities of the Commissioner on Aging is to award grants and contracts to model statewide, regional, and community projects. In making such grants, the Commissioner is directed to give special attention to a number of areas, including services to meet the particular needs of physically and mentally impaired older persons.

The Commissioner is also required to conduct a special study and support demonstration projects related to the transportation problems of older Americans, including those with mobility restrictions.

J. Domestic Volunteer Service Act of 1973 (P.L. 93-113)

P.L. 93-113 consolidates all domestic volunteer services managed by the ACTION agency under a single legislative authority. Among the programs authorized in the new Act are: VISTA (Volunteers in Service to America); University Year in ACTION; Special Volunteer Programs; Retired Service Volunteer Program (RSVP), Foster Grandparent program; SCORE (Service Corps of Retired Executives); and ACE (Active Corps of Executives) programs. Prior to enactment of P.L. 93-113, these programs were authorized under several different federal statutes.

The legislation adds a new authority which permits the Director of ACTION to make grants and contracts to support volunteers who are aiding adults with "exceptional needs," including "senior companions" helping persons with developmental disabilities. This new provision was added to complement the Foster Grandparent Program which is focussed on assisting needy and handicapped children.

The Director of ACTION may assign VISTA volunteers to one of several settings, including projects or programs "in the care and rehabilitation of mentally ill, developmentally disabled, and other handicapped individuals, especially those with severe handicaps, under the supervision of non-profit institutions or facilities"

Authorizations for each of the voluntary service programs are provided through June 30, 1976.

K. National Autistic Children's Week (P.L. 93-42)

P.L. 93-42 authorizes the President to declare the week beginning June 24, 1973 as "National Autistic Children's Week."

L. Committee for Purchase of Products and Services of the Blind and Other Severely Handicapped (P.L. 93-76)

P.L. 93-76 increases the authorization for operation of the Committee for Purchase of Products and Services of the Blind and Other Severely Handicapped to \$240,000 in Fiscal Year 1974. The Committee is responsible for designating the products and services required by Federal agencies which may be produced or provided by sheltered workshops under the Wagner-O'Day program.





KDES STUDENT ART FAIR IN WASHINGTON, D.C.

Dr. Robert R. Davila, Director of Kendall Demonstration Elementary School (KDES), joins several students at the Makeup Booth, one of the many projects at the recent KDES Art Fair.

The students had a chance to try out various art forms including oil painting, chalk drawing, copper enameling of jewelry, mosaics, tie-dyeing, yarn weaving (Oho de Dios), making sand castles, and applying makeup to themselves. Two other exhibits were the Tunnel of Texture, a series of cardboard boxes filled with various textures which the students tried to identify as they crawled through the tunnel blindfolded, and a Crazy Cookie Booth where students could decorate their own gingerbreadman cookies with frosting, chocolate drops and raisins. Said Dr. Davila, "The fair was good because the students got to do everything themselves."



RESEARCH AND TRAINING CENTERS IN MENTAL RETARDATION

(Part I)

by
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Unique among the Federal research and demonstration grant activities of the Department of Health, Education, and Welfare is the "Rehabilitation Research and Training Center" program of the Rehabilitation Services Administration in with the rehabilitation of mentally retarded persons; and it is the programs of these three, the University of Wisconsin Research and Training (RT) Center at Madison, the University of Oregon RT Center at Eugene, and the University of Texas Tech RT Center at Lubbock whose activities and impact will be described in this publication. Brief descriptions of mental retardation activities of other types of Centers are included.

The Research and Training Centers are structured as distinct organizational and physical entities in conjunction with universities that have expertise and well developed resources for multidisciplinary research and teaching in a variety of rehabilitation related specialties. In order to be so designated, the Center must also have the resources to function within an environment that encompasses those facets of services which are considered essential for carrying out comprehensive programs of patient/client care and rehabilitation.

The uniqueness of the RT Center program lies in its two major interrelated responsibilities, namely: (a) conducting a continuing coordinated framework of applied rehabilitation research broadly directed toward the discovery of new knowledge and methods in all aspects of the rehabilitation process which will alleviate chronically disabling conditions, reduce dependency of handicapped persons, and effectuate improved integrated rehabilitation services and management systems, and (b) an array of related training activities which are geared toward widely disseminating and promoting the utilization of new knowledge resulting from the research findings. More specifically, to close as rapidly as possible the "time gap" between the discovery of the new knowledge and its universal application.

