

THE VOLUNTEER SERVICE COORDINATOR IN MENTAL RETARDATION*

by

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As you probably know, the parents and the professional workers in mental retardation are somewhat sensitive about the second class status which Mental Health Agencies usually give the mentally retarded in relation to the mentally ill. We are accustomed to hearing "mental illness and mental retardation," "Mental hospitals and schools for the mentally retarded." Perhaps for this one committee meeting we might switch to "mental retardation and mental illness" as a gesture of appreciation for the financial support being provided by the Division of Mental Retardation, U. S. Department of Health, Education and Welfare.

There are presumed to be five and a half million mentally retarded in our society. These are the persons defined by the American Association on Mental Deficiency as having sub-average general intellectual functioning, which originates during the developmental period and is associated with impairment in adaptive behavior. More than a hundred causes have been identified, but only a few preventatives have been discovered. Specific therapeutic and rehabilitation goals for mentally ill or physically handicapped persons are hardly applicable. There is no known cure for mental retardation. Care, training, and habilitation within a developmental framework must be the areas of emphasis. Such services as are extended to the mentally retarded, beyond those to meet their basic human needs, are broadly educational, ranging from the visual, aural, tactile and kinesthetic stimulation for the profoundly retarded to the practical preparation for independent community living of the mildly retarded. Progress is always slow, and gains are modest.

To provide each retarded individual with the additional attention he needs requires tremendous man-power. Parents, institutional attendants, teachers, nurses, and other professional personnel have not been able to meet the requirement. Volunteers in increasing numbers are being drawn upon. One of the most astounding current developments in the enlistment of volunteers within a neighborhood by parents to give assistance in the "patterning" program for their neurologically impaired children. In the community agency or the public institution for the retarded, the volunteer service coordinator is the one who has the responsibility for enlisting and for utilizing appropriately the service of the volunteer.

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Scarcely five percent of the retarded are in institutions yet these are now the most severely retarded, the sickest, the youngest, many with serious physical or emotional handicaps in addition to their basic retardation, according to such authorities as Dr. Herbert Grossman, Illinois Pediatric Institute, and Dr. Donald Jolly, Muscatatuck State School, Indiana. A recent listing, compiled by the National Association for Retarded Children shows 162 state residential facilities with enrollments ranging from 150 to 5,000. More than half of these, judging from the response to the initial survey for the Volunteer Service Coordinator's Workshop of last October have organized volunteer service programs under the direction of a staff person, which is an increase over the number reported in the NARC residential study of 1963. The trend seems to be toward having a full-time paid coordinator, who has a college degree, but no specific training as a coordinator, and no background in mental retardation. Institutions are the major employees, but community agencies working with the retarded are beginning to look for coordinators too. Our recent NARC workshop suggests that the volunteer service coordinator should be a department head, with status comparable to that of other department heads and serve with them as a member of the health and habilitation team. Such a position calls for professional training at the graduate level.

The generic aspects of volunteer service coordinating will be considered more appropriately in other presentations at this meeting. We know that the formulation of a definitive set of professional functions is already under consideration, as a result of the AAVSC Time Study. An analysis of what needs to be done will reveal more similarities than differences among the various settings in which coordinators work.

However, the volunteer service coordinator who is to work in a retardation setting, whether a state school or a community center, needs an orientation in mental retardation. This would certainly be in addition to skills in administration, community organization, public relations, program development, interviewing and public speaking. It would be built upon an understanding of personality development, group dynamics, and inter-personal relations. In a graduate curriculum this specialized material could be presented in a course, "Orientation to Area of Service—Mental Retardation" (other areas: mental illness, chronic disease, physical handicaps, aging) and advanced further through Field Practice and possibly during an internship.

The course content should incorporate historical, sociological, psychological, medical, neurological, behavioral and developmental aspects of mental retardation. Such a course might begin with a consideration of the degree to which mental retardation is a problem in our society, and the means we have developed for dealing with the problem. Do we possibly create a problem? To what extent does cultural deprivation contribute to mental retardation? Historically, how have we dealt with the mentally retarded, and what have been our goals?

What are our current expectations for the proliferation of programs resulting from recent legislation—national, state and local?

The course would also identify the retarded as to the level of their intellectual functioning and their adaptive behavior. It would familiarize the students with the instruments used in determining these and with the classification system of the American Association on Mental Deficiency. It would identify the retarded as to causative factors—medical, neurological, genetic, etc. It would acquaint the student with the clinical types of mentally retarded. It would give consideration to drugs and training techniques which can modify behavior or facilitate the management of the retarded person.

Of considerable importance during the academic experience would be the development of a reference file by the student as a source of information for herself, and also for the volunteers whom she will be educating later. There are of course many novels and personal accounts which reveal the emotional response to retardation. Pearl Buck's *The Child Who Never Grew* is one of the better known. There are other books of a non-technical nature which provide a realistic view of retardation, such as Kirk and Karnes—*You and Your Retarded Child*. There are the monumental productions of Masland, Sarason and Gladwin, and of Stevens and Heber. There are many pamphlets from the U. S. Department of Health, Education and Welfare, from the National Association for Retarded Children, United Cerebral Palsy Association, and other organizations which present practical information or guide-lines for working with the retarded. There are the professional journals of the American Association on Mental Deficiency, the American Orthopsychiatric Association, the Council for Exceptional Children. There are the practice-oriented magazines—*Mental Retardation* and *Mental Hospitals*. There are manuals and monographs dealing with specific aspects of mental retardation. Perhaps the newest and most helpful for a reference file is *Mental Retardation Abstracts* from the National Clearing House of Mental Health Information, Public Health Service, U. S. Department of Health, Education and Welfare.

The volunteer service coordinator who wishes to participate fully in the field of mental retardation should as a graduate student establish an affiliation with the professional, interdisciplinary American Association on Mental Deficiency. She should also have gained familiarity with the goals and the informational and consultative services of the National Association for Retarded Children, and be prepared to develop a working relationship with the state and local units of the Association in whatever geographical area she accepts employment.

While this is a sketchy review of the content of an orientation to mental retardation, such a course would help to make the volunteer service coordinator sufficiently knowledgeable about the whole field of Mental Retardation as to enable her to communicate with the members

of the other professional disciplines for the development and implementation of programs for the retarded, and for the utilization of volunteers in such programs.

She needs also to understand mental retardation in order to help the volunteer understand the mentally retarded person. As Glenna Kent reminded us at the NARC Workshop, the new volunteer is most likely an alert, intelligent individual who wants to know what he is doing and why. He will look to his first and continuing contact, the coordinator, for this information and understanding. My own experience with college students validates this observation.

Perhaps more fundamental than information and understanding is the coordinator's feelings about the mentally retarded. At some point in her educational program the volunteer service coordinator must come to an acceptance of the mentally retarded as human beings and a part of the human continuum, no matter how profoundly retarded or physically handicapped they may be. She must have come to grips, in the words of Michael Begab, with the "residual feelings of anger and fear about the defective child which remains in most of us."¹ She must also have come to a realization that her ultimate goal, like that of all the other staff members, and the volunteers, is to contribute to the development of each retarded person, so that he may live as mature a life as is possible for him.

¹Begab, Michael J. *The Mentally Retarded Child. A guide to services of social agencies.* Washington, D. C. U. S. Government Printing Office 1963.