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Life and Times of Individuals with Mental Retardation: 40 years of history

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Life and Times of Individuals with Mental Retardation: The Employment Saga

Abstract:

If we look to the not so distant past, we see a history of lost opportunities for employment and the chance to meaningfully contribute to society for individuals with mental retardation (Murphy & Rogan, 1995). Many issues surround why these individuals have not been more included within our society, particularly in the employment sector. Fears, questions, and concerns abound when looking at these issues. Such questions are: Why would I want to hire an individual with mental retardation? How much cost is associated with various accommodations that may be required? What unknowns are involved in hiring a person with mental retardation? Are there any benefits to my business and to me as an employer? If so, what are they? How will my other employees respond to working side-by-side with a person with mental retardation? I have no training working with this population, how will I know what to do? The purpose of this article is to provide an historical look and insight into the issues surrounding these questions.

Introduction

As part of our history, we can now look back and answer these questions, waylay those fears, and address employers' concerns. Our answers depict a spirit of hope. It is one filled with positive growth experiences for our society as a whole. Federal and state legislative initiatives, advances in rehabilitation and assistive technology, as well as changes in societal attitudes have set the stage for a new and promising outlook of employment potential for citizens with mental retardation. No longer are there reasons to view individuals with mental retardation as an economic burden to their families and society. As members of the President's Council on Mental Retardation (PCMR) have stated:

Now, more than at any other time in our Nation's history, people with mental retardation are actively participating in the economic life of their communities . . . Various political, economic, and social forces are currently combining to create a unique opportunity that we should not disregard. We must expand upon those principles we know to be successful and summon the courage and resources necessary to solve the problems we have too long ignored. (PCMR, 1998, p. 15)

As advocates for facilitating change, we must continually revisit what we have done, what we are currently doing, and where we want to go in order to make productive changes. As we enter a new

millennium it may be helpful to depict some past and more recent profiles, snapshots if you will, of the lives, trials and accomplishments of individuals with mental retardation. Therefore, the purpose of this article is to examine perspectives that have set us upon this current stage. Specifically, we will highlight major events across the past five decades upon a timeline. This timeline will pinpoint those policies, philosophy, and practices that impacted the lives of individuals with mental retardation and their families. In addition, we will use personal profiles of individuals with mental retardation, their families and significant others as a comparative source of data. We hope this examination will shed light on past and present attitudes, and even misperceptions of individuals with mental retardation as competitive employees and members of society.

Each of the following scenarios represents a creation of a prototypical family, community, school climate, issues and social attitudes during that particular decade. Barbara is a young adult woman who during the 1960s was involved in the initial phases of integrating individuals with mental retardation into our workforce. Jose, a second-language learner, went through special education testing processes and the public educational system during the 1970s. Terrell is a young man brought up by his teenage mother in a single parent household during the 1980s. Rachel, born with fetal alcohol syndrome, is involved in a School-to-Work Youth Apprenticeship in the 1990s. Finally, what does the future hold for Mitchell, born with Down's syndrome in the 1990s?

These profiles are intended to encourage reflection concerning what helped and hindered employment and independent living for people with mental retardation. By comparing a core of specific information relative to each decade, we can better assess where we've been, our current status, and where we may go in the future.

The 1960s Scenario

In 1966, Barbara Jerry, a 23-year old woman with mild mental retardation, lived at home with her family and worked at a nonprofit sheltered workshop five days per week. Each day in the United States, approximately 30,000 other individuals with mental retardation were receiving similar services sponsored by State Vocational Rehabilitation agencies. It was believed that individuals with mental retardation were incapable of community employment and should be separated from normal workers and settings. Sheltered workshops in the U.S. offered supervision, training, and special care in a protective environment that would help retardates like Barbara learn the skills and discipline necessary to achieve some level of productivity. Her workshop utilized "individual goals and support services in a controlled environment to help her achieve her maximum potential as a worker." Barbara's nonprofit workshop paid her piece-rate for gluing cardboard cylinders, a subcontract obtained from a local business who had difficulty finding workers who would do such routine and repetitive tasks. Barbara's parents were largely responsible for her having had the opportunity for placement in an environment away from the home, which allowed for a small degree of independence. For individuals with less actively involved parents, the outcomes were not as positive.

The Jerrys', a typical working class family, had three children. Barbara, the second child, was born in 1943 without incident. Even though she looked normal, she crawled and walked much later than other children her age. At age three, her parents became concerned as they were still awaiting her first words. After some testing, the Jerrys' family physician determined that Barbara was mentally subnormal or mentally deficient, terms that had recently replaced feeble-minded. Doctors stated this condition was characterized by a state of incomplete mental development where Barbara would be incapable of adapting to the normal environment and would not be able to maintain an existence independently of

supervision, control, or external support. The doctors further stated that this condition was most likely due to some kind of biologic pathology resulting in arrested development, which was incurable. Because Barbara would never be normal, her parents were urged to find a place to leave her (i.e., an institution) so they could lead their own lives.

The Jerrys went against their doctors' wishes and kept Barbara at home, because they loved her and did not want to be separated from her. Their concerns multiplied as they were confronted with (a) long waiting lists, and (b) recent media exposes regarding the living conditions and state of neglect in public-run institutions and training schools. In 1950, when Barbara was seven, Mrs. Jerry read *The Child Who Never Grew* by Pearl S. Buck. Mrs. Jerry found strength in Buck's acknowledgment of being bewildered and ashamed about her own daughter with mental retardation. Buck's admonition to keep children with mental retardation at home during the early years encouraged Mrs. Jerry. Buck's book started a trend of parent confessional stories about children with mental retardation. Mrs. Jerry especially enjoyed reading Dale Evans Rogers' book, *Angel Unaware*, about her daughter with Down's syndrome, the proceeds from which helped launch the National Association for Retarded Children (NARC). Interestingly, this growing body of parent confessional literature was leading to the growth of voluntary information and advocacy organizations led by parents of children with retardation.

In 1954, the NARC organized radio and television spots sending a new message about mental retardation that: (a) people need not fear retarded children, (b) having a child with mental retardation was nothing to be ashamed of, and (c) children with mental retardation could be helped to develop their potential with proper education and support. Additionally, the NARC's first executive director persuaded President Eisenhower to declare a National Retarded Children's week. In the late 1950's, *A Child is Waiting* used mentally retarded children living at Pacific State Hospital, and sent the message that children with mental retardation could be helped but only after all the players in the child's life accept the reality of retardation.

