The Retarded Child
Mental retardation is viewed not as a disease entity but as a constellation of systems arising from many different etiological conditions. Complex genetic, physical and psychological factors interrelated in infinitely varied and complex ways with social and cultural forces influence the development or lack of development of the retarded child.

Coordinated Services
The multi-dimensional aspects of the problem require the combined knowledge and skills and cooperative effort of many professional disciplines for an understanding of the child who is suspected of mental retardation. Interdisciplinary clinics for the mentally retarded are provided in Hawaii through the State Health Department's basic service structure. Diagnostic and treatment services are provided to the child retardate and his parents through the Child Development Clinic which is staffed by a team representing a variety of disciplines, including a pediatrician, psychologist, public health nurse, medical social worker and speech and hearing therapist.

Referrals from the Schools
Referrals to the Child Development Clinic are accepted from any source in the community such as the parents themselves, physicians, ministers and social workers from private and public agencies. A large proportion of referrals of mildly retarded children is received from the schools where these problems are frequently first identified. The parents of a mildly retarded child with minimal brain damage or one whose retardation is of the cultural-familial type may not have noticed his developmental lag during his early childhood. However, the problem soon becomes apparent to his teacher when he enters school, for the academic demands in the regular classes prove too great for his subnormal intelligence.

The Team Evaluation
When the child is referred to the Child Development Clinic, a composite picture of the totality of the child's personality and his physical, intellectual and social functioning is derived from the specialized knowledge contributed by the various disciplines in a diagnostic team conference. Diagnostic and treatment plans are formulated with full consideration of the child's needs and capacities within the framework of the family's needs and wishes and available community facilities. The initial interpretation of the clinical findings and recommendations may be done by the physician and/or the social worker. The responsibility usually falls upon...
the social worker to help the parents understand the diagnosis and its implications and to carry out or to adapt to the recommended plans. Parents often find it difficult to accept a recommendation for placement of the child in a special class as they view this as a stigma upon themselves and their child. On the other hand, their contacts with many specialized disciplines provide some reassurance of competent professional services and a feeling of acceptance from the larger community.

The Role of the Social Worker

Direct social work services are provided to a selected group of mildly retarded children. However, the chief clientele of the social worker are the parents of the retardate who play an essential and significant role in the adjustment and development of the child. The child's attitudes regarding himself and his handicap are largely determined by parental reactions toward him and his disability. Our growing understanding of the cultural-familial and environmental forces which affect the intellectual and social performance of the retardate highlights the importance of counseling with the parents. The goal of the social worker is to assist the parents in overcoming those emotional attitudes and practical obstacles which inhibit their ability to help the child to develop his fullest potentials within his limitations. An attempt is always made to involve both parents in the interviews as the extent of their "togetherness" will directly influence the treatment plans.

Parental Reactions

The parents of these children come to the Child Development Clinic with an accumulation of many months and often years of gnawing doubts about the possibility of retardation. Their most crucial need for service occurs at the time when they first learn of the team's diagnostic findings and recommendations. Following the confirmation of their early suspicions comes the realization that they can no longer continue to deny the reality of the child's retardation. Hopes are shattered and feelings of inferiority may rise up anew to plague them. Feelings of guilt may be aroused by their moments of rejection of the defective child. The parents are faced with a sense of sorrrow not only for the defective child himself who suffers because of his retardation but also because of their own struggle to understand why this has happened to them. The experience of having a retarded child has an unique meaning and an individual impact for each parent.

Parents differ in the length of time they require to work through their emotional reactions to the diagnosis and to look toward long-range planning for the child. The future as well as the present contains many frightening questions for them. Their questions will vary depending on the degree of the retardation, the general family constellation, their economic circumstances, their ideas about social prestige, and, last but not least, the parents' own personalities. The parents may worry about whether they will be able to provide the care the child needs and about how expensive and extensive the care will be. What will he be able to do? Will he be able to look after himself? Who will take care of him after the parents are dead? The list of problems is almost endless and there is no easy answer to any of these questions. For parents to feel harassed and at times resentful is natural when one recognizes that for many of them there is no promise of even being relieved of their responsibilities.

Special Stresses on Parenthood

Parenthood is a demanding task even under normal conditions. Remnants of negative cultural stereotypes regarding the retarded and unfavorable community attitudes add extra burdens to the role of the parents of these children. The parents are particularly vulnerable to the stigma which they sense from their immediate environment of relatives, friends, and neighbors. In those families where relationships are already strained, the parents' self-perception and sense of adequacy are further threatened. They may feel resentful that their own status is devalued by the presence of a defective child. The child may be blamed for depriving the family of its right to a normal existence and of interfering with the family's attainment of its social and economic aspirations.

