The Institutionalized Child’s Need for Library Service

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To develop appropriate library services for the child in an institutional setting, the librarian needs a thorough understanding of normal child development, as well as insight into the special problems facing the child who is receiving treatment for one or another handicapping condition. Knowledge of how a child learns about himself and his/her environment will provide orientation and guidelines for library program planning. Insight into some of the ways in which institutionalization affects the child’s developmental stages will assist the librarian in individualizing library activities to help reduce the traumas and difficulties each child experiences as he/she tries to adjust to a handicapping condition, whether temporary or life-long. The effectiveness of the services of any library program designed to contribute to the normalization process of the child will depend on the degree to which the librarian understands the basic needs of all children and is consequently able to find ways of designing individualized programs that can address the specific needs of any particular child at crucial points in the treatment or therapeutic process. To be able to mesh the contribution of the library with the goals of the institution’s treatment efforts, as well as with the highly individual and changing needs of the child, is the test and the challenge of therapeutic librarianship.

This paper will attempt: (1) to examine one of a number of systems designed to give a theoretical (or conceptual) framework for understanding the psychological needs of human beings, and to relate these principles to the basic needs of children in institutional settings; (2) to look at some of the specific effects which illness and institutionalization...
have on the present and future psychological development of the child; and (3) to suggest ways in which knowledge in these two areas can be used to develop a library program that is sufficiently perceptive and flexible to meet the child's expression (via words or interpretable behavior/actions) of his or her unfulfilled psychological and physical needs.

THE CHILD AS A CHILD

Child development has been one of the fastest-growing specialities of the last thirty years. While the field labeled "child development" has conventionally been viewed and/or dismissed (depending on attitude and orientation) as being primarily the concern of the psychologists, psychological principles and results of psychological investigations are basic to every profession concerned with child welfare and growth. As a result, new psychological knowledge is quickly assimilated into the professional literature as well as into the therapeutic activities of education, medicine, social work, parenting, communication development and other therapeutic professions. Curiously enough, there is little formal study of the subject in the ordinary library curriculum. While most of these applied areas of treatment or training have incorporated into the professional training curricula the principles of one or another system of child study in order to understand the child as he/she relates to their own particular discipline, librarians typically do not have this kind of formal requirement built into the coursework sequence. One of many organizational structures that may be useful for the librarian in orienting himself/herself to an appreciation of the child's psychological needs is the theoretical model proposed by the psychologist Abraham Maslow. Although usually associated with theories of motivation, Maslow's observations have a wider application, in that they can be used to delineate individual needs and to clarify the several developmental stages through which all humans pass if not thwarted or handicapped. Even if, by training or inclination, one follows the principles of another psychological theorist such as Piaget, an understanding of this approach to child development would still serve to give librarians a structure and a model for understanding the basis and the "rationale" for the relationship the child might develop with library personnel, as well as a rationale for the therapeutic interventions and psychological needs fulfillment that the library program can supply.

Maslow's observations are based on a hierarchical system of needs which he believes is present within each individual. Maslow's needs system has been slightly adapted here to emphasize those conditions which
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must be present in order to contribute to the welfare and emotional/psychological growth of an institutionalized child.

PHYSICAL NEEDS

This refers to physiological needs related to basic life maintenance. Included in this category would be carefully prepared, nutritionally adequate food, clean and healthful air, wide-ranging health care including protection from disease, complete basic program of daily hygiene, planned physical activity to meet exercise needs compatible with the handicapping condition, and a program of medical and therapeutically oriented treatment directed toward removing or ameliorating the handicapping condition.

LOVE NEEDS

The major components of love include: (1) acceptance by others with whom the child may come in contact regardless of severity or type of handicapping condition; (2) a stable, accepting relationship with adult authority figures; (3) the opportunity to develop peer group relationships; and (4) the opportunity to express love to other family, peer group, or individual friends and to feel loved in return.

SELF-ACTUALIZATION

Maslow summarizes this need by saying: "What man can be, he must be," while Allport refers to the same phenomenon as "becoming." The motivational force related to self-actualization is considered to be a basic one by a number of different theorists operating within a variety of psychological orientations. However, to translate basic human needs into a child's terms and perceptions, one would very likely discover that the institutionalized child, like other children, seeks growth and self-actualization in the following areas:

1. Physical development refers to ambulation and mobility, coordination of perceptual-motor skills, self-confidence in the use of the body, and freedom of movement. Activity may range from physical stimulation for the multihandicapped, to organized sport activities for the more mobile adolescent.