As Barbara grew to school-age, her parents were unwavering in their refusal to place her in an institution, even though many authorities of that time touted institutionalization as progressive because practitioners were treating adaptive behavior. The Jerrys had been closely following debates concerning whether young people with disabilities truly benefit from segregated environments. They believed Barbara would benefit from and develop more rapidly in the loving, stimulating and caring environment their family support provided her. By the mid to late 1950s, many parents who had chosen to keep their children with retardation at home had combined forces in demanding services other than institutionalization for their children. Thus, Barbara's primary school years were spent attending an educational program in a facility sponsored by the local NARC chapter. This facility represented her community's response to parent advocacy efforts to secure educational services for children with special needs. Year after year, the Jerrys were involved in fund-raising activities to keep this special school afloat. As these parents worked together toward a common goal, they became more solidified and started advocating more for their children's rights.

In 1960, at age 17, Barbara finally entered a public high school that had just created special Work Study classes for students with mental retardation. This Work-Study program focused on the development of work attitudes and sought to teach Barbara general work behaviors. Various vocational tasks were broken down into their component parts, and Barbara practiced each part over and over again until she gained proficiency. By the end of the school year, Barbara had learned to independently gather her materials and then wash, rinse, and dry the sink, counter, and floor in her classroom. She would then replace her materials and ask the teacher to check each of the separate steps involved in these tasks.

The teacher used a task analysis checklist to evaluate Barbara's performance. In Barbara's Work Study classes she also studied prevocational skills such as personal hygiene, communication skills, and how to follow instructions. In a 1963 meeting, officials at Barbara's school arranged for her to advance to a sheltered workshop. Barbara wanted to be a cosmetologist. However, the workshop was the only postsecondary opportunity available to her.

Scenario created using information from: (Browning, 1997; Buck, 1950; Doll, 1941; Drew, Logan, & Hardman, 1984; Heber, 1961; Murphy & Rogan, 1995; Robinson & Robinson, 1976; Rogers, 1953; Tredgold, 1937; Trent, 1994; U.S. Department of Labor, 1979; Wechsler, 1958).

See [Appendix A - 1950s - 1960's Timeline](#)

The 1970s Scenario

In 1976, Jose was a stocky 16-year old who stood 5 ft. 4 inches in height. He attended a class for students with Educable Mental Retardation (EMR) in his neighborhood high school five days per week. One year earlier, landmark legislation, Public Law 94-142, was passed granting children with disabilities the right to a free appropriate public education (FAPE) in the least restrictive environment (LRE). As a result, each day in the United States approximately 728,000 individuals with mental retardation received special education services in public schools, and no longer in separate educational facilities. However, the least restrictive environment was determined on an individual basis; and for students with mental retardation, this was generally interpreted as a special class within the public school. For the most part, children with mental retardation were separated from non-disabled peers and general education settings. It was believed that specially trained teachers best served these students' needs in special situations. Furthermore, fully self-contained classes would protect EMR children from unnecessary failure, peer rejection, and damage to self-esteem. Jose's special classes had fewer students, thus, offering more chances for individualized attention and a curriculum that would prepare him for the type of occupation he might enter upon leaving school.

Jose was born in 1960 without incident, the first son in the Garcia family after four daughters. In 1955, Mr. and Mrs. Garcia moved to Los Angeles from Mexico. Although the Garcias learned to read and write English well enough to perform their respective jobs at the garment factory and wanted their children to learn English they were most comfortable conversing in Spanish. What English they did speak at home consisted of simple phrases. The Garcias were part of a growing number of U.S. Citizens with Limited English Proficiency.

Jose had a healthy, happy childhood until he entered school; at which time his difficulties began. Much of school was confusing to him. He did not understand why he had to sit in a chair rather than move around freely and make things like he did at home. At home, the only time he was told to "sit down and listen" was when he had done something wrong. There were very few books in Jose's home, and the books that were there did not have pictures of princesses, elves, or talking animals that wore people's clothes. While most of the other children in his class seemed familiar with these storybook characters, these concepts were foreign to Jose. During his Kindergarten year, Jose did not learn the alphabet as expected. He felt confused because his teachers used many words he did not understand, and he was chided for using wrong words to describe various colors and objects. Jose's mistakes were actually common characteristics (e.g., code switching) of children for which English is a second language (ESL). However, none of Jose's teachers had background or training in how to recognize such characteristics.

There were many times when Jose didn't understand what the teachers were asking him to do, and when frustrated, he would cry or stamp his feet. Soon the Garcias received a note from school stating that Jose's behavior problems were causing him to fall farther and farther behind academically, and that he should be retained and repeat first grade the next year. At the beginning of what should have been his second grade year, he was given an IQ test in English not his native language. It was determined that Jose was mentally retarded and the Garcias would need to find a place to educate him. The Garcias were shocked and bewildered. It had never occurred to them that their son was retarded. He didn't look like a mongoloid, and his physical development seemed appropriate for his age. In any event, the Garcias now faced the task of learning about mental retardation and educational options for their child. Jose's teacher told the Garcias to contact the Morenos, a couple who were quite active in the local NARC (National Association of Retarded Citizens) chapter.

The Garcia's were relieved when the Morenos explained that institutionalization was no longer the only placement option. The Morenos further explained despite the fact that many states still had laws regarding compulsory sterilization of those with mental retardation (a fear of Mrs. Garcia's); mental retardation was no longer considered an incurable disease or a product of bad breeding for which institutionalization and sterilization were the answers. During the 1960s, there was recognition that individuals with mental retardation had the potential to learn and that many adverse effects could be overcome with early intervention, good parenting, and stimulating learning environments. In fact, Mrs. Moreno shared the re-printed dairies of two young men with Down's syndrome who had been brought up in devoted, stimulating families. These dairies showed how good parenting might produce unusual positive results. The Garcias felt assured Jose could flourish in the caring, loving environment of their home. After all, Jose was walking, talking, and could dress and feed himself without assistance. He did not have violent outbursts or exhibit any self-injurious behaviors. Jose had already mastered the skills institutions sought to address.

Now the Garcias faced the task of finding a school that would take Jose. The Morenos pointed them to a few special schools in the greater Los Angeles area. Unfortunately, there were none of these schools in the Garcias' neighborhood. Jose was going to have to travel miles each day to go to a school far away from his sisters and other children he knew in school and in the neighborhood. It wasn't until 1972, when Jose was 12, that his neighborhood school started an EMR class. By this time, Jose was not self-reliant; he almost expected to fail. When asked a question, he would often sit quietly, wait, and watch the other children for cues. His teachers interpreted this behavior as being non-cooperative. Therefore, the Garcias received reports from school that Jose was noncompliant and his teachers would be using a relatively new method, behavior modification, to reduce the frequency with which these situations occurred. Education professionals in this era were just recognizing that misbehavior was often an inappropriate or inefficient use of a teaching technology/strategy rather than inability on the part of the learner. Jose's teachers believed the rate at which a behavior occurs depends on the type and frequency of reinforcement and these schedules of reinforcement could be manipulated. Therefore, they used various reinforcement schedules to modify Jose's verbal behaviors, academic learning, nonacademic classroom behaviors, peer-oriented behaviors, self-help behaviors, and work-oriented habits. Because learning could not be directly observed, it was inferred when the frequency of appropriate responses increased.

