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Values of school and post-school training programs in a vocational setting for the educable mentally retarded

Mary Schellinger

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VALUES OF SCHOOL AND POST-SCHOOL TRAINING PROGRAMS IN A VOCATIONAL SETTING FOR THE EDUCABLE MENTALLY RETARDED

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by
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A RESEARCH PAPER SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN EDUCATION (EDUCATION OF MENTALLY HANDICAPPED) AT THE CARDINAL STRITCH COLLEGE

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This research paper has been
approved for the Graduate Committee
of the Cardinal Stritch College by

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CHAPTER I

STATEMENT OF THE PROBLEM

As special education steps up its services to the mentally retarded, increasing numbers of such students become available for entry into responsible adult living. Thus, both special educators and rehabilitation counselors are confronted by the challenge of habilitating mentally retarded individuals so that they may function effectively in employment, social relationships, and citizenship activities.

One of the major requirements for adequate performance in a society such as ours, is the ability to think independently and critically. This too, is a necessity in the education of the EMR students—to draw them out of their oblivion, their alien land, and the world so apart from that of the normal run of people, a world unsuited to their special abilities and problems.

The retarded are often characterized as behaving capriciously, superficially, bizarrely, and/or inappropriately. What we are witnessing, in all probability, is a student with a need, internally or externally induced, to act, but with limited data upon which to act.1

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Regarding the education of EMR students, Williams and Malcher give us this information:

Secondary education for all youth is still a comparatively young program in the United States. Much of the increase in enrollment has come from the group less able to profit by a traditional program. Some of the students are sufficiently mentally handicapped to require rather marked modifications of traditional procedures. Nevertheless, they are still subject to the compulsory attendance laws, and come within the definition of an all-youth philosophy of secondary education.

The most defective youth in the community may be so incompetent socially that they cannot fit into any type of school situations at all. Others will be so retarded in development that they will be too old before they reach high school social readiness.

There are others, however, who will have developed socially and physically to the point where they fit best in a secondary school program. Placement in a secondary school situation may do much to hold them emotionally and socially, as well as educationally. The value of sharing common experiences and emotional identification with a high school group may be of the greatest significance in developing socialized attitudes and better citizenship.

It has been found desirable for the special education program to take into consideration the pattern of secondary school programs. This is done, both in order to simplify the practical problems of scheduling and in order to further the sense of belonging on the part of the individual students.1

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Various persons in the field of special education have advocated integrating special class educable mentally retarded children into regular classes and programs with their normal peers whenever possible.

One of the major goals of social contact between retarded and normal pupils in school is to promote a positive change of attitude on the part of normal pupils toward their mentally retarded peers. There are undoubtedly other benefits which may accrue, especially for retarded pupils.2

The common philosophy of this position is reflected in the following statement:

A major handicap of the nontypical child, the more extreme deviate, is the attitude of the general population towards him. Even greater than the abnormal's need for normal associates is the need of the bulk of human beings to know the dull, crippled, blind, deaf, mildly neurotic child well enough to accept him... (Shattuck, 1946, p. 237).1

During the past three decades, impressive documentation concerning the abilities of the mentally retarded individuals

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to adjust to community living has been assembled. Follow-up studies contributed significantly toward changing attitudes among both professional and lay persons toward the mentally retarded. For many years the mentally retarded were considered to be morally and socially unfit to live in their communities and to lead independent lives. Today most of those who work with the mentally retarded, lay person as well, agree that with proper training, most mildly retarded individuals can successfully adjust to living in their communities and can lead productive lives.  

There can be little doubt that the current recognition afforded mental subnormality stems to an important degree from the activities of the National Association for Retarded Children. Rarely has a small group of parents developed an organization which not only had fantastic growth but played a pioneering role in legislation, facilities, and research activity.

The fact that the growth of the NARCh took place at the same time that Senator, and later, President Kennedy—whose

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family had a personal interest in mental subnormality and whose father had established a foundation to support activities in this field—became a dominant figure in American life reflects a fortuitous combination of events which insured that mental subnormality would be a concern of government which had already become the prime support of research, training, and service programs.3

The mentally deficient child benefits from the training received from different adults. The training and the tasks of such personnel were discussed at the fifth, sixth, and twelfth UNAR Congresses.

The general theory underlying the practical education of such children in institutions emphasizes the need for team work involving a combination of techniques. Such programs must be initiated early in the individual's life and continued almost throughout his lifetime in the form of assistance or, for those more susceptible to it, training.