2. Interaction with environment refers to the child's awareness of and active engagement with his/her surroundings, including human relationships. Awareness of and interaction with one's environment constitutes the first major step to self-actualization.
3. *Curiosity, play and creative expression* are considered of great significance to the individual's development. Every effort must be made to assure opportunities for the individual to satisfy his/her curiosity, to interact with his environment in a variety of play experiences (structured and unstructured), and to express himself/herself creatively to the extent permitted by individual ability.

4. *Family life* involves a wide range of experiences which should be available to each individual. This includes a family-like setting within the institution (e.g., a stable mother and father figure, small group living, and living within a family or home-type atmosphere). It also includes extended contact with families through frequent vacations, visitations and home holidays if at all possible. Also, efforts must be made to provide for family weekends, outings with volunteers and other staff members, and visits with adoptive parents.

5. *Communication skills* must be developed as soon and as extensively as possible. It is desirable that each child acquire some form of communication (verbal or nonverbal) to the extent that he/she may establish contact with others and make known personal needs.

6. *Social skills*, which include simple manners and respect for others and their property, are essential to each individual's adjustment within or outside of an institution setting.

7. *Self-care skills* include various activities of daily living, e.g., eating, dressing, toileting, personal hygiene and grooming. The acquisition of these skills is an important avenue to increasing the individual's degree of independence and positive self-regard.

8. *Independence* is considered to be one of the most important of all self-actualization needs. All programs should aim at increasing independence by enabling the individual to conduct his/her own affairs to the fullest possible degree, and by recognizing personal needs and right to privacy with regard to possession of property, living area, and freedom of choice (e.g., friends, clothes and leisure activities). Each individual has the right to tend to daily needs with the minimum degree of supervision compatible with adequate care. In addition, opportunities should be made available for the individual to increase his/her mobility in and around the facility.

9. *Interests, hobbies, and self activities* should be an integral part of the individual's daily life, and specialized programs should be developed for each resident to permit active pursuit of individual interests.

10. *Occupational adequacy* should be encouraged whenever possible. It is desirable that each individual in the quest for self-esteem and
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productivity have an opportunity to participate in some form of meaningful occupational activity.

11. *Formal training and educational needs*, which refer to school activities, prevocational and vocational training and counseling, and physical education, should be provided for all individuals capable of any level of participation.

12. *Recreational needs* should be met through structured and/or unstructured individual and group activities. Such experiences should be included both in the basic living unit and in specialized programs such as those that can be provided by the library and by other professional resources.

13. *Sexual development and feelings* in residents should be taken into consideration when planning programs. Each individual should be helped to identify with a proper sexual role, engaging whenever possible in coeducational activities, and receiving training in sexual development and in socially appropriate modes of expressing or acknowledging sexually motivated behavior.

14. *Religion*, or the satisfaction of spiritual needs, is an area in which individuals should be able to find fulfillment and expression. Whenever possible, children in the institution should be encouraged to participate in the religious programs offered by the facility.

Since Maslow's ideas are based on a hierarchical model, as was previously noted, it is necessary to have attained the first, most basic objectives and needs before success in other areas can be anticipated. With respect to these more elementary needs, namely adequate food and shelter and medical care, most facilities are required by a variety of federal and state laws to meet at least minimal standards of providing these basic survival-type needs. It is more difficult, obviously, to legislate love or adequately to determine whether a child feels that his or her full potential is being realized. These less tangible facets of Maslow's needs system, therefore, have become the areas which: (1) are most easily neglected; (2) are more difficult to plan and design, due to the variety of different institutional circumstances and individual lifestyles; and (3) frequently cannot be assessed precisely as they relate to each specific individual, because adequate communication with the child is often lacking. Even those self-actualization aspirations and achievements which are particularly meaningful to the individual may, from time to time, go unnoticed or unrecognized. Such areas of need are undoubtedly the most difficult to perceive and to satisfy in the developmentally disabled individual.
Meaningful human existence depends on the acquisition and retention of a complex matrix of interpersonal experiences and positive social valences. The alternative—withdrawal into an environment of one's own making—is a choice which signifies that coping is too complicated an enterprise to undertake, much less endure. The child in a residential or long-term treatment center usually manages to adapt in some fashion, and does so by working through (and, on occasion, repeating) the various psychological stages and reactions all children go through when faced with trauma or stress. In this instance, the stress is associated with hospital treatment and the separation anxiety that is an inevitable part of the institutional experience. The child in long-term care, however, must also have the inner resources to accept institutional life as a way of living or must be helped to acquire these resources in order to accept and adapt to the environment as best as possible, if both physiological and psychological needs are to be met. The extent to which the child is able to do so is the criterion for a judgment regarding his/her degree of life satisfaction and state of inner peace.