During this same period of time, much was happening in the larger disability community. When Geraldo Rivera exposed the atrocious conditions at Willowbrook State School in 1972, the Garcias' decision to keep Jose as home was validated. As the country learned how truly handicapping the experience of living in an institution could be, the local NARC chapter became more active. The Garcias and Morenos

attended meetings regularly learning about lawsuits regarding inhumane conditions and right to treatment in residential facilities. As institutions were under attack for being segregated and dehumanizing, segregated special schools similarly came under fire. The Supreme Court's 1959 decision that separate is unequal in *Brown v. Board of Education* influenced cases regarding segregating students because of ability. This was followed by a series of decisions that established the FAPE rights of children with mental retardation.

The Garcias tried to keep up-to-date on any new developments affecting Jose's education. As a result, they increased their involvement in the NARC chapter. Their English had been improving and by the mid 1970s they felt more confident communicating with school personnel. However, many of their friends and relatives were not bi-lingual. Therefore, they passed along relevant information and often played the role of advocate for other parents who had children with disabilities. As the Garcias heard of various litigation, they became particularly interested in two court cases in their State of residence, California, where there were two to three times more children of Spanish-surname and African-American families in EMR classes than were represented in the total population. These cases addressed the cultural and linguistic biases of IQ testing often leading to segregation of Mexican-American and African American children.

The Garcias were particularly interested in minority status, second-language learners, and the concept of the six-hour retarded child. This term described a large number of culturally disadvantaged (or socio-culturally deprived) children who were diagnosed as having mild mental retardation and who were placed in special classes. These children were classified as mildly retarded during the six hours they spent in academic settings, but functioned quite well outside school. This term seemed particularly relevant to their son Jose.

Until 1973, IQ had been used as the sole criteria in diagnosis of MR. With current trends questioning IQ biases adaptive behavior was added to the diagnosis. Public Law 94-142 changed that by requiring that multiple tests be administered and reviewed by a multidisciplinary team. PL 94-142 also changed some other things, such as the changes some other things as well. Prior to this law, one needed only to have an IQ one standard deviation below the mean. The American Association on Mental Deficiency (AAMD) also changed the IQ criterion from one to two standard deviations below the mean. Terms used to describe the levels of retardation were now mild, moderate, severe and profound as opposed to moron, idiot, and imbecile. When Jose entered high school in 1975, this new definition was incorporated into Public Law 94-142 declassifying 85% of the individuals had formally met the criteria for students with mental retardation. Therefore, the guarantee of FAPE was granted to all children with disabilities, except for those who had been cured of their retardation. Jose's IQ of 69 allowed him to continue attendance in his EMR class. Approximately half of his classmates were sent to general education settings. This practice met much trepidation by students and teachers.

As debates continued about the type of education that was most effective for EMR children, Jose's high school moved from a work-study program to a Career Education Curriculum. The Career Education Curriculum was aimed toward preparing students (with and without disabilities) for role of worker, citizen, family member and for becoming involved in meaningful leisure activities, and developing satisfactory friendships. This curriculum viewed a career as more than an occupation. A career encompassed all the productive activities engaged in during a day and through life. The Career-Education program at Jose's school focused on the development of life skills, affective skills, and general employability skills. In Jose's classroom he learned to wash clothes, cook food, ask for assistance when needed, follow directions, and became more aware of various careers. Jose was rewarded appropriately

for each task he learned. Within the school, Jose also explored several occupations. He explored custodial occupations by emptying wastebaskets after school; food service by bussing tables in the school cafeteria, and he was allowed to take an auto mechanics class. What Jose really wanted was a job outside of the school so he could earn some money. He wasn't sure if these prevocational skills (i.e., dependability, promptness, handling criticism, and safety regulations) would help him on a real job. School was so different from out there in the real world.

When Mr. Garcia heard that a new program, Special Olympics, was starting in their area, he was overjoyed. He was worried that Jose had no activities or friends outside of school. This seemed like the perfect opportunity. Jose had no motor difficulties, he was a great runner, and Mr. Garcia would like to see those skills more fully developed. Jose signed up; they had training practice each weekend and competition a few times per year. Jose now seemed well on his way. He was receiving some functional academics and vocational instruction in his school; he was involved in Special Olympics on the weekends. His parents had learned about the special educational system.

Scenario created using information from: (Baca, 1990; Beirne-Smith, Patton, & Ittenbach, 1994; Brolin, D. E., 1989; Brown v Board of Education; Browning, 1997; Diana v State Board of Education; Drew, Logan, & Hardman, 1984; Dunn, 1968; Kiernan & Stark, 1986; Larry P. v Riles, Lewis & Doorlag, 1999; MacMillan, 1977; Mills v Board of Education, Murphy & Rogan, 1995; PARC v Pennsylvania; PCMR, 1969; Rivera, 1972; Scheerenberger, 1964; Trent, 1994).

See [Appendix B - 1970's Timeline](#)

The 1980s Scenario

In 1987, Terrell Jackson, a tall thin 18 year-old sophomore was involved in community-based vocational instruction (CBVI) program at his neighborhood high school. This program was created through an interagency agreement between his school district and the local Division of Vocational Rehabilitation (DVR). In the past, work study programs had been sponsored by DVR. Now that transition services were mandated by law, schools across the country were responsible for developing and implementing programs to assist the 300,000 students with disabilities each year who were moving from the safety and security of school to the opportunities and risks of adult living.

Fifteen year-old Yolanda Jackson gave birth to Terrell in 1969. Being young and single, she did not admit she was pregnant, nor did she see a doctor until she was 6 months along. When Terrell was born 2 months premature at 3 pounds 5 ounces, he needed to remain in the hospital a few days. The doctors seemed concerned; Yolanda hoped there would be no long-term adverse effects. During the first few years of Terrell's life he was frequently cross and ill. Because Yolanda did not have a job or insurance, and did not see a doctor, she never knew if any of these illnesses were serious.

When Terrell was two years old, Yolanda's mother told her she would need to find a place of her own. So, Yolanda applied for Aid to Families with Dependent Children (AFDC) and within a year moved into her own apartment in a public housing community where several of her classmates were living who similarly had their high school experiences cut short by the birth of a child. Yolanda's apartment was small, dark, damp, had paint chipping from the walls and windowsills, the faucets were constantly dripping; and no matter how hard she tried, the roach infestation never completely went away. Terrell had irregular sleep patterns. Yolanda was concerned that he always seemed tired and lacked the energy

to do things most children his age enjoyed. Their apartment was loud and it seemed as though they rarely made it through a night without being awakened by a loud party or domestic dispute. Therefore, she didn't know whether Terrell's lack of vitality was due to a medical problem or their living situation. Now that she was on AFDC, she could finally take Terrell to a doctor who would accept Medicaid.