These ideas were summarized by R. Eaton in a paper at the Second Kennedy Foundation Symposium (February, 1964),

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the Federal Provincial Conference on Mental Retardation in Ottawa, Canada, October, 1964), and the Inaugural Session of the Congress of the National Union of Regional Associations in Paris (November, 1964).  

For middle-class persons, the label of retardation and a work career as a generalist probably follow a course associated with deviance. Degradation ceremonies involving the "mortification of the self" should produce intense reactions in the middle-class retardates. Among groups valuing specialization, the retardate is an "outsider." On the other hand, the lower-class retardate may face fewer problems, especially since he works and lives with other lower-class persons. His stupidity will not set him apart as a generalist living in a group valuing occupational specialization.

Inasmuch as retarded individuals work at only unskilled and semi-skilled jobs, it is little wonder that the main problems occur in interpersonal areas rather than in the tasks themselves.

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Under the impetus of the national interest in promoting the welfare of the mentally retarded, much emphasis has been given to vocational rehabilitation programs. Given the value of diverse work experiences among lower class populations, a question can be raised as to what constitutes vocational rehabilitation. Is training in a sheltered workshop or in a particular job sufficient experience for a lower-class retardate? If vocational rehabilitation is to be considered as an education preparing an individual for a work career, it too should reflect the diversity sought in work experiences. There has been no investigation involving the work careers of mentally retarded individuals who have received training in diverse work experiences. Possibly the retardate with many extra-occupational, emotional, and intellectual resources can maintain adequate social relationships on the job.²

There are many questions which might be asked about the retarded individual and his adjustment to adolescence and later to adult life. This paper dealt with only one

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such question with the hope that many answers would evolve from it. That question was "What can the community and education do to promote a happier, more profitable social, and healthful adulthood for the mentally retarded junior and senior citizens of our country?" As a result of this question it was hoped that a definite need would be seen to exist for initiating programs geared primarily toward adolescent and adult retarded vocational training. Much has been written in this area and the following chapters mention both strengths and weaknesses of the retarded child in relation to his adolescent and adult adjustment.
CHAPTER II

REVIEW OF LITERATURE

Literature pertaining to social, academic, and pre-vocational training for the retarded adolescent is becoming more abundant.

Dinger's review of studies which was concerned with the adjustment of mentally retarded adults revealed repeated findings of lack of participation in civic and social life. His own investigation of the employed retarded showed that their levels of industrial and domestic adjustment were much closer to those of normal members of the community than was the extent of their leisure time interests. He concluded that social participation outside the family and job was an area in which the educational process needed to be strengthened.¹

Strauch, in his study of 62 normal adolescents who had considerable school contact with NMR pupils with attitudes of 62 normal adolescents who had not experienced

such school contact posed these questions: (a) Do normal adolescents who have had systematic social contact with EMR adolescents hold different expressed attitudes toward selected concepts when compared to normal adolescents who have not had similar social contact? and (b) Are the expressed attitudes of the normal pupils different toward the concepts representing the retarded when compared to concepts representing normal people?

Six junior high schools in New York State were selected for Strauch's study. Three of these schools had integrated special classes in which the EMR students took special subjects such as industrial arts, homemaking, art, music, and physical education with their normal peers. The other three junior high schools had essentially segregated programs in which the EMR pupils took the special subjects only with their retarded peers. These programs were primarily self-contained.

The examiner reports the fact that contact per se is not sufficient to produce more positive attitudes toward the EMR pupils. Having pupils work toward a common purpose or goal, with the retarded and normal pupils depending upon each other, would probably be more conducive to changing attitudes in a positive direction. It is suggested that educators plan programs and activities which would help the
ER's interact successfully with their more popular normal peers. 1

Workers in the field of mental retardation should be concerned equally with the client's personal characteristics, his family, and the community resources available to him. The following specific recommendations are made, based on the results of Brolin and Wright's investigation. There is a need for: (a) More attention and involvement with the client's family (e.g., individual and group guidance and counseling, referral consultation, home training, regular and long-term casework services, and follow-up); (b) more emphasis in university teaching on the importance of the family in client rehabilitation since they may be most significant in his success or failure; (c) more appropriate housing, employment, leisure-time, and social development activities for the mentally retarded; (d) more concern about meeting the medical needs of the retarded; (e) more attention by caseworkers to the different variables that influence implementing different recommendations that have different effects on men and women.

Although this investigation found the family to be extremely important in implementing rehabilitation recommendations, a similar study should be conducted with the family to ascertain their perceptions and the importance of the variables studied and the agency that served the client.

The above study resulted from the following questions:

(1) Do caseworkers actually follow the recommendations emanating from diagnostic evaluation programs in the United States for handicapped people for which large amounts of money are spent annually to identify clients' needs, abilities, limitations, and rehabilitation potentials?