The Centers' other responsibilities include the mobilization of efforts toward: the expansion and strengthening of training in rehabilitation fields where shortages of trained personnel are acute; the training of researchers and other professional and para-professional rehabilitation personnel; incorporating rehabilitation education into all rehabilitation-related university undergraduate and graduate curricula; and improving the effectiveness of rehabilitation services by conducting inservice and continuing education programs including seminars, workshops, courses of study, conferences and demonstrations which will enhance the skills of students, professionals, para-professionals, volunteers, consumers, parents and other personnel involved in the rehabilitation process. Inasmuch as solutions to rehabilitation problems, in most instances, require the coordination of the

bio-medical, psycho-social, engineering, educational and vocational rehabilitation disciplines, the Center programs encompass research and training in the physical, social, emotional, educational and vocational components of rehabilitation.

The Research and Training Center program was first authorized in 1961 by legislative mandate and incorporated into Section 4(a)(1) of the Vocational Rehabilitation Act. More recently, the Research and Training Centers were included in Section 202(b)(1) of the Vocational Rehabilitation Act of 1973. From its initial FY 1962 appropriation to establish two Centers whose major focus was on medical rehabilitation, there are now a total of nineteen--twelve specializing in medical rehabilitation that are affiliated with university medical schools and seven others--three specializing in vocational rehabilitation, three in mental retardation rehabilitation, and one in deafness rehabilitation affiliated within other units of the University. The grants to individual Centers range from \$250,000 to over one million dollars annually. While each Center pursues a core interest within its major designated category, all research must be clinically focused and "applied." And along with its training activities, each Center must reflect a responsiveness to Federal, Regional and State priority needs relating to rehabilitation problems of handicapped persons.

A prime mover in the establishment of the three mental retardation research and training centers was the recommendation contained in the 1962 "Report to the President: A Proposed Program for National Action to Combat Mental Retardation." It was pointed out that in order to make significant strides in meeting the needs of mentally retarded persons for help in attaining optimal opportunity to use their potential ability to gain personal independence, vocational security and social acceptance in home and community, it would be essential to provide a great deal more knowledge and many more trained workers to this field of endeavor.

Research in medicine, genetics, and related fields had already begun to make significant inroads, but far less had been done in the psycho-social-educational-vocational aspects of this disability. As a result, it was logical to seek useful answers with greater intensity and with better defined purpose regarding the preparation of retarded individuals for life.

It was also felt necessary not to delay the training of both professional and subprofessional workers in the various rehabilitation or habilitation aspects of mental retardation until all the new knowledge was found. It was felt important to utilize the best knowledge available to train workers and to disseminate new research.

The President's Panel on Mental Retardation recommended that "a high priority should be given to developing research and training centers on mental retardation at strategically located universities and at institutions for the retarded." Accordingly, in FY 1965, additional funds were appropriated by Congress to establish three mental retardation research and training centers (at the University of Wisconsin, Oregon University, and the University of Texas at Austin, subsequently replaced by Texas Tech),

to follow a pattern already well established by the medical rehabilitation RT Centers.

The goals of the Mental Retardation RT Centers are aimed toward finding new knowledge that will help mentally retarded persons to develop and utilize their potential abilities, to gain personal independence, vocational employment and social acceptance in the home and community. Research emphasis is therefore placed in the psycho-social-educational-vocational-behavioral aspects of preparing retarded persons for life. Studies are directed toward the understanding of the role of the family and its stimulating effects on intellectual, social and vocational growth and performance of retarded; ways in which retarded people learn; screening for vocational counseling; effective training and job placement; optimal surroundings for work and recreation; alternatives to institutionalization; and community adaptations and acceptance of retarded individuals. The training responsibilities include the wide dissemination and application of research findings and new knowledge through long and short-term instruction of professional, para-professional, and other personnel working in the wide variety of rehabilitation related psycho-social, vocational, educational and counseling areas. Highlights of the activities and the impact of the three mental retardation research and training centers as well as brief descriptions of mental retardation activities conducted at several other centers are reported in this document.

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UNIVERSITY OF WISCONSIN
REHABILITATION RESEARCH AND TRAINING CENTER
IN MENTAL RETARDATION

F. Rick Heber, Ph.D., Project Director
William I. Gardner, Ph.D., Research Associate
Patrick J. Flanagan, Ph.D., Director of Training

The Rehabilitation Research and Training Center in Mental Retardation was inaugurated in 1964 as the Interdisciplinary Mental Retardation Training Center. In April 1965, the Mental Retardation Training Center was broadened and became the Regional Rehabilitation Research and Training Center in Mental Retardation. In May 1973, all operational programs of the Center moved to new facilities in the Harry A. Waisman Center on Mental Retardation and Human Development. Currently, all of the on-going programs of the Center are located in this new facility.