For any child entering a treatment setting from a home-based life, predictable stages of accommodation can be observed as the child attempts to understand and then to adjust to the new environment. For very young children (under four years of age), the typical transition from the home to the hospital situation may be characterized by reactions related to protest, despair, denial, and, if the child anticipates separation for an extended period of time, by emotional flattening. This protest stage is usually characterized by outward signs of distress, such as crying, noncompliance with hospital schedules and care routines, and by persistent calling for the mother.

The next stage of adaptation typically involves less overt expressions of unhappiness, such as clutching a toy or blanket with whimpering and occasional crying. If the hospitalization continues for a week or longer, the child frequently tries to deny the entire experience (the pain and discomfort, the comings and goings of the mother) and begins to partake in institutional routines albeit in a perfunctory and dispirited manner. A long period of separation, as in a long-term illness, frequently results in the child developing the highly self-protective device of not permitting himself/herself to become excessively attached to hospital personnel, and he/she may even display a lack of openness and trust toward parents when they visit.
Older children, who have had an opportunity to be away from home from time to time and who are better able to understand the reason why hospitalization is necessary, often appear to suffer much less personal trauma from either short- or long-term treatment programs. In addition, since children between the ages of five or six and twelve are involved in the process of identifying and competing with peers, these children may well have had some opportunity to gain personal experience in coping with anxiety and stress, as well as in adjusting or adapting to changing social and physical environments. During this period in a child's life, an illness (especially a chronic one) becomes a critical formative factor in personality development and demands enormous expenditures of the child's inner psychological resources. In some cases the personality may be distorted in deeply pathological directions by chronic illness; in others, a strong premorbid ego structure may permit maintenance of the personality organization; while in still others, the illness may provide an occasion to develop defenses and coping mechanisms that may not have been acquired as young children.

In addition to the generalized reactions which children may display toward illness and handicapping conditions, certain kinds of illness seem to elicit quite divergent reactions from children. Orthopedic patients, for example, often appear to accept their situation with a positive outlook, at least initially. There may be surprisingly little overt depression and, as a rule, the children cooperate with the staff and focus on the future rather than on their present discomfort. Not only do body casts and other orthopedic devices provide visible signs of treatment, but these children often share rooms with peers who are having similar problems. Furthermore, the treatment period is usually fixed, with a definite anticipated ending date that can be shared with the child. The difficult period of treatment for orthopedic patients comes when casts or traction are removed, and when retraining the muscles or learning to walk become the primary focus of treatment. All of the hopes and expectations that were developed during the period of immobilization are now clearly unfulfilled, and the child may react with frustration, complaints, irritability, and loss of patience and resolve.

In contrast to orthopedic conditions, which seem to elicit active participation by the child in his own rehabilitation program, other illnesses may elicit a different response in the young patient. Children with cardiac disease, for example, often become preoccupied with monitoring their heartbeats and may adopt a passive-dependent, hypochondriacal stance;
asthmatic children, on the contrary, are strikingly affected by the degree and affective direction of parental support and expression of parental concern. Amputation usually creates extreme anxiety due to the double burden of pain and the major assault on body image integrity. Blindness and deafness, if present since birth or early childhood, seem to be accepted by such children as a given condition of life. These children’s affective and self-actualizing needs are often successfully worked out within the context of a social-vocational environment and training program optimally altered to circumvent or minimize the disability and to develop attitudes and self-perceptions of satisfaction and worth. Children with mental retardation will be especially affected by the kind of environment which their parents choose for them — home or institution — and by the affective/intellectual milieu provided in either setting. Mentally retarded individuals may have an especially difficult time in fulfilling needs beyond those at the basic safety level of food and bodily care. By the very nature of their handicapping condition, the mentally retarded require sustained encouragement and training to develop a realistic basis for appropriate fulfillment of independence and occupation adequacy needs.

