

In the world of 'Little Steps'

By PHIL ARKOW

"Welcome to the world of Little Steps," read the sign on the bolted oak door. Stenciled footprints ran up the door. Another sign nearby warned the visitor that regardless how shocked he might be at what was inside the door, the youths waiting inside were "God's children."

Inside the door was a spotless hospital ward. Mats were on the floor for the children who couldn't walk. A brown picket fence corralled off one corner, where attendants could herd those children they had already fed. There were childish shrieks and screams, but they were not from normal children at play.

For in the third-floor ward of the infirmary at the Wilton, N.Y. State School for the mentally retarded, playing meant idle rocking in a wheelchair, or moaning nods from the confines of a strait-jacket, or the tantrums of little girls who tear out their hair because it is the only form of communication they know.

But it is a ward of hope, and of promise. The children here were starting to take their first "little steps" towards conquering their handicaps. They were trying to overcome their damaged brains that left them blind, mute, epileptic and retarded. They were being taught how to communicate, and how to care for themselves in the most elemental ways.

They were major steppingstones. And when the school had enough staff members to

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devote as much time to the children as was needed, they were hurdles which were quickly passed.

To children with damaged brains and neuromuscular disorders, elementary steps such as feeding oneself or speaking properly are crushingly difficult. They are major obstacles which for years left millions of children condemned to lives of custodial care, human vegetables until death. But psychologists and staffers at Wilton and hundreds of other similar institutions are refusing to accept the life sentences. Their appeals are gaining pardons for thousands of youngsters, for whom being house-broken is the most they can ever expect out of life.

There are new techniques in the field of mental retardation. One in prominent national use is being tested with success in Wilton's "Little Steps" ward. It is a behavior modification technique modeled after the work of psychologist B. F. Skinner. Called "operant conditioning," it involves rewarding the children, Pavlovian style for progress along with of gradually increasing responsibilities.

ELECTRIC SHOCK

The steps are small, but monumental. For some, mild electric shocks are needed to teach right from wrong. But as a result, many will not be left to vegetate in bland hospital wards reeking with depression, and will be able to go home with their parents.

One such boy was going home during a recent visit to Wilton.

Mr. and Mrs. Loren Merritt, Glens Falls, N.Y., sat with their son, Loren Jr., on a sofa in the lounge in the "Little Steps" ward. He was being taken home for the weekend. He flipped aimlessly through a coloring book, sucking his thumb. He did not speak. He couldn't. Loren Jr. is 14.

"He was home for 11 years," said his mother, "but after a while I just couldn't take it any more. He went into a 35-hour muscle spasm. I just couldn't

lift him, and there were the two other children to think of.

That was two and one-half years ago. Loren Jr. now goes

home on weekends to parents who love him, to normal brothers and sisters who accept him as he is, and to their friends who do not laugh at him. Week-end home care and training parents so they do not unravel a week's worth of schooling are only part of the effort at schools like Wilton to combine social activities with school life. Wilton is not unique.

Some of the kids go home, but not as many as should," says a counselor at a private school, "assuming, of course, that the parents want to, and can, take care of them and aren't retarded themselves.

"These kids need more love than a normal kid because their self-images are so distorted."

Schools for the mentally deficient are stressing home care as much as possible. Many consider it better than institutionalization, having the family's love and the learning experiences of everyday life rather than the routines and structures a hospital or school offers.

'RESPITE SERVICE'

"Preserving Home. Life for the Retarded" is not only a goal: At Wilton it is the title of an application for a three-year, \$93,000 federal grant. The funds would allow parents of retarded children to keep them at home for long-range periods, but bring them back to school periodically for "respite service." During the two-or three-week "respites," the families would get a break and the retarded youngster would get intensive training and clinical evaluation.

Home care, smaller regional centers, out-patient facilities, halfway houses, community workshops — these are a few of the approaches to mental retardation today being tested across the country. But there is still a long way to go, many in the field say, to bring the mentally retarded out of the closets into which they have been tossed for so many years.

Wilton, with its comparatively

small enrollment of about 419 residents is in many ways a typical school. It has a series of dormitories and an infirmary. It holds dances and parties, classes and recreational activities.

It is also a tiny reflection of the bedlam that is besetting its parent, a monstrously large state Department of Mental Hygiene, and mental health in general across the country.

With labor strikes from the department's 50,000 employes, budget cutbacks and emergency appropriations in the millions, and deaths running rampant in some larger schools, Wilton seems almost a mountain retreat of care in a department gone berserk with problems.

Wilton, located in a turn-of-the-century vintage sanitarium atop Mt. McGregor in the foothills of New York's

Adirondacks, is not overcrowded. There is a waiting list for retardates waiting to get in. But they are not being admitted, except in the most serious cases, because there is no staff to care for them, and because home care is preferred.

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