Since its inception, the major goal of the Center's programs has been the integration of those resources of physical facilities and scholarship which continue to provide a vehicle for the concentration of research, clinical and training efforts in the area of mental retardation. The Center's programs representing a variety of professional organizations, i.e., behavioral, medical, etc., have been brought together to implement this major goal. Inasmuch as the Research and Training Center programming patterns have a categorical focus in the area of mental retardation, all of its programming is designed to be relevant and important to some developmental aspect of

the rehabilitation process with the mentally retarded. The major objectives of the Center's programs were, in July 1968, further expanded and refined when the Center's core personnel were administratively organized under the same University department. This department, the Department of Studies in Behavioral Disabilities, houses all of the University's programs in rehabilitation and special education and contains the University's major concentration of personnel whose professional interests are in the behavioral aspects of human disability. Currently, the Center's program participants include personnel from a broad spectrum of professional disciplines including: psychology, social work, communicative disorders, rehabilitation counseling, educational psychology, psychiatry, pediatrics, neurology, and genetics.

Major Research Core and Focus

The major emphasis in the research program of the Center has been designed to focus on problems which require interdisciplinary collaboration in long-term longitudinal research studies. The research focus on the cultural-familial mentally retarded has been gradually intensified by the establishment of the High-Risk Population Laboratory in Milwaukee, Wisconsin. The second focus of the Center's research program is on the rehabilitation process of the adolescent and young adult retarded and has as its major research emphasis the identification and remediation of specific programming patterns or deficits which serve as impediments to effective vocational adjustment.

From its inception the major emphasis in the Center's research program has been concerned with the problem of cultural-familial mental retardation which derives from disadvantaged population groups. This was initially established as a unique focus of the research program at the Center when the relationship of poverty to mental retardation was not yet of national concern. The Center initially established a high-risk population laboratory for surveys in Milwaukee, Wisconsin. This survey research has provided a basis for study of the cultural-familial mentally retarded. The high-risk population laboratory is comprised of a large number of disadvantaged families located in the area of Milwaukee characterized by the highest known rate of mental retardation. The high-risk population laboratory generates a longitudinal pool of data which has been utilized in a variety of investigations. These data, being continually updated, provide a research opportunity which is useful in terms of attempting to delineate the relationship of poverty to mental retardation. We have attempted to determine the effects of intervention by way of a longitudinal investigation with a program of comprehensive family rehabilitation.

Specifically, we have asked if such intervention is an effective means of (1) vocationally rehabilitating slum dwelling retarded adults who generally have not been motivated to seek out, participate in, or profit from the usual rehabilitation sources in the community, and (2) to determine whether intervention in the family is an effective means of preventing consequent rehabilitation problems presented by children who have been reared in high-risk families. Previously, any effort to work with the high-risk family was hampered by their inaccessibility to researchers. However, because of the

efforts of the high-risk population laboratory, accessibility for prospective longitudinal research was provided. In other words, relatively little research had been directed to the large group of retarded persons who reside in the community and present mild intellectual deficits without major related physical problems, and because they were not detected, they were not and would not be served by the usual social agencies offering programs for the mentally retarded. For example, the mentally retarded identified in our high-risk population laboratory were checked against a federal registry of all mentally retarded maintained by agencies in Milwaukee with the finding that very few of the persons from our survey area had been previously identified and served as retarded by community or social rehabilitation agencies. This finding underscores the remarkable value of the method of detection developed by the high-risk population laboratory program. The initial Milwaukee Survey provided information concerning the identification of high-risk clients.

Our surveys have indicated that the very high prevalence of mental retardation occurring in the slums of American cities is not randomly distributed but it is strikingly contained within a small proportion of families who can be identified on the basis of maternal intelligence. In other words, the source of the excess prevalence of mental retardation is the mentally retarded parent residing in the inner city rather than the inner city itself in any general sense. Our population survey revealed the probability of a child's IQ falling within a range of 52-67 is 14.2 times more likely if the mother's IQ is in this range than it is if the mother's IQ is at or above 100.

In the selection of subjects for the Milwaukee Project,* we conducted a survey of over 500 newborns in the study area. These families were given extensive interview schedules, and in addition, the mothers, fathers, and all of their children over the age of two years were administered the Peabody Picture Vocabulary Test of Intelligence. In addition to there being a striking concurrence of maternal and paternal IQ, the survey data supported the original survey's finding that declining intelligence as age increases is restricted to offspring of less bright mothers. The population survey data showing the striking concentration of mental retardation among those disadvantaged families where there were many siblings and where maternal intelligence was depressed suggested the total family approach to rehabilitation and prevention of retardation.

