

News Letter

GOVERNOR'S PLANNING AND ADVISORY COUNCIL ON DEVELOPMENTAL DISABILITIES & THE DEVELOPMENTAL DISABILITIES OFFICE OF THE STATE PLANNING AGENCY

Vol. 1, No. 2

February, 1976

DPW realigns to improve services

The State Department of Public Welfare (DPW) has recently reorganized into 3 bureaus: Community Services, Residential Services, and Income Maintenance. The realignment is an attempt to relieve and streamline the state's overstressed public welfare system, a result of the rapid evolution in recent decades of welfare programs combined with increasing regulation and financial pressures on public spending. Its focus, according to DPW Commissioner Vera Likins, is on "better services to clients through improved managerial



Commissioner Vera Likins

techniques."

Current DPW policy reduces direct service responsibility at the state level by delegating responsibilities to appropriate

county and multi-county boards. Primary functions at the state level include standards setting, monitoring and evaluation, licensing, funding, and coordination.

The Bureau of Community Services provides for necessary services outside of state institutions as well as social services in general to various target populations throughout the state. A high priority activity is support to communities in developing residential facilities as alternatives to institutions. In 1970, there were 13 such facilities in
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MHFA issues bonds for DD housing

At a time when many state and local agencies are experiencing economic difficulty, approximately \$750,000 in tax exempt bonds were recently issued by the Minnesota Housing Finance Agency (MHFA) to provide mortgage financing of non-institutional housing for persons with developmental disabilities.

To be eligible for MHFA financing, a facility must serve

16 or fewer persons on a single site. Begun in 1974, the bonding program provides 40-year mortgage financing at or below market interest rates and has authority to issue as much as \$10,000,000 in such loans.

According to MHFA Program Guidelines, only those facilities serving "primarily low and moderate income

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Eunice Davis is new DD chairperson

Dr. Eunice Davis is the new chairperson of the State DD Council. After serving 4 years as a Council member, she officially took office Dec. 3, 1975, at the monthly Council meeting.

Eunice replaces Jane Belau, who held the position for 4 years and now will serve as vice-chairperson. At the December meeting Jane received special thanks from Peter Vanderpoel, Director of the State Planning Agency, and from Cindy Whiteford of Gov. Anderson's office.

Eunice brings to the post an impressive record of academic training and professional experience in the DD field. Born in Sturgeon Lake, Minnesota, she has earned 3 degrees from the U of M, a B.A., an M.D. and an M.P.H. (Master of Public Health). Professionally, Eunice has directed, for the past 6 years, the Child Development Section at St. Paul-Ramsey Hospital. Before that she worked 3 years for the



Dr. Eunice Davis

Project for Retarded Children and another as pediatric consultant in the Section of Maternal and Child Health.

In addition to her membership on the Council, Eunice serves on a wide range of other committees and boards. To name a few: the Ramsey County Mental Health Advisory Board; the Board of Directors of Northeast (St. Paul) Learning Center; the Board of Directors of Northeast Residences, and the Pediatric Task Force for the Metropolitan Health Board.

Called a "tireless worker" by her predecessor, Eunice said she is looking forward to her new position on the Council and won't have to "sacrifice" any other interests.

Regarding the future course of Council activities, Eunice said "maintenance of effective

planning and advocacy for and with DD persons" will continue to be the top priority.

"An important Council role," said Eunice, "is to point out changes and needs in the DD community, to exchange information."

As for coming legislative action, Eunice said she hopes for more progress in implementing comprehensive community-based programs as advocated by the recent Community Alternatives and Institutional Reform (CAIR) Project.

"We need generalized acceptance of the CAIR plan," she said. "There are 3,600 persons now in large state institutions."

Colleagues agree that Eunice is well qualified for her new Council role.

"Over the many years," said Lee Schacht, Council member, "that Dr. Davis has been deeply involved in the problems of developmentally disabled persons and their families, she has shown a knowledge of the necessity for broad-range planning of services to meet needs."

Likewise, Dick Ramberg, also a Council member, acknowledges Eunice's flair for administrative leadership. "I'm very impressed," Ramberg said, "by her sense of organization and desire to accomplish specific objectives."

All in all, the selection of Eunice as the new chairperson seems an excellent way for the Council to begin the new year.

