

Montana Center
on Disabilities:
Focusing on Abilities

By Sue Hart

MONTANA STATE UNIVERSITY BILLINGS

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by Sue Hart
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TABLE OF CONTENTS

Introduction	
The “Montana Center on Disabilities”	i
Chapter 1	
The 1940s: “We Were Pioneers”	1
Chapter 2	
The 1950s: “Ten Years of Progress”	22
Chapter 3	
The 1960s: “Competence, Understanding, and Hope”	49
Chapter 4	
The 1970s: “This is a Special Place”	65
Chapter 5	
The 1980s: “A Beautiful, Idealistic Idea”	94
Chapter 6	
The 1990s: “Where the Seeds are Planted”	107
Chapter 7	
The Challenges of the 21st Century	121
Appendix	142
Index	149
Archive Photos	154

COVER: Dr. Ronald P. Sexton, Chancellor of Montana State University Billings, congratulates Ann Fraser Halubka on receiving her Master of Science in Rehabilitative Services from Eastern Montana College (the forerunner of Montana State University Billings). Halubka was one of the first children to attend the Cerebral Palsy Center in the basement of McMullen Hall.

Introduction

The “Montana Center on Disabilities”

Established in 1947, the Montana Center for Cerebral Palsy and Handicapped Children, which occupied the basement of McMullen Hall, was later known as the Montana Center for Handicapped Children and then as the Montana Center on Disabilities. The Center has been an important and unique resource serving children with disabilities and their families for the entire State of Montana.

The early mission of the Montana Center for Handicapped Children (MCHC) reflected four major purposes:

- 1) To provide service for the physically, mentally, and speech and hearing handicapped children in Montana.
- 2) To provide special education programs and required therapy(ies) for handicapped children.
- 3) To provide observation facilities and special laboratory experience for interns, Eastern Montana College (EMC) students in education, student nurses and students from other colleges.
- 4) To provide counseling services to parents and teachers of handicapped children.

Historically, the Montana Center for Handicapped Children was guided by a Board of Directors comprised of the President of EMC; a representative from the Montana Department of Public Health; the Superintendent of Billings School District #2; the Center Director; and the Center’s Medical Director. The Parent Advisory Board played

Introduction

a very important role in the early development and direction of the Montana Center.

My first experience with MCHC was as an undergraduate at EMC where I took coursework and did observations in the Center. I have some very vivid memories of that time. Foremost, are the memories of the children themselves and the unbelievable courage and determination demonstrated every day as they worked so hard to learn the basic developmental skills and academic subjects that were learned so easily by those who were not handicapped. They were learning to feed themselves; to walk; to dress; to speak; to listen and engage socially; and to live with the challenges that so impacted every aspect of their lives without understanding why they couldn't do what "normal" children do. The children were referred to as multi-handicapped, speech and hearing impaired, mentally handicapped, physically handicapped, cerebral palsied, orthopedically handicapped, and, most frequently, severely handicapped. Many of their conditions were, in retrospect, life threatening.

Another memory is related to the professional teams, including teachers, therapists, child care specialists, social workers, medical/health personnel, who planned every part of every day for each child, from the classroom, to therapy, to the medical clinics, and even in the lunchroom. The special education teachers were employees of School District #2. The patience and caring shown as they taught the children in the Center to speak, to write, to read, to dress themselves, to walk, to bathe, and even to breathe, with and without breathing apparatus, was remarkable. Mostly veterans, they were, without exception, dedicated to the learning and development of the children.

The parents and family members of the children remain a major part of my early memories of the MCHC. During those “times,” the emotional, social, and financial burdens of ensuring their children received the appropriate education and therapy essential to their child’s growth and development, even survival, fell clearly on the shoulders of parents and family members. I recall meeting families who had made the decision to sell their farm, businesses, and homes to move to Billings so their child would have access to the Montana Center.

Fall 1972 saw the opening of the new Special Education Building. The Montana Center for Handicapped Children, the only center of its kind in Montana, was moved into the first floor. The planning for the new Montana Center for Handicapped Children was lead by Dr. Everett Peery, Director; Dr. A. Hartman, Medical Director; and the Center staff. The new Center was a “state-of-the-art” educational, medical/clinical complex designed space-by-space, for the express purpose of providing the highest quality educational and supportive therapy programs and medical/clinical services for Montana’s severely and multi-handicapped children. The new Center included self-contained classrooms with observation rooms; facilities for physical, occupational, and respiratory therapy(ies); medical/clinical programs for cerebral palsy, cleft palate, and genetic counseling; audiological diagnostic services; and a staff that included social workers, speech pathologists, psychologists, nurses, a medical director, and other specialists.

Today, the Montana Center on Disabilities’ (MCD) mission is focused less on direct services to children and youth with disabilities and their families, and more on the important role of providing teaching skills, technical assistance, and support to a wide variety of human

Introduction

service agencies and programs and to individuals with disabilities and their families across Montana and the region. Leadership training for individuals with disabilities has become an important role for the Center. The Montana Center's team of dedicated professionals remains committed to serving Montana's people with disabilities. The skills and expertise of the Center's staff also reflects its ever changing mission and scope. The staff provides professional services in the areas of employment, work initiatives, leadership training, rehabilitation counseling, transitioning, hearing conservation, community integration, and collaboration. The Center continues to play a key role in providing students from across the University with opportunities to engage in study and applied research.

The MCD has become one of the University's most active and successful applicants for competitive grants and external funding from a myriad of state and federal sources. The Center continues to be a bright star within the University and across the region. The MCD has a bright and increasingly important mission to fulfill within and outside the University as it continues to strive to meet the needs of people with disabilities and their families, along with the many new and changing challenges faced by the people and programs it serves.

Dr. Ronald P. Sexton, Chancellor
Montana State University Billings

Chapter One

The 1940s: “We Were Pioneers”

In 1943, at the height of World War II, an unlikely warrior came to Billings. She wasn't dressed in khaki or bell-bottom trousers, coat of Navy blue, and the enemy she was fighting was not on foreign soil; her initial goal was to eradicate or mitigate the effects of crippling diseases on children, including those with cerebral palsy, who, at that time, were referred to as “spastics.” Her name was Miss Ruth Hansen, and her initial battlegrounds were the Crippled Children's Clinics held at St. Vincent Hospital, just a block away from the Eastern Montana State Normal School campus.

Miss Hansen, a physiotherapist trained at the Children's Rehabilitation Institute in Maryland, was drawn to Billings by the opportunity to work with Dr. Louis Allard, a pioneering orthopedic surgeon whose work with polio victims and youngsters crippled through other causes had brought him international recognition. (The original St. Vincent Hospital on Division became the St. Vincent Orthopedic Hospital School to provide both physical healing and an education to “Allard's kids” when the new building on North 30th Street was completed in 1923.)

It was through her work with the Crippled Children's Clinics that Miss Hansen became acquainted with the parents of children with cerebral palsy and learned of their concerns not only for their own children, but also for other children in the region who had physical handicaps. That concern led to some get-togethers for Billings area

parents, and eventually to the formation of the Montana Parents Club for Cerebral Palsied, a group which held its meetings at various sites in the community, including members' homes, the Parmly Billings Memorial Library, and on the Normal School campus. It was on the Normal School Campus where the institution's first President, Dr. Lynn B. McMullen, designated space in the basement of the Administration Building (now McMullen Hall) for the Cerebral Palsy Center, the forerunner of the Montana Center on Disabilities, just before his retirement in June of 1945.

Fortunately, his successor, Dr. A.G. Peterson, not only concurred with that decision, but became a strong supporter of the Center and encouraged members of the local Kiwanis Club, of which he was a member, to offer their support as well. (Probably little encouragement was needed—Kiwansians, along with Elks, Lions, and Rotarians, had provided assistance to the Hospital School children, including taking them to movies and other in-town entertainments, such as the circus, and transporting them to Camp Tekawitha near Red Lodge for summer outings.) Women's organizations did their part as well; in 1921, the State Federation of Women's Clubs, chaired by Mrs. R.C. Dillavou of Billings, lobbied for an appropriation of funds to provide care for crippled children and for the establishment of a state orthopedic commission. Despite a budget crunch, both bills passed in the legislative session, and Governor S.V. Stewart chaired the first Orthopedic Commission himself.

Miss Hansen continued to be a key ingredient in the development of the Parents' organization and the drive to establish the Center. In an address to the Parents' group in 1946, Miss Hansen, now the state consultant on physical therapy, discussed home training for palsied

children. According to the *Billings Gazette*, “A goal must always be set for the handicapped child, the speaker said, but she pointed out that the goal must always be a reachable one. The importance of regular rest and relaxation periods should not be overlooked.” Miss Hansen also spoke on the importance of vocational rehabilitation in order for a handicapped individual to be employable.

On October 26, 1946, G.E. Snell, President of the Billings Kiwanis Club, wrote to Edwin Grafton, Administrator of the Montana Children’s Home and Hospital, Inc., and the Shodair Crippled Children’s Hospital in Helena about the possibility of bringing a clinician to Billings to give therapy to afflicted youngsters and instruct their parents in therapeutic exercises:

This will advise you that we had a meeting of the Child Welfare Committee of our Kiwanis Club last Wednesday night. It was well attended.

The matter of having Miss Reville come to Billings at least once a month beginning with the month of November, 1946, was thoroughly discussed. It was the opinion of all present that her offer to come to Billings at least once a month over a weekend for the next several months will be accepted, and our Kiwanis Club cooperating with the Mothers’ Club for Spastic Children would pay her expenses.

We contacted Mrs. Charles Grove who is president of the Mothers' Club right after this meeting and told her of the decision of the committee. I never knew anyone who was more pleased...She wanted to know when Miss Reville would be here in November so that she could make arrangements for the use of a room at the Eastern Montana State Normal School during the time that Miss Reville was here. Dr. Bert Stripp is a member of this committee. He did not know about the two physical therapy technicians referred to in your letter of October 15. He said that there were nurses at St. Vincent's and he thought one in the Billings Clinic that were trained for polio treatment, but he doubted if any of them were trained for spastics...

*Only this morning we received a letter from [a woman in Sidney]. In it she said that she had read in a recent edition of the Billings Gazette an account of the meeting held at the Eastern Montana Normal School outlining plans for a state organization of parents of spastic cases. We are convinced that as soon as a state organization is set up that many spastic cases that have been kept entirely covered up will come out into the open.**

Miss Reville, when she makes her first trip to Billings, can have a meeting with some of the doctors here who are very much interested in this whole program. We know who Dr. Allard is, and we have been informed that Dr. Haggmann of the Billings

Clinic and Dr. Hynes who has his own office are also very much interested.

*It is interesting to note that the President of an organization planning to help with clinics for crippled children refers to them as “spastics” and identifies Mrs. Grove, the president of the Cerebral Palsy Society, aka Parents of Cerebral Palsied Children, as president of “the Mothers’ Club for Spastic Children.” Obviously, the attempt to move away from the use of “spastic,” a shortening of “spastic paralysis” (a chronic pathological condition marked by persistent muscle spasms and exaggerated tendon reflexes due to damage to motor nerves of the central nervous system), would take some time. It is also noteworthy that Mr. Snell suggests the probability that some children so afflicted have been, in effect, “hidden away.”

Miss Reville apparently never made it to Billings, as Edwin Grafton’s October 29th reply to George Snell announced that Mrs. Louise Cowperthwaite would be coming to Billings “on Friday afternoon, November 15th and spend Saturday and Sunday in Billings and return to Helena on the night train.”

Grafton’s letter also outlines the plans for Mrs. Cowperthwaite’s visit:

She would like to have the children brought to [the] Eastern Montana Normal School building, one each half hour starting at 10 A.M. on Saturday, November 16. She should have one and

one half hour for lunch and then schedule patients up to 5 P.M. The same schedule can be followed on Sunday. If she has to go to any of the homes to see the children she will work the calls in during the evenings.

My suggestion is that the parents pay \$3.00 per child for her services. Of this amount she will receive \$1.50 for compensation and the other \$1.50 for expenses. In case there is not enough for expenses the Kiwanis Club could make up the deficit. However, I think there will be enough children to cover the expenses. In case some parent couldn't pay the \$3.00 the club could take care of it for them.

I estimate that her expenses will run about \$30.00. Train fare is \$18.06 and hotel and meals will run about \$6.00 per day... It is her policy to work in close cooperation with the doctors. Usually she works with orthopedic doctors so if Dr. Allard or Dr. Hagmann are available even for part time to counsel with her on several cases it will show that she is not ignoring the medical profession. If they are not available perhaps Dr. Stripp could spend some time at the Normal School to help her get started, etc.

Snell was quick to reply that the terms were acceptable, and that:

We know that Mrs. Louise is a diplomat, and she will know how to handle the other doctors and nurses here in Billings. If she deems it advisable to have a conference with Dr. Allard or any

other doctor in Billings or any nurses, we would be glad to try and arrange such a conference. We could have present Mrs. Grove who is the President of the local Mothers' Club, certain members of our committee, the President and Vice-President of our Club, and the Governor of our District.

This hint of some territorial issues may have been eventually resolved by the intervention of the Montana State Board of Health (MSBH), which had been watching with interest the work in Billings to establish a place and a program to provide services for crippled children. To speed the progress toward such a goal, the MSBH sponsored a very successful diagnostic and evaluative clinic in Billings, conducted by Dr. Meyer Perlstein, one of the most respected and knowledgeable authorities on cerebral palsy in the United States. This clinic brought about a three-way partnership between the state, the Normal School, and the state chapter of the National Society for Crippled Children and Adults (NSCCA).

By July of 1947, Dr. George A. Selke, Chancellor of the University of Montana system, contacted President Peterson to announce that “when I see you next week I shall...wish to discuss with you the program in connection with the Crippled Children, particularly the cerebral palsy program which you are aiding by offering space for instructional and clinical purposes. I think we should also see that this particular matter becomes one of the items for the agenda of the State Board of Education at its next meeting.”

A month later, the Normal School included in its requests to the State Board that it “Grant space for the establishment of a clinic in which we wish to carry on an educational and physiotherapy treatment program for

The 1940s

cerebral palsied children; this clinic to be used in the training program for elementary teachers.” The Board approved the request.

Funding for the establishment of this treatment center, which could also function as a demonstration site for the habilitation of crippled youngsters, came through a special five-year grant from the federal government. The NSCCA agreed to help financially by contributing funds for staff salaries. The Billings Kiwanis Club also continued its sponsorship of the program.

A statement of purpose was also developed for the fledgling center, which included the following goals:

- To establish and maintain a treatment and educational center for crippled children;
- To utilize the center as a demonstration unit for development of a state program;
- To prepare teachers for education of the handicapped;
- To support legislation for the education of all handicapped children.

Shortly after the Center opened in November of 1947, Dr. Richard L. Henderson, Dean of Education at the Normal School, addressed the Cerebral Palsy Society on the third and fourth points made in the statement of purpose, discussing the special skills needed by teachers of exceptional children and the “great field to be served” by this specialized corps of educators.

During its first year of operation, the Center for Cerebral Palsy, as it was then known, limited its services—which included a part-time school, speech therapy, and physical therapy—to cerebral palsied children from Yellowstone, Big Horn, Carbon, Stillwater, and Treasure counties. Mrs. Grace Johnsrud served as the first secretary for the Center staff; Mrs. Thora Baker was the first speech pathologist, and Miss Ruth Hansen was the first physiotherapist.



Mrs. Grace Johnsrud

By mid-December 1947, Dr. Peterson was able to include this item in a Faculty Bulletin:

You will be interested in knowing that three of the basement rooms have been reserved for the Cerebral Palsy Clinic. One room will be used by the physiotherapist (Miss Ruth Hansen) and the Speech Pathologist (Mrs. Thora Baker). The second room will be used by the cerebral palsy kindergarten. The third room will be used for the education of cerebral palsied children from five years to twelve years of age. The fourth room in the basement will become the college bookstore.

Unfortunately, as so often happens when a person achieves prominence in a field, he or she is courted by offers of positions elsewhere, and before the Center reached its first year anniversary, Miss Hansen, who had been so instrumental in the preliminary stages of establishing a need for the Center, was hired away by the public schools and counties in the Portsmouth, Ohio, area, where she would continue her work with crippled children.

Before she left Billings, Miss Hansen was honored for her work on behalf of Montana children at a potluck dinner hosted by the Cerebral Palsy Society, where the first president of the group, Mrs. Charles Grove, spoke on the history of the organization, and Mrs. Sam Coulter and Mrs. Steve Elias, both past presidents, recounted Miss Hansen's contributions to the Billings area and the CPS. Miss Hansen was presented with a watch as a going-away gift.

At that farewell dinner, Dr. Peterson announced that the Cerebral Palsy Center would be moved from its basement quarters into the proposed education building on the campus—certainly good news for those who would face the challenge of getting youngsters in wheelchairs up and down a flight of stairs every day to and from their classroom and therapy areas! (Ground was broken for the Eastern Building, as the first Education Building was called upon completion, on April 20, 1952, and the building opened in 1953. The Center for Cerebral Palsy remained in its McMullen Hall quarters, however.)

In 1948, Irene Restad, Occupational Therapist; Mrs. Ethel Cech, Special Education teacher; and Dr. J.K. Colman joined the staff, and four more counties—Carter, Custer, Powder River, and Rosebud—were added to populations served. Dr. Walter Hagen served as Medical

Director for the program. Several local nurses, including Mrs. Helen Stanton and Mrs. Edna Kuhn, assisted with the Cerebral Palsy clinics. Mrs. Restad's occupational therapy room was located in the remodeled (and very small) women's restroom.

Over 50 years after she began working at the Cerebral Palsy Clinic, Mrs. Restad's memories of her co-workers and her young patients were still bright. "I remember so many of the wonderful people I worked with," she said.

"Thora Baker, who attended to speech problems, and Mary Jane Hahn, who provided physical therapy, and Dr. Hagen, the director. Ruth Lentz taught kindergarten and Mrs. Edwin Wilson taught the older children. There was also a Miss Blakely, and Carl Hanson, and Doctors Harr and Burford served as consultants. Later



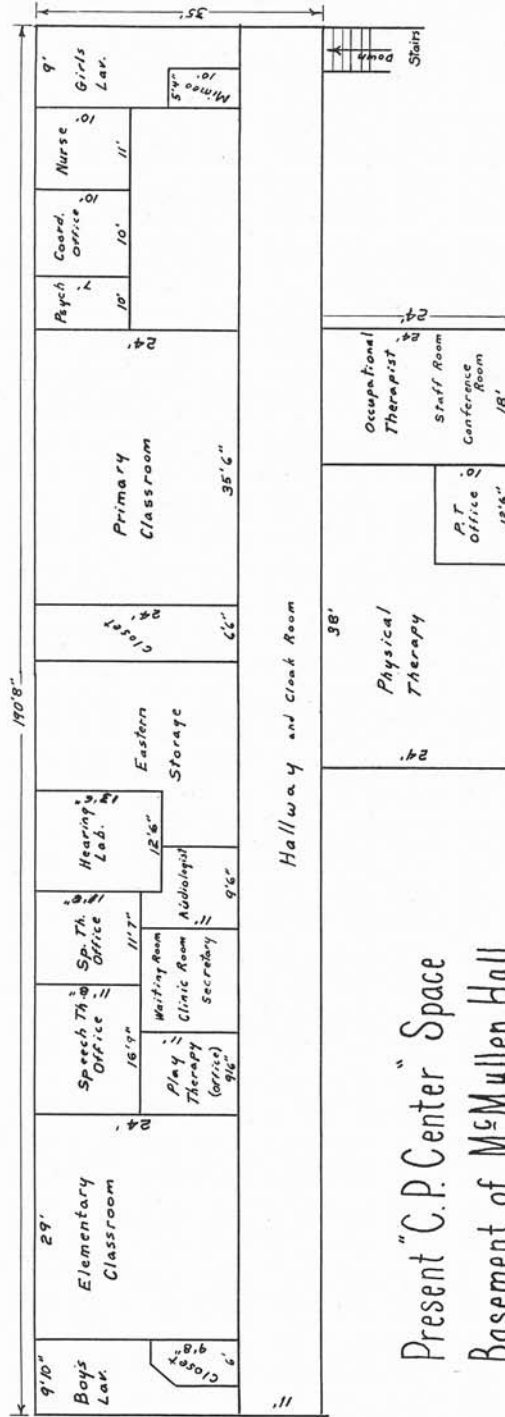
Miss Blakely, circa 1950

Val Glynn Breakman taught with us, and John Taylor from the Mental Hygiene Clinic worked with us. And, of course, there were a number of others who were invaluable, nurses with the County Nursing Program and drivers of the special car to pick up the children and bring them to the Center and then home again."

"We all went into the Center hoping to really help kids," she commented, adding "Some of our ideals were a little high."