The next time Terrell got sick, Yolanda took him to the doctor, who asked questions about his speech, coordination, and self-help skills and about their living conditions. At age four, Terrell was still was not talking in more than single-word sentences. The doctor explained that there might be some developmental delays; which is not uncommon for low birth weight babies. She further explained to Yolanda that low birth weight babies are at significant risk for cerebral palsy, deafness, autism, epilepsy, and mental retardation. In discussing their living situation, the doctor asked about paint chips. Yolanda reflected back to the times when Terrell was small and putting everything he could find into his mouth. The doctor mentioned the possibility of lead poisoning and its association with brain damage, learning and behavior problems, hearing problems and stunted growth. While it was impossible to tell conclusively whether these things affected Terrell, the doctor was concerned that combinations of factors were working against him. Therefore, she recommended a program, Head Start, a relatively new program, that provided comprehensive health and education services for low-income pre-school children. The aim of this program was to ameliorate some of the delays often experienced by these children. Terrell and Yolanda most certainly fit the profile and eligibility requirements.

Yolanda enrolled Terrell in a Head Start program at the Community Center one block from their public housing complex. She was encouraged to stay with Terrell and participate; after a few weeks, she felt comfortable doing so. Together Yolanda and Terrell would make books using pictures from magazines glued to construction paper. They had no books at home, so Yolanda enjoyed learning how to make such things inexpensively. She also learned to make other toys and learned various games and activities. She even shared many songs from her own childhood during Leading Circle time. The director encouraged any kind of activity that would share each family's unique cultural heritage. It made Yolanda feel good to contribute to Terrell's class.

Things around their household changed quite a bit during that year. The importance of reading was stressed, and Yolanda decided that she needed to become a better reader, and obtain a high school diploma. Therefore, she enrolled in an adult education program to get her General Education Diploma (GED). The GED classes were not easy for Yolanda, but she was determined. She also became a parent volunteer at Head Start where she was learning all kinds of things. This was an exciting time for her. She learned about language development, nutrition and proper diets for herself and Terrell, and what she could do at home to help Terrell's cognitive development. At the end of Terrell's first year in Head Start, the director asked Yolanda if she had considered a career as a Child Care Provider. The director gave Yolanda a brochure describing an Associate of Arts (AA) in Child Development offered at the local community college. The target group for this program was young AFDC mothers for whom Division of Vocational Rehabilitation Services would pay the tuition, childcare would be provided, and volunteering at a supervised Head Start location would meet the practicum requirement. It seemed too good to be true. This is exactly what Yolanda wanted and needed.

During this same time, Terrell was preparing for Kindergarten. In doing so, he had his first medical checkup (including hearing and vision tests) by the Community Center's on-site doctor. In previous years, Terrell had only seen a doctor when he was sick. This visit was different. It was in an office, not an emergency room. And he received some immunization shots and a sugar cube to "prevent" him from getting sick. He was now, at the age of six, ready to enter his neighborhood elementary school.

Terrell started Kindergarten in the fall of 1975. He still didn't speak much; he usually just pointed to things. Terrell often didn't understand what his teacher was asking him to do. He was afraid to ask because his teacher scared him. The more his teacher made him feel inadequate, the more he withdrew. As time went on, Terrell learned to become almost invisible. It wasn't easy because there were so many needy children in his class; they took up most of the teacher's time. Terrell hated his first two years of school. When he was at school, he sat quietly and tried not to talk. He didn't like how the kids made fun of the way he talked, and the teachers just got mad at him.

In second grade, Terrell's teacher made a referral that he be tested for special education services. The teacher reasoned that his speech and language were delayed; he was not yet reading, he slipped into a fantasy world quite often, and she used the words hyper-vigilant and withdrawn to describe his behavior. Terrell underwent a series of tests administered and interpreted by a multidisciplinary team. It did not surprise Yolanda that Terrell's tests indicated he was slow. He'd always been a little behind children his age in cognitive, language and motor tasks. But, the diagnosis of mild mental retardation seemed inappropriate for him. Terrell didn't have facial features or anything like other children with mental retardation she'd known. She remembered the doctor talking about developmental delays. But, she never thought of these delays as retardation.

A meeting was called to develop Terrell's Individual Education Program (IEP). Yolanda had a difficult time making it to this meeting. She was now working at a Day Care Center and these meetings cost her a day's pay. This was a stressful time. Not only did Yolanda have to come to terms with Terrell's retardation, but also their Medicaid and AFDC cash payments had just ended. They still received a housing subsidy and food stamps. But, earning slightly above the minimum wage and having no health insurance did not provide much security. Yolanda almost felt penalized for finishing school and going to work. She told herself over and over again; they would be all right as long as neither of them became ill.

The primary objective of Terrell's IEP meeting was to determine the least restrictive environment for him. Public Law 94-142 had been passed two years earlier, so there was no question about whether Terrell could still attend his neighborhood school. It was decided that Terrell should enter a special education classroom to "reduce extraneous environmental stimuli" that might be frightening him. His IEP goals included self-care goals such as feeding, dressing, and personal hygiene. Current functioning level was determined through the use of task analysis. He also had fine and gross motor goals such as running, jumping, skipping, and how to manipulate objects like a pencil or a spoon. For example, one of his goals involved learning (through behavioral chaining) the 18 steps for the proper use of a spoon. It was agreed that Terrell needed goals that would get him ready to learn. Terrell's teacher started using a method called applied behavior analysis (ABA). Research journals publishing articles about this method were gaining in popularity and teachers were encouraged to use ABA to visually chart progress towards accomplishing IEP goals. Yolanda liked the way that sounded, but was surprised there were no "communication" goals on Terrell's IEP. Since he began school, she had been told he was quiet, even uncommunicative. The teachers said it was behavioral. Yolanda thought he may need a speech therapist, but didn't know to ask for such related services. After all, these people were experts in special education; they must know what's best. In fifth grade, it was decided he wasn't just being difficult and speech therapy was finally added to his IEP. Terrell continued to receive special education services in a separate classroom throughout the 6th grade.

Terrell entered seventh grade and had to adjust to a new school, a junior high school. Now the LRE now included some mainstreamed general education classes, usually for electives. His IEP now stated that he would be integrated into general education art/music, physical education and woodshop. He was in a

"part-time special class" for academic subjects with one special education teacher who had the primary responsibility of implementing his IEP. He also attended assemblies, field trips, and other school-wide activities. Terrell's IEP stated his arrangements "had the advantage of an unthreatening academic setting along with integration into the social mainstream." Research has shown there were social benefits to mainstreaming that were equal to or outweighed the academic benefits for children with and without disabilities. As educational debates continued, Regular Education Initiative (REI) proponents asserted that total segregation leads to unnecessary stereotyping, unnecessary rejection, and uninformed educational decision-making. REI opponents stated that mainstreaming was in direct conflict with national education goals of increased standards and higher graduation requirements. Terrell and Yolanda didn't know which was right; they just knew that Terrell liked being with some of the "regular" kids that he'd been separated from for so long. Interestingly, during the 1970s, the special education spotlight was on elementary-aged students. In the 1980s, the focus shifted to secondary education, and Transition from school to adult living became a national priority. Terrell and his age contemporaries became the focus of attention.