(2) If not, what are the barriers to their implementation?

Gordon gives his viewpoint very plainly by saying that parents of retarded adolescents have had to "go it alone". But the picture is now not entirely bleak; some professionals have taken an active interest in this field and have begun to develop a wide range of research and training programs.

What are the "other than normal" responses of the retarded adolescent? What areas of incompetence distinguish him from his peers? The retarded person has limited ability to generalize and so faces difficulty in coping with new experiences. He perceives things differently than other youth, and is easily panicked into paralysis by threats from an environment which he does not understand. His lack of success in the past has created for him additional emotional problems.

Accordingly, Gordon emphasizes, "It cannot be taken for granted that the retarded adolescent will understand and follow ordinary directions. Each task the retarded is asked to perform must be broken into component parts".1

Aserlind states that of great immediacy is a study reported by Greenbaum and Wang on the semantic-differential, concerning concepts of mental retardation. The investigators used four groups of esponders "who potentially plan an important role in guiding and shaping the social and vocational development of the mental retardate". The four groups studied were: (1) parents of mentally re-

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1Sol Gordon, Ph.D., The "Brain Injured" Adolescent, New York: Ferkauf Graduate School of Education), p. 3.
tarded children; (2) professional experts who deal with
the retarded such as school psychologists, physicians,
vocational counselors, etc.; (3) para-professional workers
who supervise the day-to-day care of retardates in various
institutional settings; and (4) business executives in
positions to hire and give jobs to vocationally rehabilitat-
ed mentally retarded individuals. ¹

The investigators chose the technique of the semantic-
differential to explore the image that the foregoing groups
have of the mentally retarded because of the instrument's
proven reliability and convenience. Basically, the subjects
were utilized as raters on a variety of scales embodying
several different concepts.

The principal findings indicate that the para-professional
and parent groups have more favorable stereotypes of the
mentally retarded than do the professional and employer
groups.²

¹Joseph Greimel and Beryl Wang, *Journal of General
Psychology*, (October, 1965), (as quoted) in Leroy Aschliman,
Jr., Ph. D., "Research", *The Winnow*, 2, (March, 1966), 30-
32.

²Leroy Aschliman, Jr., Ph. D., "Research," *The Winnow*
It may well be that the first attempt on the part of the Federal Government to deal with educational and mental retardation was in World War II when special training units were set up with the following aims:

1. To teach the men to read at least at a fourth-grade level so that they would be able to comprehend bulletins, written orders, and directives, and basic Army publications.

2. To give men sufficient language skill so that they would be able to use and understand the everyday oral and written language necessary for getting along with officers and men.

3. To teach the men to do number work at a fourth-grade level, so that they could understand their pay accounts and laundry bills, conduct their business in the PX, and perform in other situations requiring arithmetic skills.

4. To facilitate the adjustment of the men to military training and army life.

5. To enable the men to understand in a general way why it was necessary for this country to fight a war against Germany, Italy, and Japan.

After the war, Ginsberg and Bray, via a questionnaire sent through the mail, attempted to determine how their sample subjects regarded their experiences in the Special Training Units. There are two major significances of the Ginsberg and Bray study. The first resides in the encouraging evidence it provides that adult slow learners, low test scorers, and culturally disadvantaged could benefit from an intensive, time-limited educational program. The second
The significance of the study resides in its implications for current and future war-on-poverty programs, i.e., it describes an atmosphere and conditions of learning which current programs do not always attain.

The same author mentions that the question is not whether special classes are effective but rather for what kinds of children they may be effective and by "kinds" we obviously do not mean children who possess a particular IQ score.1

The Kennedy Job Training Center is a vocationally oriented rehabilitation facility located on the campus of the Lt. Joseph F. Kennedy, Jr. School for Exceptional Children in Palos Park, Illinois. Its stated objectives are as follows:

1. To provide vocational services to handicapped persons including evaluation, training, and transitional or interim employment, to resolve the problem of unemployment, and to enable clients to obtain competitive employment or further education and/or training leading to employment.

2. To provide remunerative employment for an indefinite period of time to individuals who cannot meet the standards of the competitive labor markets.

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As a result of the 1965 Amendments to the Vocational Rehabilitation Act, the mentally retarded may be kept in a program of rehabilitation potential determination for as long as eighteen months. This provision recognises that the assessment of the mentally retarded may be a long, slow process.

