MENTALLY RETARDED CHILDREN IN MAINE

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A Report on the

Maine Committee on Problems of the Mentally Retarded

January 1957

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1--NEW KNOWLEDGE ABOUT THE RETARDED CHILD

THE MAINE COMMITTEE

We need scarcely be told in America today that it is for our children, more than for ourselves, that we are glad our country is strong and free and prosperous. Every American child is precious and for every American child we want a warm family life, good medical care, wholesome food, a sound education and useful occupation. We know that only if our children are given these things can they live good lives as men and women and as citizens. Only so can they pass on to our children's children an America still strong, free and prosperous.

Strange though it may seem to some people, all this is true also of the retarded child; he too is precious and he too can help or hinder America's future. This child like other children was welcomed at his birth by joyful parents. For him too plans had been laid -- the childhood happiness he would share, the school he would attend, the kind of man he would grow up to be. Then came the discovery, quickly in some cases, more slowly in others, that in many ways he would not be like other children. He would not be able to learn as fast, he would need special training, he would be limited in the kind of job he could eventually hold.

Such a discovery could bring no joy to anyone. But too often it brought unnecessary misery. Till recently, in most cases, the only results were shame and discouragement for the parents, neglect for the child, and for society needless extra expense and the loss of a humble but useful worker.

But today we know that most of this loss and misery can be avoided. Three vastly important facts have been learned.

THE FIRST NEW DISCOVERY is the sobering realization that anyone's child can be retarded. A retarded child can be born into any family. No one can be sure his child will be spared. It happens far more often than had been recognized: at least 2%, and probably 3%, of all children are retarded. Nor is this all by any means caused by bad family inheritance. Many different causes may be responsible. Sometimes marriage between two entirely normal persons may result in the birth of a retarded child, if the two parents are biologically incompatible. Sometimes a potentially normal child is damaged in some way, either before birth, at birth, or in early childhood. In several obscure ways, some environments seem to limit the development of effective intelligence. Knowledge of these facts has greatly eased the burden of shame which parents used to feel. It has also opened the way for growth of community sympathy for this afflicted family and of community willingness to accept and help the child.

THE SECOND NEW DISCOVERY is this: There are many more retarded children than ever before. Modern medical care, which has saved so many useful lives, is also keeping alive today many injured infants who in former days would have died and prolonging their formerly shorter lives into old age. There is no time to be lost in dealing properly with the problems they present.

THE THIRD DISCOVERY IS A MESSAGE OF HOPE. For decades, even centuries, it had been supposed that nothing could be done; the child was simply a total loss, to be written off; the most that was to be done was to feed and house him humanely - but cheaply - and to forget him. But now the new development of psychology and understanding of personality

have taught us that in most cases this loss need not be simply accepted. Though he will always be less capable than the normal child, this child can grow up co-operative and willing to work, if he is given affection and training and education suited to his special needs. Some children are too severely damaged to progress far; but most can become social assets in a minor way, earning all or part of their livelihood, instead of being life-long burdens on their families or society.

We have come to understand, too, that most retarded children need not, and indeed cannot, be institutionalized. It is lucky that this is so, for there are far too many of them. To build institutions for all of them would be impossibly costly. So it is good to know that if early diagnosis is provided, and if in the local community guidance for the child's parents, special educational services, vocational opportunities and recreation are made available, most retarded children can live happily in their own homes or in foster homes; kept busy and happy they need not become social problems. Since they will benefit from personal attention and family living, they can develop more fully, and they can learn by daily experience the social adjustment which would have to be laboriously taught them if they were to be returned to the community after they had been shut away for years in an institution.

For those who must still be sent to institutions, the same principles - that there are more retarded children today and that retarded children can be helped - teach us that more services must be provided. The institution must be equipped to treat and train its patients, to help them develop as fully as possible. Then, if they must remain in the institution as adults, they will be able to care for their own needs, thus lessening the necessity of costly attendance. Many will be able also to contribute to the work of the institution. Many more will be capable of going out to earn their livings in the community. Thus the endless building of more and bigger institutions may be avoided.

The three new insights will work together to benefit both the retarded child and society. When the community has learned to recognize that anyone's child can be retarded, the children will find more goodwill and acceptance. When it is recognized that retarded children can be helped, and that they are more numerous, more services will be provided. These services, it is true, will be costly, yet the cost to society will by no means equal the cost of maintaining the greater number of the retarded for life.

Finally: The new knowledge must not be allowed to result solely in our helping retarded children. It must lead also to a determined effort to prevent this handicap. Public and private expenditures are needed for research. Research alone can find out the many causes of this type of handicap and make it possible to save children from suffering it and thus cut down the numbers who need special help and special expenditures. But meantime, to serve those who are already retarded is our immediate task. Both State and local action are needed; no child must be inhumanly neglected, no matter how helpless he may be, and as many as possible must be rehabilitated.