Given this brief survey of some of the basic needs of handicapped individuals in an institutional setting, several questions may now be raised regarding the implications of these special needs for the institutional library. The answer may be that appreciation of these needs could well be the key to help the librarian determine professional expectancies, and also to delineate the library’s role in the habilitation process and the relationship of the library to the “multidisciplinary team” typically involved in rehabilitation settings. Finally, and perhaps most importantly, the librarian’s view of the library’s relationship to the child and his/her treatment needs should become at once sharper and broader in focus.

THE LIBRARIAN’S ROLE IN HABILITATIVE ENVIRONMENTS

In 1974, Lawrence Allen, a librarian and adult educator, looked at the field of special libraries and concluded that while special libraries (within the context of his particular study) were indeed concerned with various issues relating to professionalism, one of the major concerns dealt with questions of the identity of librarianship, the role of the library, and how to mesh the library’s functions with the total goals of the parent institution.

It is distressing to read the cries from librarians lamenting that they appear not to have valid reasons for their existence... Who am I?
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Where do I belong? Where am I going? Akin to this is that special librarians have a particular need for an understanding of the role of the library and librarian within an institution that is different from a library . . . and a clearer picture of the forces that condition the special librarian in this work environment.6 While Allen did not answer these questions specifically, they are certainly valid exercises in introspection which librarians in most work situations frequently should ask themselves. The solution, at least in theory, might be a fairly simple one if librarians would define education and information as synonymous terms and view library activities as a broad range of teaching/learning interactions and experiences requiring mutual professional/client investment. This attitude and position in no way is meant to diminish the traditional information-provision role of the library, but it does perhaps provide an approach and reperception which might give greater depth and a follow-through dimension to library services in institutional settings. This professional stance might also give other disciplines increased appreciation and insight into what should be expected of any library program which purports to contribute unique services to the overall habilitative process.

Thus, the relationship of the library to the child in habilitation settings should be viewed for purposes of this discussion as one of a mutual learning process. The implicit and overriding goal of any direct or indirect contact with the library staff or library program would be to assist the child in the continuing process of Allport's "becoming." This process might consist of objective teaching or learning in the conventional and traditional sense, or it might be expressed via more dynamically oriented internalized activities which will help the child to understand himself/herself and others better and help the child in the development of feelings of self-acceptance, worth and personal competence.

The importance of the role of the library in helping the child learn to know himself in relation to his/her current life situation, and perhaps to give him/her grounds for anticipating a meaningful future, cannot be dismissed lightly. Insight, after all, is an important attribute of learning and it may be, in the end, the most valuable gift we can impart to the people we serve. For the librarian's part, he/she must plan and provide services with this learning goal in mind. It is no longer sufficient to provide little "typical" library activities (i.e. book-cart and story times) to captive groups of children nor to select an activity which superficially appears to be appropriate, but may have little to do with the child's state of need at
that particular moment in his/her developmental process and coping struggles. While outward physical habilitation goals are being met and physical necessities provided for by other members of the therapeutic team, there must be some unit within the total treatment program that consciously understands the nature and importance of the higher need levels and incorporates them as formal objectives for programming.

This is not to say that the library cannot also have improvement of physical functioning as a worthwhile goal. It can—and usually should. If, for example, the goal of the physical therapy plan is to encourage a child to reach to his/her own body midline, the library should be completely aware of the goal, offer a sensible plan and/or procedure as to how this can be facilitated in the child's contacts with library-based programs, and proceed to identify and incorporate an activity that leads to that end during the time spent with the librarian. For example, an interesting toy appropriate for the child's interest level should always be presented to encourage the desired reaching motion. However, the librarian must also be able, through personal knowledge of the child's psychological, social and educational records, to plan activities which: (1) are appropriate for the present functioning of the child, (2) anticipate the next developmental stage, and (3) are chosen to meet the life-functioning need level the child is or should be experiencing. It should also be noted that this approach to planning library services—i.e. programs based on principles of normal child development adjusted as required by the characteristics of each person’s illness and unique complex of physical and psychological needs—might very well include such traditional activities as story hours. However, librarians should not feel that a story hour is the only tool available to them or, conversely, that storytelling is the exclusive province of the library. It is entirely justifiable for the librarian to use techniques frequently associated with other treatment professionals. After all, books are not disregarded by the teacher just because they are viewed as the sine qua non of the properly furnished library. By the same token, the occupational therapist frequently relies heavily on toys (which might also be classified as instructional materials) in order to elicit certain responses from children. The librarian, therefore, while not engaging in physical or occupational therapy, should find ways to develop programs using the ideas, activities and utensils that are appropriate to the children's needs, rather than attempting to build a program that slavishly conforms to constricted current norms of what libraries are supposed and not supposed to do. In most situations this less traditional professional stance will be accepted easily by all concerned with the child, and should under
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normal circumstances lead to a closer, more responsible, and mutually supportive relationship with other disciplines.