During the 1980s, calls for educational reform were commonplace. Schools were criticized for being dangerous, ineffective, and with too many students exiting functionally illiterate. Others argued that the current secondary school system largely focused on inappropriate college for the Forgotten Half who do not attend postsecondary education. Therefore, special education focused on a more functional curriculum teaching reading, language, and arithmetic in the context of daily living activities. Special education professionals also recognized that in order for a behavior to be generalized, the behavior must be taught across persons, settings, and subjects. If students were to perform functional skills in the community, the learning must occur in the community.

Community-Based Vocational Instruction (CBVI) focusing on Transition replaced Terrell's integrated general education classes. His special education class focused on functional academics. Each afternoon he would take the bus to the City and County building where his CBVI program had a contract to perform custodial services. All of Terrell's classmates had community work placements in food service, housekeeping, custodial services or auto detailing. Terrell's CBVI program also included job placement and follow-up after completion of the program and school coursework. Terrell liked that he was expanding his circle of friends to include older people including those who rode the city bus with him each day after work.

Terrell and his peers were the first group of students to go entirely through their schooling under Public Law 94-142. As a result, he and his classmates were part of the National Longitudinal Transition Study of Special Education Students mandated by Congress to gather follow-up data. Terrell's life seemed to be quite typical of the study's findings. Two years after he graduated high school with a certificate of completion, he was employed part-time, earned just slightly above the minimum wage, and still lived at home. Like a large proportion of his cohort, Terrell was African-American and poor. Unlike one-third of his classmates, he did not drop out of school. Terrell attended occasional dances and social activities sponsored by Easter Seals and The Arc. Almost every Saturday Terrell would go with one or both of his best friends from school to the park, the mall, or his favorite - the movies. He even happened upon movies that were being made depicting individuals with challenges similar to his own. Some of these movies featured his favorite actors -- What's Eating Gilbert Grape with Johnny Depp and Rain Man with Dustin Hoffman.

Scenario created using information from: (Browning, 1997; Kiernan & Stark, 1986; Kronenwetter, 1993; Mahaffey, Annest, Roberts, & Murphy, 1982; Murphy & Rogan, 1995; Polloway, 1984; Trent, 1994; Wagner, Blackorby, Cameto, & Newman, 1993.)

See [Appendix C - 1980's Timeline](#)

The 1990 Scenario

In 1998, Rachel Gordon, a senior in high school, stood 5'3" with beautiful long brown hair and green eyes. In the early years of her schooling, she had the diagnostic label of mild mental retardation. Now her special learning needs were described using the terms intermittent to limited support. She was well known by classmates in general and special education for her sense of humor and her willingness to try new things. She was involved in a School-to-Work Youth Apprenticeship 20 hours per week at a local hospital, and had been involved in integrated vocational classes within the health occupations cluster since ninth grade.

Rachel was one of approximately 594,025 individuals with mental retardation who received special education services in their neighborhood public schools. Since her sophomore year, one half of her school day had involved vocational education and community-based instruction. Rachel's parents were responsible for her physical education outside of school. The other half-day included one period per day where she received direct instruction in language arts. As part of this placement, she also received assistance in completing her general education assignments in science and social studies. Because many of the assignments in these classes involved cooperative learning groups, Rachel was able to succeed with the help of her peers and this additional resource-class assistance. In her general education mathematics class she was assigned a peer tutor, Melanie. Several high prestige peers, like Melanie, received an elective credit for helping another student meet their academic and social IEP goals. Melanie, senior class vice president, enjoyed Rachel's company at school social events such as basketball games, dances, and school plays. A few times, they had done things together outside of school like going to a movie or the mall. Melanie introduced Rachel to her friends. Rachel's Circle of Friends widened significantly during her high school years. She now felt comfortable calling classmates to do something after school or on weekends. Rachel also made new friends with co-workers at the hospital. Everyone seemed to like Rachel.

Rachel's high school had chosen health and human services career clusters for their School-to-Work program, with an accompanying 2+2 Tech Prep Program with the local community college. Under a plan by the U.S. Department of Labor and the Workforce Investment Act, Rachel's school entered into a School-Business Partnership with a local hospital creating an interagency agreement with the state's Department of Social Services. This agreement allowed for paid apprenticeships. Under this grant, the school needed to increase the number of women served in such programs. It also allowed students to have several job shadowing and job try-out experiences before choosing their career major.

Rachel's beginnings were not as rosy. Rachel was born with Fetal Alcohol Syndrome (FAS). Her birthmother, Sarah began drinking on a regular basis in high school. By the time she was 20, she had graduated to cocaine and marijuana. At the age of 25, she became pregnant with Rachel. Sarah, like most pregnant women who are addicts, was a user of multiple drugs including alcohol. She knew that approximately 5% of all birth defects are associated with prenatal exposure to alcohol and that alcohol abuse is the leading cause of mental retardation in the U.S. Unfortunately, Sarah, like 739,000 other women who used drugs during pregnancy that year, didn't worry because she was a recreational user,

and birth defects happened to children of women who had real problems with drugs and alcohol. Like many women addicts, Sarah lived with a man in an abusive and exploitive relationship, whom she feared telling that she was pregnant assuming he'd leave her. Like many addicted mothers, Sarah did not seek prenatal care. She avoided medical services for fear she'd be reported to the authorities for illegal drug use. As a result, she did not see a doctor until the 6th month of her pregnancy, at which time she could no longer hide it. By this time, she was not only using alcohol and drugs, she was also stressed, anxious, and suffering from depression.

When Rachel was born, there were some obvious physical characteristics noticed such as mild facial abnormalities, her smaller-than-normal head size, and she was a preemie -- tiny. Sarah's blood alcohol level was checked. The doctors were concerned even further when they found traces of cocaine in her urine. Sarah, with great hesitation and guilt, admitted to doing cocaine that may have precipitated the premature labor. Rachel was one of the 2.6 million alcohol exposed and 459,700 drug exposed infants born that year.

With increased drug use by women of childbearing age in the 80's, there was also an increase in out-of-home placements for infants and toddlers. In Sarah's case, Social Services was called almost immediately. Sarah was required to talk to a nurse and social worker regarding specific care for her drug exposed infant, and other related concerns of which Sarah should be aware. Rachel's father was infuriated that undue attention has been brought to their lifestyle. Sarah agonized over what to do; he was becoming more abusive. She could handle the abuse; after all she was an adult. But, what about the baby? Sarah, getting more depressed, finally agreed to put the baby up for adoption, at which time Rachel was put into an emergency placement foster home.