THE MAINE COMMITTEE

The new knowledge about the retarded child, the recognition that in Maine, too, the problems existed and were growing ever more pressing, brought into being in 1956 the Maine Committee on Problems of the Mentally Retarded. This

Committee was organized by a group of citizens, assisted by advice from several members of the State government, including Senate President Robert N. Haskell and Dr. Roswell P. Bates of the Governor's Council. Governor Edmund S. Muskie approved its formation and summoned it into session welcoming the members in person, in the Senate Chamber at Augusta on January 7, 1956. The members of the Committee serve without pay and have also borne all expenses to date.* Three members are also members of the Legislature; the rest are citizens interested in the problems for a variety of reasons, personal, professional and benevolent. The Committee members come from various parts of Maine and various sections of the citizen body.

The purposes of the Committee were as follows:

1. To study the problems of the mentally retarded in general.

2. To determine the approximate numbers of the retarded in Maine.

3. To discover what measures were being adopted in other States.

4. To find out what was already being done for the retarded in Maine and what should be done for them, in each of the following fields:

    a. Diagnosis and evaluation.
    b. Public school classes, private schools and teacher training.
    c. Vocational adjustment and employment.
    d. Institutional care at Pownal State School.

5. To develop an over-all view and work toward a plan for providing integrated State services with a minimum of overlapping.

6. To make available its findings to the Legislature.

At the first meeting of the Committee, officers were elected and sub-committees set up to carry out the various purposes listed.

During the year many sub-committee meetings and four meetings of the full Committee have taken place. Many conferences have been held with officials of the several departments most closely concerned with the retarded, notably Education, Health and Welfare, and Institutional Services - much correspondence exchanged. The Committee wishes to extend its thanks for this help and courtesy to all State officials who have so generously assisted in its work. The Committee also owes special acknowledgment to one of its members, Mrs. Harriett Gray, whose services have included extensive mimeographing and circularizing of minutes of all meetings, and whose advice and guidance have been invaluable to its officers.

The present report constitutes the accomplishment of the Committee's final purpose, to make its findings available to the Legislature, so far as the Committee has been able to carry it out. It is hoped that it will be read in the awareness that much more remains to be learned, but that what is here presented may be helpful to the Legislature and to Maine.

*Except that two organizations have generously paid the costs of attendance at meetings for their representatives. These are the Maine Teachers Association and the Maine State Federated Labor Council.

COMMITTEE MEMBERS

Chairman: Mrs. Gilbert Loebs, 43 Burleigh St., Waterville
Secretary: Mrs. Ronald B. Levinson, 78 North Main St., Orono

Dr. Margaret Allen	Portland School Department	Portland
Mr. John Barclay	Moosehill Road	Livermore Falls
Mr. Robert B. Beith	390 Congress St.	Portland
Mr. Linwood Brown	Sweetser Children's Home	Saco
Mrs. Louise Citrine	187 Middle St.	Portland
Miss Lucia Cormier		Rumford
Dr. David Davidson	49 Deering St.	Portland
Mr. Albert Dietrich	9 Broad St.	Bangor
Dr. Edmund N. Ervin	39 Pleasant St.	Waterville
Mrs. Irving Friedman	Manning Ave.	Lewiston
Prof. A. Douglas Glanville	45 Oak Street	Orono
Mrs. Harriett D. Gray	30 E. Main St.	Dover-Foxcroft
Hon. Robert N. Haskell	33 State St.	Bangor
Mrs. Phillip Hedges	2 Pleasant St.	Topsham
Mrs. Edward Holland	356 French St.	Bangor
Mrs. John King	5 Waldron Road	Bar Harbor
Mrs. Lucien Levesque	22 Dawes Ave.	Auburn
Hon. Hazel Lord	14 Mellen St.	Portland
Mr. Dalmar McPherson	Gray Road	Gorham
Rev. Frederick H. Thompson	202 Woodfords St.	Portland
Miss Mary Worthley		West Lebanon

2--THREE TYPES OF RETARDED CHILDREN

There are degrees of retardation. These are not sharply divided--they shade into each other. But it is usual to distinguish these three:

1. CUSTODIAL OR DEPENDENT retarded. This type of child will have the mind of a baby or a toddler all his life. He may be trained, however, to care for his own needs, and this is very important to those who will care for him.

2. TRAINABLE retarded. This child will have the mind of a young child even in adulthood. He can be trained to be co-operative and willing, and to do simple work.

3. EDUCABLE retarded. This child will have 1/2 to 3/4 average intelligence in adulthood. He, too, can be trained to be co-operative; he can learn some school subjects; with more help he can hold a job and earn his living.

The three types are not equal in numbers. It is estimated that of all children, 3% are retarded. Of these:

VERY FEW are custodial; perhaps 1 in 30 of retarded children are custodial or one tenth of 1% of all children.

FEW are trainable; perhaps 1 in 7 of retarded children are trainable, or four-tenths of 1% of all children.

MOST are educable; about 5/6 of retarded children are educable, or 2⅔% of all children.

In Maine it is estimated that there are 175,000 school-age children. Using the above percentages of retarded children we find that in Maine there are

175 custodial retarded children 18 years of age or below.
700 trainable " " " "
4375 educable " " " "

A total of 5250 retarded children of all degrees five years through 18 years of age. This is only an estimate but it is in general accord with the findings of the incidence sub-committee.