The parents of a defective child are faced additionally with the difficult dilemma of how best to meet the needs of both the retarded child and the other children in the family. Many parents feel that the handicapped child needs more attention because of his many limitations, or they may have a need to "make it up to him" motivated by a number of reasons such as compassion or guilt. The other children may feel that their needs are being neglected and may make the defective sibling a target of their resentment and unhappiness. If there is parental rejection and neglect of the retarded child, the other children may adopt the attitudes of their parents and the handicapped sibling becomes an object toward whom the entire family feels intense ambivalence. How these families cope with these problems depends to a large extent not only upon the degree of retardation of the child but upon the strengths of the marital relationship and upon the basic emotional health of the family.

Counseling with the Parents

The effectiveness of the social worker in providing constructive help
to the parents of the retardate requires a good understanding of his own attitudes toward the handicapped. Those who have had only limited exposure to the mentally retarded may find emerging certain underlying feelings of hopelessness and aversion. If the worker does not recognize and control such a reaction in himself, he may become unconsciously involved in the parents’ own struggle of conflicting feelings toward their child.

Parents need help in handling their mixed emotions before they can hear and absorb the facts of the diagnosis and its significance. The social worker can help them to work through their initial feelings of disappointment and anguish within the emotionally freeing and sustaining climate of a casework relationship. He relates to the parents’ search for acceptance of themselves as individuals and as parents. They need some reassurance of the naturalness of their confused feelings and of their right not to blame themselves for their child’s handicap. Appropriate intervention at this crucial point facilitates the parents’ gradual and eventual acceptance of the reality of the child’s retardation and that limited achievement is possible within circumscribed goals.

Help With Practical Problems

Some parents may not be ready to cope directly with their feelings, but they may readily respond to help focused on dealing with the concrete problems of daily living with their child. Thus, the social worker must always maintain a two fold approach—handling the problem at hand while keeping sight of the overall goal of coming to terms with the disability. The practical problems which confront the parents and the lack of community resources to meet them can be just as disruptive to family stability as their disturbed emotions and attitudes. Frequently, they may not know of the existing resources in the community that can meet the specialized needs of their child.

Since parents of a retarded child usually do not have the developmental guidelines and skills to assess his progress or to interpret his behavior, they are unsure of what to expect of the child and of themselves. Their unrealistic expectations may produce frustration and anguish in the child and cause reactive hostility in the parents. The social worker can offer valuable guidance by interpreting the child’s readiness to assume certain tasks at various developmental stages and by offering specific suggestions tailored to individual characteristics and problems. She can demonstrate effective techniques in self-care, social skills and in the management of discipline problems. When parents involve themselves actively in working with the child and can view some small beginnings of progress, their feelings of futility and hopelessness may be diminished. The minor successes which they experience will often stimulate and support the parents to change their perception of the child and to find satisfaction in the child’s development.

Fathers Are Important

Additional stresses may arise in a family when each parent is harboring within himself unexpressed doubts and fears about his own part in contributing to the child’s defect. The father frequently withdraws into work to handle his sense of inadequacy and disappointment. Work is a socially acceptable method of withdrawal for the father, particularly when the care of the retarded child entails increased medical costs and other additional expenses. The father’s withdrawal, however, may create in the mother a resentment of being left alone with the care of the child and a fear that she and the child have been deserted. In this way a destructive cycle of feelings may be set in motion which upsets the balance of the marital relationship and of the entire family. The social worker can contribute to restoration of the family equilibrium by helping the father to become an active participant in the life of the family again. “Reaching out” to the recalcitrant father may be necessary during the early phase of the counseling process to counteract his tendency to fall back on his old pattern of placing major responsibility upon the mother. At the same time the father may be searching for some direction, uncomfortably aware of his responsibility to lighten some of the extra burdens on his wife. The positive side of this ambivalence can be strengthened by pointing out the various ways in which he can offer both practical and emotional supports to his wife.

Counseling With the Family Unit

The social worker’s interviews with the family as a unit often create a climate in which the parents and their normal children can communicate and clarify their confusion and anxieties in relation to their individual roles with the retarded member. As the family members take in the range of feelings among themselves, a more sympathetic understanding of one another’s attitudes and conflicts develops and the family balance may be restored and enhanced. A common bond of compassion and protectiveness can be generated toward the child, unifying the family and making possible a healthier acceptance of the child within the family fold.

Range of Services

The complexity and scope of the needs of the retardate and his family require a wide range of social services.

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