Floor plan of The Center, circa 1947

At the present time there are 27 children in regular attendance at the school plus many outpatients. These children come from all points of the state to attend school and be seen in the clinics.



Present "C.P. Center" Space
 Basement of McMullen Hall
 Eastern Montana College

And, she added, Dr. Peterson, President of the Normal School, was “so wonderful, so interested in the success of the Center.”

“Our students had minor to very severe disabilities,” she recalled. “Some were born with RH factor, and it did affect them.”

Mrs. Restad “liked working with the children at the Center very much,” and she also enjoyed the involvement of the parents with the Center activities and in working with their children at home. “That meant a lot of time for parents to be involved with one child,” she observed. “Sometimes other children in the family felt resentful about that.”

“Some parents hoped for more progress; others were grateful for whatever was done.”

A “typical day” for Mrs. Restad included teaching her charges how to feed and clothe themselves and how to perform other routine daily activities. That meant introducing activities to improve eye-hand coordination—“lots and lots of activities with the children,” she said. And she did a lot of public speaking on the programs offered through the Center as well.

“We had good times with the children,” she said, “and some sad times, such as the children crying after painful physical therapy. Some of the good times included field trips to parks and to visiting circuses. And, of course, the Lions’ Camp for summer outings.”

“At the camp, the staff would dress and feed the campers who needed that help, and then supervise all the activities, so by the end of three or four days, we were all exhausted—but happily so. Sometimes we resorted to just dirtying some of the clothes so the mothers would think we’d changed their children’s outfits every day!”

Mrs. Restad left the Center staff in 1959, but she stays in close touch with several of the students she met there. Governor Ted Schwinden appointed her to the State Board on Disabilities.

From the vantage point of 2004, she can see the importance of the Center's early years: "In a way we were pioneers; this had never been tried before."

Eight children were enrolled in the school in 1948, and an additional 43 were seen in Center-sponsored clinics.

Ann Fraser Halubka was one of the first group of children who attended the Cerebral Palsy Center in the basement of McMullen Hall. She later earned a Bachelor of Science in English and a Master of Science in Rehabilitative Services from Eastern Montana College. She received a fellowship for her post-baccalaureate work and was in the first group of graduates from the rehab program. Ann now teaches a graduate course in the College of Allied Health Professions at Montana State University Billings. This is her story:

My first recollection is a meeting with families and children. I was six. The youngsters that I remember being there are myself, Nikki, Bill, Tony, Rose, and Bonnie (but I can't remember their last names.)

The next memory is being taken to school in a Hudson taxi from the Eagle Cab Company. The driver's name was Vic Thomas, whose brother, Albert Thomas, worked for the sheriff's department, and on Fridays we got to ride home in a sheriff's car. If we were really good that week, Vic would let

us push the button to blow the siren when we arrived in our driveway - which with a bunch of spastic kids must have been really funny!

One father of one of the kids was a carpenter who made the bookshelves and therapy tables. The thing I remember was that he also made wooden blocks out of the leftover oak. They weren't ADA correct in that they had sharp corners, but I remember playing with them and thinking they were lovely because they were just wood and varnish. Some had perfect circles and perfect triangles and you could build interesting things.

We also had our own sheet, blanket, and pillow. We'd take the sheet to therapy, but the blanket and pillow were for our naptime. I liked occupational therapy with Irene Restad because she was playful with us and very conversational. It always seemed like she had time and chatter.

I remember three significant visitors. One lady came to visit us and asked me some questions. It turned out that she was Mrs. Spencer Tracy



**Chancellor Ron Sexton and
Ann Fraser Halubka**

who went home and started the John Tracy Clinic named after her deaf son.

Another visitor, about the time I was five or six, was a small man with a loud voice and bad breath. He turned out to be Tex Ritter, who was looking for programs to help his older son who had cerebral palsy. This son grew up to be the executive producer for the television show “Three’s Company” which starred Ritter’s younger son, John Ritter. The last person they brought me in to visit with was Mel Blanc. I really never knew why he was there, but I remember he had all those little people living inside of him. He made all the voices for me.

It’s impossible to talk about the Center without talking about Mary Jane Hahn and Inez Jamison. Mary Jane was a single mom of two with a sturdy build, a gentle heart, and a willful nature. After I left the Center to enter public school when I was eight, she came to my house weekly to do my physical therapy. She did that for three years on her own time. She continued to do that until I went into the hospital for surgery. Inez came into my life when I was fifteen years old. She stayed a part of my life as she came and gave me physical therapy the day I got married because, as she said, it wasn’t a good day to be stiff. She actually remained in my life until her death on a “call when you need me” basis.

When I was ready to graduate from Eastern Montana College with my bachelor's degree, I was one credit short. I was in the Student Union bawling my eyes out when an English professor, Mr. Robert Gee, asked, "What about all that physical therapy you go down to the basement and get? Can't they give you a P.E. credit for that?" So that's what we did.

The Center was a grass roots effort to provide services where there had been none; it brought us together, it provided services, and what a happy place it was. For me, it provided role models which have lasted through my life.

The Normal School had received permission from the State Board of Education to grant "desk space" in the Administration Building, Room 109, for the Montana Chapter of the National Society for Crippled Children and Adults. On December 1, 1948, Harlan Lance, the executive director of the Montana Chapter, issued a report to his Board of Trustees and the Medical Advisory Council on an analysis of giving patterns of Montanans compared to other states in NSCCA fundraising efforts. Montanans had reason to be pleased.

The 1940s

	<u>Montana</u>	<u>National Average</u>
Average increase in campaign funds	87.2%	21.9%
Return per letter mailed	36.8¢	24.5¢
Letters mailed in '48 campaign	94,459	
To be mailed in '49 campaign	150,100	
Percentage of state population covered	63%	54.6%
Cost per dollar raised	21.3¢	22.7¢
Per capita return	7¢	4.5¢

Additional information:

85% of the Montana Campaign was from the mail campaign

8.1% from the lily parade

3.6% from coin collection boxes

2.6% from advance gifts

0.7% from miscellaneous sources

The goal for Montana's 1949 campaign was set at \$60,000.

The governor himself called upon Montanans to support the Easter Seal drive. John W. Bonner issued a statement to the press noting that "During the past year the Montana Chapter has 1) Financed the treatment of young people suffering from cerebral palsy and will continue to provide services for these unfortunates; 2) Established a modern center in Billings for demonstration of methods of treating palsy. This center

has been called **one of the 10 best such demonstration centers in the nation by an eminent palsy authority.**” [Emphasis added]

The same report included “Facts Relative to the 1949 Easter Seal Sale.” Some of those facts relevant to this History follow:

- The Montana Chapter of the NSCCA was the 46th state society to be organized to give aid to the handicapped;
- In 1947 returns amounted to \$15,000. The 1948 returns amounted to \$25,000;
- With the funds received in 1947 and 1948 two cerebral palsy treatment and education centers have been established—one located at Billings which has fifty children under treatment and one located at Helena;
- It has been reliably estimated that there are 615 cerebral palsied victims within the state between the ages of three and thirteen for whom no education has been made available;
- The aim of the Chapter is to promote legislation to the end that all handicapped kiddies can receive education commensurate with their abilities and aptitudes;
- There are no facilities in the state which offer education to handicapped children unable to attend the regular public school system (with the exception of the School for the Deaf and Blind in Great Falls);

- There are no courses offered in any of the units of the University of Montana which teach teachers the methods and procedures of working with handicapped kiddies;
- Cerebral palsy is as widespread as polio; however, very few funds are available for the treatment of cerebral palsy...;
- The Chapter is working with children between the ages of three and thirteen for the sooner we can begin the work on these children, the more we can hope to accomplish;
- The Easter lilies which are sold on the streets as a tag are made by cerebral palsied children.

It seems not unlikely that the publicity given to Cerebral Palsy through the efforts of Miss Ruth Hansen, the Kiwanis Club, and the Montana Parents of Cerebral Palsied Children, as well as the opening of the Cerebral Palsy Center on the Normal School campus accounted for the larger contributions coming to the Montana Chapter of NSCCA and for a growing interest in providing services for the cerebral palsied, especially those “between the ages of three and thirteen.”

In February of 1949, the Institute for the Parents of Cerebral Palsied Children, sponsored by the Montana Parents of Cerebral Palsied Children and the Montana Chapter of the NSCCA, was held on the newly named Eastern Montana College of Education campus. The morning program featured an address on “Understanding Our Problems” by Miss Jayne Shover, Cerebral Palsy Consultant for NSCCA, and a visit through the Treatment and Educational Center. The afternoon session consisted of a panel on “The Community, The Parent, and the Child,” chaired by Miss

Shover and featuring Dr. J. K. Colman, a member of the Academy for the Study of Cerebral Palsy; Miss Alice Fay, Director, Public Health Nursing Division of the State Board of Health; Mrs. Marjorie Paisley, Professor in Child Development, Montana State College, Bozeman; Mrs. Dorothy Cassuett, Director of Child Welfare Services, Public Welfare; Jack Carver, Montana Bureau of Vocational Rehabilitation; and Dr. Henry Sims, Psychiatrist, Montana Department of Mental Hygiene. Following the panel Alpha Chi Omega, a campus honorary society, gave a Tea in the Student Union room in the basement of the Administration Building.

The conference concluded with an evening Roundtable Discussion, moderated by Dr. Louis W. Allard, Billings Orthopedist; Dr. W. H. Hagen, Orthopedist and Director of the Cerebral Palsy Center; Dr. Catherine Nutterville, Psychologist, Montana Department of Mental Hygiene; Herbert Carson, Professor of Speech, University of Montana, Missoula; Mrs. Allan (Louise) Cowperthwaite, Physical Therapist, Shodair Crippled Children's Hospital; Miss Verna Carlisle, Educational Consultant, NSCCA; and Dr. E.A. Hagmann, Billings Pediatrician took part in the discussion, sharing their expertise and advice.

By the time the end of the decade rolled around, the Center's services were available to children from an additional four counties — Golden Valley, Musselshell, Prairie, and Fallon.

Chapter Two

The 1950s: “Ten Years of Progress”

When the Montana Center first opened in November of 1947, both its physical facilities and the area it served were necessarily limited by resources: financial, staff, and space availability. At first, services could only be offered to youngsters in the counties adjoining Yellowstone County, but by 1950 the number of counties served jumped to twelve, and that year 48 children were treated. The following year it was decided that any county in the state which had a public health nurse could request placement for afflicted children.

Dr. Walter Hagen, speaking at a meeting of the Parents of Cerebral Palsied Children in 1950, declared that the Billings center was one of the leading treatment centers in the country—and yet it was only providing services for about twenty per cent of the Montana children afflicted with CP. The importance of such treatments should not be underestimated, he added, saying that the brightest hope for youngsters with CP lay in the training received in palsy treatment centers. He also made it clear that, while it was often difficult to assess the mental capacity of palsied children, studies had shown that between 65 and 75 percent were of normal or above normal intelligence.

Other medical centers, supported through the sale of Easter Seals, were being established in the state for the purpose of treating children with cerebral palsy at this time, according to Harlan Lance, the executive director of the Montana chapter of the National Society for Crippled Children and Adults. However, Lance pointed out, while both Missoula,

where the public school system was setting aside two rooms for a treatment center, and Helena, where the Shodair Hospital for Crippled Children would soon be open to children with cerebral palsy on an out-patient basis, would have such facilities, fewer than 100 of Montana's estimated 700 cerebral palsied individuals were actually receiving treatment at that time. (His figures were not as high as Dr. Hagen's twenty per cent.)

Between 1948 and the early years of the 1950s, nearly three hundred clinics were conducted by four Billings doctors who made up the two teams evaluating over a thousand children with neurological, muscular, physiological, and mental handicaps, according to the *Billings Gazette*. Doctors Perry Berg, L.B. Anderson, Paul Crellin, and Walter Hagen took part in these clinics, which were offered at no charge to the family. Nor was there a charge for the Center's physical therapy and educational programs, which were funded mainly by the state board of health, the board of education, and the university system.

Dr. Paul Crellin remembers his years at the Center as rewarding for both the staff and the children:

When I came to Billings in December, 1953, to form the Children's Clinic with Dr. George W. Nelson and Dr. John A. Whittinghill, I was exposed to the CP Center which had been going for about 10 years at Eastern Montana College. Dr. Walter Hagen, Orthopedic Surgeon, had been in charge. The Center was a joint function of the Montana State Board of Health, School District #2 in Billings, and EMC. At that time, there were a large number of rather severely affected children

needing care, schooling, etc., and these three entities got together and this was a good idea.

As I recall, we had medical clinic once a month and Dr. Hagen and I would check the patients. Also on the staff were a nurse (Vera Stenehjem), a speech therapist, an occupational therapist, and a psychologist. It really was a wonderful set up, and we were able to help a number of children. On the educational side of it, we had two classes, under the direction of Mr. Carl Hanson (who later owned the Round Barn in Red Lodge). I believe that education students from EMC also worked with the children to learn how to deal with them.

In addition to holding clinics there, Dr. Hagen and I would, about twice a year, travel to Glendive or Sidney or Miles City and hold a clinic, and refer patients to Billings if we thought that would be helpful for their care.

I continued that service for about 15 years, but when Dr. Nick R. Yenko came to Billings and joined the Children's Clinic, he took over for me.

[Editor's note: At this time, Dr. Crellin spoke with Dr. Ronald Sexton about creating programs for learning-disabled children, but at that time, according to Marilyn Hurless of the MCD staff, learning difficulties were not recognized as disabilities.]

[To meet the need of programs for children with learning disabilities] I then founded the “Child Study Center” which was part of The Children’s Clinic, and we had a diagnostic center of our own (Dr. Ned Tranel and I worked together for 20 years).

Later, other types of cases were involved, such as congenital problems, and Dr. Alan Hartman set up a clinic to study them, and I believe there were eventually six or seven different clinics at that facility to work with disabled children with one condition or another.

Also during this time, not only did the Center, now called the Crippled Children’s Center, incorporate an elementary school, coordinated by Robert Mattson, into its program for its young charges, but the college began its Special Education program, which would provide interns for the Center and also gain recognition for the quality of both its faculty and its graduates. With the special education teacher training program in place, the Billings public schools were beginning to phase in special education program for their students. Dr. Allen Myers, director of special education at Eastern Montana College of Education, was a member of the school district’s special education committee.

A number of community organizations also showed their interest in providing special education services for those youngsters who needed them, including the Billings Kiwanis Club, which annually paid the salary of one teacher at the Center with proceeds from their annual apple sale; the Montana Society for Crippled Children, which helped defray the operating costs of the Center; and the Opti-Mrs. Club, which raised

The 1950s

funds to provide scholarships for students planning on careers as special education teachers. Throughout the 1950s, these organizations, and others, such as the Lions, who provided transportation and support for the children at the Cerebral Palsy Center who annually traveled to the Lions' Camp near Red Lodge for a summer outing; the Montana Motor Transport Auxiliary, which donated money; and the Junior Women's Service League, which provided two members a day to assist the Center staff with feeding the children who needed assistance to eat, gave much needed—and loving—support to the Center and its young charges.

By 1955, further expansion took place, not only in terms of placement, but also of services. Beginning that year, the focus of the Center broadened to include all physical handicaps instead of concentrating only on cerebral palsy, and any child in Montana who needed the services the Center provided was eligible to be enrolled in the program, which was now called the Montana Center for Cerebral Palsy and Handicapped Children.

In her 1992 book, *Climbing a Mountain and Living With Cerebral Palsy*, Judy Backa of Helena recalls her experiences at the Center during the 1950s:

In 1954, Wayne (her brother-in-law) told Mom and Dad about the Cerebral Palsy Center located at Eastern Montana College in Billings.

The Center had physical, occupational, and speech therapy, as well as the basic education classes. He also talked to the staff of the Center to see if I could get accepted there so I could get

the help I needed. We were very happy when I was accepted, and it was then that we decided to move to Billings, where we spent the next four great years.

...Mom, Dad, and I lived in two apartments during the four years we lived in Billings. Both apartments had a flight of stairs that Mom and Dad or my bus driver, Tony Deaguero had to carry me up or down. (Tony, she says elsewhere, “put me over his shoulder like a sack of flour or potatoes. I always enjoyed that.”) In the last apartment we lived downstairs and our landlords, Esther and Dean Loken, lived upstairs. They were really good to us, and we have remained friends all these years. Before we moved back to Geyser, they told Mom we were the best tenants they had ever had and they gave us that month’s rent back.

Starting My Education

The Cerebral Palsy Center had two rooms for classes, one for kindergarten and the other for the grade school. There were three teachers: Mrs. Kaely, Mrs. Wilson, and Mr. Carl Hanson. There was a physical therapy room with two physical therapists, Mrs. Mary Hawn Green and Nancy White Tunnicliff, and an occupational therapy room where Mrs. Irene Restad worked. Mr. and Mrs. Benson, both audiologists and speech therapists, had another room. Our pediatrician was Dr. Hagen.

The 1950s

I spent six or seven hours each day, Monday through Friday, at the Center. My day would begin with classes, and at seven years of age I learned quickly to read, to spell, and to do simple arithmetic. Writing my name was more difficult because of my handicap. With about 25 of us in the two classes, the teacher spent as much time with each one of us as he or she was able to. We listened eagerly when the teachers read us nursery rhymes and fairy tales. Then they listened as we read to them about Dick and Jane and Spot.*

Besides the practice with the parallel bars and the crutches [which she did at home with her father's help], my physical therapy included learning to control my balance through hours of practice in standing, walking, and sitting up straight. I still remain friends with Mrs. Restad and Nancy Tunnicliff.

* In the introduction to her book, Judy talks about the reading material she enjoys as an adult, including romance novels, biographies, Guideposts, the large-print Reader's Digest, and anything about the Kennedys.

My Classmates

Some of my classmates were Lyla, Paul, Stuart, Dale, Margie, Linda, Ramona, Alice, and Bill Bruner. Bill, who was only five or six years old, crawled on the floor over to where I was sitting in a small stroller and asked what my name was. I told him Judy, and asked his name. He said it was Billy. He also said, 'You know what, Judy? You're my very first girlfriend.' I thought that was really cute the way he said that.

Braces

The braces I wore on my legs could be bent and straightened at the kneecaps. They got to be very painful at times, so I had to wear long white stockings and had to have cotton put between my legs and braces to prevent the skin on the back of my legs from getting sore, red, and raw. Even though they helped me stand and sit up straight, I still hated those braces. They were white and had six pairs of laces, so they had to be washed and polished almost every night after I'd taken them off. On school mornings Mom and Dad would get me up at six o'clock and help me get ready.

*One morning I must have got up on the wrong side of the bed because I was really grouchy. I wasn't going to let Dad put those braces on me if I had my way about it. Every time he tried to put my legs in them, I'd cry and scream as hard as I could. He finally gave me a swat on my bottom, and that really surprised me. That was the end of my fighting him! I know it hurt him to give me a spanking as much as it did me, but I deserved it. That is the first and last time he ever spanked me. **There wasn't anything he wouldn't do for me if it was in his power.** (Emphasis added)*

Backa's comment on her father's doing all he could for her reflects the large role that parents played in preparing the children at the Center for their futures. Many hours of rehabilitative work were spent away from the therapy and class rooms on the campus and in the homes of the youngsters enrolled there—with moms and dads in charge of the necessary exercises and treatments.

Backa also recalls the generosity of Billings' residents and some of the good times she enjoyed as a student at the Center:

The staff of the sugar beet factory [where her father worked] were very generous when they bought me my first hearing aid. It really improved my hearing. I wore it the whole four years we were in Billings...Mom took me to an ophthalmologist named Dr. Large, who gave me my first pair of glasses when I was seven years old. A few days after I got them, Mom was sewing with a needle and thread, and I asked her what she was doing.

That was the first time I'd ever seen a needle or thread or a bird before I got my glasses. ...One day while I was sitting outside a bird flew by, and I asked what it was. So my glasses really improved my sight and made a difference in my life.

Going to Camp

At the end of each school year the Center would take all of us kids to the Cerebral Palsy Camp outside of Red Lodge. I always looked forward to going there each year because of the beautiful scenery of mountains and trees. We slept in cabins with a counselor for each cabin.

...During the day at camp we played games and had arts and crafts. One time, playing baseball, I hit a home run, and the person pushing my stroller pushed me so fast that I lost the battery out of my hearing aid. In the evenings we



Irene Restad and Timmy

sat in front of a fireplace, sang songs, and listened as the counselors told us stories. I enjoyed those nights. I remember another time when we went to a zoo in Red Lodge and a little monkey climbed up on my lap and sat there for awhile. He was such a darling little creature that I hated to leave him.

Occupational Therapy

At the Center Mrs. Restad had us make things in occupational therapy. I made a couple of ashtrays for Mom and Dad. One of them I pounded into shape with a hammer. That was a lot of work, pounding the ridges into that thing. I also sewed a leather wallet together for Dad and a little coin purse for Mom. One of the ashtrays I made had a rose in the center of it. Mom still has it, along with that little coin purse...I also made a napkin holder, some pot holders, a small table rug, and a jar with flowers painted on it. I really enjoyed those years at the Center.