Therefore, in the Milwaukee Project, adult women (with a newborn child) with measured WAIS intelligence scores below 75 were randomly assigned to a Control group or the comprehensive family stimulation program, the Experimental group. This total stimulation program involved parents and all children residing in the home. The mothers received rehabilitation training including (1) remedial academic education, (2) vocational information and counseling, and (3) occupational training as nurses' aides, including such areas as housekeeping, janitorial work, food preparation, etc., and (4) general counseling.

*See end of article.

The infants of the family in the comprehensive stimulation program, the Experimental group, were enrolled in a preventive program which included a carefully individualized prescribed curriculum to facilitate intellectual, academic, and social development. The Experimental children, the average age of whom is now 70 months, are superior in all measures of development compared to the Control group. The acceleration of the Experimental group is in marked contrast to both the test norms and to the progress of the Control group. This acceleration and development of the Experimental group is particularly remarkable in that the underlying hypothesis of the experimental program was of infant stimulation and prevention of a decline from the norm in rate of development, rather than an acceleration in the rate of development. The Control infants of retarded mothers in contrast appear to be following the expected pattern of development with a gradual decline in measured intelligence as age increases. This expected pattern of development shown by the Control group is based on the measured intelligence of children (at successive age levels) born to mothers with WAIS scores below 75.

On the basis of the results from the Milwaukee Project, the strategy of intervention has been demonstrated to be effective in the prevention of cultural-familial mental retardation. The Experimental children have maintained a 30 point differential in IQ over the Controls (112 vs. 82). Moreover, their performance has been developmentally sophisticated in comparison to the more rigid and apathetic performance of the Controls. On various learning and language measures, the Experimental group maintains a one year to eighteen month advantage.

The high-risk population laboratory of the inner city of Milwaukee continues to be monitored. The city has been characterized by U.S. census data as having the lowest median income, highest density of population, highest rate of dilapidated housing, and according to the school system, as having the highest number of educable mentally retarded children. Their current population of interest is more select than in previous surveys, viz. we are dealing with families from the Family Rehabilitation Project. Extensive family and home inventories were made this past year. Similarly underway at this time is an extensive testing program of all members of these families. These two projects are as yet not completed. Hopefully, both of these projects will yield information on home life that can suggest new intra- and extra-familial educational programs for children deriving from such disadvantaged backgrounds.

Also, this past year has seen the majority of children in the Family Rehabilitation Project enter the first grade of public school. This represented the culmination of nearly six and one-half years of an intensive educational program for the children and the families as well. One major effort of the project's staff was directed toward the rehabilitation of the mothers both in terms of developing job or employment skills and toward improving home management skills. By some measures and certainly in comparison to these parents' previous status, significant changes were observed. A number of mothers have found gainful employment and a number of others have shown substantial changes in homemaking skills. Close contact with the families will be maintained.

Perhaps these changes in the mothers are the most important because as a result of what might be considered an attitudinal change in the form of increased sensitivity to their needs and their families, and an increased receptivity to the suggestions of respected and responsible outsiders there can now be more hope for these parents to make use of community resources. In other words, it seems that as a result of the long-term family rehabilitation effort of slum dwelling families with a retarded mother, there has been a change perhaps in the motivation of these families to seek out, participate in and profit from the rehabilitation resources in the community. What is more, although this is difficult to measure, there may be some diffusion of this change in attitude to other families in the immediate community. Taking the organized maternal rehabilitation program together with the continued guidance provided by the parent coordinator, there have been additional changes seen in the mothers besides job and homemaking skills. The mothers have shown significant changes in self-concept. They are more positive and more self-confident. They have shown increased sensitivity to the needs of their children in terms of nutritional and health care.

For the children of the Experimental group, their progress has continued to be remarkable. Although the increased intellectual performance, an unexpected by-product of the intense stimulatory program, has often provoked most interest, what actually has been of the most significant interest is the stability of continued differential performance between the Experimental and Control groups to the extent of nearly 30 IQ points.

In addition, extensive measures of the development of these children in other performance areas (learning, language, and social personality development) supports the IQ data indicating a continued strong, stable differential performance between the Experimental and Control groups in favor of the Experimental group.

A major concern of the Family Rehabilitation Project will be the status of these original project families and especially the children during the coming years. Extensive post-project follow-up evaluations are planned and will be implemented in the coming months. The first and most heartening post-treatment performance measure of the Experimental children was revealed in the form of regular class placement for all of the children. Such placement has not been typical for groups so socio-economically composed with measured retardation existing in the family. In the summer of 1974, comprehensive behavioral evaluations of the differential development of the children and their families will be reported.

