

**SERVICES PROVIDED EMOTIONALLY DISTURBED CHILDREN**

**REPORT OF THE  
VIRGINIA ADVISORY LEGISLATIVE COUNCIL**

**To**

**THE GOVERNOR**

**And**

**THE GENERAL ASSEMBLY OF VIRGINIA**



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**COMMONWEALTH OF VIRGINIA**  
*Department of Purchases and Supply*  
Richmond  
1970



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REPORT OF THE  
VIRGINIA ADVISORY LEGISLATIVE COUNCIL

Richmond, Virginia  
December 10, 1969

To:

HONORABLE MILLS E. GODWIN, JR., *Governor of Virginia*

and

THE GENERAL ASSEMBLY OF VIRGINIA

Conservative estimates indicate that there are 21,500 emotionally disturbed children of school age in this State. Services for these children, such as diagnosis, treatment, training and education, are provided by various State agencies and private organizations and institutions. However, such services are not uniformly available throughout the State. Recognizing the increasing gravity of this problem, as well as the apparently increasing number of children suffering from such disturbances, the General Assembly of Virginia at its 1968 Regular Session adopted House Joint Resolution No. 29 directing the Virginia Advisory Legislative Council to study this problem and recommend any necessary changes in the programs and services for these children and the laws relative thereto. The text of this Resolution follows:

HOUSE JOINT RESOLUTION NO. 29

Directing the Virginia Advisory Legislative Council to make a study and report concerning services provided emotionally disturbed children.

Whereas, there are in Virginia many thousands of persons concerned with the problems of emotionally disturbed children; and

Whereas, the programs and services of diagnosis, care and treatment, training, education and rehabilitation must continue without interruption; and

Whereas, such services as diagnosis, treatment, training, education and other services are provided at various times by the State Department of Mental Hygiene and Hospitals, State Department of Welfare and Institutions, and other State agencies; and

Whereas, there is a need to determine what services are available from public and private agencies and the cost and charges for such services; now, therefore, be it

Resolved by the House of Delegates, the Senate concurring, That the Virginia Advisory Legislative Council is hereby directed to make a study of the services provided emotionally disturbed children by public and private agencies in this State, and the costs or charges of such public and private services; and the Council shall further inquire into such areas, if any there be, between the various State agencies, wherein the State programs and services to emotionally disturbed children may be interrupted, curtailed or omitted due to the questionable jurisdiction or the lack of jurisdiction or authority of the State agencies administering such programs and services. The Council shall recommend any changes in such programs and services and the laws relative thereto as shall appear necessary to eliminate such areas of interrupted, curtailed or omitted services.

All agencies of the State shall assist the Council in its study. The Council shall conclude its study and make its report containing its findings and recommendations

to the Governor and the General Assembly not later than November one, nineteen hundred sixty-nine.

The Council selected Edward E. Willey of the City of Richmond, a member of the Senate of Virginia and a member of the Council, as Chairman of a Committee to make the initial study and report to it. Selected to serve with Senator Willey were the following: Dr. Cletus A. Cole, Professor of Psychology, Old Dominion University, Norfolk; Mrs. W. Hamilton Crockford, III, a member of the School Board of the City of Richmond; H. D. Dawbarn, a manufacturer and member of the Senate of Virginia, Waynesboro; Alan A. Diamonstein, Attorney at Law and a member of the House of Delegates, Newport News; Miss Dorothy L. Gibboney, Superintendent of Schools for the City of Roanoke at the time of the initiation of this study and recently retired; T. L. Hutton, Jr., Judge of the County Court of Washington County, Abingdon; Edward E. Lane, a member of the Council, and a member of the House of Delegates, Richmond; Mrs. Dorothy S. McDiarmid, Realtor and a member of the House of Delegates, Vienna; Dr. John A. Murray, Physician, Franklin; Dr. Douglas Powers, Director of the Virginia Treatment Center for Children, Richmond; Douglas Prillaman, Supervisor of Special Education for Arlington County at the time of the initiation of this study and now Associate Professor, School of Education, College of William and Mary, Williamsburg; Elmore E. Rainey, Principal of Peabody High School, Petersburg; Herbert G. Ross, Director of the Department of Public Welfare of the City of Richmond; Mrs. William A. Stuart, Jr., Rosedale; and Dr. William Thurman, Chairman of the Department of Pediatrics, University of Virginia School of Medicine, Charlottesville.