Our Christmas Program

Each Christmas the Center had a Christmas program. One year we did the Christmas Story, with all of us children dressed as angels. I had on a nylon pink dress under my angel robe and wings, and my hair was curled. Mrs. Restad went to Mom and Dad, who were in the audience, and told them I was the prettiest little girl on the stage.

Leaving Billings

One day in 1958 Mom and Dad received a phone call from Art, Dad's brother, saying that Henry, their brother, had been hurt in a car accident and wanted [us] to move back to Geyser so Dad

could take care of the Farmer's Union...It seemed to me as if my whole world was turning upside-down.

...I didn't get to go to the Center to say goodbye to my teachers, therapists, and classmates...I didn't know we were leaving until it happened. Leaving Billings, the Center, and all of our dear friends...was the hardest thing we ever had to do.

In August of 1957, Robert Mattson, who had been the coordinator of the Montana Center for Cerebral Palsy and Handicapped Children for five years, resigned his position to start graduate work at the University of Oregon. He was replaced by J. David McGann.

The “King” of the 1957 Apple Kiwanis Apple Drive was Bradley, a student at the Center. Eight-year-old Bradley had spina bifida and, after walking with the aid of braces for some time, he had recently been more and more dependent on a wheelchair. Instead of placing a crown on the “King’s” head, Kiwanians presented him with a new wheelchair.

On December tenth, the Center hosted an afternoon “Open House” to “mark the completion of ten years of progress,” and to recognize the “voluntary, civic, and parent groups and interested individuals” who had contributed to the success of the Center.

The day’s events started at 9 a.m. with a clinic conducted by Dr. Charles Flint of the Gottsche Rehabilitation Center in Thermopolis, Wyoming, who was also the speaker at the anniversary dinner that evening. Dr. Flint was joined in the clinic work by Dr. Walter Hagen, medical director at the Center; staff pediatricians, Dr. L. Bruce Anderson and Dr. Paul R. Crellin; and Dr. Perry Berg, staff orthopedist.

Later that month, Dr. Bryce Hughett, a Billings psychiatrist, began providing psychiatric services to the children at the Center. According to the announcement of Dr. Hughett's appointment as a part-time staff member, children with handicaps frequently have emotional problems stemming from their disabilities and, unless those problems are addressed, they will slow the progress of the physical, educational, and social development of the individuals.

The year ended with the annual Christmas show and a special event for children living in foster homes, which included youngsters from the Center who lived with foster parents while they received treatment in Billings. (When parents had jobs in other locations, or a number of children to care for at home, they often were unable to relocate to Billings.) The Cambridge circle of the First Congregational Church entertained the foster children at a Christmas party, which featured an appearance by Santa Claus who distributed gifts and treats to the children.

Among the notable events of 1958 was the organization of Boy Scout Troop 111 under the sponsorship of the Billings Civitan Club. What made this troop so special was that it was created for handicapped boys. Eleven young men made up the troop, which was chartered in April after receiving official Boy Scouts of America sanction. In August, the scouts and their leaders spent a week camping at Flaming Arrow Scout ranch near Bozeman, where they slept in tents; cooked over campfires; enjoyed the rifle range, boating, and hikes; and required no special accommodations except for transportation for those scouts who could not walk.

Perhaps the best news at the Center proper, though, was the installation of an inclinor chair lift on the stairs between the first floor of the Administration Building and the basement where the Center was located. Prior to this gift from the Billings Kiwanis Club, children had to be carried up and down the stairs to reach their classroom and treatment rooms. The Kiwanians raised money for the lift through their annual apple campaign and other projects. The Billings Club was given special recognition as well as thanks for their gift by the State Board of Health at their May meeting in Helena.

In August, 34 youngsters left town for a week-long camping session at the Lions Camp. This was the sixth consecutive year that the Billings Elks Lodge 394 sponsored the getaway for the children, who were accompanied by the Center staff, student nurses from St. Vincent Hospital, and volunteers from the Billings community. Mary Jane Hahn, physical therapist at the Center, was camp director. Transportation was provided by the Northern Pacific Transport Company.

While at the camp, the children—and the adult volunteers—enjoyed fishing in a trout pond (provided by Ray Hileman of Red Lodge and stocked by Vern Waples, the local Fish and Game warden); doing crafts; playing baseball and volleyball; going on hikes; having singalongs; and all the other usual camping events. As a special treat, five members of the Billings local of the musicians' union played for a dance one evening.

There were seventeen full-time and eighty to ninety out-patients at the Center in 1959. One of the full-timers, five-year-old Mike, was crowned “Jaycee Cowboy” for the fourth annual Billings Junior Chamber of Commerce calf-roping contest, which the Jaycees held as a fundraiser for the Center. Newspaper accounts called Mike the city's number one



Members of the Center’s staff, circa 1950s

cowboy fan, based on his fondness for TV cowboys and his reputation for “wearing a mask like the Lone Ranger” and suddenly appearing in the hallway at the Center, aiming a six-shooter at passersby.

Staff changes this year included the normal rotation of staff physicians, with Dr. George Nelson replacing Dr. Paul Crellin and Dr. William Walton replacing Dr. Perry Berg. The Center’s staff nurse, Mrs. Virginia Kenyon, was taking educational leave to attend the University of Minnesota; she was replaced by Miss Maxine Black. John Taylor was hired to handle testing services for the Center, replacing Margaret Sanders who had resigned. Irene Restad, who had been with the program for eleven years as occupational therapist, also resigned to spend more time with her family.

In 1959, the Center received national attention in the form of an article written by Howard A. Rusk, M.D., on “Health in Montana,” which was published in *The New York Times*. Dr. Rusk was in Billings for a meeting of the Montana Association for Rehabilitation, which just happened to coincide with “Go Western Week,” an annual event which had the town full of bearded “cowboys” (bankers and lawyers in disguise), horses, and even the Cisco Kid, who was grand marshal for the parade. (This was a forerunner of the annual Western Days celebration.)

Among the interesting facts about Montana included in his story, Dr. Rusk informs his readers that “Horses rank second only to cars as a cause of accidents in Montana.” Of the Center, he writes,

Billings is Montana’s largest center of population. Here in 1947, under grants of an experimental and research nature, was established the Montana Center for Cerebral Palsy and Handicapped Children. In ten years its caseload has jumped from 43 to 510 children.

The center is on the campus of the Eastern Montana College of Education, a unit of the state university system. It attracts many visitors as an example of how complex services requiring a variety of highly skilled professionals can be provided in a rural state.

And he concludes with praise for the state Association for Rehabilitation:

Tomorrow the now-bearded citizens of Billings will be clean-shaven and their cowboy outfits will be put away until next year's "Go Western Week." The Montana Association for Rehabilitation, however, will be busy until next year's conference implementing the objectives of last week's meeting.

Its work is a splendid example of community planning that of necessity must be statewide, and of the "grass-roots" interest in seeing that every disabled American, no matter where he lives, has the opportunity for modern rehabilitation services.

Personal Reflections from the 1950s & 1960s

**14 Years at the Cerebral Palsy Center, AKA Montana Center
for Handicapped Children**

by

Bill Bruner

I am Bill, a.k.a Billy, Bruner, I am Bill to friends and Billy to my family. I was born in St. Vincent Hospital in Billings on November 26, 1949, on my parents', Bill and Shirley Bruner of Ryegate, Montana, first anniversary. I was born three weeks late, and in those days doctors were scared to give a woman C-sections, so when I was finally born after midnight I had trouble breathing and a few months later I was diagnosed with severe cerebral palsy. The doctor told my folks to keep me at home until I could go to the two-year-old Cerebral Palsy Center. My great grandma was the Golden Valley Superintendent of Schools, and mom was reading old P.T.A. notes and grandma was getting me ready to go to the Center. Before I could go to the Center, I had to go to a clinic to be examined by doctors. I started at the Cerebral Palsy Center in the winter or spring of 1953, or so I was once told. I was three. I had to live in a foster home because my folks and new first baby sister lived on a ranch at Ryegate, the same ranch where mom and I now live. I went home every weekend.

My first teacher was a Miss Allen, and that is all I can remember about her. The coordinator was Bob Mattson, the physical therapist was Mary Jane Hahn, and the occupational therapist was Irene Restad. Mrs. Restad and I are still good friends after 51 years. She came to see me in 2000. We hadn't seen each other in about 40 years. I don't remember who was the speech therapist or any of my classmates until the next year when a girl named Judy Backa came, and we are still good friends, and the next year a boy named Mike came who turned out to be one of my best friends until his death in 1995. [Also] around this time, a girl named Lyla came and we are also good friends now. Some other good friends were Tim, [another] Mike, George, and Laurie.

After Miss Allen, my teacher was Miss Iwring and then Miss Glenn. She was the first teacher who I remember. I remember the other two [teachers] and the kids. I remember the older kids more than the kids my age when I was little. There was a teacher named Jim Hook who was supposed to have been Johnny Carson's cousin, according to the attendant Mrs. Louk, who started working at the Center on Halloween in 1955. She made us mind. On her first day, I was supposed to be resting, which I hated so I wasn't resting, and she slapped her finger at me, and we fought for almost twelve years, and when I left the Center we became good friends. My best friend, Kermot, told me that when he went to the clinic for the first time, Mrs. Louk was yelling at me. I believe Kermot. She would have

been a good nun. My sisters said the nuns made them mind. We couldn't talk on the bus that Mrs. Louk rode on. Another attendant named Mrs. Luderman came, and she let us get away with more things, but Mrs. Luderman could get really mad, too.

The first speech therapists that I remember were an English couple named Arthur, a.k.a. Ben, and Hazel Benson. In 1960, Mr. Benson probably saved the Center. They were having trouble finding a coordinator, so Ben, as he makes me call him, took charge, and in 1963, he moved to Oregon and a guy from Oregon named Dr. Everett Peery was the coordinator until 1980. Doc died in May, 2004.

After Mrs. Restad left in 1959 to have a baby, the Center didn't have an occupational therapist until Joy Stock came in 1964.

There were a couple of nurses, but the one I really remember because we were good friends is Vera Stenehjerm, who is still proud of arranging clinics. I told her that almost everybody hated clinics. I was scared that I needed an operation on my legs, but all that the doctors did to me was telling mom how bad that I was doing in school. We would wait for an hour in the waiting room in bathrobes. The last two times that I went to clinic, I was dressed until I was examined. Mrs. Jamison said that they quit making kids wait in bathrobes about 1968. (I went to clinic two more times after I left the Center, in 1969 and '70.)

Dr. Walter Hagen, an orthopedic surgeon, was the main doctor. I was scared of him for some reason. When I was eight, I was in the Deaconess Hospital to get my teeth fixed, and I was in the hall waiting to go to surgery. The hypo made me blind, and this guy asked me if I knew him, and I said no, and he said that I did because he was Dr. Hagen, and I



**Bill Bruner, his nephew, and
a 1935 Highway Patrol car**

thought that at my next clinic he would tell mom that I was so dumb that I didn't know him. But he was a nice guy. Kids hate doctors. Among the other doctors at the clinic were Dr. George Nelson and Dr. Paul Crellin. I hated physical therapy because the exercises hurt like heck. One was having a therapist stretch my leg up high and another was spreading the legs. The only one that didn't hurt was on my feet. Mrs. Jamison, who was the physical therapist from 1962 to 1987, once wrote to me saying that it was hard to make somebody she liked cry, but those exercises

made everybody cry. I feel sorry when I see a sports trainer stretch someone's legs; I feel sorry for them.

I wore full length braces on my legs from the time I started at the Center until 1959. When Mrs. Hahn told my mom she wanted to see how I did without braces for six months, I didn't want to quit wearing them, but mom put them in my closet, and one day I looked and they weren't there, and I was really happy.

Inez Jamison came two years after Mrs. Hahn got married and left. Mrs. Jamison was a Roundup native, and it turned out that my great grandpa sold her grandpa a horse, and she was so proud that we had that in common that she told everybody about it until I told her to quit talking about it because I was sick of the story. Years later, my grandpa said that Tootie was always running away, so great grandpa was glad to sell her, but I never told Mrs. Jamison that. Mrs. Jamison had me climbing bars on the wall, and I got really good at it. I was so good that sometimes she didn't put the mat down, and she would go across the room. One day, she was cleaning her glasses, and we were joking with Mrs. Louk and I fell; luckily, the mat was there, so I just got the wind knocked out of me. I didn't even get a concussion, but I still wonder what would have happened if that mat wasn't there. After I left the Center, Mrs. Jamison would stop once a year, either on her way or coming home from their cabin by Martinsdale until she died of leukemia in 1988. I called her my guardian angel, but we all loved her.

Teachers stayed for about two years until 1958. I thought the new kindergarten teacher would be my teacher because I was held back the year before because I couldn't write with a pencil, but Mrs. Restad made a guard for an old I.B.M. electric typewriter, so they finally put me in the elementary room, and Mr. Hanson was my teacher for almost nine years and a good friend until his death in 2003.

My folks and my two sisters moved to Billings in 1956 because the Center didn't like me going home every weekend because I was hard to get settled down on Mondays. Dad drove back and forth to Ryegate almost every day for almost eleven years.

We went to school until the last week in July, and we went to camp at Red Lodge for a week, and then we had a month's vacation until 1964 when they let us older kids have a three month vacation. Camp was fun and I sometimes met new kids who were going to start school. At least I did in '62, but I didn't know that this boy with severe CP [cerebral palsy] was going to start school, so I didn't want to know him, and I had Mike to talk to—but when Kermot started school, we became best friends, and we have stayed best friends.

I went to camp every year but two from 1953, which was the first year of camp. They didn't have it one year, and the next year Mike told me that we just had a month vacation so why waste a week at camp. So I did nothing that week but get

hot, so I was ready to go in '62. I was going in '66 by myself because Kermot graduated in '65 so he couldn't go. Mike was still an out-patient at the Center, but he outgrew camp, and I don't think he ever liked it, but luckily we found out we could go to the Scout camp. I still wonder if I would have gone after a friend who I thought would go died...I know without Mike and Kermot I wouldn't have had any fun at all.

In 1963, Mrs. Jamison and her husband took Kermot and me on a long hike and I was sick for a week when I got home; my sisters Darla and Diane had been riding the fair rides, so I wanted to ride those wild rides, too, and that made me sicker.

Our skit that year for skit night when people came for the show was a quiz show. Kermot's question was what was the color of the Lone Ranger's white horse, Silver. Kermot didn't know, and I was laughing so hard that I couldn't talk. So they said something like I was drunk. Mike won because he knew who was buried in Grant's Tomb, and he won a roll of tickets to the best seat in the house: TOILET PAPER. Mike really hammed it up.

We went swimming on Fridays, first at the YMCA, and then at the college's pool.

George and I went to catechism at St. Pius. My sisters went with me to be my translators and my writers, so I saw what kids were like who went to normal schools, and we acted better at

the Center. Mr. Hanson encouraged us to talk to improve our speech, just so we weren't loud, and to chew gum if it helped me, but we were better behaved than the other kids in the public schools.

I graduated from the then Montana Center for Handicapped Children on June 8, 1967, with Mark. I guess that my fourteen years at the Center [is a record that] will never be broken. Going to high school and maybe college would have been nice, but there was no way for kids with severe cerebral palsy to go farther in school, so the Center did its best for at least me. Now I think a few kids who had minor handicaps shouldn't have been there, but it gave us with major handicaps a chance that kids born with cerebral palsy even a few years before we were born didn't have. We could read and write, or type at least. We enjoy seeing each other and writing and e-mailing. I live with my mom, a mile west of Ryegate. My hobbies are writing letters and e-mailing, pictures of old cars, and country music, mainly old country music, but I like any old music, and I listen to Talking Books. I played chess, but I was always getting beat, so I gave up playing.

And a note from Bill's mother, Shirley Bruner

Some of my memories about the Center... When we found out Billy would be there, it was very hard to have him in a foster home, and we wanted him to come home on the weekends. Every time on the way back on Sunday nights, he would get car sick. He had a very nice foster mother, who unfortunately couldn't keep him due to health problems. Then he had another for a couple of months. The third time, they found one who wanted us to leave him all of the time. We felt that as we were paying for his care we were still in charge. That's when we decided to move to Billings. My husband drove back and forth almost every day, and we would go to Ryegate some weekends. Back then there was no way anyone with a handicap could go to public school. Some ways it was good, as everyone at [the Center] had some kind of handicap. He learned to read and do math. His teacher said he couldn't understand how he could do it all in his head. He noticed when he had a problem he used the numerals on the clock. The typewriter and later [the computer] have been a godsend for him.

I think Billy mentioned the clinics. They were the most dreaded things for me. We never got any encouragement, and it seemed like they always knew everything about raising a handicapped child. I don't know how many times I came home and had a good cry. One of my friends described it as being in purgatory and trying to get to heaven. I agree with her.

The 1950s

I am grateful that Billy got the education he did while he was at the Center. With his handicap, I'm sure that was the best thing for him at the time.



Billy and his mother in 2007

Chapter Three

The 1960s: “Competence, Understanding, and Hope”

The Montana Center for Cerebral Palsy and Handicapped Children had a touch of international flair in 1960 when Francis Arthur Benson was named coordinator of the program. He replaced J. David McGann, who moved to a similar program at the University of British Columbia. Benson was not a newcomer to the Center, having served there as a speech and hearing therapist since 1955.

Benson was a native of the Union of South Africa. Following licensing by the College of Speech Therapy in London in 1951, he attended Iowa State University where he received a Masters degree in Speech Pathology. Before joining the staff at the Center, he was a lecturer at the University of Alberta, Edmonton. During World War II he saw action in North Africa, Italy, the Dalmatians, and Egypt while serving with the British Army. Mr. Benson frequently said that he had seen enough suffering in his wartime service to want to dedicate the rest of his life to the assistance of mankind, and he choose to do so by serving the needs of some of the youngest and most vulnerable, crippled children.

During Benson’s first year at the helm, the Center studied speech and hearing disorders in 337 children and provided therapy for the handicaps that were found; other services provided included 24 clinics which medically evaluated 156 children. At the same time, the Center’s full-time daily program had 36 youngsters in its education and therapy programs, and 381 students in teacher training programs or nursing programs participated in observation or training at the facility.

The 1960s

During this year, several special events entertained the youngsters at the Center, including a visit from Rex Castle and his marionette, Sarah. And the Center was well-represented at the Midland Empire Fair, where one class won a blue ribbon for a diorama on Africa, and budding artist Steve Arnold, a 15-year-old with muscular dystrophy, took second



Arthur Benson, 1960

place for a pen and ink drawing, “African War Head.” Steve, who was praised by Eastern art instructor Ben Steele, who said his drawings were “remarkable” for someone his age—with or without a handicap,” also won a blue ribbon for a folder he and a classmate (who also received a blue ribbon) had created.

But the serious work of education and therapy continued as well, with Maxine Ferguson, public health nurse, kept busy interviewing

parents to compile case histories of children whose families were seeking admittance to the program. Detailed studies, including physical examinations, were required for each child before he or she could be considered for in-patient training or out-patient placement.

When a child was referred to the Center, usually by a hometown doctor, the family would bring that child to a clinic in Billings, where staff members, including a psychologist, speech and hearing therapists, a nurse, a physical therapist, and an occupational therapist, would conduct an examination and determine whether the program would be beneficial to the youngster. (If the child was of school age and would be an in-patient enrollee, the teacher for the proper grade would also be present to determine learning potential and grade placement.)

According to a *Billings Gazette* news story by Thomas E. Mooney, the Center had only one goal: “To provide therapy for those children who suffer from cerebral palsy or other handicapping diseases. This therapy may be physical, speech, occupational or psychotherapy, and it is either on a part-time or a daily in-patient basis.”

Mooney also pointed out that the program was “designed to help handicapped children from all parts of Montana.” This was a particularly important message, because, Mooney wrote, Arthur Benson told him that “one of the main problems is to acquaint all Montanans with not only the fact that the school is in existence, but also that its services are available to all residents of the state.”

“It is amazing that though the program has been in existence for twelve years and has given service in one form or another to somewhere between 2,000 and 3,000 people from all over the state, there are many, many professional people, as well as individual parents, who do not know

about this service which is available to them,” Benson said. “I believe it is difficult for people to provide a moral support for a program which they do not know anything about, and I believe the people in Montana have a right to know about this program.”

Benson pointed out that the Center “[does] not solicit funds but [does] receive gifts of money from various groups, and this money helps us obtain special equipment and also to maintain some of our equipment in a state of repair.” Funding for the Center came from a state appropriation to the college to cover a portion of the costs of housing the program on the campus, from the Montana Board of Health, and School District Number Two in Billings.