The research focus of the Rehabilitation Research and Training Center's Laboratory of Applied Behavioral Analysis and Modification* is on the development of a technology for the rehabilitation of those mentally retarded adults who present unusually difficult rehabilitation problems of a behavioral nature. These adults, as a consequence of their limitations, are quite dependent vocationally, socially, and personally. The basic assumption of the research program has been that a higher level of self-

*See end of article.

sufficiency and independence could be facilitated under rehabilitation environments which were more precisely designed around the specific behavioral deficits of these clients.

The Laboratory is organized around five research and development sections and related supportive services. The Office of Supportive Services maintains a basic information storage and retrieval system of references related to the research and publication functions of the Laboratory. A specialized research library, including pertinent journals and reprint files, is kept current. The Section on Instrumentation and Environmental Design maintains the research equipment utilized in various laboratory research and field training projects. The Section also provides consultancy services to rehabilitation agencies in the design and construction of various instruments and systems for use as training or prosthetic components in workshop settings.

The Section on Remediation of Basic Behavioral Deficits is involved in a series of studies concerned with evaluating procedures for developing and maintaining high-rate work behavior over extended periods of time in the highly distractible, low-motivated retarded adult. It has been observed that many such retarded adults required consistent and repeated external cueing along with frequent tangible reinforcing events in order to perform satisfactorily. A prosthetic work environment which provides for these deficits in self-cueing and self-reinforcing functions has been found to produce acceptable work behavior. Future studies will investigate procedures for teaching these self-monitoring behaviors to these clients.

The Section on Development of Work Related Behaviors has been concerned with the development of procedures for managing the intra- and interpersonal behaviors of the retarded adult as he functions in a group setting. A set of studies presently underway is evaluating procedures for teaching appropriate levels of frustration tolerance skills to the adults with low frustration control when confronted with various conflict or difficult situations. Video-tape programs presenting models of desired behavior have been found effective with some clients. Other clients require a more highly structured shaping procedure which provides high preference reinforcing events for appropriate behavior in the face of increasingly intense frustrating conditions.

The Section on Behavior Change: Cognitive, Social, Affective is evaluating the effectiveness of various behavior therapy procedures in remediating maladaptive social and emotional patterns of behavior presented by the mentally retarded adult. Traditional counseling and psychotherapy procedures have been ineffectual in producing significant and lasting behavior change in the retarded adult with neurotic and related behavior disorders. Procedures of behavior therapy are being used in controlled studies involving anxiety reactions, depressive reactions, obsessive-compulsive disorders, excessive shyness-nonassertiveness, and impulsiveness. As behavior therapy procedures are being evaluated in treatment of single cases, limitations are being identified and modifications made in the traditional approaches. These modified procedures are being evaluated with additional clients. Although the research is far from complete, preliminary

results are most supportive of the behavior therapy approach in treatment of the emotional problem areas of the mentally retarded.

The fifth Section on Utilization of Laboratory Findings in Applied Settings provides consultation to private and public agencies in the design and implementation of rehabilitation programs based on concepts of behavior modification. While the LABAM research findings presently do not provide final answers to many of the technology problems of optimal program design, sufficient knowledge has been gained in the laboratory and in other research centers across the country to provide realistic support for the statement: THE MORE SEVERELY RETARDED ADULT CAN INDEED DEVELOP MEANINGFUL VOCATIONAL, INTERPERSONAL, AND SOCIAL SKILLS. Continued research will render this rehabilitation endeavor a more feasible (effective and efficient) undertaking.

Additionally, the Laboratory of Client, Family, School and Community Variables Related to the Education-Rehabilitation Needs of the Mildly Retarded* has been inaugurated and conducts studies using innovative approaches in investigating programming processes and practices for the adolescent retarded with particular relevance to potential rehabilitation clients. In this phase of the Center's programming, individuals diagnosed as mildly retarded are in the process of being assessed in the form of a long-term follow-up study. The time of this study is during the phase of client lives which is critical to the vocational outcome variables, i.e., securing a job. The subjects being utilized in this investigation have been drawn from the total population of potential subjects who attained the age of 15 years as of January 1, 1960 and who were served by the public schools in Wisconsin and identified by various school authorities as being educable mentally retarded, hence potential rehabilitation clients. Demographic data as well as measures of intelligence, academic achievement, etc., are being supplemented where necessary by ratings developed for certain indices, i.e., the availability of appropriate employment, the adequacy of employment record. Initial comparisons are being made on all relevant variables between high and low rehabilitation needs in terms of the subjects. The major deficiency in most past research in this area seems to be a comparative lack of knowledge about educationally retarded clients who upon leaving school have not received or been exposed to services currently available in regard to training and vocational opportunities.

