1966 Student Work Program in Mental Retardation

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THE RESEARCH, preventive measures, special education programs, and comprehensive services outlined in the proposed program for national action to combat mental retardation (1) will require great increases in the numbers of professional personnel working with the mentally retarded in the years immediately ahead (2).

To help meet this need the Division of Mental Retardation, which was transferred from the Public Health Service to the Social and Rehabilitation Service of the Department of Health, Education, and Welfare on August 11, 1967, has implemented a program to attract personnel to the field of mental retardation. The initial seven pilot programs in 1964 were suc-

cessful, and the program gradually expanded. In 1965 there were 18 projects with 84 students. In 1966, a total of 63 facilities in 34 States provided work experiences with the mentally retarded for more than 700 students. These endeavors, supported by grants from the Division of Mental Retardation, were officially dubbed "SWEAT" (Student Work Experience and Training).

Initial work experience in a career field for high school and college students has been previously provided for the business professions (3-6), scientific careers (7), and mental health careers (8).

Four Typical Programs

Variety in type of facility, program activity, age and educational level of students, and professional orientation of the 63 SWEAT programs was evident. Synopses are limited to four typical programs.

Conway, Ark. Candidates for the 1966 program at Arkansas' Children's Colony, a residential facility, were recommended by school principals, guidance counselors, and teachers, with final selection by the colony staff. Competition was greater than expected, and the number of students increased from 13 in 1965 to 18 in 1966. Students had completed their junior or senior year in high school and were in the upper quarter of their classes.

Students spent 8 weeks in the program, liv-

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ing at the colony during the week. They were housed with the retardates in the rehabilitation program, an arrangement which seems to have been a valuable experience for them.

During their stay, the students rotated to departments which provided direct services to residents. Each department was responsible for planning a week of half day sessions for the entire group. These sessions chiefly consisted of lectures, demonstrations, discussion periods, and films. Professional personnel from other agencies and from private practice met with the students.

The participants were assigned to one of six teams for the remaining half of each day. During the second through the seventh week, the teams rotated on a weekly basis through six departments for on the job experience. Recreational activities with the residents or special events, such as guest lectures or special films, occupied the evenings.

Field trips to other State agencies and institutions were conducted. Invitations from civic clubs and other groups offered the participants opportunities to describe their experiences at the colony.

The results have been gratifying, and the students have reported impressive changes in attitudes and knowledge. Students made the following comments.

- I have gained knowledge and experience which cannot be bought with any amount of money nor read from a textbook in the classroom, and had a sudden and rude awakening that all people are not as fortunate as I.
- The days we got up at 4 o'clock and went to the cottages nearly wore me out. But by the end of the day when I really felt like sleeping, I wanted only to be with the children more and so I went and played ball with them.
- This program has proved to very valuable to me. It has helped me to decide definitely what I want to be in life. It has instilled in me a new determination to work harder for my goal in life. It has made me see that 'I have promises to keep and miles to go before I sleep.'
- I'm not going into the field of mental retardation, but no matter what field I go into, I hope I will always be able to convey some of the truths of mental retardation to people I come into contact with.

Recruitment was only one objective of this program, although many of the students expressed a desire for a career in mental retarda-

tion. Still other students have dedicated themselves to improving local services in communities where they will live.

Madison, Wis. The SWEAT program at Central Wisconsin Colony and Training School offered college-accepted high school graduates an opportunity to explore the professions and services working with the mentally retarded.

During the summer of 1966, 20 high school graduates who were not career-committed were selected for participation. The guidance counselor in each of 20 high schools submitted the names of two students who had indicated interest. Since no living accommodations were available, only students who resided within commuting distance of the colony were selected.

A 2-day orientation was held before the start of the 8-week program. Orientation included a tour of the institution, seeing the patients, learning about the project, viewing filmstrips on careers in mental retardation, and participating in a testing program.