"The key to good research is in asking the right questions and eventually the answers will follow." The philosophy adopted at the Kennedy Job Training Center is to keep asking questions about the clients, to maintain a flexible posture which enables adoption of program to change, and, above all, to keep the needs of the mentally retarded client foremost in planning.¹

Today's educators must recognize that if the skills of the retarded are to be fully utilized, the retarded youth must receive the benefits of a sequential training program geared towards preparing him for the world of work, regardless of his environmental setting. With increased automation exerting a significant impact upon the rural setting, the training of rural youth toward employable

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skills demands an increased investment in educational programming. Vocational and social experiences appropriate to the ability and interests of the mentally handicapped student must be provided.¹

Somerville Public Schools in Massachusetts also have an Occupational Opportunity School, a public school designed to train retarded persons for suitable occupations. It is a coordinated program of diagnostic study and evaluation, coupled with subsequent occupational training and job placement. It enables these educable retarded youth and young adults to be trained in certain occupations, and then be placed in positions in business, industrial, and governmental facilities. It is one of the leading programs of this type in the United States. Some of the students in this program are employed by large retail stores and restaurants, and many others work in nursing homes, upholstery concerns, and furniture and garment companies. A graduate of this program was recently employed by the General Services Administration of the United States Government. Others could be employed in a similar capacity

in the future, while still others could acquire jobs as
office messengers or general storekeepers in business and
industry. ¹

The International League of Societies for the Mentally
Handicapped (meeting in 1967 to consider legislative re-
forms to aid the retarded) published and circulated a
declaration of general and special rights for the mentally
retarded asserting them to be:

1. the same basic rights as those residing in citizens
   of the same country and same age.

2. a right to proper medical care and physical restoration
   AND TO SUCH EDUCATION, TRAINING, REHABILITATION AND
   GUIDANCE AS WILL ENABLE HIM TO DEVELOP HIS ABILITY
   AND POTENTIAL TO THE FULLEST POSSIBLE EXTENT, NO
   MATTER HOW SEVERE HIS DEGREE OF DISABILITY. (No
   mentally handicapped person should be deprived of
   such services by reason of the costs involved.)

3. a right to economic security and a decent standard of
   living; a right to productive work or to other mean-
   ingful occupation.

4. a right to live with his own family or with foster
   parents; to participate in all aspects of community
   life, and be provided with appropriate leisure
   time activities. (If care in an institution be-
   comes necessary it should be in surroundings and
   under circumstances as close to normal living as
   possible.

¹Joseph R. Erubli, "Work Stations for Job-Related Skills,"
Education and Training of the Mentally Retarded, 6, (April,
1971), 70-75.
5. a right to a qualified guardian when this is required to protect his personal well-being and interests. (No person rendering direct services to the mentally retarded should also serve as his guardian.)

6. a right to protection from exploitation, abuse and degrading treatment. IF ACCUSED, HE HAS A RIGHT TO A FAIR TRIAL WITH FULL RECOGNITION BEING GIVEN TO HIS DEGREE OF RESPONSIBILITY.

7. Since some mentally retarded persons may be unable to exercise for themselves all of their rights in a meaningful way or know to what degree modification is appropriate, procedures used for modification or denial of rights must contain PROPER LEGAL SAFEGUARDS AGAINST EVERY FORM OF ABUSE, must be based on an evaluation of the social capability of the mentally retarded person by qualified experts, and must be subject to periodic review and to the RIGHT OF APPEAL to highest authorities.

8. a right to respect.

Information concerning the present status of 174 educable mentally retarded individuals, 124 males and 50 females who had been discharged from vocational training schools for educable retardates in 1959 and 1960, was obtained in 1967. Data with regard to economy, occupation, social life, criminality and official support were collected from several official agencies. The information obtained indicated that approximately 1/2 of the research population were self-supporting with a fairly good standard of living, and that only about 1/4 needed continuous official support. While most of the male subjects were employed in industry

or construction, a substantial number of the females were housewives. The relationship between some personal variables and adjustment to society was analyzed. This analysis emphasized the importance of other handicaps as important factors in addition to low intellectual abilities.

The income of the employed subjects was compared to the Norwegian national average of comparable occupational groups. This indicated that the research subjects earned considerably less than their workmates in the same occupational categories. Although the data indicated that the subjects who had changed jobs more often earned more than the more stable groups, differences were not statistically significant.

From the economic data presented one can conclude that a rather large portion of the research population needed support either from private or official sources in order to maintain an adequate standard of living. Data from local medical insurance agencies showed that 19.7% of the males and 27.8% of the females continually received disability insurance from the government, and that 17% and 26% of males and females, respectively, had been assisted for shorter periods of time by the local social agencies. Unemployment insurance had been obtained by 22 (18%) of
the males and 2 (3.8%) of the females. These persons lived in rural districts with seasonal unemployment.