In Pownal there are about 1500 patients of ALL ages. Of June 30, 1956 (end of fiscal year) there were 446 from five years up through 18 years.

This means the remaining 4800 retarded children, except for the few that are in private schools and hospitals, are now living at home, in Maine towns and cities.

For most of these there are as yet no local services available.

3--AN INTEGRATED PROGRAM FOR THE RETARDED CHILD

At each stage in the life of every citizen, there are vital needs that must be met. First comes home care, support and training. Then comes schooling and preparation for work. Next, throughout adult life there is need for useful work, not only for self-support, but to maintain bodily and mental health and self-respect. In old age, there is need again for support from others. Through all stages, there must be wholesome food and shelter and medical care; affection and friendship; recreation and religion.

The needs of the retarded child run parallel at every stage; all that the normal person needs, he needs. BUT TO OFFSET HIS HANDICAP SPECIAL HELP MUST BE ADDED. He must have

SPECIAL DIAGNOSIS AND TESTING to determine the fact that he is retarded, and to measure how much; and SPECIAL COUNSELING FOR HIS PARENTS in how to train him.

SPECIAL MEDICAL CARE, to relieve his physical handicaps.

SPECIAL SCHOOLING for those who are trainable or educable.

SPECIAL TRAINING for doing useful work.

SPECIAL HELP in finding and keeping a job.

SOMEONE to supervise him and help in emergencies.

SPECIAL HELP in finding friends and wholesome recreation.

When these services are made available in the community the retarded child need not become a useless burden or a social problem.

But some retarded children will need the more costly care of an institution. Here the child will need all the special services needed in the community, and more besides.

FIRST. The institution must provide all that the home would have provided.

SECOND. The institution must take the more difficult cases. Children sent to it are often those who are most severely handicapped, or those who have been neglected and have become behavior problems. So the institution must provide more medical care, more skillful and extensive treatment and training.

THIRD: The institution must provide placement services, to return patients to work in the community.

Institutions must be costly in any case. But the more spent for training and treatment and placement, the less will be the cost in the long run.

The only way to make the retarded child as nearly normal as he can become is to provide special services.

The necessary services cost the taxpayer least when they are provided for the retarded child living at home in the community.

4--OTHER STATES' PROGRAMS AND MAINE

To determine what are the essentials of a good State program for retarded children, it will be well to look first at the programs of such States as Massachusetts, New Jersey or Connecticut; Vermont should also be especially considered. Here we shall find standards by which to measure our own provisions.

We should not feel here in Maine that because our State is financially less able than other States we can do less for the retarded. It is States like Maine that can least afford to leave our retarded untrained, to be a continuing and increasing burden on the taxpayers.

Testing and parent-counseling are early and continuous needs not yet properly provided for in Maine. Massachusetts has recently installed a new statewide system by which each local school district must have an accredited school psychologist, with the equivalent of a Master's degree, who tests all school children as needed, investigates emotional and behavior problems and consults with parents and teachers. This widespread and continuous local service is supplemented by referral of children with behavior problems to the regional mental hygiene clinics. Evaluation of children thought retarded is also provided by three of the State's four State Schools for the retarded, which test not only applicants for admission to the Schools but any child brought to them.

Some States have adopted another means of providing evaluation and guidance service to all their children. In Louisiana and Washington centralized special centers have been established. To these centers parents bring their children from all over the State or region and the child's local physician or health nurse, etc., is also expected to come to the Center periodically for consultation. Repeated visits and consultations are scheduled for each child. Thus the child and his parents are provided not only with expert evaluation but also with continuous local supervision.

Schooling for retarded children in the local community is provided in Massachusetts on two levels. There is a statewide system of public school special classes for educable retarded children, who may be expected to attain self-support, such as have recently been started in Maine. There are also classes for the less capable, trainable child, who is expected to learn only social adjustment and simple work skills. These are not yet established in Maine. In Massachusetts each type of class must be established by any school system in which there are at least 5 children of that type. The State pays a generous subsidy for each child. Almost all States today have subsidized classes for educable retarded children and many provide also for trainables.

In providing vocational adjustment services, Massachusetts is not outstanding. Yet the public-school special classes are being rapidly extended into the high schools where occupational training is being stressed. This program is being developed by a special consultant employed by the State Department of Education. At the State Schools in Massachusetts also, besides the vocational training, there is a program of community placement, as in Maine, and one State School has a so-called "half-way house", a residential unit in the community, where patients about to be sent out live for a transitional period.

New Jersey and, it is believed, Minnesota, may serve as examples of States which provide supervision by trained social workers of older retarded persons working in the community. These social workers visit cases periodically, settling problems or preventing problems from arising, and thus enable many to live in the community at a fraction of the cost of institutionalization.

Many States, again including Maine, have provided Vocational Rehabilitation services for the retarded, helping them with preparation for employment and with job-finding. Vermont, however, has gone further and has developed an admirable program of vocational adjustment. Vermont's State Division of Vocational Rehabilitation sends retarded youths from the State School and also from the community to the Woodrow Wilson Rehabilitation Center in Virginia, a large Center for handicapped persons of all types. Here the retarded person is evaluated and tried out in a variety of occupations and is given some training in one which appears suitable. Returning to Vermont, he is sent to a sheltered workshop. This is a sort of non-profit factory where handicapped persons work under supervision to obtain training and work-experience. In Vermont, it is operated by co-operating volunteer groups, such as the Polio Foundation, the Cerebral Palsy and the Retarded Children's Association. He is then ready for employment. Vermont has also two "half-way houses" where mentally retarded and discharged mental patients may live while becoming adjusted to employment.