Each SWEAT participant was given an opportunity to gain experience in psychology, nursing, social work, education, physical therapy, recreation therapy, research, and evaluation (at the developmental evaluation center of the school). The developmental evaluation center oriented participants to the entire procedure of patient evaluation, which included appraisal of needs for medicine, occupational therapy, vocational rehabilitation, and speech and hearing training.

Students were assigned to groups and spent 5 days in each of the eight professional departments. Every Wednesday the students met with the project director to discuss their programs, share ideas, ask questions, and offer suggestions for improving assignments.

The 5-day assignments usually involved a 1-day orientation to the specific professional area, with the remaining days spent in observation and working with patients as aides to nurses and to recreation, physical, and occupational therapists.

Continuing program evaluation revealed several program weaknesses at the outset. For instance, those professional duties not commonly involving daily direct patient contact were categorized as dull and nonmotivating by several students. As a result of these criticisms, some

SWEAT student and child finger painting at the Woodhaven Christian Home, Columbia, Mo.

changes were made. The students, while in the social service department, were assigned to case conferences with parents, staff discussions on individual patients, and family care visits. The research department developed several short-term laboratory projects in biochemistry, biology, and audiology which the students could complete during their assigned week. The psychology department programed for more student-patient interaction in testing and for more supervised study of the psychological problems of the retarded.

During the course of the summer program the topic of living-in was brought up by both students and staff members. Many students felt that although living-in connoted a more intensive approach to learning about the retarded,

this value was outweighed by the opportunity the student had to exchange thoughts with family and friends during evenings at home. The value was reflected in the increased number of visitors who were brought to the colony for tours by the students during their time off.

The students stated that by the end of the summer they had obtained a reasonably good idea of the roles of several different professions in the field of retardation, received a great deal of food for thought regarding future career choices, and became better informed of programs available to the mentally retarded and were thus enabled to take more appropriate roles in community health, education, and welfare activities.

Carbondale, Ill. A resident camp for retarded persons, conducted for the past 12 years at the

Little Grassy Facilities by Southern Illinois University, was used for the SWEAT project. The camp also serves as a laboratory for students majoring in such fields as recreation, speech correction, and education. Retarded persons at the camp range from 8 to 30 years old and live at home. The camp accepts both trainable and educable persons on a selective basis.

The camping program is based on the premise that retarded campers, like most campers, are there to have fun and to learn. Inherent in the program are activities which provide high motivation for learning and opportunities for physical growth and development, social adjustment, learning new hobbies and recreational activities for leisure time, and developing health and self-care habits.

One difficulty in designing and structuring camps for specific therapeutic and educational

values is that enjoyment can get lost in the shuffle. To overcome this difficulty the atmosphere of the camp is informal and relaxed. The big brother or big sister relationship is fostered. When possible the day's activities are planned by the group, and the camper and counselor do things and learn together.

In the 1966 camping program, 27 SWEAT students, approximately evenly divided between men and women, served as counselors. Eight were high school students and 19 were in college. The camp session was 8 weeks long.

Each participant was responsible for three or four campers 24 hours a day. Students' assignments were changed every 2 weeks to give each participant at least 4 weeks of intensive experience with mentally retarded campers. Some student assignments did not involve full-time contact with the campers.

Changes in occupational choice in mental retardation for SWEAT and contrast students, by educational level

SWEAT student feeding a child, Southbury Training School, Conn.

Each SWEAT participant was asked for a self-evaluation. Twelve indicated they definitely planned to continue work with the mentally retarded in some capacity. All but one indicated their attitudes and interest in the mentally retarded had become more positive as a result of the camping experience.

Memphis, Tenn. The 1966 SWEAT program was conducted for four women university students selected from 16 applicants.

The Child Development Center is a part of the University of Tennessee Medical Units. The center's main role is to evaluate children suspected of having mental retardation or associated neurological handicaps. There is emphasis upon providing the families with appropriate knowledge of the condition and guiding them in securing proper educational and therapeutic care.