If a similar research population had been selected 50 to 60 years ago, the subjects would perhaps have shown almost adequate adjustment to their existing society. The increasing complexity of society, mainly as a result of technological development, has decreased the opportunity for intellectually-subnormal individuals to find work which they can accomplish and, thereby, by which they can earn their own living. In addition, the urbanization of society makes social life more intricate, hampering social interaction of retarded individuals with other people.

This enhances the need of a more dynamic view both of the problems of adjustment for retardates and the research in this field—a view which stresses the interaction between the individual and his community.

Educators and researchers in the field of mental retardation should also represent the intellectually subnormal in the decision-making process of society. By stressing a factor such as decentralization of the population, and by actively informing the public about the possibilities for gainful employment of the retarded in a
wide range of areas, educators and researchers can contribute to making future society a more pleasant environment for those with limited academic capabilities.¹

Monroe and Howe selected five junior high schools in Eastern Iowa to investigate two questions that relate to the social acceptance of educable mentally retarded adolescents in an integrated junior high school. (1) Does the length of time that a retarded adolescent is integrated affect his acceptance? (2) Will social class influence their acceptance?

The investigators came to these conclusions: (1) The length of time a retarded student is integrated does not apparently influence his acceptance. (2) Social class appears to be related to social acceptance.

Integration has been assumed to be a relevant variable to the learning of social skills by retarded adolescents.

Even with the different school environments—different attitudes exhibited by the physical education teacher, the apparent difference in the social classes for each school, and the different racial compositions of the school—the

social acceptance of the retarded adolescence was the
same whether the students had been integrated, one, two,
or three years.

The tendency for a decrease in acceptance for the
three-year comparison of all EMR students may be important.
Perhaps the retarded are rejected in proportion to the
length of time they are in a program. It may be that
keeping the retarded students' acceptance at the same
level is an extremely difficult task, to say nothing of
attempting to have an improvement.

The social class of a retarded student also appears
to be related to his social acceptance. Apparently a
special student may be more rejected if he comes from the
lower class than if he is from the middle class.1

A small but significant contribution comes from Kellas
and Butterfield. In agreement with earlier findings with
institutionalised retardates the present results indicated
that prior familiarisation with the response terms of a
Paired-Associate task facilitates Paired-Associate perform-
ance of noninstitutionalized retarded children. Also, there
was evidence that the Paired-Associate deficit often

1Donald J. Monroe and Clifford E. Howe, "The Effects
of Integration and Social Class on the Acceptance of Retarded
Adolescents," Education and Training of the Mentally Retarded,
attributed to this population is due, in part, to a decreased ability to complete the first stage of Paired-Associate learning. With relevant pretraining, the differences between normal and retarded children were virtually eliminated. However, with no pretraining or irrelevant pretraining, normals were superior to retardates. Retarded children benefited from relevant response pretraining, whereas the same advantage did not accrue for normal children independent of non-specific factors. This conclusion was also supported by several other findings: (a) normals were superior to retardates in free learning, (b) the length of the response learning stage, measured within the Paired-Associate task, was significantly shorter for normal than for retarded children, and (c) the distribution of error types committed indicated that retardates had fewer responses available as measured by omissions.¹

A challenging research was done by Kidd in 1969 in a survey of EMR and TMR graduates of the Special School District of St. Louis County, Missouri, which included

89% of the ENR graduates and 86% of the TMR graduates of the school district. The study revealed that, of those contacted, 85% of the ENR graduates and 38% of the TMR graduates had been successfully "adultated." While the numbers "employed" were mostly in fulltime, regular employment—earning up to $7000 per year—few of the ENR's and all of the "employed" TMR's were in sheltered workshops.

Contributing to this high rate of successful adultation are fulltime job placement consultants and the late retention ages of the school program. In the Special School District of St. Louis County, no ENR student is given his diploma before late in his 18th year of age. Weak ENR's and TMR's are not given their diploma until sometime during their 20th year.

The graduates include some 24 in military service and some who are holding jobs of greater complexity than those listed in Guide to Jobs for the Mentally Retarded (Peterson & Jones, 1964). 1

The late E.A. Doll coined the term. "Adultation" is the achievement of at least partial independence or economic

utility. When a school system does a follow-up study of its mentally retarded graduates, the word "adultated" is a handy symbol to mean "employed", "housewife", "in military service", "in postschool job training", or "in trade school".