With funding from different sources, a unique form of administering the Center’s programs was necessary: the Board of Directors was made up of the current executive officer of the Board of Health, either the president of Eastern Montana College of Education or the dean of the school of education, and the superintendent of the School District Number Two, who were the only three voting members, although special education consultants and representatives of volunteer programs which aided the program could also sit in—and offer opinions or suggestions—at the board meetings. Arthur Benson and Dr. Walter Hagen, who had been medical director at the Center since it opened, also had non-voting seats on the board. They were responsible for the on-site administration of the program.

Benson also explained that, in keeping with making the Center’s services available to all the citizens of the state, foster homes were necessary for children whose families lived some distance from Billings. “This is not easy,” he said, “and as we do not have special workers or

staff able to do this, we work with the Department of Public Welfare where a trained staff is able to find foster homes for us. If the parents are able to pay for the foster home themselves, they do so; if not, a request is made to the home county welfare department to assist.” Children living in foster homes were brought to the Center on a specially equipped bus, provided by the Billings public school system.

In addition to the services provided to their young charges and their families, the Center also functioned as a laboratory school for Eastern students who were pursuing degrees in Special Education and for nursing students from St. Vincent and Deaconess Hospitals, as well as the nursing program in Bozeman, who observed the evaluation methods used at the clinics, and the educational and therapeutic programs offered at the Center.

In 1961, an employee of the college wrote a feature story for the *Billings Gazette* on the workings of the Center. Researching that story was a revelation for Francis Kafka, and provided insights for his readers as well on a very human level. Consider his lead (the opening paragraph[s] of a news story):

The heavy school door swings open slowly, propelled by all the weight of a grinning, freckled lad of ten. Small, trembling hands, suddenly strong with anticipation, hold the door open wide while a stream of wheel chairs, crutches and braces swirl youngsters into the summer air. Shouting, singing, whistling, laughing, the children disappear down a path to the wide college lawn.

“What’s up?” you ask the freckled doorkeeper as he scuttles off after the others.

“Picnic!” he shouts. “Picnic. . . just like the other kids.”

He is laughing as he joins the troop, but his words settle like lumps of lead inside you. You think about that picnic for a long time.

It is obvious from the beginning that this is more than a straight news story, although it does cover some of the relevant facts about the Center at that time, such as the current workload of 477 cases each year and the expansion of the facilities to seven rooms, but the main impact of Kafka’s piece comes from the vignettes he offers from his classroom visits.

. . . [In] the kindergarten the “joint’s jumping” with five-year-olds who have just finished a singing lesson with Mrs. Lena Corey, a high point of the day.

Now it’s time for a midmorning break for milk and crackers. Everyone seems to know exactly what to do. In spite of wheel chairs and crutches, braces and shaking arms and legs, napkins, cups, milk pitcher and cookies appear as if by magic. Help pops up as if by magic, too. Here a volunteer mother, a club woman donating an hour, a therapist, an attendant, and supervising it all, Mrs. Corey.

Perhaps someone is wondering if the day will ever come when the pouring of a cupful of milk without all the spilling will ever be possible, or that one will ever be able to use one's own arms at the table.

You follow [Arthur] Benson back out to the corridor. He points out how the center is concerned with the whole child, his entire mental, physical, emotional and social well-being. Serving milk or juice at the table and sharing cookies are as important here as learning to dress one or write one's name.

...Now Benson is taking you to the elementary where Carl Hanson of the special education department of the Billings school system is in charge. Hanson received his master's degree this June from Eastern. All grades above the primary are under his care. You enter trying to look inconspicuous, but it's impossible.

You are watching, and yes, here comes the still-smiling freckled-faced door keeper to offer you a chair. You learn he's writing a paper on 18th century manners in America. At the front of the room, Hanson is teaching a dark-haired boy to write letters on a tray of sand. He has trouble holding a pencil. A girl of 12 is doing arithmetic quietly at her desk.

As you get ready to leave, a community lesson is forming in the front of the room. Hanson begins an illustrated lecture on Japan. Walking may have slowed down or stopped for his class members, but Hanson's pupils are keeping up with everyone.

Last year, says Benson, the class wrote its own Christmas play, and some of the boys have formed their own Scout troop.

...From time to time the teaching day is interrupted in both [class]rooms as you watch various children being taken out for special therapy across the hall.

“That’s why we stay open for eleven months,” Benson smiles. “It takes us that long to get in the regular school year.”

...[In] the physical therapy section, we watch as [the therapist] helps a five-year-old moppet with long blond curls take off her braces. [The therapist] encourages her as she exercises back and forth along a long set of parallel bars in front of a tall mirror. She smiles, proud of the progress.

...[T]he occupational therapy room [offers] such activities as ceramics, photography, woodcraft, metal and leather craft, music, weaving, even gardening and housework.

Coordinator Benson closed the tour by praising his dedicated professional staff, and by acknowledging the “indispensable services in time and equipment donated by many local organizations. Such groups as the Junior Service League and the Billings Garden Club make my job a blessing,” he said.

Another group that invested considerable time, energy, and emotion in the operation of the Center was the Billings Parents Council, made

up of the parents whose children were enrolled in the educational and therapeutic programs. In 1961, this organization affiliated with the PTA and became The Montana Center for Cerebral Palsy and Handicapped Children Parent-Teacher Association.

Kafka's assessment of what he had seen and experienced on his tour of the Center was summed up in a few well-chosen words; "... three threads seem to hold the whole business together: **Competence, understanding, and hope.**"

Two speech therapists were added to Center staff as the new school year began. Mrs. Joan Flory, a graduate of Colorado State University, and Robert Canetta, with a master's degree in speech pathology from the University of Denver, would both work with speech and hearing testing, as well as providing therapy.

Several Billings organizations continued their longtime involvement with the Center during the 1960s, including the Billings Garden Club, whose members provided weekly "garden therapy" for both the elementary students and those in the kindergarten-primary classroom, and the Montana Transport Auxiliary, which raised additional funds for the Center at an annual dance. The Billings Garden Club, in addition to working with the children in their classrooms, beautified the grounds to the south of the Center by planting the cherry and apple trees that still bloom there every spring. A 1962 issue of the Center Post, a quarterly bulletin published by the Parent-Teacher Association of the MCCPHC, lists these groups as well as the Billings Breakfast Opti-Mrs., the Billings Lions Club, the Junior Service League, the Y-Teens, and "others" as deserving thanks for "assisting with the Center programs."

In 1963, Dr. Walter Hagen, the Center's medical director, appeared before a Billings meeting of the Montana Board of Regents to make the case for a new building to house the Center. Hagen pointed out that the accommodations in the basement of the Administration Building were not adequate to serve children from all across the state.

“We will neglect an important segment of our population if we do not have a physical plant commensurate with our needs in the state,” he told the Regents, adding that while the Center was presently serving about 400 children in the course of a year, national estimates suggest that several thousand Montana children suffer from afflictions of the type treated at the Center.

Members of the board agreed with Dr. Hagen's assessment after a tour of the Center, and Governor Tim Babcock was requested to appoint a committee to study the proposal which faced the same obstacle that other major projects in the state did: lack of financing.

In November of 1963, the Center's quarterly bulletin welcomed Dr. Everett Peery as the Center's new Coordinator, replacing Arthur Benson who had resigned. Dr. Peery was an Idaho native who received his B.A. from the College of Idaho and his master's and doctorate from the University of Oregon. From 1952 until he accepted the position at the Center, he had served the Klamath Falls, Oregon School District as Director of Special Education.

The same issue included a report on the previous summer's camping experience. Camp Director Inez Jamison thanked a number of organizations and individuals who helped make the outing a success, and noted that “Even in this short time every effort is made to gain the confidence and cooperation of each camper; to develop his abilities to

meet his physical obstacles cheerfully and effectively; to guide him toward a more confident, happier life. . .to return him home not only physically improved, but with a better understanding of his playmates and others with whom he must associate. A summer camp experience is an advantage for every boy and girl, but for the handicapped the potential gains are many times greater.”

By 1965, the Montana Board of Regents had agreed to join forces with the State Board of Health to sponsor a request of nearly \$900,000 from the State Legislature for a cerebral palsy center on the campus of the Eastern Montana College of Education in Billings. Funds for the Center would be requested separately from the budgets of the College or the Board of Health.

That same year, in addition to the usual activities at the Center, students began swimming lessons in the college pool on Friday afternoons. College students assisted the Center children with dressing for the pool and stayed with them until the class was over. Dr. Peery told the *Billings Gazette* that “Other than being just fun, the warm water is of therapeutic value to the children. The swimming program gives many students an opportunity to move more freely than they otherwise



Dr. Peery, left, and others pose with check

The 1960s

can. Because of the buoyancy the water provides, some students can walk in the pool, and others are learning to swim successfully.”

On Friday, November 5, 1965, the Center celebrated its eighteenth anniversary with a coffee hour. When it first opened at the end of 1947, it had a staff of three full-time employees and a part-time teacher. In 1965, the staff had grown to fourteen, with five specialists. Staff members were Coordinator/Director Everett Peery; Public Health Nurse Vera Stenehjem; Psychologist Del Vanderpool; Physical Therapist Inez Jamison; Occupational Therapist Joy Stock; Speech and Hearing Therapists, Sandra Ratliff, Richard Wende and James Meldrum; Special Education Teachers, Lena Corey and Carl Hanson; secretaries, Grace Johnsrud (who was the first secretary back in '47) and Charlotte Hernchlip; and attendants Florence Louk and Ann Luderman.

As 1965 grew to a close, a Billings Senior High student, Sandra Melnick, Class of 1966, paid tribute to one of her classmates, Tony Lucero, who was well known as a newspaper vendor who peddled his *Gazettes* on the downtown corner near the General Custer Hotel. Besides his hard work, Tony was notable for having been the 1951 Kiwanis Poster Boy for their annual apple sale. Having cerebral palsy, Tony had attended the Center as a child and then went on to high school, where he was the oldest member of his class. His plans for the future included graduation and then a return to the Eastern campus—as a college student majoring in Special Education. (He had been on the campus earlier in the year when he and Ann Fraser discussed the problems faced by persons with Cerebral Palsy at a program for the Center's Parents Association. Their presentation was “one of the best received of the year,” according to the Parents' Association bulletin.

In the same bulletin, Dr. Peery shared his thoughts on the Center:

The ultimate goal of the program in the Center is Happiness. To attain this goal we do many things which may not be especially pleasant at the time. Nor can we claim to be 100% successful in achieving our Goal.

Adults assume responsibility for and work to provide for the needs of their children. We work, not necessarily because it is the thing we enjoy most, but because through it we are able to provide a happier and more pleasant life for our families.

To be separated from our children for a prolonged period of time is not an especially pleasant experience, but it may be necessary so that someday they will be able to walk or talk or function more successfully and thereby be happier.

True happiness is the feeling we have when we are bringing pleasure to those we love or for whom we feel a responsibility. It sometimes isn't pleasant to refrain from catching a child when he falls or to stand by and watch as they struggle to regain their feet after falling. Yet we know that he will never be able to learn to keep from falling unless he has the opportunity to be free to fall. He will never learn to get up after a fall if he is always helped to his feet. Eventually, when he gains control so that he falls less often and is able to get up if he should fall, he is happier, with a true sense of accomplishment,



**Neala Rausch (O.T.) helps
Sauna Koch on bus lift**

In March of 1966, the School District provided a new bus for the Center to replace the one that had been in service for ten years. The new bus had fourteen bucket seats with seat belts, spaces for seven wheelchairs which could be locked into place, and a lift to maneuver wheelchairs from the ground into the bus and back again. On the original bus, chairs had to be pushed up and down a steep ramp. The only thing that didn't change was the driver; Jake Hilderman had been driving students to and from the Center for as long as bus transportation had been available to them.

The November 4, 1966, issue of *The Retort*, the campus newspaper, not only gave recognition to the Center's nineteenth anniversary, but also ran a column by Dennis McInteer lauding the E Club's involvement with the Center.

and we are happier because of his success.

We endeavor to provide a pleasant place for the children to learn and develop to their potential. We are aware that to accomplish anything worthwhile requires effort and the path toward the goal of happiness is sometimes sprinkled with tears.

In March of 1966, the School District provided a new bus for the

Most persons believe that athletes are a close-minded group of men who channel all their interests into competition and never let their interest stray into other areas. Perhaps this is true of some athletes, but it is not true of Eastern's E Club members. Throughout each school year the E club gathers its members together on special holidays (Christmas, Easter, Halloween) to present a show for the children in the handicapped school located in McMullen Hall's basement. Last week the E club put on its first such party of the year when its members entertained the children with a Halloween show.

Candy, fruit, and cookies in a variety of colors and tastes were plentifully distributed to the little people who, in order to obtain them, happily proceeded through a gauntlet of goblins, skeletons, and ghosts animated by hidden athletes.

I think that one's imagination would have to be doubly strong to envision the effect our competitors had upon these children.

Ear to ear grins, screams broken with laughter, and sticky hands and faces were in abundance as the children joined in the gaiety. Sadness entered the scene only when the party came to a close, but long chins and quivering lips quickly disappeared when a robust athlete remarked that Santa was already making plans to visit these special people first, at Christmas.

The hats of a grateful campus are off to the E club for its fine display of sportsmanship away from the field.

As the decade of the sixties was drawing to a close, Dr. Hagen's request for a Center building was no closer to being realized than it had been in the weeks after he met with the Board of Regents to present his proposal. It had, however, picked up the support of a prominent state legislator, Senator Jack Rehberg of Billings, who called for a \$1 million building for a new Center on the Eastern Montana College campus—and he made the point that the building should not be located any place but the campus “because one of the Center's purposes is to train EMC students as teachers.”

But despite interest in the project, such a building was not in the offing, perhaps, in part, because of the start-up of a new program at the Montana State School for the Deaf and Blind in Great Falls which would serve pre-school and elementary school age children. New quarters for the Center would have to wait until construction was complete on the new Special Education Building in 1972.

Chapter Four

The 1970s: “This Is a Special Place”

By the early 1970s, the Center was, at long last, in the more spacious quarters supporters of the program had hoped—and lobbied—for over the past several years. Even so, the staff and students were not in a building of their own. Instead, they were housed on the first floor in the newest campus structure, the Special Education Building.



**Construction of new Special Education Building,
early 1972**





Completed Special Education Building

The Center staff was headed by Dr. Peery, who would stay at the helm through this decade as Coordinator-Director. Many of the staff from the '60s remained on board, although before the '70s ended, Dr. Walter Hagen, who had served as Center Medical Director since its inception, retired, and Dr. Allen P. Hartman was named to that position. Vera Stenehjem was Patient Coordinator, and Janice Kujawa was the staff psychologist. Four Special Education teachers saw to the education of the children at the Center: Nancy Bell, multi-handicapped; Lena Corey, primary; Carl Hanson, intermediate; and Velora Sinclair, pre-school. In addition, speech pathologists Ronald Holder and Linda

Hauptman worked with students needing their services, while physical therapist Inez Jamison and occupational therapist Joy Stock continued in their important roles. Robert Cropley, an audiologist with the Montana Department of Health and Environmental Sciences, furnished audiological evaluations, hearing aid fittings, and other services for the Center as part of a statewide program for children and adults.

According to a brochure about the Center, it “provide[d] an individualized academic program for children who require special teaching techniques and/or the special therapies that are available.” A Center newsletter expanded on the academic program, pointing out that the special education classroom teachers were “responsible to the Montana State Educational curriculum, as well as the basic curriculum of Billings School District #2.” It continued to enlarge on these responsibilities, explaining the goals that each teacher was attempting to reach with each of his or her charges:

The first goal is to provide for and continue the education of the handicapped child through physical (self help, job responsibilities, active participation), social (group activities), emotional (particular understanding and acceptance of all related problems), and academic development. The second goal is to work with the child until he can accomplish in a regular school situation. This goal is closely related with progress within the various therapies which the child attends. The classrooms are basically ungraded, with each child at his own success level. Special methods incorporated include aid to writing problems, auditory training tables, eye-hand

coordination, and the use of verbal, auditory, and kinesthetic materials in all areas of learning.

The on-the-job expectations of other staff members were all also outlined in the bulletin, giving both parents and outsiders a complete view of the Center's daily activities:

The psychologist's duties are essentially threefold: providing mental diagnosis, psychotherapy, and parent counseling. The diagnostic aspect constitutes the greatest share of this service. The purpose is to determine the particular behavior which results from a child's handicap, as well as mental factors which contribute to it. Usually this includes obtaining a measure of his intellectual ability, devoting special attention to specific areas of outstanding learning strengths and disabilities.

Psychotherapy with children is called play therapy. It is offered to only those children who (1) have a non-psychological handicap, (2) are not likely to develop relatively normal personalities without this help, and (3) are capable of profiting from it from the standpoint of their mental efficiency and present life situation.

Time for parent counseling is limited, but those parents who have the opportunity are given an interpretation of the psychological aspects of their child's problem, emphasizing his particular emotional needs. With this

information, the parents might better judge what is required of specific home-life situations.

The speech therapist uses many types of therapy techniques in working with the speech of the cerebral palsied, cleft palate, and functional articulation cases. These include breathing and relaxation exercises, sound drills for proper production of speech, and palatal exercises for velopharyngeal closure. Hearing aids, auditory training, lip-reading, and language therapy are used with the hard of hearing. Some of the basic hearing tests include a speech reception threshold test and a discrimination and tolerance test. Many severely hard of hearing and deaf children can learn to lip-read and speak if they are given the specialized training they need at an early age. Very important to this therapy is the parents' role in helping the child in the home and assisting the speech therapist with his goal.

The physical and occupational therapists have essentially the same goal: to strengthen and teach control so that as many skills and activities of daily living as possible may become a part of the life of a handicapped child. The physical therapist stretches, strengthens, works for coordination and balance in any position so that the occupational therapist may then teach the child to apply what he has learned, doing something useful and enjoyable as he exercises. In both areas it is very important to work with a child at his own physical

maturation level which is not necessarily at the same level as his chronological age. Constant evaluation must be made of this developmental level to determine the optimal time to introduce motor skills (basic arm functions, sitting, crawling, independent ambulation), handedness development, self-help skills, and home programs. Parents are the best therapists for very young children, but they must have proper guidance and be persevering.

At this time, in addition to the programs offered to children who were enrolled at the Center, five clinics were operating to evaluate children from birth to 21 years of age and offer recommendations for treatments, therapies, educational possibilities, and—in some cases—medical procedures which might be helpful. The Medical Evaluation Clinic was held twice a month and could see eight children at each session; the Mental Retardation Evaluation Clinic saw three to four children once a month. A Speech Clinic was held once a week and could accommodate two patients during each session. The Myelodysplasia (Spina Bifida) Clinic met two or three times a year for five to eight children while the Cleft Palate Clinic was held three times in the Fall and another three times in the Spring, seeing 48 children all told.

In November of 2003, Jim Trehwella was interviewed by Anne Gangstead about his years at the Center. Jim, a 1997 graduate of Montana State University Billings, works at Aspen Meadows in Billings. Here are some of his memories of the people, places, and programs that were part of his MCHC experience:

My parents moved to Billings because of the Center, so I could get better care. If that's not a true sacrifice, I don't know what is. I was three when I first came to the Center. And I have to say this was a great place. The big advantage of it was we all went through similar experiences, so we could learn from one another. In some ways, I think it was even more important for the parents. There was a lot of communication, and they would get together and share information about things they had seen and different things to try. Now, with everybody being put into regular classrooms, information is more readily available, but parents seem to be on their own as far as finding their own facts. They don't have that base to go off of. I don't think that putting children in—throwing them into—regular classrooms is always a good idea. It depends on the person, the rates they learn and things like that. Not everybody is able to be thrown out into the big wide world...I'm not saying mainstreaming is not a good idea, but it needs to be on an individual basis. You have to take each person and do an evaluation, and then take into consideration how they learn. Not everybody is able to function in the real world, in the outside world, without some help. It seems as though [the people in charge] are saying, "Okay, enough of this institution stuff, get out in the world," and a lot of the kids aren't prepared for it. [The Center] prepared me for that. It was a lot easier to get services there. And they were not only services, they were high quality services. You can't just shove everybody out and say "Have a nice life." I wish more kids had the kind of opportunities that I did because

we had physical therapy, we had speech therapy, we had all our classrooms.

We also had the Lions' Camp in the summer. When my mother sent me to camp, I was very homesick. I can remember when I was little and my mom and dad would put me on the bus and I'd just sit there, and I'd cry all the way up there because I'd never been away from my parents that much. I'd get homesick. There were a few years that I made it through the whole week—and now I wish I could go up in July and camp. After you're eighteen, you're too old. But there are still memories there...