In many States the State Schools provide important services lacking in Maine. In Massachusetts, for example, at each State School there is Clinical Director, a physician who supervises all training of professional staff; this makes possible accreditation of the School as a training center for professional personnel, who then are available for employment in the State as needed. Research is in progress at all State Schools; this makes important contributions to treatment of patients and training of staff, as well as to eventual prevention. Many States, including Massachusetts, provide residential treatment for emotionally disturbed and behavior problem children.

Massachusetts provides at its State Schools a type of commitment which many parents regard as highly desirable. Besides commitment by the Courts, there is also a type of commitment for training only. When this is used the parents are not required, as in Maine, to sign over all rights as parents and may remove the child at their discretion.

Setting standards for teachers and teacher-training are important areas of State planning for the retarded. As we saw, it is important to train professional workers in the State, so that such workers may be available when needed. Massachusetts, provides in its teachers' colleges complete training for special-class teachers and also the advanced courses for training the other personnel required by the program.

Co-ordination of State services to the retarded is also a need provided for by legislation in some States. New York is an example of a State which has a co-ordinating committee of heads of State agencies dealing with the retarded.

A further service offered by the State, as in Wisconsin, is a pre-commitment service by traveling social workers sent out from the School. These advise the parents in training the child who is waiting for commitment, and often the parents and child benefit so much that commitment is no longer necessary.

In Michigan, many child patients of a State School are on "Family Care," that is, they are boarded in private homes under the supervision of traveling social workers and public health nurses, with saving to the State and benefit to the child.

Public support and understanding of programs for the retarded is provided for in some States. Educational consultants or directors of special education address civic organizations and also work closely with volunteer organizations for the retarded, advising them in providing additional volunteer services. In Rhode Island, this is done by workers from the State clinic for the retarded. In Connecticut a State Teachers' College has prepared a film intended to promote public awareness of the need for more special classes and services for the retarded in general.

A State Committee to study the needs of the retarded and to propose suitable measures for meeting them is often established. Massachusetts, among others, has set an example by establishing in 1952 such a committee, which was provided with an expense budget of some size and which for three years collected data and proposed measures many of which have been enacted.

Thus other States show that what Maine has done, in providing greatly improved services at the State School, public school special classes for educable retarded children, a vocational counselor in the Division of Vocational Rehabilitation, and other services, is moving along the path taken by other States. Maine can still benefit by these other States' examples in going further along the path.

5--THE NUMBERS OF MENTALLY RETARDED CHILDREN IN MAINE

The Sub-Committee on Incidence of the Maine Committee on Problems of the Mentally Retarded agreed at its first meeting that as a starter for a study on incidence in Maine an attempt should be made to do a few spot checks on incidence using the following sources of information:

> Superintendents of Schools, medical doctors, osteopathic physicians, parochial schools, public health nurses, welfare workers.

The problem of defining what the Committee was after was discussed and it was decided to go after the trainable and dependent child, the child who has a mentality that is half of normal or below. Later it was agreed to include the educable child, whose I.Q. range is 50 to 75. The term "child" was defined as an individual under 21 years of age. It has been estimated by the National Association for Retarded Children that 3% of all children are retarded. Of these 2.5% are estimated to be educable, and .5% to be trainable and dependent combined. The Committee wished to see whether these estimates held up in Maine.

Responsibility for the spot checks in various areas were assigned as follows:

> Waterville -- Dr. Edmund N. Ervin
> Piscataquis County -- Mrs. Harriett Gray
> Mt. Desert Island -- Mrs. John King
> Bangor -- Mrs. Ronald Levinson, Dr. A. Douglas Glanville and Mr. Albert Dietrich

The Committee felt that for a thorough-going study of the incidence of mental retardation in the State professional psychologists would have to be hired and spend some months making a scientifically devised study. Accordingly, Dr. A. Douglas Glanville of the Committee made a request to the Research Grants and Fellowship Branch of the National Institute of Mental Health for a $4,175.00 grant to do a study in the State of Maine. After much correspondence, the request for a grant was turned down. It was felt that the Federal Government was more interested in larger, more extensive research projects.

A request was also made to the Kate J. Anthony Fund in Lewiston, Maine, for a grant to carry on a similar incidence study. This request has not been granted as yet.

The Committee's Spot Check Studies came up with the following data:

> Greenville School Union (Piscataquis County)
> 12 educable mentally retarded as of our definition
>
> Dover-Foxcroft School Union (Piscataquis County)
> 15 educable mentally retarded

No trainable or dependent retarded children, or children below school age were reported from Piscataquis County because of lack of data. It appears that in rural areas retarded children are rarely identified except by the schools because of lack of psychological and psychiatric coverage.