The center's patients vary in age, race, socioeconomic level, and degree of retardation. A total of 966 appointments were made during the

first 3 months of 1966, a load which remained about the same during the summer.

Evaluations are done on an outpatient basis with the visits to the center spread over a period of weeks to months. This active outpatient service program with its diversity of population provides excellent training potential. In this setting a student can follow a patient through all aspects of the evaluative procedure and more or less live through the adjustment process with the family and patient. In contrast, institutional experience may provide more direct contact with the patient but be limited in providing contact with other family members—perhaps missing the mourning, planning, and adjustive processes altogether.

Students had contact with professionals in pediatrics, pediatric neurology, psychology, social work, nursing, and speech pathology.

Students began their work experience of 13 weeks on July 1, 1966. After orientation to the center they met with representatives of the various professions. They were introduced to a discipline by learning about the academic requirements for entering it, the role of the individual professional in evaluation and habilitation of the mentally retarded at the center, and by a description of the particular profession's role in other facilities.

A structured program was planned for the students to include a half day as participant-observer in the waiting room, a half day attending staff conferences, and a half day either in the medication clinic or the convulsive disorder clinic. As participant-observer in the waiting room, the student observed and interacted directly with the patient and with the family members.

In staff conferences discussions of clinic situations enabled the students to appreciate everyday administrative problems. Selected cases were presented for teaching students from nearby universities. Association with these other students provided additional stimulation for the SWEAT students.

The program was set up so that each of the four students could be assigned a separate pattern for 3 weeks before being rotated to a different pattern. The program director met with the students each Friday to plan for the coming week. The students' need and desires were con-

sidered in the selection of cases for observation and assistance.

The students' knowledge of normal growth and development was limited. To provide base-lines for making judgments about the retarded, arrangements were made for contact with normal children of staff members.

Orientation to community agencies closely allied with the center added to the students' knowledge and gave rise to both pride in the community and consternation as they realized the unmet needs of the retarded.

The advantages of the program to the student, as estimated by center personnel, were several. A definite change in attitude toward children in general and toward retarded children in particular was noted. Students became much more relaxed with patients and their families. Observations became more comprehensive and pertinent. Vocational goals seemed more firmly established. Students talked knowledgeably about mental retardation, contributions of the various disciplines to the field, and the need for continued effort in prevention and treatment.

The program also had an energizing effect upon the staff. The interest, enthusiasm, eagerness, and searching attitude of the students stimulated the staff, making them more conscious of their roles as practitioners and teachers.

Evaluation

The largest group of programs (about 40) were conducted in institutions for the retarded; 10-12 programs, the second largest group, were in medical schools and developmental evaluation clinics either at universities or allied with them; the third largest group of programs were conducted in summer camps. Other programs were held in day care facilities, professional schools, and mental health clinics.

A SWEAT program conducted in a medical school setting has been reviewed by Menolascino and Wolfensberger (9). In this program attention was given to the interaction of students and professional personnel to provide students with career models.

The 63 programs were conducted in 34 States in all nine regions of the Department of Health, Education, and Welfare (table 1). The largest number of programs and students were in region IV, the Southeast, and the least number of pro-

Table 1. Distribution of SWEAT programs and students, by Department of Health, Education, and Welfare region, 1966

Department of Health, Education, and Welfare region	Number of students ¹	Percent of students in region	Number of programs ²
I.....	64	9	4
II.....	110	16	8
III.....	22	3	3
IV.....	153	22	12
V.....	85	12	8
VI.....	83	12	8
VII.....	61	9	4
VIII.....	40	6	8
IX.....	75	11	5

¹ Students beginning the SWEAT program.

² 3 programs omitted because of unusable data.

grams and students were in region III, the middle part of the eastern seaboard.

To evaluate the effectiveness of the SWEAT program, a series of tests was administered before and after the work experience. Students' stated vocational aspirations and their knowledge and opinion of mental retardation were measured.