We would have the Lions' Club band. I'd get on the bus and we'd have a dance the first night. Doc McBride and the Lions' Club band would play. I can remember one of the counselors holding me up because I was small. There was a trombone player, and he would slide the trombone and make it go way out to here, and that's something I remember. We'd go fishing and hiking. We'd do crafts. And then, like on Thursday night, we'd have a parents' night when the parents would come up and we'd do a skit—that was memorable.

One of the last years I went to camp, there was an old cabin with a fireplace that we got to spend the night in, sleeping on the floor and staying up and telling stories. And there were always pranks going on—people getting dunked in the creeks, people putting underwear on the flagpole, people putting

honey on the doorknobs of cabins. One of the things I didn't like was having oatmeal for breakfast practically every day. I complained to my mother, and she got me raisin bran and a note from the doctor that said I should have raisin bran instead of oatmeal. My mother would write to me, so I always had a couple of pieces of mail. I don't know if that was good or bad, because after I would read her letters I would end up getting more homesick.

I hope they still run a camp like that today. It was just a wonderful opportunity. That was before the days of Eagle Mount, and so, being disabled, we didn't get to enjoy the outdoors the way we do now. I mean, I've gone skiing. I've gone whitewater rafting. But back then that was our only opportunity to be typical Montana kids. Today, if someone said, "You can have a week off to go to camp," I'd take 'em up on it!



**Jamey fishing
at Lion's Camp**

A few years back, I called Doc McBride. I knew that his group played old-time music, jazz and the like, and I thought the residents would enjoy it, so I invited him to come and play for us, which he did, at no charge. I brought in a cake, and we

had cake afterwards with all the residents. I dressed in a suit and introduced them. It was just nice to be able to give a piece of my childhood to them. I took pictures, so I'll have those as keepsakes.

Other than just being teachers, the people [at the Center] were in a lot of ways our family. I can remember going into Mrs. Jamison's office many times. She was a wonderful lady, [especially] if you had a bad day. I know there were days when I would come in and cry—and I don't even know now what about. She'd sit there and she'd hug me. She'd get me to quit crying and say "It's going to be okay," because there were days you would get overwhelmed. I would. It was just nice to have somebody there who wasn't just your therapist, but was also your friend.

A lot of the teachers have unfortunately passed away, but they were our friends. They were my friends, and in a lot of ways I wish I could go back to being six or seven years old and being in that environment. It was so warm.

Another person who was important in my life was Lena Corey. It's not very often you get to meet extraordinary people [like Lena]; although she is another one who isn't with us anymore, the things she taught me I still carry with me. She taught me how to read. I was talking with my mother as we were driving [to campus] today, and we were reminiscing [about how] Lena

would make these sheets of little notes on paper so I could trace it. This was before there were copy machines. She would do those by hand. So that's something I remember. Everyone here taught us how to be good citizens and good people, and the gifts they gave us I still use in my life, and I will never forget them.

Another story about Lena, Mrs. Corey—see, I never knew her by her real name, and to this day I'm still not comfortable calling teachers by their given name...About '96 or so, when I was doing my internship, I got the opportunity to go to West Park Village, and lo and behold, who did I see there but Mrs. Corey. She was living there. She had a cane, and she was still able to get around pretty good, and she remembered who I was.

Everyone at the Center, the majority of them, anyway, were not just with us in the classroom, but they would come to our special events, and we would not have to ask them. That goes beyond just a student-teacher relationship. I can remember Mrs. Corey coming to my school plays. And I can remember her coming over to my mother's house. My mom invited her over and we had peanut butter cookies. I forget how old Mrs. Corey was then, but we'd sit and talk about the Center. And we'd look at old pictures in albums my mother has. That was special. But my most special moment with Lena was when she was at the nursing home. One of the last things I remember [about her] was going to her apartment one day just to say hello since I was leaving the next day. And we sat down, and

as she was doing crossword puzzles, we did the crossword puzzle together. I thought that was ironic, because she'd taught me to read. And it was like she'd given me so much, and that was my opportunity to give back to her. I didn't give much, in my view, seeing that what she gave me did not compare to what I gave her that day, but it was very poignant. And when I talk about this, it's hard not to get emotional, because when a place has this much impact on your life, you can't just brush it aside.

Sometimes when I was going to [college] here—this is where I started and where I ended up, I was going to Special Ed classes on the first floor, and the memories would come barreling back. It's hard for me to even walk through the building because it's like I'm back in a time warp. I can remember "this is where we would have our lunch, and we would all come together." I still go down to Mrs. Jamison's because the therapy room is still here; it was where the communication center is now. And I know this is going to sound stupid, but I go and touch the door frame because I know Mrs. J put her hand there. This is a kind of memory, to know that I haven't forgotten. This is the place where I took my first steps, where I learned to read. It was just a place of so many firsts in my life. And I've been able to accomplish so much because I was here, and I had wonderful parents who encouraged me.

But the best thing about it is when we were here this wasn't all fun and games. We had to work. And the great thing about it

was if we needed a lecture, we were told how it is. I mean, it wasn't sugar-coated. We were told we needed to work harder. We were told this in order for us to get better. It was all for the betterment of us, and not just the physical, but for us to be better citizens and better people. I'm a better person because I was here. In a lot of ways, like I said, I wish I was still here. Just because I don't mention people doesn't mean they weren't important. Everybody was important. And the real cool thing is that when I see [people from the Center], they ask me how I am and what I've been doing, and they're genuinely interested. And I tell each and every one of them I wish it was back the way it was, because this is a special place.

Vicki Cunningham is another person who was really important. I can't always say specific things that people taught me; it was just being around them. When you're a kid, you don't understand this stuff. But now that I'm older, I realize the impact that everyone had on me. It's just in the way I conduct myself, being considerate of people. If [the Center didn't provide the atmosphere it did] I don't think that I would have the desire to help people, to help older people. A lot of that came from my family, too. They are first and foremost, number one, but [the Center] was my family too, so I got the best of both worlds. Just the sense of community...it's not out there as much as it was here. I'm just glad we had this, because if we had not had it, I don't think we would have been the people we are today.

I have a job. I have my own home. I live by myself. My parents and my support system have been wonderful, but if it wasn't in conjunction with [the Center experience] I don't think I would be able to live alone. When I was taking off my coat this morning—I learned that in occupational therapy. That's a life skill. They taught us how to feed ourselves, to dress ourselves as much as we could. We were taught to do as many things as we could for ourselves, and so these were our life skills. I can remember, with Mr. Hanson, making masks for Halloween. I remember standing in the standing frame at the tilt table for therapy and throwing beanbags in a bucket for exercise. I don't get that exercise like I did here, nor do I get it for free. I don't get speech therapy three times a day. We had music. Mrs. Peterson played, and I played an instrument where I pushed a button and used a little pick—I learned to play that for a Christmas play. And they'd ask us what we wanted for Christmas, and I can remember distinctly one year when I was young and Donnie and Marie Osmund were really big. There were Donnie and Marie dolls, so I got this Donnie Osmund doll.

Dr. [Everett] Peery was very instrumental. He'd shake your hand, and you'd go "How ya doing, Dr. Peery?" and he'd go "Howareya? Howareya? Howareya?" and make your hand go up and down. Every morning, we'd have to crawl to the classroom. My friend Aaron Beason, who I've known for twenty years, since childhood, also went to the Center; we became best friends. We would "military crawl" to the classroom on

our bellies. And Dr. Peery would come along and he'd kind of scoot us and help us along, give us a boost. I was so grateful and so honored to run into Dr. Peery when my mom graduated with her master's degree not too long ago. That really made my day. He even said himself that this was a special place, and he was very proud of me. I said I couldn't have done it without people like him and all the teachers who helped me: Annalee Allen, who taught speech, Paula Murray, Mr. Hanson, Lena Corey, Nancy Story, Vicki Cunningham, even the bus driver, Bob. He was wonderful. Mrs. B, who was an aide, Ruth who helped in therapy and would make me walk every day. Those people should be mentioned. The cooks, the janitors. Nothing has had an impact on my life as long-lasting as this place, other than my parents, and they would say the same thing.



Dr. Peery and Jim Trehwella

[According to] national statistics, about one per cent of the disabled population is in the workforce. If you really want to get the gist of what an impact a place can have on people's lives, everyone I know who has had a job that has lasted any length of time went to Montana State University Billings or to the Montana Center for Handicapped Children.

Another person I should mention is Elia Nickoloff. He was very instrumental in my life. And when I was getting my undergraduate degree, he was a teacher of mine. He taught my mother. He taught me. He was with this place until he passed away. A couple of memories I have of him stem from my university days. One day in one of the many classes I took from him, we were talking about sex, actually about people who have disabilities and sex. Dr. Nickoloff asked what would happen if somebody with cerebral palsy got clonus (the involuntary movement of the muscles which occurs after they have been stretched) during sex. And I raised my hand, being a smart aleck—because sometimes things just go through my head— and said, “There’d be a whole lot of shakin’ going on.” Everybody started cracking up, and even he did. It was the perfect response.

In another of Dr. Nickoloff’s classes, we were talking about disability in the workplace, and he said something that stuck in my brain. He said that if the employer is disabled, they’re more likely to understand where the disabled person is coming from. Makes sense. Case in point: Where I work is a nursing home. I picked that for a couple of reasons, but one very apparent—there are no stairs in the place. Everybody is either in a wheelchair or on a walker. They have some ailment, some impairment. And by the way, we all have impairments; it’s just that some impairments aren’t as visible in some people as they are in my case. But I chose to work there not only because

of the barrier issue—and there still are physical barriers, but because of my ability to help the elderly. They’ve had a lot of life experience that I haven’t had. And I’ve seen myself being a teacher. We’re all teachers; we all have information we can share with other people. And so why not do it? It took me seventeen months to find a job. My boss has multiple sclerosis; she has a disability herself, and I think that helped me, because she has an understanding of disabilities, although I don’t know everything she goes through, and she doesn’t know everything I go through.

The very last time I saw Dr. Nickoloff was at my graduation. I can very distinctly remember this. I got my diploma. He got up out of his seat and came to me and said, “Congratulations. I’m proud of you.” Not too long after that, he died, so that last time with him was like icing on the cake.

To me, the people who are still alive who worked in [the Center] are still with me, just as those that have gone to better places. They’re still with me, too. And the lessons that they taught me I will carry throughout my life. I can’t think of a bigger impact than that.

Trehwella also paid tribute to his parents, saying “I wouldn’t be anything without them. We have our disagreements and everything. We’re just like any normal family. I give my parents a lot of credit. I just wish I’d given them credit sooner, because they deserved it all along.

Once again, the older you get, the more you appreciate things.”

He continues,

I see them now not only as my parents, but as my friends as well. No matter how old I get, my mother and father always ask me if I've eaten. So they're always your parents no matter how old you are, and they still worry about you. And you know what? That's all right. I'd rather have them worry about me than not. Even though at times I think, "You don't need to do that," yes, they do. I probably won't get the full impact of that until I have children; then I'll understand. They do it because they care. And I'm grateful for them, because when they saw the condition I was in, they could have given up on me. They could have said "We can't handle it," and given up on me, but they didn't.

Not only didn't they give up, but, Trewhella says, “through this whole process, we had to learn together.” He credits his mother with learning the laws covering people with disabilities and teaching her son to be his own advocate. “You have to be responsible for that,” he says, adding, “I admit I'm still working on that.” He'd practice with his mother, he says, and Jim would be responsible for citing “chapter and verse” of laws that would apply to the kinds of situations he might meet in his daily life.

Merry Jane Trehwella, Jim's mother, offers some of her memories of the Center as well:

We first traveled to a clinic at the Montana Center for Handicapped Children about 1974 when our son, Jamey, was a little more than two years old. The Center was located on the first floor of what is now the College of Education building on the campus of Montana State University Billings. When I called and asked for directions, I remember thinking that it must be someone's sick idea of a joke that the Center for Handicapped Children was located on Normal Avenue. Special Education was just getting started, and knowledgeable people often used the term "quote normal" while making quotation marks in the air with their fingers. [The street was named for the Eastern Montana State Normal School, founded in 1927 to train teachers. The term "normal school" was coined because these institutions trained teachers to instruct their pupils in the "normal" subjects of reading, writing, and arithmetic.]

We met with different medical professionals. One after the other, which I remember being quite a long day for all of us. It wasn't a terribly positive experience because at one point the occupational therapist came into the physical therapy room and shouted to the physical therapist that she had just told the office to never schedule a child to see the physical therapist before the occupational therapist again. The physical therapist,

The 1970s

Inez Jamison, was working with Jamey who was screaming at the top of his lungs.

I can also remember seeing a boy about eight years old who was walking with two canes and thinking that I was glad that Jamey wouldn't have to walk using those. Of course, years later I wish that he could walk that well.

We moved to Billings in 1975 so that Jamey could attend the preschool class that had just started that year. He was fortunate to have teachers like Vicki Cunningham, Lena Corey, and Carl Hanson. He had both Mrs. Corey and Mr. Hanson the last year that each of them taught. Jim (Jamey's grown up name) worked with Mrs. Corey while doing an internship as a human services major from Montana State University Billings in 1996.

The early 1970s was the era of deinstitutionalization, and it seemed that the legislature wrote a blank check for community education programs. Some of the children attending MCHC had lived at the Boulder River School and Hospital and were now in foster homes in Billings, which was a far less costly situation.

We remember "The Center" as a happy place. The fall of the year was spent preparing for the Christmas program which was always interesting because Jamey and some of the other

children were quite terrified of Santa or anyone dressed in a costume. He was especially proud the year that he learned to play the autoharp for the Christmas show.

We had swimming lessons at the YMCA and later at EMC's pool, the children had a wheelchair bowling team for a couple of years at Sunset Bowl, the PTA had many potluck dinners with Carl Hanson's famous Round Barn cinnamon rolls, and we had white elephant sales to raise money to purchase the new-fangled communication board for one of the nonverbal children. Inez Jamison (Mrs. J.) asked John, Jamey's father, to build inexpensive brightly painted walkers for some of the children, and he also built a bowling ramp for a fraction of the cost of the store-bought one. Most of the children went to summer school and to the Lions' Camp at Red Lodge.

The parents were able to make friends with other parents of children with special needs, and that was a great support for both John and me. We still meet many of them around town, and Jim keeps in contact with others who attended the Center. I think that some of that support system was lost as mainstreaming and inclusion have become the rule.

Another student in the Center during the 1970s, Vern Anderson, also spoke with Anne Gangstead in 2003. Vern started at the Center when he was two and a half and stayed in the program until he was fourteen, so it was not surprising that he said, "I remember a lot of different things that went on [here]," and proceeded to share a number of those memories.

At the time Anderson was diagnosed with his disability, the Anderson family was living in Ruddyard, Montana. Arrangements were made to move Vern to Billings where he lived with a foster family until his father was able to finish out his teaching contract and relocate the family. “My dad knew that I wasn’t going to be able to get services if he didn’t move,” he said.

When the family reunited in Billings, they lived in Vern’s grandmother’s house. There were other children in the family by then, so, he says, “My grandma basically took over and took me to school, brought me here to physical therapy, sat and watched, and cried the whole time I was going through it.”

He also remembers a special gift that he gave his great-grandfather, shortly before the older man’s death. “My dad talked me into something,” he recounts. “He talked to my physical therapist, and I worked for almost two years to accomplish what he wanted. My great-grandpa had never seen me get up on my feet at all, and Dad wanted me to get up on a pair of forearm crutches and walk halfway across the room. On Christmas Eve, we were over at my grandpa’s and my great-grandpa was there. Anyway, I got up on those crutches and walked over to him, and he stood up, put his arm around me, and just bawled.

“My grandpa took me to a store once when I was up on those crutches, and I slipped and fell. One man wanted to help me up, and my grandpa said no. And I pushed up, got up on them, and I was able to reach what I wanted off the shelf. I had about ten people staring at me all the time I was trying to do this...I wasn’t angry or anything. I was just the center of attention.”

Anderson, who no longer walks, recalls that he “used to be able to ride a bike all the way around campus,” when he was at the Center.

He also remembers his family’s involvement with his program, citing his father’s driving him to doctor appointments and the like, and his “other grandfather who was a carpenter [and] built [me] a stand-up frame when the physical therapist, Mrs. Jamison, said I needed one. I know that frame is still around, because I donated it to the Center after I couldn’t fit into it anymore. And the frame ended up going to the Shriners. My first wheelchair came from the Shriners because my great-great uncle was a Shriner. All he had to say was that I needed a chair, and I had a brand new chair. And that’s where I got my first lift for my van—it came from the Shriners, too.”

Anderson is kept busy talking to groups about his disability and doing “a lot of state advocacy” on behalf of the disabled. He speaks to both adults and children, and when his audience is young, he “breaks down what I normally tell adults into basically kids’ language.”

“I had a good childhood,” he says, “but I also had a hard childhood, and that was basically because I couldn’t do a lot of stuff that a normal kid could do.

And I had a lot of operations on top of it. I spent a lot of my growing-up years in the hospital, having surgeries I needed to be able to have somewhat of a normal life. And Hailey and Collette [his daughters] are normal, and I still get questions to this day. A lot of people, when I show their pictures, they ask whose kids they are. And I say they’re mine. And I still get stares.

Anderson has spoken to his daughter Hailey's first grade class, as well as to classes at Big Sky, where his mother is a special education teacher. "You wouldn't believe some of the questions that little kids have," he says.

As the seventies were drawing to a close, the Institute for Habilitative Services, a new campus program and an outgrowth of the Center's programs and services, held a workshop for teachers on "programming for the severely handicapped." The main speaker, Martin McGrath, of Nashville, Tennessee, had been confined to a wheelchair all his life due to cerebral palsy, but that did not stop him from advocating not only for himself, but for other handicapped people as well. According to Lorna Thackeray of the *Billings Gazette*, McGrath's "main message to the teachers was the need for handicapped people to live their lives as fully and independently as possible." McGrath was the author of a book, *Give Us a Knife: Carving Out a Lifestyle*, in which he spoke out for "unrestricted social, educational, and vocational opportunities for the physically and mentally handicapped."

McGrath was also strongly in favor of mainstreaming, saying "[handicapped children] are not different from other kids. They have the same needs and desires as anyone else." Thackeray pointed out that mainstreaming was "a controversial topic, especially in the schools, where some see the introduction of handicapped students into the regular classroom as damaging to the handicapped child and disruptive to other students." As we have heard from Jim Trehwella and others, the subject of mainstreaming remains controversial twenty-five years after Mr. McGrath's visit to Billings.

Personal Reflections between 1970s and 1980s

Jackie Bjorgum worked for the Center from 1976 to 1987. In July of 2004, she shared some of her memories in a letter:

I was hired in September 1976 as a kitchen aide by Dr. Everett Peery. It was my job to prepare food brought in already cooked from the Senior High cafeteria. I would grind, puree, and mix the food for the children who could not chew or swallow regular textured food or had allergies to certain foods.

Dr. Peery hired me after he more or less tested me to see if I could relate to the children enrolled at the Center. He took me to the hallway where students were preparing to get on buses and asked me to interact with them. He then told me I was hired.

I worked at MCHC from the fall of 1976 until the spring of 1987.

I was hired as a full-time classroom aide in 1977 and worked many years in the pre-school classroom. Ages of these children ranged from eighteen months to six years old.

I found the children and their different challenges so interesting. I also found out I had patience. Things did not progress as quickly there as they do in a regular classroom.

I learned quickly to recognize seizures—what kind they were, to time them, and to record them. It wasn't unusual for several children to have seizures throughout the day, and we had to prepare for that happening.

I learned so much from the therapists and teachers. From “teaching” the programs for each child, which were especially written out for them, to doing therapy in the classroom, I depended on these people to “teach” me. Our physical therapist, Inez Jamison, taught me so much.

I spent much of my day crawling around on mats, positioning children in their equipment, putting on braces, and working programs. Feeding was an important part of our day. I learned how to feed each child, and to use whatever was suggested to get the food in. Sometimes it could be quite tricky!

We had a great classroom. Whenever someone made a breakthrough, there was such excitement and clapping.

When Lyle learned to walk, he really wowed everyone. I also worked with him for many months saying different sounds, and one day I said “ma-ma”—and so did Lyle. Our teacher, Brent Rast, invited the next door classroom over so Lyle could put on his show. Pride and tears for me that day!

I remember so many of “my kids.” Julie was a beautiful little girl and always had a smile for everyone. I loved working with and

feeding Julie. Julie and her family live out of state now, but her mother and I keep in touch at Christmas. Julie was two years old when she came into our classroom, and each year her mother sends me a picture of her. She is still beautiful and now a young lady in her twenties.

Amy was our cute little mover. She could move faster than anyone and kept us on our toes. I was so proud of her when she mastered a program we worked so hard on.

Tim was a fun and independent little boy. Tim also came to us at age two. We were so happy when he learned to walk. He had a world to explore. Tim wore hearing aids, so we had to learn sign language “pre-school style,” especially our names.