"We need generalized acceptance of the CAIR plan..."

North Dakota State Department of Health, directing its mental retardation programs in 1967. And prior to that Eunice spent 7 years with Minnesota's State Health Department, including one stint as medical director of the Four-County

Recent Research:

Personal habits can affect independence

Staff members of the Fergus Falls State Hospital recently compared 72 retarded adults who had been successfully placed in group homes with 13 retarded adults who had been placed but rehospitalized. The 85 subjects ranged in age from 22 to 72 with a mean of 42. Fifty of them were men; 35 were women. They had spent from 2 to 57 years in the state hospital, with a mean stay of 24 years. No significant differences were found between the groups on the 4 factors of sex, age at the time of the study, age at first admission to the hospital, and time spent in the hospital.

A review of the case files for all the subjects showed that the persons who were rehospitalized had significantly more preplacement behavior problems than those successfully placed. In the failure group, the most frequent problems were striking out against self or others and toileting problems. In the success group, the most common preplacement problems were immaturity and uncooperativeness.

The case files also showed that the most common reasons for return of the placement failures to the hospital were aggressive behaviors and inappropriate personal habits, such as toileting problems and poor grooming. One implication is that although deficiencies in personal habits and grooming may seem less important than other problems, persons who have

inappropriate personal habits should receive special training to overcome them before being placed in the community.

It should be noted that 85% of the adults who were placed in the community remained there successfully. Eleven of them have been transferred from group homes to parents' or relatives' homes, sheltered workshops, or nursing homes. One lives completely independently in an apartment.

Their progress indicates that placement in a group home can be a step to more independent living.

For a complete report of the study, see Moen, Marilyn; Bogen, Dennis, and Aanes, David. "Follow-up of mentally retarded adults successfully and unsuccessfully placed in community group homes," *Hospital and Community Psychiatry*, November 1975, 754-756.

Center seeks and gives DD information

The Regional Developmental Disabilities Information Center (RDDIC) currently seeks information on ongoing programs relating to all aspects of developmental disabilities, so that collected data and materials can be shared regionwide. Information on and products of programs with federal, state, local and private funding will be collected in such varied areas as training of developmentally disabled persons in academic and self-help skills, foster care, parent counseling,

deinstitutionalization, advocacy, rights of disabled persons, and others.

A federally funded enterprise, the RDDIC serves Region V of the Department of Health, Education and Welfare, which includes Minnesota, Illinois, Indiana, Michigan, Ohio, and Wisconsin.

For more details about the service, or to request or contribute information, contact RDDIC, 317 Knutson Dr., Madison, WI 53704. Or call collect: 608/263-6863.

Bernie Klein receives award

Mrs. Bernie Klein, a 4-year member of the State DD Council, received last year's Meritorious Service award from the State Council for the Handicapped, honoring her outstanding volunteer efforts on behalf of disabled persons.

Besides her position on the

State DD Council, Bernie currently serves as president of the Minneapolis Area YWCA and is past president of United Cerebral Palsy of Minnesota. She also is a member of the Plymouth Human Rights Commission and former coordinator of Project Volunteer Power in Minneapolis.

Grant monies available

RESIDENTIAL FACILITIES

Prospective developers of community residential facilities for persons who are mentally retarded or have cerebral palsy may apply for funds to support a maximum of 25% of the cost of construction, purchasing, or remodeling. One-fifth of the grant may be used for initial staffing costs. Priority will be given to innovative projects that provide alternatives to state hospital placement and serve 16 or fewer persons in a maximum of 2 structures on one site. Guidelines for disbursing these funds are known as "DPW Rule 37." The first grant cycle is now in progress. On a second cycle, letters of intent and applications must be submitted by mid-May, 1976; awards will be made in mid-July, 1976. For more information, contact the Bureau of Community Services, Department of Public Welfare, Centennial Bldg., St. Paul, MN 55155, 612/296-3139.