The Committee met and organized. Mr. Lane was elected Vice-Chairman. The Division of Statutory Research and Drafting, represented by Wildman S. Kincheloe, Jr., served as staff for the Committee.

The Committee made several tours of various types of institutions and agencies which provide services for emotionally disturbed children. The members of the staffs of these installations were most cooperative and, in conducting these tours, thoroughly briefed the members of the Committee concerning the programs of such installations. The installations so visited are: Thirteen Acres School, in the City of Richmond, which conducts classes for emotionally disturbed children, drawn from other city schools in the area of this school; the special classes for such children in the Pinchbeck Elementary School, Henrico County; the Virginia Treatment Center for Children; the new Bon Air Diagnostic Center of the Department of Welfare and Institutions; the Edgemoade School, Upper Marlboro, Maryland, a private school for emotionally disturbed children; and Fairfax House, a facility for such children established, maintained and operated by Fairfax County.

The Committee also held a public hearing in the State Capitol. This hearing was given very wide publicity, and the attendance amounted to a "full house". All areas of the State were represented by the many persons who addressed the Committee on this occasion. The speakers included interested private citizens, representatives of State and local groups concerned with this problem, and officials and employees of State departments and agencies and local public school systems. The speakers made many valuable suggestions and presented to the Committee much pertinent information.

The Committee met, and discussed and considered the recommendations and suggestions which had been made to it, and the information, facts and material which had been presented to it, and made its Report to the Council. Having reviewed that Report, the Council now makes its Report.

## RECOMMENDATIONS

These recommendations will be grouped under headings based upon the respective departments of the State government involved in the fields of activity affected by such recommendations.

## EDUCATION

The State Department of Education has the responsibility for the education of all of the children and youth of the Commonwealth, not exclusive of emotionally disturbed children.

### 1. *Special Education Programs*

This is part of the total special education program which provides partial reimbursement to localities on the salaries of special education teachers in addition to consultative services. There are a variety of ways in which special education programs for disturbed children may be structured in this context. Local governing bodies now have available matching State funds (60% State-40% local) for special education programs including those for emotionally disturbed or behavior problem children. We recommend that the State Board of Education shall have the prime responsibility for the education of emotionally disturbed children and shall notify local school boards and governing bodies annually of the funds available for funding such services, and shall assist such boards and governing bodies wherever possible.

To implement these we recommend the continuation of tuition grant programs for the handicapped and emotionally disturbed or behavior problem children. For localities where local facilities are not available, the continuation of an amount equal to 3.5 million dollars in this biennium is estimated to be sufficient to fund this program. We recognize that this is not the answer to the problem, and we feel that provisions should be made for a long-range study to determine what the State should strive to do in this area; and that prior to each regular session, recommendations should be submitted to the General Assembly.

### 2. *Educational Programs for Disturbed Children who Require Hospitalization*

At the present time, the State provides 100% reimbursement on the salaries of teachers employed in State operated hospitals and institutions. In addition, federal funds as provided by Public Law 89-313 make it possible to enhance this program. During the present school year, five teachers employed at Eastern State Hospital are reimbursed under this program. It should be noted that the Virginia Treatment Center has requested that teachers employed in that institution be considered under this program. At the present time, they are employed as special education teachers in the City of Richmond.

We recommend the continuation and expansion of the educational systems provided by the State Department of Education to the hospitals in providing education facilities for the disturbed and handicapped child.

### 3. *Special Training for Educational Personnel*

We urge the State to develop programs whereby emotionally disturbed children can be included in the classroom, hopefully avoiding the institutionalizing of the child. Due to the apparent success of the pilot programs, we recommend that the State Department of Education give serious consideration to providing educational training to the classroom teachers and other classroom personnel in ways of identification and working with disturbed children.

## MENTAL HYGIENE AND HOSPITALS

The Department of Mental Hygiene and Hospitals has the responsibility to oversee the training and treatment of those children requiring services beyond the purview of public education.

### 4. *Construction Funds for Psychiatric Institute*

Construction funds should be provided in this biennium for the construction

of the Psychiatric Institute at the Medical College of Virginia of Virginia Commonwealth University in order to develop the needed personnel.