Bar Harbor - I.Q. below 50		Out of school	3
" " " "		In Pownal	10
" " "	70	In school	15

These figures show 2.5% of school population as retarded.

Southwest Harbor - I.Q. below 50	Out of school	2
" " " "	In Pownal	3
Tremont - I.Q. below 50	In Pownal	1
Mt. Desert - I.Q. below 50	Out of school	2
" " " 70	In school	7

These figures show 2.7% of Mt. Desert school population as retarded.

Since children in private schools are not included, the figure is very close to the estimated 3% of all children who are retarded.

Waterville, Maine - Total number of retarded in Waterville under 21 years of age 135

Public Schools	I.Q's	70-80	0
(Educable)	" "	50-70	42
(Trainable)	" "	50-25	1
Parochial Schools	" "	80-70	42
	" "	70-50	21
	" "	50-25	5

These figures show 2.8% of the combined school population as, below 80, retarded. Again as some children are not included the figure is close to the estimate. It was estimated that there were - in addition to the above-living in Waterville 25 pre-school children who were retarded.

Bangor and Brewer, Maine. The spot check here only went after the severely retarded child, i.e. the trainable and dependent child whose I.Q. range was 49 or below and who was 18 years of age or below. It is estimated that .5% (or ½ of 1%) of all children are severely retarded.

Total number of severely retarded children under age of 18--54:

In school (including private special classes for retarded)	17
Out of school	14
School Status Unknown	23

These figures show .45 of 1% of population under 18 years of age and resident in the community as severely retarded. This percentage does not include children from Bangor or Brewer who are resident at Pownal State School or in private schools. With these added the figure would be above the estimated incidence of severely retarded.

The Bangor group studying incidence devised a form for mailing to doctors, school personnel, nurses and welfare workers and mailed out 119 letters with these forms. Dr. Benjamin Shapero, M. D., member of the Advisory Board of the Eastern Maine Friends of Retarded Children, co-operated with the study group in allowing his name to go on the letter to all medical doctors in the region. Dr. John L. Crowther, D. O., co-operated in the same way for the mailing to osteopathic physicians. Letters to other professional personnel went out under the signature of the Committee Chairman. The response was gratifying but there were, of course, many duplications of names in the various listings of retarded children received.

The data had to be carefully sifted and tabulated to eliminate these duplications. Many questionnaires also failed to be returned. The findings, therefore, can only be considered approximate.

The Eastern Maine Friends of Retarded Children kindly co-operated by providing money for the large mailing, which included stamped, self-addressed return envelopes. The Bangor Family Service Society co-operated in doing the mimeograph work and the mailing of the letters and forms.

Much was gained from the Bangor experience and it would appear that with certain changes and adjustments in the procedure a larger, more extensive incidence study could be carried out providing money is made available for a larger mailing and for mimeograph and office work.

It also appears that within the limits of the data, the estimates of the National Association for Retarded Children were shown to be substantially correct for Maine.

6--DIAGNOSIS AND EVALUATION OF THE RETARDED CHILD

This sub-committee found very early in its work that in Maine almost no organized method of finding, testing, and diagnosing mentally retarded children exists.

Except for Pownal State School, which now does pre-testing of patients prior to commitment, agencies which do provide testing seem to offer little in the way of help to the child or the parent.

At present the Portland area has the best clinic (Mental Hygiene) which sees 70-100 cases a year of all kinds, and carries over about 30 cases. The retarded are seen only incidentally and constitute about 1/5 of those seen. This clinic suggests to parents that they investigate the Pride Training School and join the Greater Portland Association for Retarded Children. A few social agencies see and help an occasional retarded child and his family as a part of their case work program, and a few retarded children turn up at other types of clinics in hospitals. However, most parts of Maine have much less service and some have none.

Many States have recognized this situation and provide various types of clinics, conducted by varied agencies.

Testing and diagnosis in Maine could possibly come under any of the following auspices:

1. Private Groups
2. State Dept. of Education
3. Local School Depts.
4. State Division of Mental Health
5. Hospitals or Medical Centers
6. Out-patient Clinic from the Pownal School
7. State Dept. of Health & Welfare & Bureau of Health

The Committee considered the possibility of diagnostic clinics held in various parts of the State and sponsored by Pownal, which can staff a full team: doctor, psychologist and social worker. This would be particularly helpful to the pre-school group where school services are not yet available. At the present time Pownal concentrates out-patient services on those on their admission waiting list. These clinics were seen as a possibility, especially for the rural areas where facilities and skilled personnel are a real problem.

As an ideal the National Association for Retarded Children recommends one clinic for retarded children per 150,000 population. Such a clinic would test, diagnose, recommend necessary treatment of the child, and assist the parents in developing a program geared to individual needs of the child.

While a long range program might develop needs for additional clinics, it is recommended that for the present three full time clinics be established immediately. One clinic should be located in Portland, one in Augusta or Waterville and one in Bangor. Each clinic should operate five days a week throughout the year and should have an allowance for travel and be directed to operate at least two days (of the five) each week in other communities outside their immediate area to help fill the needs of rural areas. Each clinic should be fully staffed with personnel similar to that provided for a Mental Hygiene Clinic. Also provided with a vehicle and/or an allowance for necessary travel.