FAMILY SUBSIDY

Parents of mentally retarded children may apply for funds to help support a planned program of home care and training. The program is limited to 50 families, and

grants will not exceed \$250 per month per family. The child must be under 18 years old and eligible for placement in state hospitals or licensed community residential facilities. The program is financed through June 30, 1977; continuation will depend on the success of the program and further legislative appropriations. The first cycle is now in progress; in a second cycle, applications must be received by March 15, 1976. For more information, contact the Mental Retardation Division, Department of Public Welfare, Centennial Bldg., St. Paul, MN 55155, 612/296-2160.

EDUCATION

State or local public or non-profit agencies and organizations may respond to 6 Requests for Proposal to be issued on February 2, 1976 for projects for the education of severely handicapped children and youth. Childhood years are defined as birth through early childhood; youth are 9 through 21 years of age. The target populations for the RFPs include children and youth who are profoundly retarded, auditorily impaired and multiply handicapped, emotionally disturbed and multiply handicapped, orthopedically impaired and

multiply handicapped, and visually impaired and multiply handicapped. For more information, contact Mr. Landon A. Holmes, Grant and Procurement Management Division, School Systems and Handicapped Education Branch, Office of Education, 400 Maryland Avenue SW, ROB 3, Room 5914, Washington, D.C. 20202.

EDUCATION

Local school districts may apply for funds to support the education of handicapped children through Title VI, Part B, of the federal Education for the Handicapped Act. Projects will be considered which are designed to initiate, expand, or improve educational programs for handicapped children, including direct and indirect services. Priority will be given to projects serving out-of-school handicapped children (i.e., school-aged and preschool children currently not receiving an education). Proposals will be invited through a letter to school districts in February, 1976. For more information, contact the Title VI-B Program, Department of Education, 6th Floor, Capitol Square Bldg., St. Paul, MN 55101, 612/296-5116.

VOCATIONAL REHABILITATION

Public or nonprofit agencies or organizations may apply for short-term training grants designed to improve the professional skills of vocational rehabilitation workers serving persons who are mentally and/or physically disabled, especially those who are severely disabled. Projects may be national or regional (i.e., multi-state) in scope and may be designed to develop curriculum or training modules, or provide direct training. Applications must be received by March 5, 1976. For more information, write the Director, Office of Rehabilitation Services, DHEW, 300 South Wacker Dr., 30th Floor, Chicago, ILL 60607.

EPILEPSY RESEARCH

One-year research grants will be awarded to support basic and clinical research to advance the understanding, treatment, and prevention of epilepsy. Persons in the biological, behavioral, or social sciences with a demonstrated competence for research are eligible. Amounts up to \$12,000 may be awarded; the funds cannot be used to purchase permanent

equipment or for salary support of the principal investigator. Applications must be submitted by April 15 for funding during the following year. For more information, contact the Epilepsy Foundation of America, Suite 406, 1828 L Street NW, Washington, DC 20036, 202/293-2930.

EPILEPSY TRAINING

Pre- and post-doctoral individuals studying the treatment, prevention, and understanding of epilepsy may apply for training grants in amounts up to \$3,500 per year. Applications must be submitted by May 15, 1976, for funding on or after Sept. 1, 1976. Graduate and undergraduate students in medicine or vocational rehabilitation may apply for fellowships to support research, service, or training in epilepsy. Fellowships are funded at \$300 per month not to exceed \$900 per student. Applications must be received by March 1, 1976, for funding to begin on or after June 1, 1976. For more information, contact the Epilepsy Foundation of America, Suite 406, 1828 L Street NW, Washington, DC 20036, 202/293-2930.

Know your rights

Know Your Rights!, a new pamphlet published by Closer Look, deals with obtaining services for handicapped children. It includes key questions, answers, and sources of help to use if unfair treatment is experienced or suspected.

For a free copy, write Closer Look, Box 1492, Washington, DC 20013.

Education study

now completed

A Study on the Status of Educational Services for the Handicapped in the State of Minnesota is now complete. Jointly sponsored by the State Council for the Handicapped and the State Dept. of Education, the year-long study was conducted by Educational Management Services of Mpls.

Program and financial materials and perceptions of program adequacy were gathered from key personnel, parents, and interested organizations in 43 school districts. Nearly 50 specific recommendations regarding educational programming and funding are included in the extensive report, which has been submitted to the 1976 Minnesota Legislature and other interested organizations for consideration in planning for people with special education needs.

A summary will soon be available on request from the State Council for the Handicapped.