Major Training Core and Focus

The training program of the Center offers short-term seminars, long-term academic programs and institutes conducted in field locations. The short-term seminars and the field institutes are all structured on a pragmatic basis in order to maximize their practical utility to participants.

Campus short-term training programs are designed around specific problems in the rehabilitation process with the mentally retarded which confront practitioners in the field. Programs are designed for professional

*See end of article.

personnel using an interdisciplinary frame of reference. During the academic year, one and two-week institutes are conducted at regular intervals. During the summer session, an intensive program of four-week institutes is offered over a period of 12 weeks.

The field institute program assists state rehabilitation agencies in the development and implementation of one to three-day institutes which are held on a statewide basis within the regions served by the Center. These institutes generally deal with either basic information in the rehabilitation of the retarded or specialized topical areas dealing with various aspects of the rehabilitation process, i.e., evaluation, learning characteristics, etc. These programs are conducted in collaboration with the Rehabilitation Research and Training Center in Mental Retardation at the University of Oregon in Eugene, Oregon.

The Center leadership training program (full-time graduate training) is designed to provide an indepth interdisciplinary training in mental retardation for students in any of the rehabilitative disciplines. The training emphasis is on contiguity of formal academic training and clinical experience throughout the entire training period. Students who complete this program are qualified to exercise leadership roles in Federal, State and local rehabilitation programs for the retarded.

To date, the training programs have provided a service to over 6,000 trainees now active in a wide range of professional disciplines which provide practitioner service to the retarded. They represent the following: vocational rehabilitation counselors, supervisors and administrators, psychologists, social workers, educators, physicians, nurses, therapists, clergymen, as well as members of consumer groups (National Association for Retarded Citizens, United Cerebral Palsy Association).

The curriculum focus of the training program includes relevant information consistent with the Center's overall objective of presenting content information which is relevant to some aspect of the developmental habilitation process of the mentally retarded. As such, the interdisciplinary faculty and agency participation in all aspects of the training program provides a broadened rehabilitation-educational approach. A sampling of the rehabilitation-related curriculum areas which are integrated consistent with on-going research programs to all facets of the training program would include the following: behavioral management techniques, programming for the moderately, severely and profoundly retarded, medical diagnosis, effects of the social environment, counseling techniques and theory and practice in organizing rehabilitation facilities.

During the current period the general orientation course titled Introduction and/or Orientation to Mental Retardation was conducted on statewide educational television channels. A series of informational presentations was conducted on ETV during a four-month period of time. This program which consisted of 30 half-hour program segments, had the potential for reaching 80% of the viewing audience in the State of Wisconsin. In conjunction with the televised segments, which were produced by the Research and Training Center and the Center for Extension Programs in Education and

WHA-TV in Madison, a series of six field seminars was conducted in specific rehabilitation districts in the State. The major input for the televised curriculum was derived primarily from the on-going research programs of the Center, thus the focus of the entire series was generally on the specific educational-rehabilitative problems of the mentally retarded which confront the practitioner in the field. Approximately 1,300 professional and nonprofessional individuals participated in this course in either graduate, undergraduate or audit status.

The continuing clinical program of the Center has served as a prototype for the recently established Diagnostic and Treatment Unit of the Harry A. Waisman Center on Mental Retardation and Human Development. The emphasis is primarily interdisciplinary and the information and processes that are utilized in this program are an integral part of all ongoing training programs. The basic philosophy has been the maximal client and parental involvement during the total evaluation process.

Center staff members have continued to periodically publish a series of monographs relating to training and research endeavors. Additionally, a variety of professional journals relevant to the area of mental retardation are utilized in disseminating research data from the various projects. At the present time, approximately 45 research and training projects are in process in the following areas: learning process, etiology, diagnosis and evaluation, behavior modification, professional education and rehabilitation services. The Milwaukee High-Risk Population Program continues to provide significant new data pertinent to the epidemiology of cultural-familial mental retardation. A monograph has recently been completed which presents current data on this project. The Laboratory of Applied Behavioral Analysis and Modification has an outgrowth of its research endeavors prepared a series of publications for use by rehabilitation personnel. These current sources and additional information are listed in the bibliography appended to this report.

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BIBLIOGRAPHY

- *Flanigan, P. J. Client, family, school and community variables related to the educational-rehabilitation needs of the mentally retarded. Paper presented at the First International Seminar on Special Education and Rehabilitation of the Mentally Retarded, Malmo, Sweden, August 1971.
- Flanigan, P. J. An Orientation to Mental Retardation: A Programmed Text. Springfield, Ill.: Charles C Thomas, 1974 (2nd printing).
- *Garber, H. and R. Heber. The Milwaukee Project: Early Intervention as a Technique to Prevent Mental Retardation. National Leadership Institute, University of Connecticut, Storrs. March 1973.
- Gardner, W. I. Behavior Modification and Mental Retardation: The Education and Rehabilitation of the Mentally Retarded Adolescent and

Adult. Chicago: Aldine, 1971.