Such chaos and displacement exacerbated the appearance of some of the common characteristics of infants born with FAS. Rachel was a very distressed little baby. Her foster parents found her more difficult to handle during feeding and bathing than most infants her age. Rachel was extremely irritable; she resisted being held or dressed, and was not easily soothed. Her foster parents were concerned that she showed depressed interactions during feeding and play. During Rachel's first year of life, she showed signs of delayed development. Social services continued to work diligently to find suitable adoptive parents. It was clear that with passing time, Rachel's chances for a stable environment was becoming less optimistic.

At about thirteen months of age, Rachel's situation turned for the better. A family had been identified who wanted to meet Rachel. They were thrilled about the possibility of adopting a child. They were told about Rachel, saw pictures, and instantly fell in love with her. They had been on the adoption waiting list for three years. Eager and most enthusiastic, the family began making conscientious efforts to learn about FAS infant attachment issues as well as infant bonding in temporary placements. Rob and Sharon Gordon, the adoptive parents, involved their two older children in learning about how to provide a secure, health, and supportive environment. The children were thrilled at the prospect of a baby sister. While they were excited about their new arrival, the family still had a touch of apprehension about whether or not they would be able to meet the needs of a special child.

When 14 months old Rachel was placed in the Gordon's home, and formal adoption procedures began. This was one of the 127,000 adoptions in the U.S. that year, 15% of which were adoptions of children in foster care. Rob and Sharon started counseling with a social worker that told them that the extent of Rachel's mental retardation would not be known for some time. However, the social worker emphasized that with a stimulating environment and proper nurturing, Rachel's special needs could be optimized.

They received training and were visited periodically over the next 12 months. This was all part of the adoption procedures. Social Services talked to their older children's teachers; they talked to neighbors, and thoroughly evaluated the Gordons' fitness as parents. During this year-long scrutiny, as Sharon and Rob called it, they learned a lot about Individual Family Service Planning (IFSP) and the support services available to them. Sharon was strongly impressed by the fact that family-centered early intervention seemed a powerful means by which to break the cycle of abuse, neglect, and feelings of abandonment. The Gordons were aware of what needed to be done to ensure positive outcomes. In fact, Rachel's restlessness, sleep problems, and difficulties with transitions made their family even more attentive to the need for constancy, structure, and socialization for the next few years. They knew these were critical elements in helping Rachel make a successful move into school where independence, trust, and positive self-image are so important.

In elementary school, Rachel had many therapeutic needs as well as many social behavioral needs. These needs were addressed in a self-contained classroom (e.g., occupational and speech therapy). The self-contained classes were divided into physical, learning, and behavioral supports as opposed to the traditional categorical groupings such as MR, LD, BD or severe classes. Rachel needed both learning and behavioral supports. Therefore, she attended two classrooms at various times during the school day for delays in language and attentional problems. In special education it was being recognized that a person's disability touches all aspects of their life -- not just in school. Ecological assessment was coming of age during the 80's, so Rachel's IEP team began looking at all the ecologies where the Rachel functioned: school, home, and community. This, of course, meant involving the family in determining Rachel's educational, social, and life needs and it was the beginning of a long-term collaborative relationship among Rachel's school teachers and her family.

Mental health service providers worked with Rachel in the classroom and at home so that both school personnel and the family would be involved in the development of social skills and behavioral self-control, her most pressing needs. It was fortunate that her elementary teachers like her mother, was of calm temperament and made every attempt to support a balanced school environment that minimized sources of complications (irritations). Through peer assistance, highly systematic and organized schedules, and consistency across all her life spaces Rachel began to be more tolerant of frustration and external stimulation.

Even though Rachel had many friends and good social skills, she was strong-willed and got stressed-out quite easily. Teachers described her behavior as noncompliant. A functional analysis was planned to determine (a) the relationship between her noncompliance and environmental events, (b) what function her behavior served and it also involved, and (c) systematic observation, ABC analysis, and structured interviews. Results were directly linked to an intervention plan.

Throughout elementary school many positive, new, and challenging events took place to further impact Rachel's future. Her parents maintained a high profile and constancy in participating with and providing information to the IEP multidisciplinary team that was advocating jointly for Rachel. School and outside friends, educational assistants in school, and an inclusive approach to her education promoted Rachel's growth. She was even introduced to what would become her lifelong vocation and passion... health care, working to help people sick in hospitals.

Fortunately, Rachel's middle school embraced school renewal and many of the productive middle school concepts such as an advisory period and interdisciplinary teaming. This School-Community Based Management (SCBM) school used collaborative site-based decision-making and was well known for its

high level of parent involvement. Fortunately for Rachel, the teachers at her middle school had received Tribes training to build an inclusive community of learners, based on mutual respect, and appreciation and acceptance of diversity. The stage was set -- an atmosphere of tolerance, working collaboratively, valuing differences, parent involvement, and school staff committed to making positive change.

During high school, Rachel and her parents were once again experiencing new ideas, contacts, and opportunities. Her parents listened eagerly as parents from The Association for Persons with Severe Handicaps (TASH) spoke about social inclusion -- something in which they would later become strong proponents. Rachel had a difficult time adjusting to so many different teachers and going to so many different classes. But then again, so did many of her classmates without disabilities. Some even had difficulty with various academic subjects or particular assignments. In response, Rachel's middle school set up a Content Mastery lab staffed throughout the school day with certified special education teacher(s). They helped anyone, not just children with disabilities struggling with homework or other assignments. The Content Mastery Lab teachers were also available to provide support and to consult with the general education teachers on how to make the curriculum accessible for all children. With entry to high school, not far behind was making money and getting a job, transportation and getting around, boyfriends, college and financing -- all those young adult things. After numerous job try-outs, Rachel learned that she did not want to work in food service or in housekeeping; and that she did, in fact, like health care. At the same time, Rachel's older sister taught her to ride the city bus explaining to Rachel how uncool it was to have your parents drive you places. Her sister felt it was important for Rachel to be able to get around the community independently. The Gordons agreed. They wanted her to be more independent as she moved into high school.

During the summer between Rachel's freshman and sophomore year, she volunteered at the hospital with her mother. Interestingly, the high school health occupations teacher, Ms. King, was also working at the hospital through a summer externship program called Teachers in the Workplace. Rachel got to know Ms. King and definitely knew she wanted to take classes from her the following school year. During Rachel's junior year, she further learned what was necessary to pursue her specific career major as a nurse's assistant. She took keyboarding, basic office machines, and a health occupations class every semester. Her family was interested in helping her now explore the academic skills she would need for community college entrance. With her older brother and sister willing to serve as tutors, Rachel's parents explored the kinds of campus support available for students with disabilities. Rachel's vocational rehabilitation counselor was involved throughout, giving suggestions, and explaining where financial and learning assistance could be provided.

