behavioral sciences

DEMOGRAPHY

The President's population message

President Nixon last week proposed a research effort in domestic population growth and family planning, emphasizing demographic studies rather than biological research.

In a message to Congress, the President proposed the creation of a Commission on Population Growth and the American Future to study American population growth and migration trends, make policy recommendations, suggest alternatives and help educate the public.

President Nixon asked that the commission be established for two years so that it may make use of the 1970 census data; an interim report would be expected at the end of one year.

On a broader scale, the President also asked the Secretary of State and the Agency for International Development to give population and family planning problems high priority.

CENSUS

Subcommittee approves bill

After several months of hearings, the House Census and Statistics Subcommittee has approved a bill which would eliminate the 60-day jail sentence for failure to answer census questions (SN: 6/7, p. 560).

The bill was introduced by subcommittee chairman Rep. Charles H. Wilson (D-Calif.) on behalf of the other members of the committee. It also provides for more sampling of census questions, for stricter penalties to be imposed on employes of the Census Bureau if they divulge confidential information and for screening of census questions by Congressional committees.

The bill also aims at making the census more of a population census; it eliminates the requirement that the census must include housing and employment questions, but permits them if deemed necessary.

The bill is expected to go to the floor in the fall.

DEPRESSION

Therapy for the elderly

A distinction should be drawn between types of depression in the elderly so that treatment can be properly administered, Dr. Kurt Wolff, associate professor of psychiatry at Jefferson Medical College in Philadelphia, reports in the July Journal of the American Geriatrics Society.

Dr. Wolff surveyed 200 elderly male patients in a Philadelphia Veterans Administration hospital. One group of 100 patients had a history of depression without suicidal tendencies or episodes. Their depression was related to loss or failure of physical health, of social status and prestige, loss of wife or relatives and friends of their own age group. Loss of independence was also

The other group of patients had a history of suicidal attempts and, although their depression stemmed from the same losses as the other group, they exhibited considerable panic at the onset of the aging process. Hostility and anger were evident in their actions.

For the group that showed no suicidal tendencies, Dr. Wolff recommends group therapy or individual supportive therapy. He suggests that this should decrease the feelings of loss and failure and replace them with new goals and purposes in life.

For the more seriously depressed, Dr. Wolff suggests electroshock therapy and possibly milieu therapy to direct hostility to more constructive outlets.

Antidepressive drugs are helpful for both groups, Dr. Wolff says.

REHABILITATION

Program for mentally retarded

A special five-year program of rehabilitation at the Elwyn Institute in Pennsylvania shows that it is possible to discharge mentally retarded persons to independent living in a community even after prolonged institutionalization.

The program consists of orienting the entire staff toward rehabilitation. Emphasis rests on training the patients in practical, manual vocational skills. Work experience within the institution is aimed at application to community living.

Special education programs provide counseling, socialization and remedial teaching to overcome the effects of prolonged institutionalization.

Two hundred orphaned or abandoned retarded persons spent from 2 to 49 years in the institution. Now, they are all working successfully in either unskilled or semi-skilled jobs. They have avoided serious legal problems and have learned to cope with everyday problems. Some have married and had children.

Although problems of low salaries and low status do exist, none of these persons had to be reinstitutionalized, Drs. Gerald R. Clark, Marvin S. Kivitz and Marvin Rosen report.

PSYCHOTHERAPY

Reinforcement for autistic children

Reinforcement therapy—rewarding a patient for imitating or performing certain acts—has proven successful in increasing motivation and cooperation in autistic children, as well as in increasing their repertoire of behavior.

Four autistic boys were given intensive reinforcement training for six hours a day for three to five weeks. Adults used food, water and social contact to train the children to use their bodies—movement of head and arms, using objects such as scissors and toys and showing evidence of understanding speech.

The boys showed an increase in attentiveness and desire to perform following the training. This was in complete contrast to the usually negative and withdrawing behavior of autistic children.

Although their increased motivation was evident, there were various easy tasks they were unable to perform. This suggests that the limited behavior of autistic children may be related to fundamental disturbances in perception, Drs. Joseph N. Hingtgen of Indiana University School of Medicine and Don W. Churchill of the Clinical Research Center for Early Childhood Schizophrenia report in the July Archives of General Psychiatry.