LIBRARY PROGRAMMING

The preceding comments on the psychology of the handicapped child are meant to highlight how important it is for librarians to understand the individuals with whom they are working. It is unfortunate that librarianship has somehow worked itself into the position of trying to impose the materials of its trade on people and situations without establishing a logical basis for the activity. Perhaps this problem arises from the fact that librarians typically are taught to deal with masses of people and to find the common thread from a much larger data base rather than to work with single individuals and approach the issues from a developmental model such as Maslow’s.

The first skill which must be emphasized, therefore, is that which is concerned with developing expertise in assessing the child’s present motor, social or psychological status. Second (and building upon this assessment), the librarian should learn to be able to make a judgment about the next psychological or physical level to be encouraged and achieved. From these inferences — and the conclusions should eventually be accurate enough to qualify as clinical insights rather than mere inferences — the librarian should be sufficiently knowledgeable about the materials at his/her command to be able to prescribe (select) the right activity or item for each child and his/her idiosyncratic needs at the moment. While admittedly this process has not yet become refined or even fully understood, it certainly has reached a level that is competitive with other disciplines, such as education, activity therapy or psychology. While the librarian is not going to administer a Wechsler intelligence test before allowing a child to see a film, the data amassed in the child’s chart have the potential to help the librarian (as well as other disciplines) understand the child’s needs, need level, and any abnormal psychological reactions, such as withdrawal or denial, that might be contributing to the diminished receptive state of the child at the period of time available for interaction and skillful programming. The process of using this information for program planning should not be significantly different from the process used by other disciplines. The psychologist, for example, will observe a self-destructive child, ascertain when and under what conditions the undesirable activity takes place, and from a collage including his/her background of knowledge in the field, application of current research literature and practice, plus
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considerable ingenuity and common sense, will develop a program for the child which is designed to stop the head-banging or other self-destructive behavior. Depending on the situation and the inter- or intrapersonal variables operating, the program may involve principles of behavior modification, change of environment, change of personnel, and/or addition of any of the above plus new stimuli. The librarian, if following the same approach and presented with the same symptom complex, might find that thorough study of the child would indicate that certain library activities would have high interest value, low distractibility, could be carried on in an appropriate area, would require use of hands and feet (many manipulative and tension-reducing skills), yield an immediate reward, and would be similar enough to an activity or item adaptable to ward use that the two therapeutic program activities could act as mutual reinforcers.

Parallels to this approach can also be shown in relation to several other activity areas. For example, many children in a variety of institutional settings have problems with the development of clear or extensive speech patterns and vocabulary. Since it is obviously impractical for the speech therapist to be constantly at the side of the child, much of the progress (or lack of it) that is made in speech development or correction must occur as a result of interaction outside of the therapeutic setting as it relates specifically to communication disorders. If the librarian can acquire enough information to understand the child's problem and his/her stage of speech habilitation, and is knowledgeable enough to make (or become informed about—in this instance, sound and speech progression are well-known phenomena) an accurate assessment of the next developmental step in the corrective process, then activities designed by the library for the child should identify the short- and long-term goals, clarify ways in which the library intends to contribute to goal attainment, and document the progress toward that end. The program results, the observations made during the process, and the interfacing activities that could be presented in tandem with other disciplines will clearly indicate that library programs need not be places for mere leisure-time activities. An even more specific example of what could happen in such a program might be illustrated by a child who has a speech handicap resulting from cerebral palsy. While intelligence may or may not be a complicating factor, the physical limitations may be such that speech is difficult or not understandable, and the child consequently needs to use a language board. If the language board is, for example, the one used in Bliss symbol programs, then the goal for the child will be the acquisition of vocabulary and learning how to combine symbols for the communication of ideas. In
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In some instances, the goal might even be the further control of an arm movement so that pointing to the symbol can be carried out. Since communication is an important element in the child's life (speech or a speech substitute is vital to each person's well-being and constitutes a basic priority on which other life-enhancing conditions are built), the library, as well as all other disciplines, must devote considerable effort to establishing and/or developing this skill. However, for severely handicapped children, the mastery of language boards does not come easily. It is a progressive undertaking accomplished at great effort and only in infinitesimal increments.