5. *Planning Funds for Treatment Center*

Planning money should be provided in this biennium for the construction of a second treatment center for children, at the University of Virginia.

6. *Children's Units in Mental Hospitals*

We recommend the continued development of children's units in each of the mental hospitals similar to the type of unit now in existence at Eastern State Hospital.

7. *Mental Hygiene Clinics*

We recommend the support of the budget recommendations in the Department of Mental Hygiene and Hospitals for the expansion of the mental hygiene clinics, especially to increase services to children on a local level.

8. *Mental Health Centers and Mental Retardation Centers*

We recommend and support the budget request of the Department of Mental Hygiene and Hospitals for the implementation of the mental health centers and mental retardation centers under Chapter 10 of Title 37.1 of the Code of Virginia.

#### WELFARE AND INSTITUTIONS

The many dependent, neglected, and/or delinquent children with other severe complicating problems require the special services which must be provided through the Department of Welfare and Institutions.

9. *Funds for Staffing State Training Schools*

We recommend that the State training schools for delinquent youths be sufficiently staffed to provide services to the disturbed youth who are committed to the State's care. This would include psychiatrists, psychologists and related professional staff. We further recommend that funds be made available to implement this program.

10. *Facility for In-patient and Out-patient Training and Treatment*

We recommend the immediate development of a facility for both in-patient and out-patient training and/or treatment of the emotionally disturbed non-psychotic or pre-psychotic child, which facility shall be available to serve the delinquent, dependent or neglected child who is likely to benefit by such training.

Such facility should be located within a reasonable distance of a medical training center and should receive children from the entire State. If successful, and if the present high degree of need for such care continues, it should become the first of a series of regional facilities.

We further recommend that admission to this facility may be voluntary.

11. *Small Psychiatric Facility for Severely Disturbed Children*

We recommend the establishment of a small psychiatric facility of 25 beds for the severely disturbed child who is committed as a delinquent to State care. The estimated cost of such facility is approximately \$300,000. This facility would be used for short-time confinement, observation, and treatment of wards within State juvenile institutions who have acute episodes of mental and emotional disturbances. This would not be a facility for direct admission from localities or juvenile courts.



## REASONS FOR RECOMMENDATIONS

1. Whenever circumstances permit, it is preferable to retain the emotionally disturbed child in his own home and community. When this is possible, child and family are spared the additional trauma of separation, and the concomitant additional problem of later readjustment to each other which attend hospitalization. Moreover, when the child can remain in his natural environment, mental health workers have the opportunity to work directly with child and family on their real-life problems as well as to maximize those constructive and supportive forces existing in the natural environment. Finally, not only is it usually desirable from the standpoint of treatment to retain the emotionally disturbed child in his natural environment, this is obviously far less expensive, both to the Commonwealth and the family, than hospitalization.

Very frequently the child cannot be retained in his community unless special educational programs are available in the local school system. Thus, in one sense, such programs are a means to the goal of avoiding costly and unnecessary hospitalization. However, such educational programs also make or should make a directly positive contribution to the treatment and rehabilitation of the emotionally disturbed child who cannot function in a regular classroom. Many of the social and academic activities are, in themselves, therapeutic, and the skilled teacher of such programs is an invaluable member of the treatment team because she is in a highly favorable position to assist in formulating and implementing treatment goals. Finally, because such programs do permit the disturbed child to progress academically, sometimes even at or above the normal rate, the child is spared later adjustment problems which could result were he to become academically retarded while his emotional difficulties were being ameliorated.

Therefore, it is believed that, for numerous and very sound reasons, the Commonwealth should both continue and increase its assistance to the emotionally disturbed child through the vehicle of the public school system.

2. The immediately preceding text outlined the major reasons for continuing a sound educational program for the disturbed child, wherever he is. School is a primary occupation of childhood, a place where self-esteem may be either enhanced or impaired, a place where the child acquires much of the information and many of the social skills he will need for the rest of his life. Because the hospitalized emotionally disturbed child must, by the actual phrase, be experiencing rather extreme difficulties in accomplishing major and age-appropriate developmental tasks, it is even more important to provide a specialized educational program for him. High calibre educational therapists are absolutely essential to any hospital program for emotionally disturbed children. Therefore, we recommend the continuation and expansion of this phase of the State Department of Education's assistance to the emotionally disturbed and handicapped child.