At the beginning of her senior year, Rachel took the ChoiceMaker Self-Determination Transition Assessment, a curriculum-based assessment that was used in her Present Levels of Performance (PLOP). This assessment tool also tied directly to her Self-Directed IEP. Rachel, as usual, was prepared for her next and most important IEP meeting to discuss her future education goals and plans. At this meeting, goals were created that would lead Rachel specifically into a Tech Prep Nurse's Assistant Program at the community college. Her long-term goal was to be responsible for routine personal care (such as bathing and feeding) of residents in a long-term care facility or patients in a hospital. After a few years of supported training, she would take the exam to become a certified Nurse Assistant. While these certificate programs at the community college were usually completed in approximately 6 months, the Gordons had talked to the community college student support department, to plan for an extended period of study. The local school district was responsible for providing transition services until Rachel's 21st birthday. Therefore, Rachel's IEP included an agreement between the school district and vocational rehabilitation to support her for the next two years at the community college. The Gordons had invited

the director of the community college's Programs & Services for Students with Disabilities, agreed to this arrangement.

As blossoming opportunities were abounding, Rachel became involved in the Best Buddies program sponsored by Special Olympics, a well-organized group in her community. She had been a Special Olympics participant for over 6 years, but she wanted to participate in the social as well as physical fitness aspects of their programs. Rachel enjoyed meeting people outside her high school. She found out that there was a Best Buddies Colleges program, which promotes friendships between college students with mental retardation and non-disabled persons. Rachel thought that might be a good idea to get advice from someone who wasn't paid to be her counselor. Rachel was a great model of someone who had not only overcome many odds in her life but also was an independent spirit willing to go the distance. She had determination, she had a family who had faith in her, she had a hard but successful growth from childhood to young adulthood; and she was now entering into a new world. Rachel was becoming what all parents would love to see their own children become: self-sufficient, hardworking, and happy.

Scenario created using information from: (Bauer, & Shea, 1999; Burkett, Yasin, & Palow, 1990; Gibbs, 1995; Heward & Orlansky, 1988; Hewitt & O'Neill, 1998b; Jenkins & Sileo, 1994; Kirk, Gallagher, & Anastasiow, 2000; Lozada, 1999; Martin & Marshall, 1996; Streissguth, Sampson, & Barr, 1989; Turnbull, Turnbull, Shank, & Leal, 1997; U.S. Department of Education, 1998; Vincent, Poulsen, Cole, Woodruff, & Griffith, 1991; William T. Grant Foundation, 1988).

See [Appendix D - 1990's Timeline](#)

Looking to the Future. . .

The Trumans wanted to establish their careers before starting a family. Now in their 40s, they were wondering if they'd waited too long. In 1992, however, they did finally get their wish when Mitchell was born. The doctors explained that his small flat nose, small mouth, and slanted eyes with epicanthic folds are the physical characteristics of Down's syndrome. Mitchell was one of the 125,000 children born with mental retardation in the U.S. each year. The doctors further explained that the extent of Mitchell's cognitive impairment, or mental retardation, would not be known for several years and it could vary widely. The Trumans felt blessed that Mitchell did not also suffer from a heart defect or intestinal malfunction, abnormalities which are quite common in children with Down's syndrome. In 1992, AAMR came out with a new definition that distinguished levels of MR according to intensity of support needed. Whether or not this would have grave impact upon Mitchell and his parents are yet to be seen. Whether or not most states use this definition for special education eligibility determination or to define levels of mental retardation is an ever-dynamic proposition. Time is on our side?

Before Mrs. Truman left the hospital a parent group contacted her about a weekly support group that included parenting classes about the special needs of a child with Down's. Many more parents attended than the Trumans anticipated. Down's syndrome is evident in 1 out of every 600 births and that rate increases as the parents get older. The Trumans were so grateful to not be alone nor so terribly misunderstood. Their guilt and disappointment was fading away as other parents talked about their children with such joy at these meetings.

During the first 2 years of Mitchell's young life, there were significant changes in the provision of services for the 0-3 populations. Maternity leave benefits changed over the last 20 years. With better early intervention, better nutrition, and hopes for children born to older parents, Mitchell's life looked promising.

As we enter the new millennium, the past decade has been inundated with technological advances. So, it is not surprising that the Trumans found a growth chart published by Pediatrics on the Internet. Parents needed normative comparisons for their children with Down's syndrome like parents of children without disabilities who use growth charts to determine their child's progress. The Trumans had accessed other web sites regarding MR and parent support groups as well. Eventually Mr. Truman, a computer software engineer, created a web site for parents of children with Down's syndrome. By 2000, quite a list had been placed on the website of readings for parents, siblings, and anyone interested.

Mitchell enrolled in an integrated pre-school where he was actively involved in the MAPS McGill Action Planning system. My how things have changed since Barbara's childhood! By the time Mitchell came into this world, Special Olympics was providing athletic competition for more than one million athletes with mental retardation in nearly 150 countries and all 50 states in the U.S.

What is Mitchell's vocational potential? What opportunities await him? In 1994, the PCMR publication, *Journey of Renewal for All American*, reviewed the decade that had passed since its 1983 report and found that the contemporary employment status of Americans with mental retardation is one of underachievement. It is clear that as the decades have progressed, so too have the issues and concerns regarding individuals with mental retardation as employees.

Discussion

Despite the undeniable progress of the past 25 years, many problems remain. The majority of adults with mental retardation continue to be excluded from the nation's work force, unable to obtain or maintain employment. Yet, at this time in our history, we have a chance to dramatically improve the employment opportunities of Americans with mental retardation. Various political, economic and social forces are currently combining to create a unique opportunity that we should not disregard. We must expand upon those principles we know to be successful and summon the courage and resources necessary to solve the problems we have too long ignored.

These scenarios briefly described those policies, philosophies, and practices that have significantly impacted the education, the services afforded, and the overall lifestyles of individuals with mental or cognitive impairments. Now more than ever, the vital importance of a philosophy that drives independence, that helps define our curricula, that effect teaching strategies, that prepare the students in our public schools to enter society, that help to make strong, health, individuals who fit within our communities (the system) is needed.

The quality of life, attitudes, and individual perspectives of the lives of individuals with mental retardation have changed significantly since the early years of special education. The vast array of potentials and opportunities currently afforded most people with disabilities has opened a whole new world of life options. Choices regarding college, independent living, transportation, and even marriage have altered the world of people with disabilities. In a current PCMR report, one individual is quoted as saying:

"For the first time in my life I am experiencing the quality of life that is standard for a person without disabilities. I have been given the opportunity to live my life as I choose. I have a good life, not just by the standards of any person. I now realize what I have been deprived of and what I can expect in the future. The limits that were place on me have been eliminated, although I still have my disability."
(Hewitt, & O'Neil, 1998a, p.1.)