Chad was just a baby near two when he came to our class. I worked many hours with Chad, and we had our own “talks,” with Chad talking to me with his eyes. Chad was a child who laughed and interacted with everyone. He liked to go swimming and could be a tease.

Andy was a little red-headed angel/devil. He could be soothed by soft talk and hugging, but if you let loose of his arms, he could grab your hair faster than the blink of an eye. He learned quickly how to maneuver his wheelchair, using one hand, and riding up and down the hall or around the campus.

The 1970s

We had a pretty little girl named Jessica who wore long braids every day. She loved to be in the swimming pool and always laughed as she entered the water. She was such a happy child.

Robbie was a little boy who didn't like certain foods and let us know it. We would mix his favorite food with cottage cheese—a food he didn't like, and he could send the cottage cheese out of his mouth faster than I could put it in. Of course, his favorite food stayed in his mouth! Robbie hated being put in his "stands," but also loved the soundtrack to Grease. We could get him to tolerate standing as long as we played Grease. Bridget was eighteen months when she came to us. Such a petite and pretty baby. She worked so hard on all the programs and therapy I did with her.

My last years at the Center as an aide were spent in a classroom with older children. This was a new experience for me because some could walk and feed themselves. We did toilet training, ran errands, and did laundry, along with our daily programs with the students. Some of the children still had to use equipment for walking and standing, and the only difference was that they were bigger.

We took the children to the EMC swimming pool on a regular basis. We had Special Education students from Eastern to work with the children in the pool. We also had Special

Education student teachers in our classrooms. They were of such great help! They also learned the routine quickly.

At Christmas-time, we always had a program for the families and friends of our students. We worked hard to put on a great show and really enjoyed it.

We also celebrated the 35th anniversary of the Montana Center for Handicapped Children with a program, and that was an exciting time.

I left MCHC in the spring of 1987 and transferred to Skyview High School to work in a Basic Skills classroom. I transferred from the Center as they were preparing to mainstream our students. I was not for mainstreaming for personal reasons, but as we now know, it seems to have been a good move.

I worked under four directors at MCHC: Dr. Everett Peery, Dr. Earl Britton, Dr. Elia Nickoloff, and Dr. Michael Hagen.

I would never trade my years at the Center—they were my best years as far as working goes. We all worked hard, both physically and mentally, but it was worth it.

As you can tell, the Center was dear to my heart.

Jackie Bjorgum

Chapter Five

The 1980s: “A Beautiful, Idealistic Idea”

On January 1, 1980, Peery, who had been with the Center for sixteen years as director, retired. In actuality, Peery had worn three hats in his years in Billings, as Oscar Chaffee of the *Billings Gazette* explained in his “Sixty Plus” column later that month: in addition to the directorship, which he held as a professor at Eastern Montana College, Peery also reported to School District 2 as principal of the Center school, and he was considered an employee of the state Department of Health.

In addition to the usual retirement plans for travel and relaxation, Peery was learning saddle-making from his friend Frank Roton, who maintained a saddle-making workshop at his home. Roton was a custodian at the Center for many years. Peery also enjoyed oil and watercolor painting, and, much like NFL great Rosie Grier, he liked to do needlepoint while watching football games on television.

Dr. Peery was replaced in the role of Center Director by Dr. Earl Britton. Britton was followed by Dr. Elia Nickoloff, a professor in the Habilitative Services program, who served until Dr. Michael Hagen was hired as director and freed Nickoloff to return to his first love—classroom teaching.

In the fall of 1980, the Sertoma Club of Billings—with the help of parents of children enrolled at the Center and both students and staff at the college—built a playground on space adjoining the Center’s quarters in the Special Education Building. They also constructed a gazebo-like shelter to protect the youngsters from the sun while they enjoyed the

special amenities of their new play yard. (Sertoma stands for “Service to Mankind,” and in taking the lead on this project, the members certainly demonstrated their sense of service to some of the youngest recipients of their generosity.)

An exciting October event for the children at the Center was a Halloween outing for trick-or-treating through Petro Residence Hall on the campus. The special celebration, which included dressing in costumes for both students and staff, was arranged by Nancy Story, a teacher at the Center. Several EMC students also joined in the fun by escorting the children through the dormitory, where their fellow students waited to hand out candy and trinkets to the trick-or-treaters.

When Public Law 94-142 was passed mandating mainstreaming handicapped children into the regular classroom, the campus and the Center were called upon to share the expertise of decades of experience. In the summer of 1980, a workshop co-sponsored by the Montana Office of Public Instruction, the Billings Public Schools, and the college was held at EMC. Dr. Rowena Foos of the Institute for Habilitative Services, planned and coordinated the program, which was meant to provide skills which could be used in the upcoming school year—a year which saw Billings School District trustees go on “a spending spree,” according to *Billings Gazette* education reporter Kim Larsen, when



Learning made fun

they allocated over \$551,000 for various district needs, including \$186,380 for personnel salaries at the Center.

The following summer, author-teacher Torey Hayden, who received her master's degree from EMC, visited Billings and talked about her work, both as a classroom teacher for "special children," and later as a "Resource Center" teacher, and as a writer. "Mainstreaming is a beautiful, idealistic idea, with the noble intent of including instead of excluding these uniquely different children," she told the *Billings Gazette*, "but it doesn't work as well as it should. There has not been enough planning and preparation to make sure it works."

At the time, Hayden had two well-received books in print—*One Child* and *Somebody Else's Kids*— and a third soon to be released. "The combining of her study, teaching experience and salable writing began with the preschoolers at the Child Development Center at Eastern," she told reporter Carol Saboe.

In January of 1982, Jamey/Jim Trehwella, who graciously shared his memories of the Center in Chapter Four, was the focus of a Gazette feature story by Kim Larsen. It tells, perhaps inadvertently, of some of the "kinks" involved with mainstreaming, the likes of which Torey Hayden referred to in her remarks. In this case, fortunately, a solution was found and quickly implemented.

Jamey Trehwella, a third grader who deftly maneuvers his wheelchair through the halls and classrooms at Eastern Campus School, has been provided with a drive-in desk.

He zooms into class each morning and parks at the desk, made especially for him by two craftsmen employed by Eastern Montana College, where the elementary school is located.

Before he got his special desk, Jamey had to be lifted from his wheelchair and placed into a regular desk several times a day, a tough chore for aide Marilyn Kramer, who helps Jamey while he is at school.

Jamey, son of Mr. and Mrs. John Trehwella, is a cerebral palsy victim who has the use of only his hands.

He beamed with happiness when asked how he likes the drive-in desk. "It's neat," he said. "It helps me a lot. I can get in and out by myself."

The drive-in desk was suggested by Jamey's teacher, Margaret Downs.

She said Jamey was given a regular desk when he came to the school after attending the Montana Center for Handicapped Children [school] for two years. It was thought that using a regular desk would allow Jamey to be like the other children, Ms. Downs said. But it did not work out that way since there was such a struggle in lifting Jamey in and out of the desk.

She suggested the special desk to Principal Erick K. Erickson, who called the EMC maintenance crew for help. Walter Vogl and Mel Steinmetz produced a desk wide enough for a wheelchair to fit under.

“Now Jamey’s just as mobile as the other kids,” Ms. Downs said.

Jamey’s desk also includes an easy-access storage box on top for his books and supplies. It can be removed whenever he needs more work space.

Erickson praised Ms. Downs for “thinking of a kid” and EMC for cooperating in the project that helps Jamey zip into his school work.

The following year, another advance for handicapped students was noted in a *Billings Gazette* article by Donna Healy. The headline read “Computers are helping handicapped communicate.” (In Chapter Two, we heard from Judy Backa, who was able to write her book, *Climbing a Mountain and Living With Cerebral Palsy*, on a computer. In his letter, which appears between Chapters Two and Three, Bill Bruner talks of communicating with friends using his computer, and his mother expresses her gratitude that he was taught to use a typewriter keyboard at the Center.) This is Donna Healy’s story:

Shane sits with his wheelchair parked in front of an Apple computer at the Montana Center for Handicapped Children. Cerebral palsy has left him without the power of speech and with only limited control over his body movements. Though he is age 15, he functions at about a first-grade level.

The computer screen flashes a sentence with one word missing. Three choices to filling in the blank are listed at the bottom of the screen, but only one is spelled correctly. Using a hand switch instead of the keyboard, Shane signals the right answer. The computer acknowledges his success with a few bars of music, then moves on to the next question. Shane's delight is evident without words.



Computers provide a new form of communication for an unidentified student.

Computers are ushering in a new era for the handicapped, according to Mike Hagen, director of the Montana Center for Handicapped Children.

“Communication is the single most inherent difficulty facing the severely handicapped,” he says. “They may have cognitive abilities, but they’re just locked within themselves.”

Computer programs and attachments are now available to help the deaf speak and the legally blind to read. And they may help physically handicapped children like Shane to fashion sentences and speak through computer synthesized voices.

Computers may eventually spell new independence for the handicapped. “Most of our children are dependent on everyone—parents, teachers, aides—to interact with their environment. Everything is controlled for them. Someone has to feed them, dress them, toilet them,” Hagen says.

“Computers are one type of thing they can do independently.” There are computers on the market today with the capability to turn on television or turn out the lights on command.

Right now, cost is the limiting factor. The Center has one personal computer in the classroom and another on order. The machine is wheeled from room to room. But Hagen envisions a day when computers the size of desktop calculators might ride along on students’ wheelchairs.

“We’re just beginning to sort out the options,” he says. A programming device which allows children to use a single switch instead of the typewriter-style keyboard to command the computer has just been purchased for the Center by the

Pioneer Kiwanis Club. Specially designed switches can be geared to head or chin movements. It is even possible to direct computer programs with eye blinks or puffs of air.

Jerry Baker, specialist for the visually impaired in the Billings Public School system, is investigating the use of magnification devices which can make computers accessible to children who are legally blind. A computer which is being installed at Ponderosa School should help a child with cerebral palsy keep up with his classmates.

At the Montana Center for Handicapped Children, the computer is used as a teaching tool. Children work on the same sorts of math and spelling exercises on the computer as they work on with the classroom teacher.

“It’s a real motivator,” Hagen says. “Some programs give positive reinforcement after every correct response.”

The “Sticky Bear Numbers” program uses graphics to teach numbers. When Shane pushes the space bar, a car materializes and drives across the screen. Pushing one of the number keys makes more cars drive by. “He’s totally independently running this program,” says Kim Petersen, the occupational therapy aide at the Center who works by his side. “There’s nothing [else] in his environment he can control.” Ms. Petersen looks forward to the day when a computer voice

synthesizer might work for Shane. "He can't talk," she says, "but you know he's got a lot to say."

From March 7 through March 9, the 1985 Conference on Severely Handicapped and Autistic Individuals was held in Billings. The theme of this year's conference, which was sponsored jointly by the Center, the EMC Institute for Habilitative Services, the Montana Office of Public Instruction, and the Montana Society for Autistic Children, was "Transitions: Bridging the Life Continuum." One of the presenters, Dr. Lee Brown from the University of Wisconsin, spoke on "Preparing Severely Handicapped Students to Live, Work and Play in the Community," and "Developing Non-Sheltered Vocational Opportunities for Severely Handicapped Students."

Later that same month, the Center held an on-campus conference to examine ways of meeting the communication needs of handicapped individuals. Participants were promised "a working knowledge of technical aids available for severely physically handicapped persons."

The question of mainstreaming was explored on the opinion page of the *Billings Gazette* in mid-March of 1985 in a piece by guest columnist Kyle K. Faught, who was the project coordinator for the Montana Model for the Education of Severely Handicapped Persons. She was also a co-coordinator with Dr. Michael Hagen of the 1985 Conference on Severely Handicapped and Autistic Individuals which had been held earlier that month at the Billings Sheraton Hotel. Her remarks were prompted by a review of the special education program in the Billings school system conducted by Dalton Plunkett, special education director in Salem, Oregon. At the conclusion of his study of the Billings system,

Plunkett recommended the closure of the Grand Avenue School which housed programs for moderately and severely handicapped teenagers in what Faught describes as “a protective and supportive environment.” Plunkett had been asked to determine whether School District Two was in compliance with Public Law 94-142, The Education For All Handicapped Children Act, and he obviously felt that it was not appropriate for the district to have a separate school in operation, given the provisions of that law. Faught explains that, “Under P.L.94-142, services to the handicapped child must always be offered in a setting which deviates the least from the regular nonhandicapped program and still meets the child’s individual needs.” While not endorsing or arguing against Plunkett’s recommendation, she goes on to elaborate on the content of this law:

An active principle in P.L. 94-142 is that handicapped children must be offered educational opportunities in the most normal setting possible. The impact of P.L. 94-142 on special education has been revolutionary because integration of handicapped children into regular education contradicts traditional practices in special education. For many years, it has been standard procedure, when a child is identified as handicapped, to place that child in a separate facility.

In recent years, special educators and others have learned that segregation is not always the best way to serve the handicapped child. There may be a short-term benefit to segregation of a child with handicaps, but the long-term difficulties have become apparent. The court case of Hairston

*v. Drosick (1976)
summarizes the
problem:*

*'A child's chance in this
society is through the
educational process.
A major goal of the
education process is the
socialization process
that takes place in the
regular classroom with
the resulting capability
to interact in a social
way with one's peers. It
is therefore imperative
that every child receive
an education with his
or her peers insofar as
it is at all possible. . .*

*Placement of children in
abnormal environments
outside of peer situations
imposes additional psychological and emotional handicaps
upon children which, added to their existing handicaps, causes
them greater difficulties in future life.'*



**Inez Jamison assists physician
at an orthopedic clinic**

It has been obvious in the comments of students, parents, and staff members at the Montana Center for Handicapped Children that not everyone with a stake in the issue of mainstreaming would be in complete agreement with the findings of the court in this case.

A toy lending library, christened the “Toy Exchange” opened in April of 1985 at the Center. Over three hundred toys were “in stock” when project manager Wayne Vrona announced the new service. Vrona pointed out that the idea of a toy library was not new, having been introduced in the 1960s, but “It has just recently been gaining recognition as an excellent educational resource. Ours is a pilot program in that the toys we lend are specifically oriented toward the handicapped, ages birth to 21 years.”

The toys were chosen for “attractiveness; learning potential as applied to the areas of language, cognitive, creative, motor, sensory, perceptual, and social development; the ability to be used by all children; age appropriateness; fun potential; durability, safety, and cost.” Funding for the library came from the Montana Developmental Disabilities Planning and Advisory Council.

A 1985 back-to-school edition of the *Billings Gazette* provided a “roundup” of services available in the community for handicapped individuals. Two programs mentioned were located on the Eastern Montana College campus. One was the Center, which provided “diagnostic and evaluation services for physically, medically, orthopedically, mentally, speech, hearing, and multiply handicapped children,” and the other was Parents Let’s Unite for Kids (PLUK), “a statewide coalition for parents of handicapped children.”

The 1980s

A 2005 brochure on the Montana Center on Disabilities features the slogan “Supporting Diversity – Creating Opportunity” on the cover. The ways in which this is achieved have changed significantly since 1986, when, the brochure explains, “children with disabilities were integrated into their neighborhood schools. From that point on, the Montana Center on Disabilities has concentrated on working to create a fully inclusive society which values people with disabilities and their perspectives.”

From the tiny seed planted in 1947, the services and variety of programs for the handicapped had grown and changed through the years, but the focus of the Center staff remained on identifying and supporting handicapped individuals using all the means at their disposal.



Chapter Six

The 1990s: “Where the Seeds Are Planted”

With the integration of children with disabilities into their neighborhood schools, the focus of the Montana Center began to change, although education continued to remain a strong component of the services offered. In 1990, the EMC preschool was placed under Center supervision and moved to the first floor of the Special Education Building, the quarters set aside for the Center. This now inclusive program provided services for children with and without disabilities ranging in age from 18 months to 5 years, who were placed in three groups: toddlers, 3 and 4 year olds, and 4 and five year olds.

According to a report on the preschool by Dr. Susan P. Gregory, the program’s “commitment to the inclusion of children with disabilities [was] based on recent legislation, PL 99-457 and the Americans with Disabilities Act, PL 101-336 and recommendations from the professional literature that the inclusion of children with disabilities in preschool programs is a promising practice in early childhood programs (Bruder, 1993; Demchak & Drinkwater, 1992; Fleming, Wolery, Weinzierl, Venn & Schroeder, 1991; Guralnick, 1990; Hanline, 1993; McLean & Hanline, 1990; Salisbury, 1991; Strain, 1990; Wolery et.al. 1993).”

Members of the preschool staff in the early 1990s included Shirley Waldron, whose background was in Special Education, Jane Ohnstad, a specialist in Early Childhood Education, and Linda Wham, administrative assistant. The Preschool Team, which acted as an advisory board for the program, met weekly. In addition to the preschool staff, members of this

The 1990s

team included Dr. Anton (Tony) Hecimovic, a professor of Educational Foundations, Mary Macarah, an early childhood specialist, and Dr. Susan Gregory, professor of Special Education.

The preschool curriculum was based on three studies, one of which was developed in the 1970s, and two of which were reported on in 1992. The first, the High Scope curriculum, “founded on the principles of developmentally appropriate practice. . . [had] been widely utilized and researched in early childhood programs for over 20 years,” according to Dr. Susan Gregory. An activity-based approach (Bricker & Cripe, 1992) was integrated into the program “to facilitate the inclusion of children with disabilities and to ensure that their individualized objectives and goals”



Even early computers were a boon to staff and students.

were met; and a collaborative team approach was introduced “to ensure the delivery of related services to children with disabilities,” she adds.

The “related services” referred to were provided by a physical therapist, an occupational therapist, a vision therapist, a speech therapist, and a communication aide.

As had been the case in its earlier configuration, the Center’s school activities were observed by Eastern Montana College students enrolled in both Education and Special Education classes, and a number of students had internships working with the preschool program.

The preschool program’s goals and operating principles were outlined as follows:

GOALS

Each child develops a positive sense of self.

Each child feels respected and develops respect for other people and their environment,

Each child develops a sense of responsibility for self, others, and the environment.

Each child has the opportunity to explore a diversity of social roles, cultures, and abilities in order to build positive images and relationships.

Each child develops constructive approaches to the resolution of conflict.

Each child develops an appreciation for skills of cooperation.

OPERATING PRINCIPLES

All children are treated respectfully.

Adapt procedures, techniques, and materials to best meet the individual needs of all children in the preschool.

The classroom environment and material are carefully selected and arranged to facilitate learning.

Language and interaction patterns are modeled for children by teachers.

Instructional goals and techniques are based on research.

A typical day at the preschool was outlined for parents of the children enrolled in the program in a handout titled “Your Child’s Preschool Experience.” The contents of this sheet follow:

The Eastern Montana College Preschool provides children with a broad range of diverse, interesting, and challenging experiences. Our classroom is expected to be rich in opportunities to explore language, literacy, science, mathematics, and social relationships. The following describes your child’s daily experiences.

Arrival: Staff are available to greet each child and assist the child into the school environment. At times this transition from

home to school, from parent to teacher, is not smooth. The parent and teacher must be consistent in helping this transition.

Child-initiated Play: Children play in specially designed learning environments. Children move about the classroom and outdoor playground, independently selecting activities. Teachers interact with children by extending and enriching their play. Teachers observe each child to insure that he or she is selecting a balance of activities.

Experiences in the following areas are typically offered:

Blocks

Science

Dramatic Play

Music/Singing

Sand/Water

Library/Reading

Creative Movements

Art/Painting/Drawing

Woodworking

Computer Programs

This portion of the day is predominantly child directed within the social/behavioral limits established for the class. Teachers encourage students to become involved with activities to explore, and to manipulate the materials present. (e.g. "I wonder what would happen if...")

Clean Up: Children and adults put material away in preparation for the next events. Usually a five minute warning is informally given to children prior to the beginning of clean-up.

Group Activity: This time is relatively brief (10-20 minutes). It is an opportunity for children to see themselves as part of a group, and enjoy one or more activities that can involve everyone. Teachers lead songs, finger-plays, creative-movement activities, and cooperative games.

Snack: Children may be involved in snack preparation. Both adults and children share snacks together. Snack is served family style.

Supervised Outdoor Play: Unless it is extremely cold, all children will be going outside. Outdoor play is a valuable part of the total program. Children must be properly dressed and be prepared to go outside everyday they attend the program.

Taking the Center's Preschool to the International Stage

In a paper delivered at the fourth International Special Education Congress in Birmingham, England, in April of 1995, Dr. Gregory expanded on the daily schedule of the preschool, in particular on how it facilitated "Inclusive education for preschool children with disabilities." Among other concerns she addressed was the arrangement of the classroom environment.