To assist in the process, the librarian must: (1) know the Bliss symbol structure and philosophy; (2) know the specific goals for the child; (3) understand the child's capabilities, strengths and weaknesses, and understand how to use the most intact physical and cognitive structures available in working toward mastering the symbolic language; and (4) devise a program that will help the child to reach these ends, using the library as a therapeutic setting. In related communication development areas, the same organization and procedure would be used if the goal were, for example, to become skilled in manual communication. While it would be assumed that the librarian in an educational center for the deaf would have full mastery of this technique, and that the areas that the library could work in would be related to the normalization questions common to children of potentially average capability overlaid with this particular handicap, it should be noted that manual communication may be useful for a number of other user-related disabilities that affect speech and oral communication. In these instances, new learning in communication is coordinated with the training necessary for compensating for these other deficits, and the techniques the librarian devises for meeting the coordinated goals of the child will determine how he/she designs the particular library activities for any one individual. Other problems relating to speech acquisition that the child may have could include such basic issues as need for infant auditory stimulation, prespeech training, beginning language or presyntax stimulation, and (certainly in advanced language programs where the goal is to enable the child to use language spontaneously and creatively) making needs, desires, emotions, and ideas known and, having developed this interactive mode, beginning to participate more fully in his/her own normalization process.

For reasons known only to conceptually fuzzy tradition, many institutional library programs find themselves part of the education unit. This is an unfortunate arrangement and tends to place the residents' library in the position of having to devote considerable resources to education as a
department rather than to the needs of the children as a whole. A much-preferred solution is more typically found in smaller residential facilities, where the library, while perhaps not physically as large as the materials centers in major state institutions, may have more individualized and specialized input as a discipline into the total therapeutic program. Thus, the optimal relationship of the library with the education unit or department of a residential facility should be the same as its relationship with any other unit. The educational activities and obligations of the library in this association should be viewed on a par with those in others.

Viewing the relationship objectively, it is easy to see that some basis exists for the traditional close association between libraries and education units. The most obvious basis, of course, is that the relationship was borrowed from the "normal" school pattern—an organizational situation about which many school libraries frequently express unhappiness—at least in its hierarchical implications. More to the point is the fact that it is traditional to think of libraries as an ancillary service to education, although having certain commonalities in activities. This parallel, at least for libraries working in residential facilities, may tend to break down under close scrutiny. Let us look first at the education program.

Long-term facilities for the mentally retarded probably encompass the largest number of children living in institutional settings today. Because the zeitgeist has placed such great emphasis on normalization and on the development of community alternative care settings during the last few years, the children found in these institutions are usually both severely retarded and extremely physically disabled. The typical teacher or education activities, therefore, are not related to the acquisition of reading, writing or mathematical skills. Rather, the typical classroom teacher (if he/she is still found in the classroom) is involved in trying to establish or reinforce such basic functions as stimulation activities, gross and fine motor skills, self-care training, preschool readiness (such as attending and/or visual-auditory matching), and discrimination learning. If the child is functioning at a "trainable" retarded level, the teacher's efforts may be directed toward skills related to reading readiness, very simple number concepts, or leisure-time games and skills. For children who have perceptual problems in addition to mental deficiency, programs place great emphasis (depending on the handicap) on areas such as auditory, tactile, taste or smell stimulation, mobility in independent daily living needs, signing, and improved social interaction with others. None of these activities by law, or even by tradition, is the exclusive property of an education department. Many of the programs have, in fact, been
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borrowed and adapted from other disciplines such as occupational therapy and psychology, and incorporated into programs labeled "education," because they are the "learning" experiences currently held as meaningful for children not able to manage what has been traditionally considered the proper content of an educational program. There is no reason why most of these functions cannot or should not be incorporated into formal and informal library activities. Certainly, such an approach seems logical, natural and reasonable. Since in many situations this has not been the case, a reexamination of library programming and its origins is clearly in order. In determining what this programming should be, the librarian may find it useful to rethink the traditional relationship of libraries to the education structure, as discussed earlier. He/she may also obtain some insights from the development of the education field (and others) as such disciplines have tried to cope with inherent inadequacies of approach when faced with children for whom traditional forms or programs of education have no relevance. As has been noted, a certain amount of adaptation has been necessary and, as a result, a teacher specializing in education of the handicapped child with a bachelor's or master's degree may find himself/herself engaged in teaching, eating or dressing skills—a very relevant activity for the needs of the child.