Since Congress has appropriated funds to be apportioned to the States under the allocations of the Children's Bureau for demonstration clinics in the evaluation, testing, care and training of mentally retarded children, it is recommended that

any funds and authority for these clinics in Maine be appropriated and designated to the Dept. of Health and Welfare with the following proviso: that all findings of these clinics be made co-operatively available to the Dept. of Institutions for use in any programs that may be undertaken within the jurisdiction of said Department and to any other agency with which the Dept. of Health and Welfare may co-operate.

It is recommended that until experience is gained an appropriation of $30,000 per year be furnished by the Legislature for each clinic authorized, such money to cover all expenses including salaries, travel, rent and equipment.

It is recommended that the three clinics should undertake to test, diagnose, evaluate, and advise in the selection of a program for retarded children who become its clients. Where other State or Community Agencies may have services and facilities to fill the needs of these clients, it is recommended that the clinics recognize and avail themselves of these services and facilities.

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After the report of the Sub-committee on Testing and Evaluation had been completed, it was learned that a new pilot clinic was being planned, to be operated under the Division of Maternal and Child Health of the Department of Health and Welfare. For this clinic, the Division will attempt to secure funds available through the Children's Bureau, as mentioned above.

The clinic will be situated in Waterville. It will be fully staffed for the one day each month on which it will operate, and will offer all the services recommended above to those children and their parents whom it can accommodate, as intended by the Federal law.

This clinic will operate one day a month and will expect to see 4 children each time, or a total of some 48 a year. To avoid pressure of numbers who otherwise might apply, services will be limited to pre-school children. The clinic will not travel.

The Committee welcomes this clinic wholeheartedly. It can provide ideal service for those pitifully few children who will benefit.

But since it can offer no services whatever to the great majority of retarded children in the State, it in no way meets the need, which the Committee's investigation has demonstrated.

For these other thousands of Maine children, other provisions must be made without delay. (See Summary of Recommendations, page 22).

7--EDUCATION AND TRAINING OF THE RETARDED IN THE COMMUNITY

Report of the Sub-Committee on Public School Classes, Private Schools and Teacher Training.

The following questions were considered by the sub-committee and answers suggested:

1. What are the present provisions in Maine for retarded children?

(a) At Pownal State School there are some children receiving educational training. According to the annual report for the year ending June 30, 1956 there were 243 children receiving academic or vocational training, and 786 receiving recreational training.

(b) There were in Maine last year three private schools. They were the Pride Training School at South Portland with an enrollment of 48; the Garcelon School at Lewiston with an enrollment of 15;and the Children's Opportunity Center at Bangor with 12 children enrolled.

(c) The Division of Education for Mentally Handicapped Children of the State Department of Education reported that as of November 30, 1956, there were State subsidized classes for educable retarded children and individual children receiving instruction in the following cities and towns:

Community	No. of Classes	Enrollment
Auburn	2	26
Augusta	1	14
Bangor	1	10
Bath	1	13
Brunswick	1	15
Waterville	1	10
Lewiston	4	73
Orono	1	8
Portland	7	115
Saco	1	19
Westbrook	1	10

There are also Individual Programs in Bucksport, Buxton, Cape Elizabeth, Fairfield, Ellsworth, Falmouth, Farmingdale, Hermon, Livermore Falls, Sanford, Scarborough, So. Portland, So. Windham, Wilton, Winterport and Van Buren. Mr. Jones thus reports that over 300 children were served by the public schools in special classes for the educable retarded, and 35 individual educable retarded children.

2. Of what sorts are the classes now operating in Maine?

The State Department lists 21 classes for retarded children. They appear to be of various sorts.

Two of the classes, those of Auburn and Bath, do not admit children until they are over 12 years of age. The class at Camden, started about 5 years ago, is made up of children with physical defects, although many of them are also retarded.

In Portland 5 special classes for retarded children of different age levels are grouped at the Staples School, which now serves only retarded children. Here are classes for retarded children from all over the city, but since the children must come by riding the public busses, the ages are only from 8 to 16 years. Younger retarded children are in general not served as yet, but at one Portland elementary school there is a special class for retarded children aged 6 and 7 who live nearby.

In Brunswick there is one class which at present includes retarded from 8 to 16 and a similar class in Bangor, though with a more limited age range. A single special class in Orono and another in Old Town operate only in the afternoons, most of the children attending their regular classes in the mornings.

It is obvious that there is still much variety in the organization of the classes. However, uniform standards have been set up for the admission of children to the classes, the chief requirement being an I.Q. of between 50 and 75. Standards for teachers have been established, though as yet some leniency is being shown in cases where an obvious effort is being made to comply. Suggestions for program improvement and some supervision are being provided by the State Department of Education through Mr. Jones, who is also providing much consultation to superintendents and others interested in starting classes in their localities.

In short, Maine has made important steps toward the implementation of the new law providing a statewide system of public school special classes, and further progress may be expected as more towns become aware of the opportunity the system offers.