McDaniels offers a unique contribution through his study to determine the extent to which participation in two extra-curricular activities (basketball and square dancing) alters the social acceptance of MR students. Basketball and square dancing were chosen as critical extra-curricular activities for two reasons. First, since basketball and square dancing are among the most popular activities in the United States, most students (including many MR students) are familiar with the rules governing them. Thus, it was not necessary to spend a great deal of time teaching the activities to the students. Second, both basketball and square dancing allow students opportunities for making physical contact. This, it seems, is a necessary condition for social acceptance.

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Sociometric tests were administered to each Emr student at the end of each week of the study. The tests addressed themselves to two social situations—sitting and playing. These situations were chosen for two reasons: (1) they are general enough to be applicable to any grade level; and (2) they include most activities which take place within the school day.\(^1\)

At the time that the sociometric tests were administered, each student was asked to make two choices from among the members of his particular group. (1) the boy or girl with whom he preferred to sit, and (2) the boy or girl with whom he preferred to play. The students were assured emphatically that their choices would be kept confidential.

The findings of the study appear to justify the following two conclusions:

1. Participation in extra-curricular activities over time enhances social acceptance of seating companions, among Emr students.

2. Participation in extra-curricular activities over time increases or stabilises social acceptance of playing companions among Emr students.

The implications of this study are manifold. The three most important ones follow: (1) the extra-curricular activity program provides opportunities for EMR students to develop a fundamental sense of responsibility as accepted members of a group; (2) a well-rounded activity program should recognize the fact that participation in extra-curricular activities is possibly an effective means of stimulating further participation in academic pursuits. This means that comprehensive extra-curricular activity programs must be designed to play important parts in academic education of EMR students; (3) it is imperative to utilize the knowledge which is available regarding the particular social setting which may be considered optimum for particular types of EMR students. The foregoing is especially true since the socialization of EMR students requires an optimal social setting. In order for peer group members to perform effectively as such, they must accept one another. Acceptance of other peer group members implies very strongly acceptance of oneself. (This is done through accepting other peer group members' evaluations of oneself.) It follows then that social acceptance is a highly prized characteristic for those who are interested.
in socializing MR students while utilizing the attitudes and evaluations of their peer group as parameters of the social setting.

Looking back over the 50 years of the public vocational rehabilitation program one sees a gradual broadening, an evolving program. Its goal of getting people into gainful employment has remained constant. If it has seemed to go down roads branching off from the main highway, educators find that the side roads rejoin the highway.

For example, finding young people while still in special education classes, eligible for vocational rehabilitation services seemed to some to be losing sight of the major focus. A few years of experience demonstrated to agencies that a co-operative program with the school prepared these young people sooner and more soundly for the world of work than did consecutive academic and vocationally oriented programs.

Those who planned in 1920 could not have foreseen this 1970 multi-million dollar program with its bustling workshops, its growing evaluation, research and training

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centers, its thousands of disabled individuals receiving services daily. Researchers can only believe, in 1970, that the second half century will have as humanitarian a program of which to be proud.1

The shortage of counselors within many vocational rehabilitation agencies grows; the turnover of counselors accelerates as job opportunities in and outside DVR expand; and inevitably with rapid growth the agency structure becomes more bureaucratic and less responsive to the needs of clients.

Is there a way of overcoming these problems? Olschansky suggests an additional pathway which might lead to an increase and improvement of services, while yet protecting the client's sense of dignity. In essence, the suggested plan makes the needs of the client central to the vocational rehabilitation program. The new plan is simple. Its implementation is obviously less simple. It is based on the principle of utilizing, whenever possible and practical, existing agencies as well as the clients themselves. Briefly, rather than have all agencies refer clients to DVR for services, selected agencies (accredited by each state DVR) in each community would provide some of

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the required services for which DVR would assume financial responsibility. For example:

(a) If a DVR-accredited hospital recommends that a certain client receive a prosthesis, that hospital would proceed to arrange for its purchase and would arrange for the training in its use. The hospital, when satisfied with the prosthesis, would forward the approved bill to DVR for payment.

(b) If an accredited workshop sees a client it feels that it can help, it would proceed to offer the appropriate services and would submit monthly bills along with monthly reports. Prior to rendering service, the workshop would secure the necessary background information. In effect, through this change, schools, hospitals, or other agencies would be able to make direct referrals to workshops.

(c) Similarly, an accredited school would be authorized to admit eligible students for training.

In all instances, clients would be advised by the accredited institutions and agencies of the counseling services offered by DVR, and clients would be given the option of using them or not.

The advantages of this plan are obvious. Much time is saved in making referrals, and in waiting for responsive action on each referral. Moreover, it avoids the feeling some clients suffer of being "pushed around". Many clients require much energy just coping with their own problems without adding the anxieties inevitably stimulated by any referral.

