

Rejoinder to the Partlow Committee

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Abstract: This article is a rejoinder to the Partlow Committee's *Common Sense in the Habilitation of Mentally Retarded Persons: A Reply to Menolascino and McGee*. (Mental Retardation 1981, Vol. 19, pp. 221-225) In the rejoinder the authors argue that the proposed Partlow program of enriched living is a return to custodial care for severely mentally retarded persons and that the Partlow Committee's understanding of the nature, function, and capabilities of community based alternatives is strongly contradicted by professionals and successful community based service systems across the nation.

If we could first know where we are and whither we are tending, we could better judge what to do and how to do it. (Abraham Lincoln, *A House Divided*, 1858).

Our view of where we are in the field of mental retardation in providing modern services to our mentally retarded citizens and "whither we are tending" remains quite different from the reply of the Partlow Committee. At the outset, we sharply disagree with the Partlow Committee as to their first paragraph: rather than *assuming* the national consensus on the developmental model and normalization, we would emphasize that these concepts have been incorporated into national accreditation procedures, i.e., the AC MRDD Standards (AC MRDD, 1980), and thus they are hardly an unwarranted assumption on our part.

As to the best interest of mentally retarded persons, we *do* believe that the *first* and *second* sections of the Motion-to-Modify in *Wyatt v. Hardin* (1978), strongly imply what Roos (1979) terms *Custodial Care for the 'Subtrainable'—Revisiting an Old Myth*. The Partlow Committee's *program of enriched living* is exactly what in the past (pre-1960) was called *custodial care*. This is clearly evident from its program description of "medical care, physical therapy where needed, physical exercise, stimulating recreation activities, leisure time, high-quality basic necessities and dignity." This recommended return to what amounts to custodial institutional programs is defended by the assertion that the severely mentally retarded are "resistant and intractable to treatment/training methods." Surely, the Partlow Committee members are aware of (1) the clear-cut studies concerning our continuing poor prognostic ability regarding mentally retarded citizens' future responses to treatment (i.e., Hayden & Haring, 1976); (2) the dangers of classifying persons as unable to benefit from training (e.g., see Rosenthal & Jacobsen, *Pygmalion in the Classroom*, 1968) and the fact that such grouping grossly violates the individualized approaches that are embodied in the AC MRDD Standards

(1980) and Public Law 94-142, the Education for All Handicapped Children Act of 1975, U.S., 1975); and (3) the dangers of such institutional regimentation on individual development, clearly noted by Goffman (1966) and Vail (1966).

In his formal response to the petitioners' Motion-to-Modify, Judge Johnson (1979) clearly rejected this *enriched environment* approach:

"The evidence does not persuade the Court—that the minimum constitutional standards should be modified to allow defendants to cease providing habilitation programming and to provide instead an "enriched environment". The constitutional right of each resident to a habilitation program which will maximize his human abilities and enhance his ability to cope with his environment would be threatened by this modification proposed by the defendants" (Wyatt v. Ireland, 1979).

Similarly, the Board of Directors of the National Association for Retarded Citizens, after thorough review of this issue, passed a formal resolution (NARC, 1979), which also rejected this proposed model.

The statement by the Partlow Committee that ". . . only a minority of current Partlow residents acquire even basic self-help skills" is not supported by any data provided to the reader. Our studies showed that 43.6% of Nebraska's institutionalized residents had most or all of their self-care skills and those who did not were in active developmental programs. Likewise, the failure to master self-help skills need not preclude a mentally retarded person from participation in community-based programs. For example, in the Eastern Nebraska Community Office on Retardation, a comprehensive community-based system, there are 115 non-ambulatory clients, 142 clients learning self-help skills, 221 clients learning dressing skills, and 176 clients learning toileting skills (ENCOR, 1979).

Enough about our views concerning the danger of

the Partlow Committee's recommendations for program *enrichment*.