3. First of all, emotionally disturbed children do not present totally new problems to the classroom; they merely present problems that are either more pronounced or out of phase with the problems experienced by normal children. Put another way, disturbed children are more like normal children, in problems and in needs, than the general public may suppose. Therefore, the teacher who is better equipped to recognize and to teach the disturbed child will automatically become a better teacher for the normal children in her charge. This, in turn, enables her to turn every regular classroom into a first line prevention tool in the Commonwealth's fight against mental illness.

Secondly, it will obviously be many years before every school system can operate special classes with specially trained teachers for every emotionally disturbed child in the State. In the interim, a sound in-service training program for all regular teachers will permit school systems to do a far better job of educating and treating those emotionally disturbed children who, at present, may have access neither to hospital programs nor special classes regardless of their urgent need of

such specialized programs. An adequately trained regular teacher might permit many of these children to be successfully treated in their own homes and communities.

Finally, there are many children who are correctly diagnosed as emotionally disturbed but whose condition does not warrant either hospitalization or even special classes. Either his disturbance is relatively mild or, if severe, manifests itself in such manner or else in a particular non-school-related area of his life, so that special education techniques are unnecessary. For these children an alert and understanding regular teacher working in concert with the mental health professionals may not only assist in his rehabilitation but also prevent his problems from escalating to unmanageable proportions or from spilling over into his school performance.

Therefore, we strongly urge that all educational personnel be given appropriate training to sensitize them to the emotional problems of children and to enable them to cope with those problems in the context of the average classroom. This will reduce the expense of educating the disturbed child while also providing one relatively inexpensive prevention service to all children.

4. The shortage of mental health manpower now constitutes a national emergency, and Virginia's need is at least as acute. These manpower shortages include all of the regular disciplines such as psychiatry, psychology, social work, nursing, dietetics, educational therapy, occupational therapy, and speech therapy. There is an equally acute need to develop a training system for paraprofessional workers such as aides and technicians to assist and augment the work of the scarce and highly trained professional. Virginia also needs to establish training programs in the fields of community psychiatry, systems analysis, and community organization as a step toward developing statewide comprehensive mental health care and the prevention of mental illness through improvement of the social and physical environment.

Therefore we believe that the proposed Psychiatric Institute, while badly needed and long overdue, should be thought of as merely the cornerstone of a greatly expanded manpower development system which Virginia needs to establish with all possible speed in order to meet its present and future commitments in the field of mental hygiene.

5. Presently, the forty bed Virginia Treatment Center for Children is the only facility offering short term, intensive care to non-psychotic emotionally disturbed children. Since we estimate that there are more than twenty thousand disturbed children of school age in the State, the need for additional treatment facilities is obvious. However, the Virginia Treatment Center for Children is equally a training facility in design and purpose, and the need for increased manpower development programs has already been given above.

Therefore, we recommend that planning funds for a second treatment center to be located at the University of Virginia be provided in this biennium. This facility will not only provide an additional treatment resource but also an additional training resource in the field of child psychiatry.

6. Additional units are needed to provide treatment to psychotic children and should be available at all State mental hospitals to avoid unnecessary hardship on families who may presently be forced to travel great distances to visit their children or to enter into active treatment programs on behalf of their children. It is also hoped that by expanding these units, hospitals may eventually be able to relax their admission criteria in order to admit non-psychotic but acutely and severely disturbed children who presently have no other residential treatment resource available.

7. Many Virginia communities still have no mental hygiene clinic available or readily accessible. Far too many of the existing clinics are so understaffed that they

cannot provide adequate diagnostic or treatment service in response to the demonstrated needs; furthermore, the real need is probably even greater since a sizeable number of people who could benefit from clinic services are, for various reasons, never referred. Very few clinics have been able to extend their services into prevention programs despite their recognition that this is an urgently needed service in every community. While it is costly to fail to provide adequate community mental health care anywhere or to any age group, it is especially short-sighted not to provide ample and high quality health care to children both because they have a longer span of potentially productive years and because their disorders are more likely to yield to early diagnosis and treatment.