The physical layout of the classroom plays a key role in facilitating children's learning. Typically, preschool classrooms are divided into a number of specific areas, such as sand

and water play, block, and housekeeping, which are small enough to promote interactions between children, but which also provide enough space for children to move (McEvoy, Fox & Rosenberg, 1991). Modifications to the environment may be necessary to ensure that all children have equal access to the materials and activities. Adaptations may need to be made to the furniture and equipment or to their arrangement in the room. The modifications should not lead to the creation of separate activities, or to the location of a child with a disability in a separate part of the room. For example, if the modification is made to a table in order to enable a child who uses a wheelchair to play with materials on that table, then the activities the teacher lays out on the table should be activities with which all the children will play.

The outside play environment of the preschool setting should also provide an opportunity for all children to be actively involved in play. Traditional playground equipment often leads to children with disabilities becoming spectators, and it does not always encourage the development of physical and social skills of the child with the disability (Raschke, Dedrick, & Haus, 1991). For example, a slide with a ramp alongside would enable a child who was unable to negotiate steps to crawl up the ramp to the slide (Raschke et al. 1991). An adapted seat with a lap belt and back support can be hung on a swing alongside regular seats to enable children with disabilities who may not have upper body strength to play on the swing

alongside their peers. The playground which is adapted for children with disabilities will be enjoyed by all children as typically developing children will be as likely to use and play on such equipment as children with disabilities.

Gregory also includes some examples of therapy delivered in the classroom setting:

The rationale for delivery of therapy in the classroom is an integral component of the transdisciplinary model. Members of the preschool team include a teacher, aides and therapists, and every member of the team shares knowledge and skills with the other team members. The physical therapists teach the classroom teacher how to meet children's therapy objectives in the classroom on a daily basis. The emphasis then focuses on making therapy functional by using materials and activities in the classroom. Not only can therapy be conducted in the classroom, but other children can be involved as much as possible. For example, Shelley's physical therapist is working with her to improve her balance and independent standing. Shelley works on this objective while standing in line with the other children to wash her hands for Snack. It is in Shelley's best interest to practice this skill as much as possible. Therefore, when the therapist works with Shelley in the classroom, the teacher has the opportunity to observe firsthand how to best position Shelley and to work with her on that skill when the therapist is not there. Also, Shelley is not

isolated from the other children by working with her therapist outside of the classroom. This is an important consideration when preschool children are in a classroom setting for only eight to ten hours a week. An important part of the preschool experience is socialization with other children, and teachers will want to maximize contacts with other children and try to avoid having children withdraw from the class for individual therapy as much as possible.

...The therapists typically visit the child once a week for between one to two hours per visit. During that visit, they work with the child, and they also train the teachers on strategies of how to deliver the therapy on a daily basis. When the therapists work with the child, they do so in the context of the daily classroom routine.



For example, if one of a child's objectives is to learn to sit without supports and the therapist is working with that child during child-initiated activities, then the therapist will follow the child's lead and assist the child to work on that skill while he or she is, for example, playing with blocks or looking at a book. The therapist can also demonstrate to the teachers practical suggestions on how the child can be included in other daily activities.

The importance of this is summed up in Gregory's conclusion:

The inclusion of children with disabilities in preschool classrooms with typically developing and learning peers provides a foundation upon which to build lifelong inclusion. Such inclusion can and should continue from preschool through the elementary grades. Children who have spent their educational years in inclusive environments will be better prepared for participation in inclusive employment and general community life. It is in preschool where the seeds are planted for a lifetime of full inclusion.

By 1993, the Center had enlarged its mission to include integration of people with disabilities into their communities and had begun offering its services to Montanans of all ages. Legislative action was taken to change the name of the Center to more adequately describe its new mission, and it became the Montana Center on Disabilities.

A Teacher's View of Inclusion

In the fall of 1995, the Montana Center on Disabilities published a monograph, *Enhancing Community Inclusion*, which contained a number of essays by Montana State University Billings faculty. One of those essays, "How Can We Help New Teachers with Inclusion," by Dr. Tony Hecimovic, was based on an "interview" with his wife, Mary, an elementary teacher with several years of experience. In the course of their

discussions about classroom inclusion policies, Mary Hecimovic made several important points.

Mary: One thing we need to do is stop thinking about ourselves as educators in categories of special education and regular education. Instead, we should all think of ourselves as teachers of students. In fact, I think students shouldn't be categorized either. We need to rethink how we talk about education. We also need to prepare future teachers, I'll call them preservice teachers, by presenting them with a background in classes explaining different disabilities. It's my hope that these new teachers would then have a better understanding of students with a variety of abilities and disabilities. Preservice teachers also need practical experiences in many different classroom settings with students with a variety of abilities.

...I've worked with students with a variety of abilities and disabilities. There have been students in my classes who have had learning disabilities, as well as those who were labeled gifted. I've also had students with a variety of physical disabilities such as vision and hearing loss, speech problems, lack of speech, and students unable to use their limbs or even feed themselves.

... It was always scary in these new situations. My initial training really did not prepare me well to work with students with such a range of special needs. However, workshops and

classes after I completed my degree have helped me make adjustments in realizing that, as teachers, we are working with students as individuals and every student brings new challenges and need to the classroom.

Tony: ... You have referred to 'students with a variety of abilities and disabilities.' What do you mean by that phrase?

Mary: By 'a variety of abilities and disabilities' I mean that children, all children, have varying abilities as well as disabilities. As a teacher, I need to address all levels of abilities. Students who excel in certain areas require as much individualized instruction as students who require remediation. All students have strengths and weaknesses that must be addressed.

Also in 1995, the Center was awarded a sub-contract with the Montana Office of Public Instruction to coordinate the Montana Systems Change for Transition Services for Youth with Disabilities Project, which was designed to “narrow the discrepancy between what was possible and what was currently in place to support meaningful life outcomes for students with disabilities as they completed their high school years.” A number of projects were undertaken over the next several years in support of this program, including the development of Self-Determination materials and training materials for Higher Education personnel.

Changes Continue

Because preschool students were also being integrated into neighborhood preschools and schools, the Center preschool closed at the end of 1997. There was also a decrease in the number of specialized clinics being funded through the Department of Health and Environmental Services, and, as a result, the Center held its last Cleft Palate Clinic under that department's sponsorship in 1998. So the two main reasons the Center had been founded 51 years earlier may have seemed to cease to exist, but the Center, which had been growing its out-reach programs and identifying continuing and new needs was still extremely important to the campus, the state, and the region. At the end of the 1990s, the clientele may have changed, but the challenges continued, and the Center, with its new mission already identified as promoting "the inclusion of people with disabilities of all ages and cultural backgrounds into their communities," was ready to move ahead.

In fact, a summary of the program highlights for the fiscal year 1998-99 contains both some familiar programs and some new directions for the Center. For example, due to contracts with the Department of Public Health and Human Services, Special Health Services, the audiologist at the Center evaluated hearing for 46 children (ranging in age from birth to age 21) with cleft lip or palate or other craniofacial anomalies during this year. These evaluations were then followed by multidisciplinary team meetings for each child to develop a treatment plan and to assist their families in finding the resources they might need in their home communities.

The Center's Hearing Conservation Program, funded through the Montana Office of Public Instruction, conducted 63 preschool screenings where 880 children had their hearing screened and conducted another 7,631 hearing screenings for school-aged children at their schools. In addition, seven in-service training workshops were provided to school personnel.

Other areas of the report focused on new projects undertaken by the Center, including workshops presented throughout eastern Montana as part of the Pathways to Employment Project, which has as its goal providing both persons with disabilities and the agencies that serve them with information that will "enhance the efforts of persons with disabilities to find employment." This project was funded by a grant from the Dole Foundation for Employment of People with Disabilities.

Another project, conducted with the Board of Crime Control, concerned Fetal Alcohol Syndrome. The Center developed "a training program and follow-up activities that would improve the juvenile justice system's ability to deal with youth affected by alcohol-related birth defects." Fifty people in the juvenile corrections field attended the workshops, which were held in Helena, Miles City, Billings, and Great Falls. The primary goal of the training was "to provide youth probation officers with an effective set of strategies for dealing with youth whose behavior is affected by prenatal alcohol exposure who enter the probation system." The Center also worked during this period to "develop and coordinate regional interagency groups who will develop community education events" on the subject of Fetal Alcohol Syndrome.

Chapter 7

The Challenges of the 21st Century

As the Montana Center entered the 21st century, its activities were overseen by the Dean of the College of Education and Human Services, Dr. Ernest Rose. Michael Hermanson was serving as the interim Director; Marsha Sampson, the current (2006) interim Director, was then the interim Coordinator of Service Programs; Audiologist and Project Director Tina Hoagland and Project Director Debra Miller were also on the staff, as was Mike Peterson and June Hermanson, both project coordinators. Marilyn Hurless served as Administrative Assistant and directed the administrative support staff.

Work continued on projects that had begun at the end of the 1990s, and some took on new lives as modified versions of what had been done earlier. For example, one new project involved training tribal juvenile probation officers on strategies for working with young people struggling with alcohol-related birth defects. While this project was able to adapt the materials developed earlier for training state probation officers, a train-the-trainers model was developed to disseminate the information. The Center staff put together a comprehensive training packet, which could then be distributed throughout the state, greatly reducing the cost of making the training widely available.

Three sessions to “train the trainers” were held, one in Billings, one in Kalispell, and one in Poplar. These programs dealt with the characteristics of Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE); identifying social and behavioral characteristics related to

The 21st Century

these conditions; strategies for intervening to correct problem behavior patterns resulting from FAS/FAE; methods of implementing the strategies presented with specific cases; and introducing the skills and materials for presenting this information to a variety of audiences in Tribal communities.

The Paraeducator Development Project, also a new program, was designed to assist regional groups in planning paraeducator development strategies for local schools, and also to determine ways that paraeducators could strengthen ties between schools, parents, and the community. Montana paraeducators and teachers aided in this project by agreeing to demonstrate their successful strategies for a training video.

By 2000, the Equity for Young Women with Disabilities project was swinging into action. Its model plan hoped to provide work experience, increase self-esteem, and utilize the family/friends network of the young women it was designed to help. Mentors—women with disabilities who were successfully employed—were recruited to spend time with young women with disabilities in high school in order to model the successful outcomes the program was designed to achieve. Informational meetings were also planned at each participating school for teachers, students, family members, resource people (which could include friends), and mentors.

The Center also sponsored the development and implementation of the Montana Youth Leadership Forum (MYLF) for Students with Disabilities in partnership with the Montana Independent Living Project. “The mission of MYLF is to identify students with disabilities who have exhibited leadership skills and empower them with additional training so they may become leaders by example. Delegates expand their knowledge

of the culture of disability, learn about all types of disabilities, and meet adults who are living successfully with disabilities,” according to MYLF materials.

“Forty-six delegates completed the forum from 2000 to 2002. Of those, thirteen have gone on to college, sixteen graduated from high school in the spring of 2003, six were employed, five are still in high school, and the status of six is unknown” (MCD E-Newsflash, October 2003).

Sierra Lode, a 2002 graduate of Capital High School in Helena who has cerebral palsy, began attending MYLF conferences in 2000. In a 2006 interview with Alana Listoe of the *Independent Record*, both Lode and her mother expressed their appreciation for the program.

Listoe quotes Sierra Lode as saying “I can’t talk, walk, or use my hands—I can, however, be heard.” And indeed she has been heard—by the state legislature and by people who have attended presentations she has given, using a computer which she controls with her head and a command panel.

Lode’s mother told Listoe that she was initially apprehensive about having Sierra attend her first MYLF conference, but “When she came back, I realized I was no longer her advocate—she was her own.”

Sierra summed up her appreciation for the MYLF program by telling Listoe, “As I look back at the past five years of my life, the MYLF was the gateway to my new life. It taught me that having cerebral palsy can be beautiful. It taught me to see myself as a person. It changed my life in a way that was simply unimaginable.”

The 21st Century

It could do the same for others with disabilities as well, she believes. “They will come away with tremendous benefits and a new found joy for life,” she told Listoe.

Fourteen delegates attended the 2004 MYLF. Observers noted that “Many alumni return as staff volunteers [for this event] after they have participated in the Forum as a delegate.”

Following its fifth annual meeting, MYLF became a stand-alone program, although the Montana Center continues to be a supporting partner for the Forum.



2002 MCD Staff

Recognition

In 2002, the Montana Center established its Hall of Fame to recognize the contributions persons with disabilities have made in their communities and in the state. “Nominees to the Hall of Fame are recognized as being agents of change who have made a significant positive impact through activities such as volunteering, mentoring, coalition building, legislative activities, fundraising, advocacy, or program development” (MCD E-Newsflash, October 2003).

The following have been inducted into the Hall of Fame to date (2006):

2002 Hall of Fame Inductees:

Lifetime Achievement: Frances Bardanouve was the second-longest serving member of the Montana Legislature. He received an honorary Doctorate of Letters from MSU-Bozeman and was a recipient of the Governor’s Arts Award.

Leader of the Year: Mike Mayer is credited with the expansion of a self-directed Personal Assistance Program and ongoing leadership in advocacy for persons with disabilities. He has also been active in addressing transportation issues of persons with disabilities.

Emerging Leader: Elisabeth Mills, an independent business woman, co-developed an empathy training program, and advocated for accessibility at MSU Billings.

2003 Hall of Fame Inductees:

Lifetime Achievement: Bob Maffit of Helena has been involved with providing services to persons with disabilities for over 25 years, has been instrumental in advocacy for implementation of Americans with Disabilities Act requirements in Montana, and was a leader in implementing independent living services in Montana.

Leader of the Year: Blair Williams of Helena organized the Discovering Abilities Film Festival in Helena, worked with the Helena YMCA to develop a health and fitness program for individuals with disabilities, and spearheaded an intern program for persons with disabilities through Carroll College.

Emerging Leader: Amanda Johnson of Great Falls was significantly involved in improving accessibility for persons with disabilities at the University of Great Falls, has contributed as a volunteer for the Multiple Sclerosis Foundation of America, and has served as a member of the Reader's Panel for the *Great Falls Tribune* in the areas of college students and individuals with disabilities.

2004 Hall of Fame Inductees

Lifetime Achievement: Boyd Roth of Kalispell has been influential in the development of the public mental health system in Montana and served as member of the Mental Health Oversight Advisory

Council. He continues to advocate for those who were unwilling or unable to speak for themselves.

Leader of the Year: Carla Amerson of Billings was president of the Associated Students of Montana State University Billings. She was a mentor with Student Opportunity Services and recipient of the Regional Soroptimist Scholarship

Emerging Leader: Michael Beers of Missoula was president of the Alliance for Disability and Students of the University of Montana. He has participated on the Youth Advisory Council to the Presidential Task Force of Employment of Adults with Disabilities and was a delegate to the Montana Youth Leadership Forum.*

* In 2006, Beers is a stand-up comedian who tours nationally, according to Alana Listoe of the *Helena Independent Record*.

2005 Hall of Fame Inductees

Lifetime Achievement: Leila Proctor was a founder of and a 46-year service provider for the Montana Association for the Blind and the Summer Orientation Program for the Blind, both at Montana State University. In 1990, she received the Frank Smith Award, given to the “person who has done the most for blind people” in the tri-state area of Montana, Idaho, and Wyoming. In 1992, Proctor was named Person of the Year by the Montana Governor’s Committee on Employment of People with Disabilities. This award was made posthumously.

Leader of the Year: Jim Marks, 2005 Leader of the Year from Missoula, played a crucial role during the 2005 Legislature in the passage of House Bill 438, Braille Literacy for Blind or Visually Impaired Children. Marks was the government affairs director for the Montana Association for the Blind and sat on two national disability-related boards of directors.

Emerging Leader: Sierra Lode of Helena was elected to attend the 2005 National Youth Leadership Institute in Washington, D.C. and testified during the 2005 legislature on a variety of disability issues.

The 2004 “Leader of the Year” Carla Amerson reflected on receiving this honor in the following manner:

Possum, Grits, and Tater Soup

When turning to this page and reading the title, the one question that perhaps comes to mind is, what could this article possibly have to do with the Montana Center on Disabilities? Could it be the ingredients to a recipe from the backcountry of Georgia? Is it the terminology of slang from the South used in a Jeff Foxworthy Comedy Show... it does make you wonder?

The title is actually from a manuscript that someday I hope to have the courage to try and have published regarding my life; the disappointments, success and failures, and more importantly, the ability to overcome the obstacles that seem to come our way. When I was first asked to write something regarding the Montana Center and the honor it bestowed on me, numerous ideas came to mind, and I felt extremely honored that someone would want to read what I had to share.

Often times in life we question why certain things happen to us, and feel as though we were dealt a difficult hand in life, and yet all we ever have to do is to stop and take a look around us to see that there are others who are suffering a fate worse than anything we could possibly imagine. Regardless, the challenges that each of us encounters is as valid and important as the next person's.

In 1987 I was diagnosed with Graves' disease, an Auto Immune Disorder that is associated with a dysfunctional thyroid gland which affected my vision, my legs, and my thyroid functions. I was classified as disabled by Social Security and at the age of 32 became unable to work. I had worked my entire life and suddenly became what I considered a dysfunctional, non-contributing part of society. The next 10 years were spent in a continued cycle of denial, depression, and self-pity, until one day I decided that I could either choose to be a victim for the rest of my life, or that I could be a survivor.

I was unaware of programs such as the Montana Center on Disabilities until coming to college in the fall of 2000. This organization did not see my disability, they saw the person beyond that and had enough faith in my ability to return to school after being out for 27 years that they awarded me one of the first scholarships I would receive. The Montana Center was one of several contributing factors in my success at obtaining my degrees, a B.A. in Art Education and a B.S. in Special Education at Montana State University Billings.

The Montana Center on Disabilities each year inducts a "Leader of the Year" into their Hall of Fame. In 2004 I was given the honor of being awarded this title, which was one of the proudest moments of my life. I had to question what qualities could I possibly have that these folks saw me as a Leader? John Quincy Adams said it best in a quote I now

share with you: “If your actions inspire others to dream more, learn more, do more and become more, you are a leader.” I hope that in the course of my life some of these qualities have been shared and passed onto others.

My hope for the Montana Center is that they have continued growth through their outreach to our community and state. I owe them so much and am grateful for the achievements I’ve made, in part due to them.

Faculty who have provided “exceptional support to students with disabilities” are also honored by the Center. A number of faculty have been chosen for recognition to date (2006):

2003 Faculty Award Winners

Dr. Rhonda Dillman, Assistant Professor of Biological & Physical Sciences

Dr. Jeffrey Sanders, Associate Professor of History, Native American Studies, Political Science, and Sociology

2004 Faculty Award Winners

Dr. Judith McLaughlin, Associate Professor of Psychology

Mr. Eric Gilbertsen, Math Tutor, Academic Support Services

2005 Faculty Award Winners

Ms. Kathy Mosdal-O'Brien, Assistant Director, Academic Support Center

Dr. Dan Gretch, Assistant Professor of Biological and Physical Sciences and Chemistry

Early in 2006, Kathy Mosdal-O'Brien reflected on the honor she had received the previous year:

When Trudy Carey [Coordinator, Disability Support Services] came into my office to tell me that the Montana Center on Disabilities had chosen to honor Dr. Dan Gretch and me with their annual awards, I was genuinely surprised. Like many of us, I tend to compartmentalize what I do, especially my job responsibilities. In this case, I had assumed that this award, The Faculty Award for Exceptional Support of Students with Disabilities, rewarded individuals like my colleagues who have designed entire second sets of course materials for their students whose disabilities require another delivery method, or those who work closely with interpreters and/or technological support equipment to ensure that students who are blind or deaf or disabled in other ways are given a level playing field with their peers. Consequently, my first reaction to Trudy's announcement was essentially, 'Why me?'

Trudy explained that I had been nominated by Tim Hauptman-McMurtry, one of the first year students who spends a lot of time working in the Learning Lab at the Academic Support Center. I had gotten to know him over the previous months, sometimes serving as his writing tutor for his writing assignments, sometimes resolving questions he had about college policies and procedures, and sometimes working through his process of finding a campus job, but just as often, visiting about movies we'd seen or books we'd read. Because Tim has Asperger's Syndrome, a special type of autism, his interpersonal skills are somewhat limited; because of his special cognitive structures, his manner often seems abrupt and his comments sometimes seem blunt; on the other hand, his organizational skills and analytic talents are formidable. According to the experts on the NPR program Fresh Air, which was broadcast the week of the award ceremony, cultural icons such as Abraham Lincoln, Albert Einstein, and Thomas Jefferson may also have had Asperger's Syndrome. In any case, Tim became every bit as fascinating to me as those individuals must have been, and I had also grown quite fond of him. When Trudy shared his nomination letter with me, I could hear Tim's strong and confident voice as I read his words—direct, succinct, and in places, endearingly funny, as is Tim.

Quite honestly, I still haven't decided what to do with the honorarium that accompanies the award, but whatever I eventually do, I will make sure that it honors Tim as much as

his nomination impressed me with its honesty and generosity of spirit. Tim's willingness to step outside of himself and into the unfamiliar territory of nominating somebody for an award will inspire me for the rest of my career. Thinking of his courage to risk will continue to encourage me to do the same for other students, and for that not-so-gentle nudge, I am grateful.