SWEAT students were divided into two groups—experimental and SWEAT. The experimental groups were selected at random from the total SWEAT groups and differed only in that experienced testers were obtained to administer the tests to them. These examiners also obtained groups of students similar to SWEAT students who were not in SWEAT programs and administered the same tests to them. These students constituted the contrast groups. While no attempt was made to match the students in the various groups, similarity was obtained on a number of variables (table 2). The contrast students were not generally exposed to a summer with retarded children or adults.

The tabular data represent only students and programs for which data were complete. Although more than 700 students participated in the 63 SWEAT programs, usable information was not obtained from all students or all programs. More than twice as many women as men were in the SWEAT program. Most students were between 17 and 20 years of age. The level of education ranged from high school to doctorate, with 87 percent college seniors and

below. The largest groups were college sophomores (20 percent) and high school students (19 percent).

Career intentions of these students ranged through all major professions commonly concerned with mental retardation. Table 3 shows the pre- and post-SWEAT occupational choices of the students by professional category. Also included are before and after data concerning specific mention of intention to pursue this profession as it pertains to mental retardation. For comparison, the before and after vocational choices for the contrast students are shown (table 3).

The largest number of students who specified a career in the field of mental retardation were in special education. The occupation with greatest gain reported following SWEAT programs was special education; the second largest gain was for social work.

There were significant changes from the pretest to posttest stated vocational choices among the SWEAT participants. The changes in occupational choice for the SWEAT and contrast groups by educational level are shown in the chart. From the initial pretest to the posttest statement of vocational choice there was a gain

of 17 percent to the field of mental retardation among the SWEAT participants, compared with a 2 percent gain among the contrast students. The greatest gain occurred among college sophomores and the least gain occurred among graduate students.

Some students indicated a professional career in mental retardation both before and after the SWEAT experience.

<i>Educational level</i>	<i>Number</i>	<i>Percent of total</i>
High school.....	122	3
College freshman.....	108	5
College sophomore.....	133	2
College junior.....	113	8
College senior.....	99	5
Graduate student.....	81	5
All SWEAT students---	656	4

The results from a 56-item test of information and knowledge indicated significant gains in knowledge among the students in the summer work programs (table 4). Overall comparisons indicated that the SWEAT students obtained significantly higher scores on the posttest than the pretest, while there were no significant differences between pre- and posttest results for the contrast students.

Table 2. Selected biographical data for experimental, contrast, and SWEAT students

Biographical characteristics	Experimental students		Contrast students		SWEAT students		Total SWEAT students	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Sex:								
Male.....	40	28	66	32	152	29	192	29
Female.....	103	72	142	68	368	71	471	71
Age (years):								
16.....	10	7	26	13	26	5	36	5
17.....	35	24	66	32	63	12	98	15
18.....	48	34	43	21	111	21	159	24
19.....	20	14	40	19	114	22	134	20
20.....	13	9	13	6	88	17	101	15
21.....	6	4	11	5	54	10	60	9
22.....	6	4	3	1	33	6	39	6
23.....	3	2	2	1	17	3	20	3
24.....	1	1	3	1	5	1	6	1
25.....	1	1	1	1	9	2	10	2
Educational level:								
High school.....	44	31	87	42	79	15	123	19
College freshman.....	38	27	49	23	70	14	108	16
College sophomore.....	24	17	27	13	110	21	134	20
College junior.....	15	10	25	12	100	19	115	17
College senior.....	9	6	12	6	90	17	99	15
Masters degree.....	7	5	1	1	0	0	7	1
Post masters degree.....	4	3	7	3	19	4	23	4
Doctorate.....	2	1	0	0	49	9	51	8
Other.....	0	0	0	0	3	1	3	1

Discussion

The data from the 1966 SWEAT program indicate that a significant attack has been made on the problem of attracting professional and technical personnel to the field of mental retardation. While questions may be raised concerning the reliability of high school and college students' career statements, there is some evidence to indicate that statements about a choice

of vocation by high school students are relatively stable (10, 11). Most students indicating a change to the field of mental retardation were in special education and social work. These professions have been filled primarily by women, which may account for the large numbers of women in these categories.