As to their *third* major issue (i.e., the possibility for community living is a "serious injustice for most Partlow residents"), we refer the Partlow Committee to a large body of data that has directly addressed the ideological, programmatic, legal, and ethical aspects of this national movement towards integration of mentally retarded citizens into community-based service systems. Specifically, the issue of whether severely mentally retarded citizens can (or cannot) be adequately served in community-based settings was directly studied in the *Haldeman v. Pennhurst* case (1977) wherein matched pairs of severely mentally retarded citizens (one who lived in the institution and one who lived in a community-based setting) were comparatively studied. The members of the pairs who lived in community-based settings were shown to be consistently superior in adjustment, regardless of the severity of their mental retardation or the presence of allied handicaps. A recent study on this Pennhurst population sample (Conroy, Lemanowicz, Sokol, & Pollack, 1980) exemplified research that validates the benefits of community alternatives to the institutionalization of severely or profoundly mentally retarded persons. This study concluded that most mentally retarded persons would exhibit considerably increased growth if moved from the institution to a community-based program.

As to our *six specific objections* to the Motion-to-Modify, we have already commented on numbers one and two. In regard to training failures, the Partlow Committee persists in pointing to deficiencies in the mentally retarded citizen. Rather than blaming them or their training personnel, we would suggest the *program* which fails should be reassessed, modified, or replaced by more effective programs. However, assigning those mentally retarded citizens with *great deficiencies* to *enriched environments* is not viewed by us as an effective programmatic alternative; in brief, it is a professional copout! They state that their *fourth* point (on poor prognostication) was an opinion and perhaps "presumptuous" on their part. For them to proceed to buttress this presumption by an all-or-none posture toward research findings in the area is hardly warranted. Their answer to point five has already - been addressed.

With regards to point six (restrictiveness), the Partlow Committee appears to have little insight into the practical innovations that have developed for serving severely mentally retarded persons in community-based alternatives during the past two decades. In *The New Institutions* . . . we cite

the profile of Nebraska's institutionalized population—a profile that sharply contradicts the Committee's implications that most institutionalized persons might not profit from training. The Partlow Committee bases its main argument on the assumption that most institutionalized residents should receive *enriched* programs rather than active developmental programs. Is it not more *enriching* to place such persons into community programs permitting community modeling, physical integration, social integration, and ongoing familial contacts? From our studies and extensive experience, institutional populations are *not* as developmentally delayed as the Partlow Committee would have us believe; it is also a misconception that those without self-help skills are unable to benefit from developmental services in these programs. More importantly, we cited community programs that serve the most severely mentally retarded and multi-handicapped citizens in dignifying, developmental, *common sense* programs. Indeed, Nebraska is an excellent example of a state which has made the development of community alternatives a major public policy based on the modern right to treatment principle and the emerging research that validates this public posture. In fact, the Nebraska institutionalized population has decreased from more than 2,300 persons in 1968 to 873 persons during the time of our study in 1978, and to less than 590 persons in early 1981. This population decrease should continue throughout the 1980s. (Nebraska Mental Retardation Panel, 1978).

In conclusion, the Partlow Committee persists in recommending a leap backwards—to custodial care for the severely and profoundly mentally retarded. They call this *common sense*. The studies and experiences of others and ourselves strongly contradict their professional *presumptions*. Perhaps common sense is the least common of all senses.

During the past two decades most professionals in the field of mental retardation and parent-citizen advocates have actively supported the provision of developmental alternatives, including institutional settings which embody same. While divergent current research has not incontrovertibly proven the superiority of the community-based approach, the findings in no way buttress or justify the Partlow Committee's arguments for a return to the congregate care model of institutionalization of severely handicapped mentally retarded citizens. Indeed, to assume that research efforts will resolve this issue is to grossly misread the relationships between social policy and research efforts (Baumeister, 1981). As the re-

search evolves, and the majority of professional-advocate support of current policy continues, we should not be misled by the Partlow Committee members who want to return to the *enriched environments* of the pre-sixties era. We hold that the Partlow Committee's posture provides neither professional coherency, common sense, nor justice to the mentally retarded citizens of our country.

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