*Gardner, W. I. and J. M. Stamm. Counseling the Mentally Retarded: A Behavioral Approach. Rehabilitation Counseling Bulletin, 1971, 15, 46-57.

Heber, R. Epidemiology of Mental Retardation. Springfield, Illinois: Charles C Thomas, 1970.

*Heber, R. and H. Garber. Progress Report II: An experiment in the prevention of cultural-familial retardation. (Report to be published with the proceedings of the Third International Congress of the International Association for the Scientific Study of Mental Deficiency, 1974.)

*Heber, R., H. Garber, S. Harrington, C. Hoffman, and C. Falender. Rehabilitation of Families at Risk for Mental Retardation. December 1973 Progress Report.

*Karan, O. C. and W. I. Gardner. Vocational Rehabilitation Practices: A Behavioral Analysis. Rehabilitation Literature, 1973, 34, 290-298.

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*Reprints and further information available upon request to:

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Harry A. Waisman Center on Mental Retardation and Human Development
2605 Marsh Lane
Madison, Wisconsin 53706

Ed. Note: This is the first part of a series which will be continued in future issues of "Programs for the Handicapped."



NEW PUBLICATION

New Directions for Parents of Persons Who Are Retarded. A warm and human treatment of how parents can meet the crisis of mental retardation. The book points the way for those parents who are determined to face the future with a retarded child and create a meaningful family relationship.

The book is by Robert Perske and illustrated by Martha Perske. Publisher:

Abingdon Press
201 Eighth Avenue South
Nashville, Tennessee 37202

Price: \$1.95 (paper cover)

NEWS OF INTEREST TO THE BLIND

by Sharon Strzalkowski

The Optacon

Reading printed material has always been for blind people directly related to the availability of sighted people who have the time and skill needed for the job. Even the tremendous amount of recorded information does not permit total access to the things sighted people read. Now a reading machine, the optacon, has been developed in an effort to fill the need for a method of spontaneous ability to read. Initiated by Dr. John G. Linville of Stanford University some years ago to meet the academic demands of his own blind daughter, the optacon has changed through the years from a large and fragile instrument to a small and durable machine (2x6x8 inches) which may well have quite an impact on the lives of blind people in the future.

The optacon consists of two components: a camera and a tactile screen. The camera is moved across the printed page and picks up the visual image. This image is then transformed into a tactile representation which appears on the 1½ by 1 inch screen and can be read with one finger. Unlike other attempts at reading machines, the optacon does not change print into Braille, but instead, makes a tactile image in the shape of the printed letter. The size of the letter and the intensity of the vibrations can be altered at will so that all type styles and variations can be read.

Though many changes and improvements are still being contemplated, the optacon is already in active use around the country. Because of the Office of Education's grant support throughout the entire project, it has been possible to train several blind people in the use of this machine and from them to gain some idea of the optacon's possible role in the lives of many others to come. The optacon, according to their reports, permits accessibility to print for personal use such as mail, telephone numbers, etc. Equally important, the machine can be easily used in work situations when help from sighted people is not available. Among those already trained are lawyers, students, typists, and teachers. The Federal Government has purchased a few machines for employees and has become somewhat more active in the program than before.

In considering the use of an optacon, it is important to remember that mastery of this skill comes from patient training and practice. The optacon is not a total replacement for taped material and readers. It is, however, a technological development designed through the cooperation of a research team, private industry, and the Federal Government, which represents great progress in this field.

For more information, write to: Telesensory Systems, Inc.
1889 Page Mill Road
Palo Alto, California 94304

The Washington Ear

A new concept in delivery of information to the blind is being developed in a program known as the Washington Ear. So named because it is a radio service for the blind, this program will attempt to bring kinds of information that were formerly inaccessible to the blind and partially sighted people within a 50 mile radius of the Metropolitan Area. Items to be broadcast will include a reading of major stories in the Washington Post and Washington Star-News, food sales, fashion news, entertainment, and community news. Dr. Margaret Rockwell, director and initiator of the program, stated, "The Washington Ear will attempt to meet those information needs of its audience that are not already being satisfied by existing services."