Brief scenario and questions for the future created using information from: Hewitt & O'Neil, 1998a, b, c, d; Turnbull, Turnbull, Shank, & Leal, 1997).

Appendices

Appendix A - 1950-1960's Bullets

Appendix B - 1970's Bullets

Appendix C - 1980's Bullets

Appendix D - 1990's Bullets

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Organizations & Advocacy Groups:

The American Association on Mental Retardation (AAMR)
444 North Capitol Street, NW
Washington, DC 20001-1512

The ARC (Association for Retarded Citizens)
500 East Border Street, Suite 300
Arlington, TX 76010

Association of Birth Defect Children, Inc.
930 Woodcock Road, Suite. 225
Orlando, FL 32803

The Association for Persons with Severe Handicaps (TASH)
29 W. Susquehanna Avenue
Baltimore, MD 21204

People First
P.O. Box 12642
Salem, Oregon 97309

National Association for Perinatal Addiction Research and Education
11 E. Hubbard Street, Suite 200
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Office of Special Education Programs
U.S. Department of Education
330 C Street, S.W. (Room 3086)
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Office of Special Education and Rehabilitation Services
Mary E. Switzer Building
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Center for Independent Living
2539 Telegraph Avenue
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Foundations:
The Joseph P. Kennedy, Jr. Foundation
1325 G Street, N.W., Suite 500
Washington, D.C. 20005_4709

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Multimedia

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What's Eating Gilbert Grape? (1994, PG-13, U.S., 120 minutes). An adolescent provides support and encouragement for his younger brother with mental retardation.

Forrest Gump. (1994, PG-13, U.S., 142 minutes). Life story of a southern man with cognitive impairment.

Of Mice and Men. (1981, U.S., 120 minutes). Life story of a man who must fight for the rights of his brother who has mental retardation.

Legislation

Elementary and Secondary Education Act of 1965, Title I (20 U.S.C. § 2701 et seq.)

Public Law 88-210, Vocational Education Act of 1963

Public Law 88_352, Civil Rights Act of 1964

Public Law 93-112, Vocational Rehabilitation Act of 1973, Section 504

Public Law 94-142, Education for All Handicapped Children Act of 1975 (20 U.S.C. § 1400et.seq.)Public Law 98-527, Developmental Disabilities Assistance and Bill of Rights Act of 1984

Public Law 101-336, American's with Disabilities Act of 1990 (42 U.S.C. § 12101 et seq.)=

Court Cases

Brown v. the Board of Education, 347 U.S. 483 (1954).

Diana v State Board of Education, Civ. No. C-70-37 RFP (N.D. Cal. 1970 & 1973).

Larry P. v Riles, 343 F. Supp. 1306 (N.D. Cal. 1972), aff'd 502 f.2D 963 (9th Cir. 1974).

Pennsylvania Association for Retarded Citizens v Commonwealth of Pennsylvania, 343 F. Supp. 279 (E.D. Pa. 1972).

Mills v Board of Education, 348 F. Supp. 866 (D.D.C. 1972).

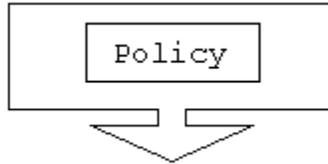
Brown v District of Columbia Board of Education, EHLR 551:101 (D.D.C. 1978).

Timothy W. v Rochester School, N.H. School District, 875 F.2d 954, 54 Ed.Law Rep. 74 (1st Cir. 1989).

Honig v Doe, 484 U.S. 305, 108 S. Ct. 592, 98 L. Ed.2d 686, 43 Ed.Law Rep. 857 (1988).

Appendix A

1950's - 1960's Timeline



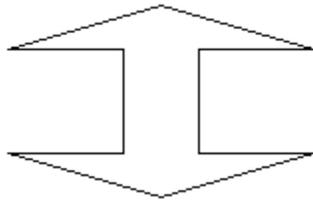
Legislation

1963: Vocational Education Act of 1963

1964: Civil Rights Act

1965: Elementary and Secondary Education Act, with

special programs to assist disadvantaged & "handicapped"



formed

1966:

Bureau of Education for the Handicapped was

Philosophy

Conceptualization

Research

1958: **Weschler, intelligence based**

- Borderline IQ = 70-79 • Moron IQ = 50-69
- Imbecile IQ = 30-49 • Idiot = 29 & below

1959: **Dr. Rick Heber, Chair - Amer. Assoc. on**

Mental Retardation, Terminology &

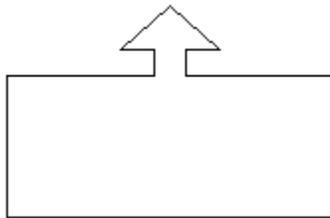
Classification Comm. ground breaking def. w/ intell.

Ability & adapt. beh

- Borderline IQ = 69-83 • Mild MR IQ = 52-67
- Moderate IQ = 36-51 • Severe MR IQ = 20-35
- Profound MR IQ = 19 ↓

1964: **Scheerenberger, educability expectations**

- Dull Norm IQ = 75 80/90 • Educable IQ = 50-75



placement for students with more severe disabilities

Emergent Research

- post-school adjustment
- post-institutional adjustment
- vocational rehabilitation outcome

1966: **President's Committee on Mental Retardation**

1968: **Lloyd Dunn**

- efficacy of students with mild disabilities
- placing in special classes
- questioned the use of "*disability labels*"
- recommended labels describing the *nature of education services*
- emphasized importance of special education

- Trainable IQ = 20-49
- Custodial IQ = 20 ↓

1969 **Bengt Nirje** publishes on normalization

Practice

Programs

Incidence

Work Study Programs: focus on work attitudes

& work study skills including;

- prevocational in sheltered workshops
- job tryout or vocational adjustment
- supervised vocational placement
- adjusted academic plan coordinated w/ vocational program

Self-contained special schools and classes: proliferate in schools yet advocates such as Dunn (1968) questioned if educational and civil rights were being violated as such

Sensory Training

Personality Development

1968: **Special Olympics** founded by Eunice Kennedy Shriver

1954: The ARC founded by group of concerned parents

1961: President Kennedy calls for a national agenda on MR

1948-1966: **up 400%** MR's served in public schools

1960's: **90%** all schools provided MR programs; all but 10% segregated

1960's: **145,230** with mild MR received rehabilitation services (VR)

1967: **over 1/3** of all special educators in nation teach students with MR

1969: **26,762** were gainfully employed, increase of **651%**

1969: **96,604** secondary students with MR in workstudy

60-80% of these are from low status backgrounds