For DVR this plan would provide much relief as the flood of referrals would be diminished. Counselors
would be able to serve their remaining clients more effectively. Too many clients are now in contact with counselors because it is a precondition for service. Along with the suggested elimination of many referrals, clients designated as eligible for vocational rehabilitation services would be encouraged as much as possible to be their own decision-makers. Becoming a worker is assuming an adult role; and to function as a worker, one should be encouraged to act as an adult and make his own decisions.

This suggested plan, roughly outlined, is modeled on Medicare, in which the eligible person decides for himself when he is sick and what medical service he requires. The right of free choice of physician and hospital is his. In this way a person maintains his sense of dignity and his self-respect.

It is also modeled on the VA rehabilitation program in which an eligible veteran may or may not accept counseling services. His right to select a training goal at a training institution (if accredited) is not conditioned on his acceptance of counseling.

Some defenses of the plan are that whenever possible and practical, the selected agencies from each state
eliminate the middle-man, who in this case is DVR; it should limit somewhat the growth of DVR bureaucracy—try as much as one likes, increased size means increased bureaucracy whether in government or in industry and this means more rigidity and more impersonality; the new plan will create some kind of competition for DVR as it is doubtful that DVR can meet the growing demand for rehabilitation services; a big defense is that vocational rehabilitation services might be accepted by some disabled who for a variety of reasons, logical or illogical, would not seek such service if they had to be referred to DVR. A final defense is that the plan is culturally syntonic. It maximizes the opportunity for each individual to solve his own problem in his own way as far as possible and minimizes the occasions of dependency on a public agency. Help should be forced on a person only when his judgment is visibly impaired so that it is obvious that he needs direction. Some mentally retarded and some mentally ill persons might fall in this category.¹

People outside this field of education often see the retarded as untroubled about their condition and if troubled,

unable to express such feeling. Working with them
educators know differently. The following materials was
taken from a taped recording of a counseling session.
The trainee is a woman in her early thirties who in 1969
scored a full scale IQ of 61, verbal IQ of 67 and per-
formance IQ of 57. The words were spoken in anguish, were
culled from the interview interspersed with comments from
the counselor which are not reproduced. The counselor is
Sheila Dolin.

You know, it's not my fault I'm like this...
and God didn't make me, created me...I'm
very, very upset because I was not born
normal like any other children, to go, to go,
to go to college, and go with boys and girls,
enjoying it, and to be—to be something, and
to go out on dates and to be—to be—you know...
It bothers me...It's cold here...and why can't
I be like others? Here I'm getting 33 years
old going on 34 and I know I should be getting
to myself or getting some nice boy—somebody,
you know...I wish—I wish I could be with some
of them. All you know, in a sense. I just be
aggravated with the problem. I'm not the only
one who has problems. Some of them have
different aspects. Their lives and problems
are different, not alike. They don't have the
problems I do.

These direct NR quotes indicate self-awareness and
insight with regard to themselves, their consciousness
of the world around them insofar as it affects their
welfare and status, and their conception of their
particular handicap.
The following quotation taken from the tape specifically indicates the immediate task of the educator, community, and environment of the retardate—to make him feel wanted.

Retardation is not good to have. A lot of people don't understand what it means. You go around feeling that people don't want you around because you are retarded. But sometimes we have to face it. When our social workers talk about it, we shouldn't get upset about it. We have to live with it all our lives. We shouldn't be like this but what can we do? It wasn't our fault that we had it—just nature's way.

An article by Sister Shelia Haskett points out the value of programmed instruction versus traditional reading materials, which is frequently destructive of the retarded child's motivation to read.

Management of the programmed reading schedule requires much flexibility and mobility on the part of the teacher. Daily schedule calls for children moving from one activity to another on a rotating basis. While one group works independently, another is engaged in group activity led by a higher achieving child, and the teacher is occupied with a third group, presenting vocabulary, developing skills,

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remediating disabilities. Children move from one in-
structional level to another during the year as individual
progress dictates.

Faster moving children are not bored and held back by
slower moving ones and slower ones are not embarrassed by
being outshone.

Does this program really work? In terms of improved
attitudes toward school in general, and reading in
particular, it works. In terms of usability for developing
a wide range of word attack skills and comprehensive skills,
it works. In terms of lending itself to remediation of
disabilities, it works. In terms of retention and transfer,
it works.¹

It seems plausible from this article that programmed-
instruction (reading and other subjects) would be a great
challenge to incorporate into all school curriculums for
the mentally retarded. Improved attitudes and success in
schoolwork will promote better social contacts which will
eventually lead the adolescent retardate to self-fulfillment
in a self-supporting job.