Eligibility for this program is simple: anyone who cannot read, either because of a visual or physical limitation, can be served. The broadcasts, which are being produced with the cooperation of the Library of Congress and through the technical assistance of National Public Radio WETA, will be transmitted through special pretuned receivers picking up only the WETA subcarrier. These receivers are now available on loan or for purchase from the Washington Ear on a first-come-first-served basis. For further information and an application for a receiver, write to:

The Washington Ear
10111 Colesville Road
Room 125
Silver Spring, Maryland 20901
Telephone: (301) 593-7202

Suggestions about the program and volunteer readers are also welcome so that the Washington Ear may be successful in helping blind and partially sighted people in the area.



NEW PUBLICATION

Let Our Children Go. Designed for parents of children with disabilities, this publication summarizes the thoughts of parents and advocates who have fought for handicapped children and struggled for resources to meet their needs. The role of advocacy is emphasized to insure that the rights of handicapped children must be upheld.

Let Our Children Go by Douglas Biklen
Publisher: Human Policy Press
P. O. Box 127
University Station
Syracuse, New York 13210

Price: \$2.00

PENNSYLVANIA'S FAMILY RESOURCES SERVICE PROGRAM

A revolutionary concept in the treatment of mentally retarded persons has emerged in Pennsylvania, according to State Welfare Secretary Helene Wohlgemuth.

The new approach involves providing a variety of supportive services to families in order to assist them in caring for retarded members at home.

"For years, authorities in mental retardation and related fields have agreed that the best place for retarded persons is with their families, or in close proximity," Mrs. Wohlgemuth said. "But until very recently, we have given families few alternatives to institutionalization.

"Lacking skills or otherwise unable to care for retarded children, parents turned them over to the State or private agencies for institutionalization.

"We now know that institutions are not the best or the only answer and that many residents could have remained with their families if sufficient supportive services had been given to the family," Secretary Wohlgemuth said.

She pointed out that the Department of Public Welfare has developed a Family Resource Services Program, in which families of retarded persons are assisted financially and in other ways. The program is administered through the county Mental Health/Mental Retardation Programs.

Deputy Secretary for Mental Retardation Stanley Meyers referred to the Family Resources Services Program as "secondary prevention" because it eliminates the need for institutionalizing many mentally retarded persons by giving family support and relief. "Secondarily," Meyers said, "these services could be significant to families who would consider bringing a retarded person, such as a family member, out of a residential school and into their home."

The deputy secretary said the program concentrates on the needs of the family rather than on the retarded person.

Types of services offered include:

1. Respite Care--This service makes a temporary residence available to a retarded person when his family is experiencing stress, personal crisis, illness or a need for a vacation.
2. Family Aid--This service is offered to parents who need a person to care for their retarded family member for a few hours at a time. This will allow the family an opportunity to participate in normal activities, such as shopping, socializing and attending business meetings.

3. Homemaker Services--Homemakers are available to perform essential household duties when family members are unable to manage effectively. This type of service could be to maintain continuity of care within the home during a family illness or to provide instruction in proper home management.
4. Recreation--Recreation programs allow the retarded person to experience regular community leisure-time activities and increase his ability to participate in these activities independently. The family will benefit by having periods of relief while knowing that the retarded family member is well supervised and is engaging in recreational activities.
5. Transportation--This service is offered to families who need assistance in transporting their child or adult family member to regular day programs or activity programs. Transportation services provide family relief, as well as increasing the likelihood that the retarded person will be able to attend programs.
6. In-Home Therapy--This resource insures that the retarded family member will receive important treatment or therapy even when he is homebound. Therapies include physical and occupational therapy, speech and language training.
7. Parent Training--Programs will be offered to assist parents and other members of the family to deal appropriately with the retarded family member. This may include training in behavior management or other types of programs which would help maintain the family as a cohesive unit.

Linda Tarrant, Director of the Family Resource Services Program in the Department of Public Welfare Office of Mental Retardation, explained that the program is already operational in varying stages in all 41 county MH/MR programs. Some counties may be paying for transportation or homemaker services. Others may be providing all services in the program, she said. The program is not necessarily a "package deal," but is geared to individual needs.

Approximately \$2.3 million has been earmarked to the county MH/MR programs by the Public Welfare Department for these services and it is projected that 22,000 persons will be served by the program during the current fiscal year, an average of 96 cents per person per day.

NEW PUBLICATION

Barrier Free Design: A Selected Bibliography. An annotated bibliography on designing for full accessibility. Its aim is to influence design and construction by professionals and to inspire excellence in environmental design.

Designers must plan for facilities which are safe, convenient and accessible for the broad range of physical disabilities.

Published by: Paralyzed Veterans of America
Write to: Michigan Chapter, Paralyzed Veterans
of America
5646 McMillan
Dearborn Heights, Michigan 48127

Price: \$6.00

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