3. How many classes should there be?

It appears that, by conservative estimate, at least 2% of the school population is retarded. The school population of Maine last year was 173,000 -- which would make 3460 mentally retarded children. If they were divided into classes of 15, that would be 230 special classes in Maine.

4. What about young children and "trainable"children?

While it is most important that young children and trainable children be helped, until some headway is made in having public school programs to meet the needs of the educable, it does not seem advisable to suggest that sub-special classes be started in public schools. Private classes and neighborhood groups, operated with the help of a State consultant, might be the best way of handling this problem. But subsidy should be made available for these classes when they are approved, and in a few years public-school classes for trainables should be provided.

5. How and where should teachers be trained?

It is the suggestion of this committee that State scholarships be immediately established to assist teachers in obtaining the proper training for teaching mentally retarded children. It is also suggested that these teachers take the training at the summer session, when many excellent programs are offered, many of them with demonstration classes of retarded children.

Since only 6 hours of training in special education is required by the State Department for certification in teaching special classes, this could be acquired in one summer session. Further training should be encouraged, and scholarship aid given when a teacher shows an interest. It is proposed that $4000. a year be appropriated to start this program.

It is also recommended that basic courses leading to an understanding of the nature of mental retardation be added immediately to the curricula of our teacher's colleges and the University of Maine. $12,000 a year should be appropriated for this purpose.

In the near future, also, it appears that more advanced courses in subjects such as clinical psychology, occupational and speech therapy and methods of teaching the retarded, should be provided in Maine's teacher training institutions, to provide complete training for teachers of the retarded in the State.

8--VOCATIONAL ADJUSTMENT OF THE RETARDED

The Sub-Committee on Vocational Adjustment during the course of its study met at Lewiston and at the Pownal State School and engaged in considerable correspondence in seeking source material, consolidating views and making arrangements.

Being laymen the Sub-Committee felt it could approach the problem with a fresh and dispassionate point of view, expressing itself in recommendations of an altruistic nature as regards all elements of the citizenry -- whether they be parents or family of the mentally retarded, or, as is the case with most of us, taxpayers who for the greater part must give increasing support to the programs adopted.

Our deliberations brought out proposals which could not strictly be classified as within the jurisdiction of a sub-committee on Vocational Adjustment. However, considering the elementary stage in which this phase of the total problem is operating, such proposals either influenced our recommendations or were channeled to the full Committee. One such proposal, that of a travelling clinical team to pass on Pownal admissions and also to be available to local school authorities, for professional analysis of the retarded or semi-retarded students in the public school systems, would seem to warrant every consideration possible both from a social and economic viewpoint.

Recommendations must generally fall into two major groups:

1. Those dealing with expansion or elaboration of present woefully inadequate staffs and facilities, and

2. Those in preparation for a realistic program which must be adopted to ease the economic pressures on parents, families and the State itself.

1. (a) We heartily endorse the recommendations of Pownal State School authorities for expansion or the presently operating placement program.

   (b) We recommend a sound scientific study of the feasibility of creating an authority at the State level, or the delegating of authority to an existing office, to assure full responsibility for expanded and continued successful community placement and the institution of a program of vocational adjustment for the mentally retarded.

   (c) We recommend the extension of and greater State assistance to existing public school programs with the view of preparing the mentally retarded for social adjustment in preparation for job skill training.

2. (a) We recommend the inclusion of special courses on the teaching of the mentally retarded in the curricula of our State Teachers' Colleges and the University of Maine, the cost of training the teachers to be subsidized, in whole or in part, through scholarships by the State.

(b) We recommend that the State Personnel Board review its eligibility qualifications for persons employed in the field of mental retardation and REVISE SALARY CLASSIFICATIONS TO BE REALISTICALLY COMMENSURATE WITH POSITIONS REQUIRING SIMILAR QUALIFICATIONS IN PRIVATE BUSINESS.

(c) We recommend the establishment of a series of pilot clinics for labor-management participation for the purpose of educating the leadership of these groups on the assimilation of the job trained mentally retarded into profitable employment.

9--IMPROVEMENTS NEEDED AT POWNAL STATE SCHOOL

The Sub-Committee on Pownal State School visited the School and studied the Annual Report of the Superintendent and the Budget Request for 1957-59. In addition, all members of the sub-committee were already well acquainted with the School and its needs.

The Sub-Committee entirely concurs with the picture presented by the Annual Report. Since 1953 the School has undergone profound changes. It has been enormously improved. It still has serious deficiencies, and at the present time, an extremely serious shortage of staff.

The departments of education and of nursing have been reorganized and enlarged. New departments have been established which provide testing, medical and psychological treatment, social-work supervision, chaplains, and volunteer services. A Research department has begun to evolve, though on a minimum scale.

The skeleton of a really adequate, complete institution is now nearly complete. What remains is to fill it out and make it effective by providing the necessary workers and facilities.

The shortage of staff is in part due to the isolated location of the School, which offers few advantages to employees. To attract them to the School in sufficient numbers and quality, it is plain that higher salaries and wages must be offered. Change in the salary scales which the School is permitted to offer is an immediate necessity. It is pointless to keep offering wages which are too low to attract employees whom the Legislature has authorized the School to hire, while the unfortunate patients go uncared for and the appropriations cannot be spent.