Autism:

A new developmental disability

By Bruce Balow, Ph.D.

University of Minnesota
Dept. of Psychoeducational Studies

Autism, a new addition to the federal definition of developmental disabilities, belongs. The 3 criteria defining developmental disabilities easily encompass autism. It is present at birth; it has serious effects on learning, communication, and self-development for the person so afflicted, and its consequences are, essentially, lifelong even though appropriate treatment can make a great difference in progress toward normalization.

CHARACTERISTIC BEHAVIORS

Rarely does a child neatly fit the full description of autism; experts estimate there are 4 such children in 10,000. However, there is a much higher percentage of autistic-like children, that is, children with one or more significant features of autism. The most common defining feature is "autistic aloneness" characterized by staring at space, non-response to sounds, and a total lack of interest in other people. Other common characteristics include serious difficulties in toilet training, problems in feeding, difficulties in the development and use of language, and absence of social intelligence.

These children do not make eye contact; they scream and tantrum a good deal and speak few if any words or only echo the words of others. They eat with their hands and grab food from anyone within reach. They do not seem to understand common dangers, such as busy streets, yet they may show above normal skill in some isolated area of mathematics or music performance.

This list of characteristics sounds much like mental retardation,



and at first observation the child is thought to be severely retarded; never gets beyond that, yet a professional will find in the autistic learning power that starkly contradicts retardation. Our autism staff at the University of Minnesota's Special Education has documented that children originally thought to have no reading skills, language receptive at a level totally inconsistent with

Families with autistic children experience great mental and physical stress from the constant strain of caring for them. Their belongings are subject to battery, and schools won't take the child. The child is or totally focused on the autistic behavior, marital strains become intensified, and the child becomes subordinated to the needs of the little community support to ease



All photographs used with this story were taken, with permission, at the U of M Autism Project classroom. The project uses a one-to-one approach to train teachers to work with autistic children.

WHERE DOES IT COME FROM?

Nobody knows. Autism was first described by Dr. Leo Kanner roughly 30 years ago. At that time, it was thought that the most likely cause of autism was destructive psychological influences on a child from the parents. Fortunately, few professionals believe that today. The most popular current guesses are genetic defects, problems in pregnancy and birth, and congenital deficiencies in the brain, either alone or in combination with psychogenic factors. These and other explanations, however, are simply guesswork.

TREATMENT POSSIBILITIES

Drug therapy and other medical interventions with autistic children have fared poorly. Most persons attempting psychotherapy with autistic children have also failed miserably. Dr. Bruno Bettelheim, who has written often and well about his work with autistic and schizophrenic children at the Sonia Shankman Orthogenic School in Chicago, is the only worker reporting much success from a treatment weighted heavily with psychoanalytically oriented psychotherapy and education.

But, behavior modification techniques seem to hold much promise for autistic and other severely handicapped children. These powerful techniques are based on the principles of stimulus-response learning theory. Psychologists and educators in many states including Minnesota have successfully taught nearly all the behaviors in which autistic children are most deficient.

Unfortunately, autistic aloneness is not permeable by the standard applications of behavior modification. However, several remarkable teams of people have combined aspects of behavior modification, psychotherapy, and educational methods into a formidable treatment that has produced dramatic changes in a few autistic children and noticeable improvement in many. Dr. Carl Fenichel and his staff at the League School in New York City, Dr. Charles Ferster and Ms. Jeanne Simmons at Linwood Center in

with autistic features typically is. In many instances the diagnosis is made by the highly skilled, sensitive child surprising indicators of belief. The University's Department of Psychology has studied a number of cases of young children who are severely retarded who show a lack of understanding of situations and retardation.

in the home are usually under the age of five. Rarely does the mother get relief from the child. The house and its atmosphere are often a nightmare; babysitters won't stay, and the family's social life is nonexistent. The child; medical costs are high; and, and other children in the family are often the victims of the autistic child. There is no relief from the situation.

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the state serving 375 retarded persons; today 112 facilities serve nearly 3,000 persons. Among other activities, this Bureau supports 50 families of mentally retarded children to provide in-home care. Appointed in December to head the Community Services Bureau was Michael Weber. Weber was previously employed by the Rochester-Olmsted Council of Government where he had administrative responsibility for centralized information, plan-

ning, and evaluation for all local human services agencies.