Researchers have done much work to help the educator
plan for tomorrow. Educators and parents know that for the

¹Hackett, Spells, Jr., M. C. S.F., "An Experiment in Pro-
average child, adolescence is a rehearsal for adulthood. It is a time for striving and seeking...a time for testing the accumulated experiences of the formative years.

Physical changes are accompanied by new and often disturbing inner promptings. The phantasy life is enriched by new perceptions. It is not easy, this business of growing up, especially when the needs of the adolescent conflict with established social patterns. It is a universal dream among adolescents that they own or drive a car. The KNR adolescent is no exception. If he is able to manage, driving a car is an excellent way to earn membership into the group as well as to increase his sense of power and self-esteem. In general, those adolescents who are good in sports can successfully learn to drive a car. In working toward the goal of a well-rounded, profitable education for the retarded student educators must keep in mind that guided independence is the KNR to good management. Educators should not be afraid to structure the world of the retarded adolescent as he is often incapable of making difficult decisions without help.

Then, and then only will the retarded eventually feel at home in this great, big, wide, wonderful world into which God placed him—to grow, to bud, and finally to blossom to a successful career.
CHAPTER III
SUMMARY AND CONCLUSIONS

According to the literature presented in the preceding chapters one can see that the mentally retarded will adjust to happy useful lives if society will just lift the cover of indifference from the boiling pot and let the steam out as indication of its readiness to begin its long shunned responsibility.

The poor mentally retarded person suffers, and very keenly so, from lack of good teaching, poor environment, limited experiences, little understanding, and above all deprivation of a wholesome normal intellect.

The classroom must take on the redevelopment of the child's personality. Education should begin with "de-sensitizing" him for better inter-personal relationships. Also the teacher should match up the child's likes and dislikes, building up adjustment accordingly. Attitudes should be built up to meet the needs of the particular job. Here future employers can say that occupational preference is very much dependent on the values placed on the particular job. Regardless of handicaps the person is taught how to live in society, work in society, and finally then to appreciate society. The main point of
the classroom, from beginning school years to adolescence, is to give the child a better concept of himself, allowing him to become a socialized individual.

Educators have become increasingly aware of the need to alter and change methods and approaches to learning. More and more emphasis is being placed on learning to live, to get along and to find one's place in life. A self evaluation process begins to unfold in the child's mind and he begins to see he has a personal worth and is a very vital part of society.

It is the basic contention today that rehabilitation of the mentally retarded person must begin simultaneously with the discovery of his mental disability. Every area of concern is beginning to place most emphasis on early instruction in the essential tenets of group living and harmony, all adaptive to good adjustment in later life. Legislators see the need to appropriate funds for Head Start Projects in order to begin early enough to rehabilitate the retarded.

Federal legislations is now providing large sums of money for regular education, for special education, and for the training of personnel in the field of special education and allied services. Never before have educators had such an
opportunity to build quality programs to develop a realistic curriculum, and to provide opportunities for in-service training and workshops.

Hovasse states: "To live in harmony with society, a person needs a realistic knowledge of himself and his own abilities." Any person can improve his life if he loves himself enough to accept being loved and helped by others and this is the hope and desire of the educator for his client to attain this goal. It will take vision, alertness, aggressiveness, perseverance, and ingenuity on the part of every individual directly or indirectly concerned with the education of the mentally retarded.

Although special educators are still a long way from their goal, it is certainly gratifying to note the rapid progress that has been made during the last decade in the training and rehabilitation of the mentally retarded.

Neither education nor special rehabilitation procedures furnish the complete answer to employment of the retarded. New knowledge and new techniques are needed, for over 25% of those coming out of the special classes still cannot be placed on a self-supporting basis.

The only conclusion that can be drawn is that the

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total needs of our retarded are not being met. Too
many retardates still lose or quit their jobs because
of teasing and ridicule of fellow workers; because they
have difficulty in social and vocational sophistication,
such as having difficulty in transportation, leaving work
without notification, unwarranted sick leaves and so forth;
because they evidence dissatisfaction with the salary;
because they do a poor job in budgeting their money; be-
cause they lack initiative and job responsibility; and for
impulsive reasons. Some quit their jobs because the job is
below family dignity; some quit jobs because of inability
to read directions. Rarely do they lose their jobs because
of inability to do the required task.

It would be ideal if one day the mentally retarded
would be so well prepared that workshops and rehabilitation
centers could be just an internship and stepping stone to
their own special place in society.

The retarded adolescent or adult should be afforded
post-school courses and opportunities to learn the skills
needed for a particular job to enable him to become a
self-supporting adjusted citizen.
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