It may be that more attention will have to be given to models for career choices as de-

Table 3. Professional occupational choice of SWEAT students and contrast students

Occupation	Start of SWEAT program				End of SWEAT program			
	Mental retardation specified		Mental retardation not specified		Mental retardation specified		Mental retardation not specified	
	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent	Num-ber	Per-cent
SWEAT students.....	58	8.8	598	91.2	145	22.2	511	77.8
Medicine.....	1	.2	59	9.0	1	.2	56	8.5
Psychology.....	2	.3	66	10.1	12	1.8	61	9.3
Social work.....	9	1.3	90	13.7	31	4.7	72	11.0
Special education.....	26	3.9	44	6.7	60	9.1	46	7.0
Education.....	2	.3	127	19.4	4	.6	97	14.8
Nursing.....	2	.3	47	7.2	5	.8	36	5.5
Occupational therapy.....	2	.3	20	3.0	9	1.4	14	2.1
Physical therapy.....	1	.2	16	2.4	5	.8	15	2.3
Speech therapy.....	2	.3	19	2.9	7	1.1	12	1.8
Other.....	11	1.7	97	14.8	11	1.7	92	14.0
Undecided.....	0	-----	13	2.0	0	-----	10	1.5
Contrast students.....	1	.5	206	99.5	4	2.0	203	97.9
Medicine.....	0	-----	8	3.9	0	-----	11	5.3
Psychology.....	0	-----	13	6.3	1	.5	10	4.8
Social work.....	1	.5	9	4.3	1	.5	9	4.3
Special education.....	0	-----	1	.5	1	.5	3	1.4
Education.....	0	-----	79	38.2	1	.5	77	37.2
Nursing.....	0	-----	7	3.3	0	-----	3	1.4
Occupational therapy.....	0	-----	2	1.0	0	-----	2	1.0
Physical therapy.....	0	-----	1	.5	0	-----	1	.5
Speech therapy.....	0	-----	1	.5	0	-----	3	1.4
Other.....	0	-----	78	37.7	0	-----	79	38.2
Undecided.....	0	-----	7	3.3	0	-----	5	2.4

Table 4. Means and standard deviation, by groups, of information and knowledge as measured by a test on mental retardation ¹

Group	Pretest			Posttest		
	Number	Mean ²	Standard deviation	Mean ²	Standard deviation	Gain
Contrast students.....	206	30.073	7.14	30.136	5.53	0.063
Experimental students.....	143	30.937	4.77	36.762	5.93	5.825
SWEAT students.....	510	33.341	6.30	38.425	6.23	5.084
Professionals ³	48	49.792	3.55	-----	-----	-----

¹ Reference 1.

² Mean number of correct responses out of 56.

³ Member of American Association on Mental Deficiency.

scribed by Menolascino and Wolfensberger (9) to determine just what models are being presented to SWEAT students and if this model is one that we want students to emulate. The Federal legislation authorizing the program restricts it to a program to recruit persons for health or health-related careers. Therefore, students clearly interested in special education cannot be supported in future years.

There did not appear to be any major differences among types of facilities in relative effectiveness of recruitment. There were effective as well as ineffective programs in each type of facility. A more positive rating was generally assigned by students to facilities in which their knowledge of mental retardation increased (12). College sophomores seem to be at the age and educational level of persons most responsive to the SWEAT programs, as indicated by their statements of career choices in mental retardation.

There are no data for making a decision as to whether students should participate in such recruitment programs for more than 1 year. It may be that selected students could be effectively used as counselors for a new group of SWEAT students in the second year, or that some more meaningful program should be designed for them. It is not felt advisable to take all SWEAT students for successive years.