A second component of DPW, the Bureau of Residential Services, supervises all state facilities under the jurisdiction of DPW, including facilities that provide care for persons who are mentally retarded, mentally ill, chemically dependent, blind, deaf, or geriatric. The Bureau's responsibility includes the phasing out of physical properties no longer needed. Since January 1, 1973, more than 500,000

square feet of property within state facilities have been declared surplus and have been sold, leased, or demolished. If appropriate legislation is passed in 1976, Hastings State Hospital could be phased out. Based on the Hastings experience, DPW plans to develop and evaluate a model for providing necessary services in the community. This Bureau is headed by Wesley Restad.

The Bureau of Income Maintenance, headed by Robert Baird, administers the public assistance programs including medical assistance, food stamps, child support, and others. DPW has recently changed its management of some of these services. For example, a standardized rate-setting system for residential care has been implemented. Although a basic overall DPW objective is decentralization in the human services area, extensive federal regulation permits only minimal local control in public assistance programs. At the request of the 1975 Legislature, DPW is preparing a plan for state administration of public assistance programs now administered by county governments.

Five additional offices complete the makeup of DPW. An Office of Evaluation, through its local coordination staff, addresses state/local relationships; it also monitors services and evaluates their quality, conducts county surveys and other research and special projects. The offices of the Medical Director, Support Services, Appeals, and Personnel are part of the enlarged Commissioner's Office.

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ambulatory or mobile developmentally disabled persons capable of taking appropriate action for self-preservation under emergency conditions" are eligible for financing.

Since its inception, MHFA has had approximately 60 applications for funding. Of these, 11 have received an MHFA commitment and either are or soon will be under construction. The other applications are in the preliminary licensing/rate-setting stages at the Department of Public Welfare (DPW).

The agency assists approved projects by performing a design review and site review. MHFA Program Coordinator Rick Kahn commented, "Developing community-based facilities is a lengthy and expensive process. We'd like to be involved in the very early stages of planning —

looking over rough sketches, checking out possible sites — so that we can help applicants move through this process successfully."

THE APPLICATION PROCESS

Preliminary applications are submitted to MHFA soon after the prospective developer has initiated efforts to obtain a license from DPW. Projects must receive their license and tentative rate from DPW and have control over a specific site before MHFA can act upon an application.

When approved, a project receives a mortgage loan commitment from MHFA. The MHFA mortgage, which covers all development costs, is disbursed after construction is completed and the project is ready for occupancy.

For more information, contact MHFA, Hanover Bldg., St. Paul, MN 55101, 612/296-7618.

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Maryland, and Dr. Uwe Stuecher, Ms. Sheila Merzer, and Ms. Carol Sundholm at the University of Minnesota have developed psychoeducational treatments that can help autistic children progress on all dimensions.

There are no quick miracles in this business. The best treatment requires demanding, skillful, sensitive effort over months and frequently years to reduce the child's negative characteristics and to construct positive, socially acceptable behaviors. Even with good treatment most children with autistic features never become completely "normal," but many can become normalized to the point of functioning in society with limited special support.

THE MINNESOTA SITUATION

Minnesota is better off than most states with respect to autistic children. We have had for 3 years a demonstration and teacher training program in the University's Department of Special Education, where 18 prospective teachers work daily with 10 autistic children. The program includes socialization, language development, self-help skills, and academic skills; individual and group activities are exciting, challenging, demanding, and loving. Pre-service teacher preparation, in-service training of professionals in schools and institutions, outreach to community agencies and parents, and a modest amount of research are important facets of this program. The children are not cured, but they do improve.

In addition, the public schools of Minneapolis, St. Paul, Bloomington and other cities have initiated pre-school and primary level programs for children with autistic features; a few residential institutions in the state will accept such children.

But, for the most part, there is a great need for services and for more personnel who are effective with such children. Minnesota needs educational settings where the autistic-type child can gradually progress from spending all day in a segregated special class to spending much of the day with normal children. Adjunct support for the regular teacher and instruction for the child by well qualified specialists should be available. Group homes and similar community facilities for weekend and emergency care of such children are desperately needed to give the parents and family members an occasional vacation from their constant stress and to provide long-term homes for children who need them. Extensive programs of parent and family education must be developed along with better information for pediatricians and family practice physicians. More of everything would help, particularly in the rural areas of the state.