There is no clinical director at the School, and without one, it cannot become a qualified training institution for Psychiatrists. Without being qualified, the School cannot overcome the shortage of physicians. A Clinical Director is, therefore, also a necessity, and it must be made possible to pay him the amount necessary to obtain a competent person.

Other essential needs include:

1. More attendants, to care for the larger proportion of younger and helpless patients now being admitted.

2. Higher food expenditures, to permit adequate diet in the face of rising costs.

3. More changes of clothes -- for sanitation.

4. More funds for providing the travel expenses of social workers who supervise patients working in communities all over the State.

The Sub-Committee has also examined the School's budget request for Capital Expenditures. This is divided into three groups of proposed improvements. The Superintendent has urged, and we concur, that these improvements shall be taken in the order in which they are listed, the most essential needs being put first, as follows:

1. For daily living necessities.

Improvements and additions to the laundry, to provide more clean clothes and linens; to the water main; to the heating system; to electric wiring and plumbing and to the sewerage system. Total for the biennium $787,311.00

2. For treatment and education of patients, housing of staff and protection of equipment.

Construction of a much needed treatment building to house the out-patient clinic and psychological treatment services; a gymnasium for physical education; three cottages for employees; a garage; etc. Total for the biennium $1,265,846.00

3. For new buildings to house more patients and thus reduce the waiting list.

The proposed buildings are specialized units which will permit regrouping of existing patients as well as adding new patients. They include 2 disturbed-patients buildings; 2 buildings for helpless, custodial cases; and 2 "Home Life" Cottages, where older boys and girls nearly ready to leave the institution can learn to live in a house instead of a dormitory and thus be prepared for life in the community. Total for the biennium $2,774,000.00

In the opinion of the sub-committee all of the above items appear entirely justified and needed to bring the heretofore neglected School up to a reasonable parity with other States.

Dr. Bowman has also proposed, and we recommend, the following changes in the Statutes relating to Pownal State School:

1. Voluntary commitment in cases where the parents are responsible and the child has not been committed because of delinquency. (This will not be usable, however, until there is no waiting list, and fewer are being committed by the Courts).

2. The age of possible commitment or entry should be lowered practically to birth, to permit early start of treatment where this is judged necessary by a responsible physician.

3. Mental deficiency should be made a reportable condition. Co-operation between the Department of Education and the Department of Health and Welfare should make this workable.

4. It should be made possible to transfer trial-visit patients, after two years' successful adjustment in the community, to local Child Welfare supervision. They must have supervision, yet we do not need to send Pownal's social workers such distances. Their social workers have accomplished a miracle, keeping an average of 230 patients outside the institution all year.

5. It would be desirable to change the name of the School, to express more fully its aim of treatment and rehabilitation. The name, "Pineland Hospital and Training Center", has been proposed.

10--SUMMARY OF RECOMMENDATIONS

I. LEGISLATIVE PROPOSALS

1. Clinics for evaluation and parent guidance.

a. A full-time, fully staffed travelling clinic to be operated out of Pownal State School.
Cost, including travel allowance, for 1957-8, approximately $47,000.; for 1958-9, approximately $46,000.

Total for biennium $93,000.00

2. Educational services in the community, and teacher training.

a. Continuation and expansion of present public-school classes for educable retarded children. Funds to be provided in Department of Education budget.

b. Teacher scholarships for summer study, to be financed equally by the State and the community employing the teacher.
Cost, $4,000.00 per year, to provide from 20 to 40 scholarships.

Total for biennium $8,000.00

3. Vocational adjustment.

a. Expansion of public-school special classes on high-school age-level, with emphasis on vocational preparation. Funds to be provided in Department of Education budget.

b. Expansion of Pownal State School's present program of placing the retarded to work in the community. Funds to be provided in Pownal's budget.

c. Continuation of services of Vocational Rehabilitation Counselor for mentally retarded in the Department of Education. $3,718.00 to be added to Department of Education budget for second year of biennium.

Total for biennium $3,718.00

4. Pownal State School.

a. Increase of salary ranges at the School to make possible hiring of staff and attendants authorized by the Legislature.

b. Acceptance of Pownal State School's operating budget as presented to the Advisory Budget Committee in 1956, including
(1) Provision of Clinical Director.
(2) Increased food, clothing, services, etc., for patients.

c. Acceptance of Pownal's Capital budget, including
(1) Increased daily life necessities.
(2) Improving treatment of present patients.
(3) Enlarging the School to admit new patients.

d. Changes in admissions statutes related to the School, and in the name of the School.

5. Public Information program.

Preparation by an appropriate State Agency, such as the Educational Consultant of the Department of Health and Welfare, of educational programs to be presented to civic groups and social organizations; to promote public understanding of the problems of the retarded; these programs to be partly by means of visual aids such as films. Funds to be provided by implementing the budget of the Department of Health and Welfare.

6. Legal establishment of the Maine Committee on Problems the Mentally Retarded, with expense account.

Total for biennium $1,800.00

Respectfully submitted, for the Committee

Ruth Loebs, Chairman

Elizabeth Levinson, Secretary