Therefore, we fully support an expanded and improved network of mental hygiene clinics as a primary means of delivering some assistance to all of Virginia's emotionally disturbed children.

8. These comprehensive community mental health centers will make available a very flexible array of services including diagnosis, outpatient treatment, day or night hospitalization, etc. Such centers will enable many seriously disturbed people of all ages to continue to remain in their communities and to continue to carry on many of their normal activities in the family, on the job, or in school. Thus, these centers will relieve the strain on the State's mental hospitals because many patients can be treated successfully in their own communities and with less disruption to their personal lives and their economic productiveness.

9. All of Virginia's committed delinquents are, to varying degrees, also emotionally disturbed. These training schools already contain many of the elements usually found in residential treatment programs. By the addition of sufficient professional mental health personnel as well as the upgrading and retraining of related professional and subprofessional staff, these training schools can, in a sense, add over a thousand treatment beds for disturbed children with only relatively minimal additional funding. More to the point, however, is the fact that without such staff and program improvements, the State's training schools will continue to yield disappointing results with respect to the number of delinquent disturbed children who are successfully rehabilitated.

10. The Department of Welfare and Institutions is routinely at present trying to provide services to many delinquent, dependent and neglected children whose primary problem is severe emotional disturbance. As has already been mentioned, Virginia has virtually no facilities for residential care of the non-psychotic disturbed child. Frequently children in this category who are a responsibility of the Department of Welfare and Institutions have particularly weak, unstable, or even non-existent homes, so that use of regular mental hygiene clinic services proves unworkable. These children are very frequently too disturbed to adjust to foster homes or regular child caring institutions. When delinquent behavior is one of the symptoms, the courts may have no real alternative to committing the child to a State training school. This commitment is really inappropriate both because the delinquent behavior is so obviously secondary to severe emotional disorder and because the training schools as presently staffed and programmed are not equipped to treat the underlying disorder.

These more severely disturbed children need to be properly identified and shifted into an appropriate treatment facility, or network of facilities, which should be developed as rapidly as possible. While it is anticipated that most of these children, for reasons already stated, would require at least some period of hospitalization, the program should include an out-patient program both for those children with more stable home situations and for the recuperating patient who is being phased back into his community. It is hoped that most admissions would be voluntary, but juvenile court judges should also be able to require the patient to seek admission in lieu of direct commitment to the Department of Welfare and Institutions where circumstances might warrant.

11. The State training schools do presently receive a sizeable number of severely disturbed children. Also some children, whose acting-out behavior has served as a tension relief safety valve, become acutely disturbed or even temporarily psychotic after confinement in the training school. These episodes may include rage reactions, thought disorganization, or suicidal depressions, all of which cannot usually be managed safely by the training schools. However, with hospitalization the acute symptoms may clear very rapidly making commitment to the State mental hospital, the only available recourse at present, a costly, useless, and sometimes detrimental procedure. Such a facility is further needed for treating children still experiencing the effects of recent drug abuse as well as for stabilizing, under close observation, certain children who are being started on a treatment program involving psychiatric and anti-convulsion medication. This small facility is urgently recommended merely to cope with the training schools' present problems and is to be limited to very short-term hospitalization with return to the training schools to occur as soon as the acute disturbance subsides.

### CONCLUSIONS

We express our appreciation to Mr. Otis L. Brown, Director of the Department of Welfare and Institutions, Dr. Hiram W. Davis, Commissioner of the Department of Mental Hygiene and Hospitals, and Dr. Woodrow W. Wilkerson, Superintendent of Public Instruction and Mr. Samuel P. Johnson, Jr., Director of Elementary and Special Education in the State Department of Education, for giving unstintingly of their time and cooperation to the Committee in the conduct of this study, and to the members of their respective staffs who aided the Committee. We also thank those who appeared at the public hearing and gave the Committee the benefit of their experience, knowledge and suggestions, and those who, unable to appear at the public hearing, forwarded material and suggestions to the Committee.

The Council appreciates the interest which the members of the Committee have in this problem and we are grateful for the time and thought which they have contributed to the conduct of this study.

We urge that the General Assembly at its 1970 Regular Session take the necessary action for implementation of the recommendations in this Report.

Respectfully submitted,

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