Still, Minnesota may take pride in the good beginning that has been made in this state in the provision of services for children with autistic features.

Dyslexia, the other new addition to the federal definition of developmental disabilities, will be featured in a future issue of DD News Letter.



Work Activity Program finds jobs

Finding work these days isn't easy anywhere. But the Glacial Ridge Training Center (GRTC) Cooperative Work Activity Program is finding jobs aplenty for persons in Region 6 who are severely retarded, multiply handicapped, or otherwise developmentally disabled.

Funded by the DD Program in January, 1975, the project added work activity components to 6 Day Activity Centers (DACs) as well as to GRTC, a state institution in Willmar. Since then it has been subcontracting work orders from industries throughout the 9-county southwest region. After a slow start, Program Coordinator Marcia Stowe says there is now "no trouble" finding work, which usually entails "a lot of packaging—filling boxes, stuffing envelopes—and some small assembly work."

"It's steady. It's going great," she said. "But there's no guarantee that this means a return of the economy or something. There could be another slow-down."

Allowing for this possibility, the program has recently introduced a "primary work" phase to its operation. Instead of depending solely on subcontracting, the 115 workers will soon be able to employ themselves, making such items as Christmas decorations and plant hangers on days when outside work projects aren't available.

Impetus for the Work Program came from an ap-

parent gap in job training services. Many developmentally disabled individuals, it seemed, were in a kind of limbo. They were beyond the basic skills taught in DACs but not quite ready for the more structured workshop programs. By attaching work activity components to county DACs, the program hoped to find a happy medium for these "in between" individuals.

worker performing a similar task in a competitive setting.

Another significant accomplishment of the project is the increased "work tolerance" that participants have gained. With greater powers of concentration, they can perform in a work setting for longer periods of time. "In the beginning," Stowe explained, "about 25 to 50% of program participants were working one

I am the one who likes to play baseball—
the outfield.
I like to hit the ball far.
I am the one who has a brown dog.
I like him, and
I play with him.
I am the one who cleans up my clothes and
comic books,
who sorts bolts for a paycheck.

Rickie Westby
Renville County DAC

One of many poems concerning work written by participants in the Work Activity Program.

Is it working?

"Oh, yes!" said Stowe. "In the DACs, I see great improvement in attitude. It's something people feel is really relevant and a very needed thing. It filled a definite gap."

The Coordinator also said that, so far, 3 program participants have advanced to sheltered workshops. Their progress was a direct result of training received in the new work activity centers. Such a step requires that a person have a work output rate equal to at least 25% of that of a

hour or less at a time. Now 75% can work for 2 hours or more."

The program also features a unique arrangement with the GRTC, now the only state hospital in Minnesota with a work activity center involving non-institutional persons. The joining of state institution residents and community facility residents in a shared work experience seems to benefit both groups. They can learn skills from each other

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Training parents brings therapy to home

With encouraging results, the Minnesota Learning Center (MLC) is teaching parents to treat their behavior-problem children therapeutically.

In July, 1974, the MLC, a state institution in Brainerd for educable mentally retarded youths with behavior problems, began an experimental Parent Training Program funded by the DD Program. By teaching parents to use modern methods of behavioral analysis at home, the project aimed to reduce "recidivism," the returning of youths to the MLC for re-referral.

The essential objective, according to Project Director Don R. Thomas, was "to deinstitutionalize" the retarded youths who disobeyed parents

"We wanted...to help parents...deal effectively with their behavior-problem children in their homes."

and sometimes showed verbal or physical social aggression. "We wanted to develop a curriculum," he said, "to help parents and foster parents deal effectively with their behavior-problem children in their homes."

To this end, the program staff tested a pre-developed "training package" on 10 sets of parents, natural and foster, and on 8 social workers. The package included 6 3-hour

workshops, involving lectures, videotapes, written exercises, role-played "real life" situations, and home projects. During the 2- or 3-week training period, parents and teachers exchanged continual feedback to measure individual progress and to improve future workshops.