The present evaluative technique calls for a followup of all the SWEAT and contrast students at critical times, such as graduation from high school or college, when career decisions will have been made. These data will determine whether the primary objective of the SWEAT programs has been achieved. In the interim, the current data indicate a tentative recruitment gain to professions that deal with mental retardation.

Summary

In 1966 there were more than 700 students working with the mentally retarded as participants in 63 student work experience and training programs in 34 States. These summer programs were supported by the Division of Mental Retardation of the Department of Health, Education, and Welfare's Social and Rehabilitation Service. Four typical programs were residential programs in Conway, Ark.,

and Madison, Wis., a camping-recreation program in Carbondale, Ill., and a developmental evaluation program in a clinic in Memphis, Tenn.

The purpose of these programs was to make participating students more aware of opportunities in the field of mental retardation and to attract them to careers in the field. Data were gathered by tests and questionnaires administered before and after the programs. More than twice as many women as men were in the programs. College sophomores reacted most favorably to the program as measured by changes to the field of mental retardation in stated career intentions; graduate students indicated the fewest career choice changes.

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Cooperative U.S.-Mexico Health Programs

A Seminar on Environmental Health Planning, a direct result of a resolution passed at the 1965 meeting of the U.S.-Mexico Border Public Health Association, was held November 7-12, 1966, in Mexico City. The seminar, attended by many ranking health officials and experts, gave emphasis to topics of significant health importance.

One concrete result of the seminar has been the agreement to assign two engineers, one from each country, to the border area. Their role will be to develop practical and achievable guides for urban health planning and, when two adjacent border communities have been selected, to put these planning guides into operation.

A significant beginning was made during the past year toward rabies control on both sides of the border. The seriousness of this problem is shown by the fact that the four U.S. border States account for more than one-third and the U.S. border counties account for more than one-fourth of all the animal rabies reported in the United States. Some of these cases occur in dogs which cross the border from Mexico; in both countries much rabies exists in wildlife, chiefly skunks and coyotes.

With funds appropriated by Congress, the Public Health Service has contracted with the Pan American Health Organization and U.S. health authorities to provide saturation programs of vaccination and destruction of stray dogs on both sides of the border. These programs have been accepted so enthusiastically by the local communities in which they operate that they may soon become self-supporting.

The final emergence of a coordinated rabies program after years of earnest discussion and relatively futile unilateral effort illustrates the necessity and feasibility of developing unitary efforts between the two countries.

U.S. and Mexican health authorities are now discussing a pilot tuberculosis demonstration in the El Paso-Ciudad Juarez area. Plans are being made for a combined U.S.-Mexico Cen-

tral Registry of tuberculosis cases which will permit rapid intercity referrals.

Recently, 10 binational health councils have been established. These are local organizations which provide U.S. and Mexican health workers of adjoining border cities with opportunities to discuss common problems and plan coordinated programs. Obviously, with respect to communicable diseases, the proximity of populations and their constant intermingling require joint action for effective control.

A prototype of the binational health councils, the joint VD Council for El Paso-Juarez, has functioned effectively for many years in handling problems of venereal disease contact investigation so that, at the time of the last evaluation, 70 percent of cross-border contacts investigated were brought to examination. This record compares favorably with casefinding success for domestic tracing of venereal disease contacts. It is hoped that the newly created binational health councils, after effective methods have been developed for coping with language problems, will become deeply involved in coordinated health operations.

Progress is also being made in border personnel assignments from the Public Health Service and the Mexican Ministry of Health and Welfare. Federal personnel from both countries have been or are about to be assigned in environmental health, veterinary public health, and epidemic intelligence.

While all these programs are encouraging, it must be remembered that the level of health in the U.S. border counties is very low. And the Mexican area, while materially improving in health conditions during the course of the U.S.-Mexico Border Public Health Association's existence, still requires much effort on behalf of its people. Therefore, the Pan American Health Organization, the Federal health agencies of both countries, and the health departments of the border States envisage a continuing and expanding role for the association and its secretariat.