Another area of program similarity that should be examined by librarians in order to determine which library activities are being used by another group of professionals claiming identity as a discipline is the field of recreation or activity therapy. Frequently found under the heading of activity therapy are arts and crafts programs. As library programmers know, arts and crafts can include activities ranging from work with crayons and paint, to water colors, paper construction, collages, potato painting, paste and glue constructions, drawing, woodworking, ceramics, clay, or even sewing. All have been and can be used in many areas in conjunction with various programs. However, it should be noted that these kinds of planned activity are not simply designed to fill time. As in all other programs, they are planned to develop or rehabilitate certain physical or mental deficits. The objectives can range from striving to improve gross and fine movement, to a development of manipulative skills, and then to cognitive development, self-expression, and an appreciation of the general field of arts. On another level, arts and crafts are used to train and/or establish manipulative functions of the hands and arms; to encourage attending behaviors to specific tasks; to enhance dexterity; to establish a sense of size, color, shape relationships; or simply to learn a
new skill or enlarge on older latent ones that bring a sense of pleasure and accomplishment to the child. For the librarian programmer, all of the above activities, goals and motivations are valid reasons for incorporating such activities into present library programs or for introducing such objectives into new programs. As the librarian examines the needs of each child, it should be part of the program-planning philosophy to determine how each of these activities can be beneficial to the child who may need to develop attention span, learn to interact with peers, learn to relate to adults, develop working habits either alone or in cooperation with others, strengthen receptive or expressive language, learn to be less destructive, and control impulses and develop self-control related to hyperactivity. The important point is not the particular activity used in a particular setting, but rather that the child's needs are assessed properly and that both activity and setting are selected with therapeutic goals for the child in mind, rather than simple attendance at some diffuse, library-sponsored activity.

Activities related to music, whether they be listening, singing, rhythm or playing an instrument, form another extraordinarily successful program element that can be used with considerable specificity by the librarian. There is considerable literature in the music field that can be extremely valuable to the library program-planner. It is easy to obtain and should be studied as an example of a rationale that has been developed by a "soft" therapy. The general goals of most music programs include providing sensory stimulation, the development of communication skills, improvement of eye-hand as well as total body coordination, and the encouragement of self-esteem and self-expression. Even more specifically, the incorporation of music into a library program can, either alone or in conjunction with another activity, be used to encourage in the individual child any of the following skills: eye contact, physical response such as clapping hands together, improving attention span, awareness of expected response to a stimulus, vocalization, finger or hand dexterity, learning the concept of taking turns and sharing, practice in the technique of relaxation, sound discrimination, development of the component parts of music, and musical composition. Again, it is necessary that the programs be tailored for the child's needs and that the librarian maintain individualized records, in a format meaningful to others, which document the claims the librarian may or may not be making for the efficacy of this or any program being offered. It is to be hoped that in all library program efforts, the librarian working with handicapped children can be adaptive in philosophy, imaginative in program construction, and educationally and psychologically equipped to enter into the therapeutic relationship as an
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equal and contributing professional: a feat that in many situations may require rethinking by all disciplines concerned.

References

5. Ibid., p. 22.
6. Leisure-time activities do take place in the library, but in most instances where the child is in a rehabilitation facility, leisure time is also part of the therapeutic plan and should not be expected to be a time that will "just work out" without direction or that should have no direction. Almost all activities in a facility need to be planned with some therapeutic or needs fulfillment goal in mind.

ADDITIONAL REFERENCES

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