Based on the belief that children need to learn that a direct relationship exists between their behavior and what happens to them—at home, in school, and in the community— "rationale-giving" is an important part of the parents' training in behavior analysis.

According to one of the written training exercises, "some rationales are better than others." A "good rationale," it says, will tell the child the following:

- Why his or her behavior is undesirable or inappropriate.
- Why he or she should learn the appropriate behaviors.
- How his or her behavior affects the natural consequences in life.

For example, if the problem behavior is fighting, the manual suggests that a good rationale for parents to use might be: "Someone could get seriously injured if you fight." An example of a bad rationale to discourage fighting might be, "If you fight, I'll step in and break it up." Although parental intervention probably is a natural consequence of the situation, according to the

DD News Letter is printed in bold type to make it more legible for the visually handicapped readers in our audience.

Portions of *DD News Letter* are read over the Talking Book Radio Network, which serves blind and multiply handicapped persons in the state of Minnesota.

manual, "it isn't really relevant to the fighting issue; it does not explain the consequences that the child will see as unpleasant."

Standardization of the package for statewide application has not been completed, but Thomas believes the current curriculum is a "reasonably good" one.

"We ran through 2 or 3 versions of the program while developing it," he said. "The problem is, it takes a highly skilled trainer to present materials to parents. We have to standardize the presentation of material, the tapes and trainer manuals, so that anyone who's interested can use them."

Nevertheless, results so far are impressive. Follow-up data on the project show a "satisfactory adaptation" rate of 79% for youths living in "therapeutic" homes. Moreover, since the parent training began, the MLC recidivism rate has dropped from 12 to 5%.

Still, despite the program's obvious success, some

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parents reject the notion that training in behavioral analysis can help them get along with their children. " 'It's the kid,

not us, who needs treatment,' they say," said Thomas. "It's not the modal situation, but it's discouraging to hear. They don't realize that it's the interaction of parents and

children that needs to be treated, not the parents or children themselves."

Although parent training is not mandatory at the MLC, the director said, it is now generally expected that parents will participate, and almost all do. Besides the original 10 sets of parents, some 40 families have now worked with the program.

Increasingly, social workers are describing it to potential foster parents as a natural step toward adoption. They seem to look at the program the same way Thomas does:

"It's just something that needs to be done."

For more information, contact MLC, Box 349, Brainerd, MN 56401, 218/829-1474.

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and, moreover, community-based residents can often inspire their state institution counterparts. Since the program began, 5 participants have left the GRTC to live in community group homes. "Whether it's a direct result of our program," said Stowe, "we can't say. We hope so."

For more information about the program, write the GRTC, Box 1128, Willmar, MN 56201. Or call 612/235-3322, Ext. 286.

DD News Letter is a publication of the Governor's Planning and Advisory Council on Developmental Disabilities and the DD Planning Office of the State Planning Agency.

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Chairperson*

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DD Dateline

Feb. 17-19 — "Mental Retardation and Sexuality"; Workshop at Germain Hotel, St. Cloud, MN. Contact George Gottfried, 612/253-6357.

Feb. 25 — Keynote Speaker, Leon Sternfeld, M.D., Director, Medical Dept., United Cerebral Palsy Association, Inc. Annual Meeting of Mpls. UCP, 7:30 P.M., UCP Center, 360 Hoover St. NE, Mpls., MN. Contact Mpls. UCP, 612/331-5958.

March 26-27 — "What's New?" Western Institute on Epilepsy, Fairmont Hotel, Dallas, TX. Contact Carmen Michael, 7850 Brookhollow Road, Dallas, TX 75235.

March 31-April 3 — "1776-1976 Promises for Children"; Midwest Association for the Education of Young Children, Radisson Hotel, Mpls., MN. Contact Kathleen McNellis, 612/296-5185.

April 9-11 — "Mission Possible — to prepare and equip ourselves to fulfill the ARC mission in a changing society"; North Central Regional Association for Retarded Citizens Conference, Radisson Hotel, Mpls., MN. Contact MinnARC Office, 612/827-5641.

April 29-May 1 — "Partnerships for Exceptional People"; MN Council for Exceptional Children 15th Annual Convention, Marriott Inn, Bloomington, MN. Contact Robert H. Manning, MCEC, 612/546-3535.

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