

# Child's Brain Cited in Ills

Children with slight learning and behavioral abnormalities may be suffering from a brain malfunction that often goes undiagnosed

➤ AN INCREASING number of children are showing slight learning and behavior abnormalities that can be traced to some malfunction of the brain.

The number is rising partly because of better diagnosis and classification. However, there now seem to be more children with a "neurological dysfunction," which could be the "unintentional aftermath" of medical advances such as drugs.

In a paper titled "Minimal Brain Dysfunction in Children," the National Institute of Neurological Diseases and Blindness revealed a major shift in emphasis from Freudian based child psychology to physiology.

Until recently, variations from the norm, such as excessive restlessness or fatigability, poor ability to judge distance, weak control over impulses and trouble in learning a specific subject have been considered problems arising from a child's background.

Now, the Institute has found, professionals are becoming more and more dissatisfied with this "interpersonal" explanation and are searching for physical complications.

However, few tools are sophisticated enough to pick out organic defects in a child's brain unless such defects are "grossly obvious," as in cerebral palsy and epilepsy. Moreover, the role of brain injury in these "minimal dysfunctions" has never been precisely established. Consequently, the organic aspect is frequently ignored in diagnosis and treatment, whereas it should have definite bearing on the type of education given a child, it said.

Recognizing the problem, the U. S. Public Health Service and the National Society for Crippled Children and Adults, Inc., three years ago selected task forces to define "minimal brain dysfunction," classify symptoms, survey existing treatments and pull together research on the subject.

The Institute monograph represents a first step toward identification. Prepared by 12 physicians, scientists and educators, the paper uses minimal brain dysfunction to refer to children of at least average intelligence who have "certain learning or behavioral disabilities . . . which are associated with deviations of function of the central nervous system." In most cases, the deviations are only suspected, since they have not been physically located.

This definition includes a wide range of impairments in everything from perception to memory to emotional control. The Institute has listed 104 such symptoms, which in their most severe

form would be recognized as cerebral palsy, retardation, epilepsy, autism and aphasia.

Of the 104 symptoms, the 10 most commonly observed are: hyperactivity; perceptual-motor impairments; emotional instability; general coordination deficits; attention difficulties; disorders of memory, thinking, speech or hearing; impulsivity and spotty intellectual deficits such as an inability to learn math despite high achievement in other areas.

The Institute recognized the strength of the old "organicity vs environment" argument, especially in view of limited proof for the organicity, but said that both must be considered if the "whole child" is to be treated.

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## PSYCHOLOGY

# Psychologists Speak Out

➤ THE AMERICAN Psychological Association broke tradition with a "position paper" on the new community mental health centers to be established throughout the country.

The APA warned against the inherent danger that this "bold new approach" to mental health will fall heir to traditional, outdated patterns; that the centers will be little more than "steel and glass" copies of the old "stone and brick" mental hospitals; and that the services will slight the poor as in the past.

Since 1963, Congress has appropriated some \$150 million for construction of the new centers and states have moved to draft programs to meet the Federal plan. To get money, each center must offer five essential services: inpatient and outpatient care, partial hospitalization, emergency care and consultation and education for other agencies.

To avoid past mistakes in mental health, the APA made 13 recommendations.

One was that treatment be deliberately designed to reach the poor. In the past, said the APA the more advanced services have been a "middle-class luxury" and the mental hospital a "lower-class horror."

"Most of our therapeutic talent . . . has been invested not in solving our hard-core mental health problem—the psychotic of marginal competence and social status—but in treating the rela-



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CRITICAL OPERATION—No margin of error is allowed in Cyanamid International plants whose products look like textile fibers but are actually high quality surgical sutures. A Cyanamid worker on the production line checks stainless steel sutures so fine they handle like silk.

tively well-to-do educated neurotic, usually in an urban center."

New ways of treating the disturbed poor will have to be developed, the APA believes. Psychotherapy, with its emphasis on talk, is inappropriate for the poor, who seem not to understand it, want it, or benefit from it.

Half the center's resources in money, facilities and people should go to children, the APA recommended. Since the problems of children have in the past been largely neglected, this calls for radical changes in skills and programs, said the APA, and will probably be resisted. Nevertheless, a fresh approach is "urgently needed."

The power to set policy should reside in the hands of informed community leaders rather than professionals. To be effective the center needs to be involved in many areas not normally considered mental health—schools, churches, welfare agencies, the police, industry and the courts.

Professional standards, however, should be set by Federal and state authorities. The local control feature raised controversy within the APA itself.

The 24-page report was written by Dr. M. Brewster Smith, director of the Institute of Human Development at the University of California at Berkeley and APA president Dr. Nicholas Hobbs of George Peabody College. It was approved at a recent meeting of association officials.

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