Tim's "strong and confident voice" does indeed speak from the page on which his nomination letter is written:

I first met Kathy Mosdal-O'Brien during orientation 2004. She deserves this award because of everything she did to facilitate me in my first year of college. Not only did she help me organize my thoughts so that I could make some sense out of them when I put them on paper. She helped me organize my life so that I could make sense out of the challenges I was faced with and so I could overcome them. She also tried to help me find a job on campus. Kathy Mosdal-O'Brien was my on-campus Mom. I thank God that I was blessed with a double diagnosis of ADD and Aspergers Syndrome so that I could put forth this nomination.

Awards are also given annually to Paraprofessionals and to Paraprofessionals/Teacher teams who work with exceptional children. This recognition, given through the Region III Comprehensive System of Personnel Development (CSPD) located at the Montana Center, is announced at the annual Montana Council for Exceptional Children awards luncheon.

In 2004, Johanna Tooke, teacher, and A'Lona Keil, Paraprofessional, in the Hysham school district were honored as the Paraprofessional/Teacher team of the year. Darlene Hackman, West Elementary in Laurel, was named Paraprofessional of the year, and Julien Leroy, a student at Huntley Project High School, received the "Yes I Can!" award in academics.

The 2005 honorees were Paraprofessional of the Year Dorothy Eberle of Columbus Elementary School and the Paraprofessional/Teacher Team of Kass Duggan (Paraprofessional) and Gail White (teacher) of Shepherd High School.

In 2006, the Paraprofessional of the Year Award went to Christyl Healy, Laurel Middle School, and the Paraprofessional-Teacher Team of the Year consisted of Cathy Bakker, Burlene Metz, and Shari Widdicombe and teacher Stephanie Miller of the Lockwood Elementary School.

Scholarship Aid

The Montana Center on Disabilities provides scholarships for MSU Billings students which, in the words of Susan Rhodes, Scholarship/Stewardship Administrator for the campus, “provide direct financial assistance to our students [and] are a sign of [the Center’s] commitment to Montana State University Billings and the continued success of our students.”

Students who receive this financial boost through the scholarship program are grateful for the help they are given, as evidenced by letters received by the Center in 2003:

As a single mother of three, also a licensed Therapeutic Foster parent to two intense level children, I have had to deal with numerous areas that have been a factor in pursuing the degrees I have chosen. These problems have given me a greater understanding as to situations that may be encountered in the classroom setting. I am committed to my family and my career as a future educator, and without their support none of my achievements would have been possible... Because of this scholarship, my education will continue, and a part of my success will be due to this award.

Carla Amerson

I have been a second generation guide and outfitter for much of my life, working in the Absaroka Range just north of

Yellowstone National Park. I worked with people from all walks of life and from many faraway places. As an outfitter, I was responsible for the safety of my guests as well as the logistics of running the whole show. For years, my wife and I teamed up to provide excellent adventures for people, and along the way I learned a lot about such things as compassion, self-esteem, and happiness, and how they connect to us all. Along the way I suffered hearing loss from loud machinery operated during the off-season, and a few incidents with high powered rifles while guiding. This is my disability, which I deal with in school by sitting near the instructor, in grizzly country by a sharpening of the other senses. I recently sold the business and dropped the licenses and permits, which is why I ended up in college, to pursue my interests and enrich my life and hopefully the lives of others.

As an older student, the SOS/Trio program has benefited me greatly. I hope to become a mentor in the program. My goal in life is to enjoy the company of people with similar interests. The pursuit of riches holds no appeal for me. As an outfitter and guide, I learned to take pleasure in providing a positive experience for people using skills I'd sharpened with long practice; as a student I'm learning new skills which I would like to use in the same manner.

Pete Clark

...During my lifetime, I have had the privilege of running my own preschool, working with Headstart/Homestart & for the combined Family Support Network/PLUK organizations. I am a single parent of 3 children, each of whom has a disability, and a granddaughter.

My passion has always been to work with children. Special education was an area I became well versed in over the years with personal experience. I suffer from severe anxiety, depression and PTSD. As I grow older I become more aware of my disabilities and also how to live with them. I have a natural heart and compassion for children, especially children with hidden disabilities. I decided to take the steps necessary to help other families who are in some way touched by a disability in their life. Going back to school was one of the many difficult personal steps I have recently taken.

Sherrie Cummings

I am a 22 year old Billings native and a graduate of Billings Senior High School. I received the 2000 Principal's Award during commencement. After my graduation, I continued to speak to the high school health classes about disabilities (from 1999-2001). Currently, I am a junior at MSU Billings, and I intend to become a psychologist. At first when I came to college, I wanted to be a lawyer, but too much paperwork is bad when you can't write. So, I felt I had to try something where I could listen and talk instead of writing—this prompted

the major in psychology during my freshman year and, later, my membership in Psi Chi (the Psychology Honor Society). My overall GPA is 3.24 and I am proud to be enrolled with Student Opportunity Services (SOS) where I can work to maintain my high academic standards.

Alexis Syme

The Center's Areas of Concentration

According to its most current brochure, The Montana Center on Disabilities has identified the following four areas on which to concentrate:

Advancement of Youth With Disabilities

To increase the number of leaders with disabilities within Montana, MCD provides **direct service programs** to youth with disabilities, focusing on building self-esteem, leadership skills, and career planning.

Community Outreach

The Montana Center on Disabilities supports local as well as statewide communities by **providing on-site services**. Additionally, MCD provides people with disabilities and their families information on how to access resources that may improve the quality of their lives and increase independence.

Professional Development

The focus of MCD's professional development programs is to provide relevant and current training to educators and service providers on an array of disability issues. MCD's goal is to help professionals meet the highest standards by providing quality professional development activities.

Technical Assistance

Through our direct services, community outreach, and professional development activities, the Montana Center on Disabilities has a wealth of experience to draw upon to offer technical assistance. MCD's goal is to **increase the continuity of the services provided by developing programs for educators and other professionals to replicate in their communities.**

From its tiny beginnings in the basement of McMullen Hall sixty years ago, the mission of the Montana Center has remained consistent through name changes, through changes in the laws impacting persons with disabilities, through up-sizing and down-sizing, through the good times and the hard times; its focus has never shifted and its goal has never changed.

May it continue to empower those who are often seen as powerless in our society and bring hope to and foster accomplishment in those who might need the encouragement of someone saying "You can do it; I can help."

An Afterword

I have always been proud of Montana State University Billings. I have watched this campus grow, offering more and more and better and better opportunities to its students, faculty, and staff. I have followed the careers of our graduates with both awe and admiration for the many ways they have made—and continue to make—their communities better places to live through their professional or personal achievements. I have been fortunate, indeed, to have spent my professional life surrounded by men and women who are dedicated to providing the very best educational experiences possible to their students, people who inspire me every day with the work they do and the spirit in which that work is performed. But I have never felt prouder of this wonderful institution than I did as I worked on this history of the Montana Center on Disabilities. Dr. McMullen, our first beloved “Prexy,” dreamed of offering educational opportunities to everyone and took the first steps to make that dream possible for some of our most vulnerable citizens, and every campus leader since, up to and including Chancellor Ronald Sexton, whose own academic field is Special Education, has supported and expanded Dr. McMullen’s vision. To chronicle how that dream has been realized through the years has been my great privilege.

Sue Hart

3 March 2006

Montana Center Historical Review

<u>Year</u>	<u>Activity</u>
1947	<ul style="list-style-type: none"> ❖ Doors were opened November 4 in the basement of McMullen Hall ❖ The Center was named the Center for Cerebral Palsy ❖ Services Confined to Cerebral Palsy ❖ Part-time school, speech therapy, physical therapy. ❖ Served Big Horn, Carbon, Stillwater, Treasure, Yellowstone counties ❖ Sponsored by: <ul style="list-style-type: none"> • Montana State Board of Health • Eastern Montana College of Education • Montana Society for Crippled Children & Adults • Billings Kiwanis Club ❖ Funded by: Special five-year demonstration federal grant ❖ Purpose: <ul style="list-style-type: none"> • Establish a treatment and educational center • Utilize the center as a demonstration unit • Aid in teacher training • Encourage furtherance of education for the handicapped
1948	<ul style="list-style-type: none"> ❖ Services extended to Carter, Custer, Powder River, and Rosebud counties. ❖ Occupational therapist, second special education teacher, part-time psychologist joined the staff. ❖ 8 children in the school ❖ 43 children seen in clinics
1949	<ul style="list-style-type: none"> ❖ Services extended to Golden Valley, Musselshell, Prairie and Fallon counties
1951	<ul style="list-style-type: none"> ❖ Services were offered to all counties with Public Health Nurse
1953	<ul style="list-style-type: none"> ❖ Second speech therapist was added to the staff.

1955	<ul style="list-style-type: none"> ❖ Major changes in program: <ul style="list-style-type: none"> • Name changed to <i>Montana Center for Cerebral Palsy & Handicapped Children</i> • Area of service was extended to the entire state • Services were offered for all handicapping conditions • Billings School District 2 assumed responsibility for the education program • School was for ages 3-21, "toilet trained individuals, of sufficiently demonstrated intellectual ability to benefit from such a placement and there being space to accommodate him."
1956	<ul style="list-style-type: none"> ❖ Cleft palate clinics started, once a month
1958	<ul style="list-style-type: none"> ❖ 31 children in the school
1959	<ul style="list-style-type: none"> ❖ A full-time psychologist was secured
1948-1958	<ul style="list-style-type: none"> ❖ 261 separate clinics were held with 1,012 children involved
1962	<ul style="list-style-type: none"> ❖ 100 -150 observers a year
1964	<ul style="list-style-type: none"> ❖ 432 clients served: <ul style="list-style-type: none"> • Mental retardation clinic – 2 • Spina bifida – 199 • Medical clinic – 166 • Cleft palate - 65

Appendix

1967	<ul style="list-style-type: none">❖ Montana Center for Handicapped Children (MCHC) formally made a part of Eastern Montana College by the Board of Regents in July 1967❖ 27 children in the 11-month school program❖ Part of the funds were Public Service funds, remainder self-generated revenue, gifts, contracts and grants
1972	<ul style="list-style-type: none">❖ Special Education Building funded with Hill Burton funds❖ Center moved into new Special Education Building in November, coinciding with 25th anniversary
1973	<ul style="list-style-type: none">❖ Clinics:<ul style="list-style-type: none">• Medical clinics – 20 per year (6-8 clients each)• Cleft palate clinics – 6 per year• Spina bifida – 10 per year (2-3 clients each)
1975	<ul style="list-style-type: none">❖ Ages served changed to birth to 25 years old❖ Non-resident services offered for a fee.<ul style="list-style-type: none">• Foster care was provided by Billings's residents for out-of-county placements by the Yellowstone Department of Public Welfare• Fee paid by parents or by the county of the child.
1976	<ul style="list-style-type: none">❖ Respite Care implemented
1980	<ul style="list-style-type: none">❖ 5 classrooms: 4 elementary, 1 secondary❖ Students:<ul style="list-style-type: none">• 24 residents of School District 2• 9 non-residents• 1 out-of-state❖ Change from a medical model to an educational model.

MCD: Focusing on Abilities

1980-1984	<ul style="list-style-type: none">❖ Average number of children seen per year – 250:<ul style="list-style-type: none">• Age 0 to 6 - 68%, 7 to 18 – 31%, 19 to 21 - 1%
1982	<ul style="list-style-type: none">❖ Gov. Ted Schwinden notified MCHC it was selected as one of the four exemplary education programs serving the disabled in Montana
1983	<ul style="list-style-type: none">❖ 34 children attended the school (8 out-of-district children)
1984-1985	<ul style="list-style-type: none">❖ Major change in School District 2 funding through OPI❖ School District 2 will move children to neighborhood schools
1986	<ul style="list-style-type: none">❖ School District 2 integrated the school children to neighborhood schools
1987	<ul style="list-style-type: none">❖ Hearing Conservation Program initiated<ul style="list-style-type: none">• Approximately 9,000 children per year in 12 Montana counties were serviced by the program
1988	<ul style="list-style-type: none">❖ Dept. of Health and Environmental Science (DHES) funded \$89,000 to provide clinics for 250 clients. This amount remained consistent through 1992-93❖ 40th anniversary of the Center❖ Radio Reading Service started reading on the air

Appendix

1990	<ul style="list-style-type: none"> ❖ EMC Preschool, under the supervision of the Early Childhood Program, moved from the Education Building to the Special Education Building multi-purpose room, under Montana Center supervision ❖ Day Care program under Montana Center supervision until October 1992 when the program was disbanded ❖ Respite Care was provided until the spring of 1993 when the program was disbanded ❖ Wary of continued funding decreases from DHES many professional staff members pursued other areas of employment. Center then contracted many clinic services
1992	<ul style="list-style-type: none"> ❖ Radio Reading Service moved to a different location in Billings
1993	<ul style="list-style-type: none"> ❖ Projects with Industry (PWI) Grant was moved under the Center supervision <ul style="list-style-type: none"> • Funding cycle ended October 1995. PWI served 72 adults with 23 different disabling conditions over five years and worked with 35 employers ❖ Parents Let's Unite for Kids computer lab housed in Center ❖ Center provided a series of Adult Learning Disabilities Clinics for campus students ❖ Montana Brain Injury Association housed at Center
1993-1994	<ul style="list-style-type: none"> ❖ DHES funded only cleft palate clinics for a total of \$12,500 <ul style="list-style-type: none"> • 35-40 children served per year.
1994	<ul style="list-style-type: none"> ❖ Name changed to <i>Montana Center on Disabilities</i>

1995	<p>❖Projects:</p> <ul style="list-style-type: none">•Transition Grant was awarded in October for a five-year period•DHES continued to fund Cleft Palate Clinics•Hearing Conservation Program•Montana Center Preschool Program•Host conferences and telecommunications training•Grant production assistance
2000- Current	<p>❖New mission and vision statement focusing on working to create a fully inclusive society which values people with disabilities and their perspectives. The staff concentrate their work in four areas:</p> <ul style="list-style-type: none">•Advancement of Youth with Disabilities•Community Outreach•Professional Development•Technical Assistance



Directors of the Montana Center

<u>Term</u>	<u>Director</u>
1948 - 1963	Dr. Walter Hagen, MD: half time Director until Dr. Hartman came on board
1960 – 1963	Mr. Arthur Benson, M.A., Coordinator
1963 – 1979	Dr. Everett Peery, D.Ed. Began as Coordinator; changed to Director by the end of his tenure.
1967 (?)	Dr. Allan Hartman, MD., Medical Director
1980 – 1981	Dr. Earl Britton
1981 - 1982	Dr. Elia Nickoloff, Acting Director
1982 – 1989	Dr. Michael Hagen
1989 – 1990	Roger Bauer, Interim
1990- - 1992	Dr. Tony Hecimovic
1992 summer	Eric Rudrud, Interim (unofficial)
1992 – 1993	Dr. Tom Powell, Acting Director; Dean College of Education & Human Services
1993 – 1994	Dr. Robert Heiny
1994 – 1996	Dr. Ernie Rose, Acting Director; Dean College of Education & Human Services
1996 – 1999	Dr. M. V. Morton
2000 – 2001	Mike Hermanson, Interim
2001 – 2003	Mike Hermanson, Director
2003 – current	Marsha Sampson, Interim

Index

A

Allard
Dr. Louis 1, 4, 6, 21
Allen
Annalee 79
Amerson
Carla 127, 128, 136
Anderson
Dr. L. Bruce 23, 33
Vern 85
Arnold
Steve 50

B

Babcock
Gov. Tim 58
Backa
Judy 26, 40, 98
Baker
Jerry 101
Thora 9, 11
Bakker
Cathy 135
Bardanouve
Frances 125
Beason
Aaron 78

Beers
Michael 127
Bell
Nancy 66
Benson
Francis Arthur 27,
41, 49, 50, 51, 52,
55, 58
Hazel 41
Berg
Dr. Perry 23, 33, 36
Bjorgum
Jackie 89
Black
Maxine 36
Blakely
Miss 11
Blanc
Mel 16
Bonner
John W. 18
Breakman
Val Glynn 11
Britton
Dr. Earl 93, 94
Brown
Dr. Lee 102

Bruner
Bill 29, 39, 98
Bill Sr. 39
Shirley 39, 47

Burford
Dr. 11

C

Canetta
Robert 57
Carey
Trudy 132
Carlisle
Verna 21
Carson
Herbert 21
Carver
Jack 21
Cassuett
Dorothy 21
Cech
Ethel 10
Christyl 135
Clark
Pete 137
Colman
Dr. J.K. 10, 21
Corey
Lena 54, 60, 66, 74,
79, 84

Coulter

Mrs. Sam 10

Cowperthwaite

Louise (Mrs. Alan) 5, 21

Crellin

Dr. Paul R. 23, 24, 33, 36, 42

Cropley

Robert 67

Cummings

Sherrie 138

Cunningham

Vicki 74, 79, 84

D

Deaguero

Tony 27

Dillavou

Mrs. R.C. 2

Dillman

Dr. Rhonda 131

Downs

Margaret 97, 98

Duggan

Kass 135

E

Eberle

Dorothy 135

Elias

Mrs. Steve 10

Erickson

Erick K. 98

F

Faught

Kyle K. 102

Fay

Alice 21

Ferguson

Maxine 50

Flint

Dr. Charles 33

Flory

Joan 57

Foos

Dr. Rowena 95

G

Gangstead

Anne 70, 85

Gee

Robert 17

Gilbertsen

Mr. Eric 131

Grafton

Edwin 3, 5

Green

Mary Hawn 27

Gregory

Dr. Susan P. 107, 108, 112, 116

Gretch

Dan 132

Dr. Dan 132

Grove

Mrs. Charles 4, 5, 10

H

Hackman

Darlene 135

Hagen

Dr. Michael 93, 94, 99, 102

Dr. W.H. (Walter) 10, 21, 22, 23, 24, 27, 33, 42, 52, 57, 64, 66

Hagmann

Dr. E.A. 4, 6, 21

Hahn

Mary Jane 11, 16, 35, 40, 43

Halubka

Ann Fraser 14, 15

Hansen

Ruth 1, 2, 9, 10, 20

Hanson Carl 11, 24, 27, 46, 55, 60, 66, 79, 84, 85	Hoaglund Tina 121	Kramer Marilyn 97
Harr Dr. 11	Holder Ronald 66	Kuhn Edna 11
Hartman Dr. Alan P. iii, 25, 66	Hughett Dr. Bryce 34	Kujawa Janice 66
Hauptman Linda 66	Hurless Marilyn 24, 121	L
Hauptman-Mc- Murtry Tim 133	Hynes Dr. 5	Lance Harlan 17, 22
Hayden Torey 96	J	Larsen Kim 95, 96
Healy Donna 98	Jamison Inez 16, 42, 43, 45, 58, 67, 84, 85, 90	Lentz Ruth 11
Hecimovic Dr. Anton (Tony) 108, 117 Mary 117	Johnson Amanda 126	Leroy Julien 135
Henderson Dr. Richard Dean 8	Johnsrud Grace 9, 60	Listoe Alana 123, 127
Hermanson June 121 Michael 121	Julien 135	Lode Sierra 123, 128
Hernchlip Charlotte 60	K	Louk Florence 40, 60
Hileman Ray 35	Kaely Mrs. 27	Lucero Tony 60
	Kafka Francis 53, 57	Luderman 60 Ann 41, 60
	Keil A'Lona 135	M
	Kenyon Virginia 36	Maffit Bob 126

- Marks
Jim 128
- Mattson
Robert 25, 33, 40
- Mayer
Mike 125
- McBride
Dr. 73
- McGann
J. David 33, 49
- McGrath
Martin 88
- McInteer
Dennis 62
- McLaughlin
Dr. Judith 131
- McMullen
Dr. Lynn B. 2, 141
- Meldrum
James 60
- Melnick
Sandra 60
- Metz
Burlene 135
- Miller
Debra 121
Stephanie 135
- Mills
Elisabeth 125
- Mooney
Thomas E. 51
- Mosdal-O'Brien
Kathy 132, 134
- Murray
Paula 79
- Myers
Dr. Allen 25
- N**
- Nelson
Dr. George W. 23, 36, 42
- Nickoloff
Dr. Elia 80, 81, 93
- Nutterville
Dr. Catherine 21
- O**
- Ohnstad
Jane 107
- P**
- Paisley
Marjorie 21
- Peery
Dr. Everett iii, 41, 58, 59, 61, 66, 78, 89, 93, 94
- Perlstein
Dr. Meyer 7
- Peterson
Dr. A. G. 2, 7, 9, 10
Dr. A.G. 13
Kim 101
Mike 121
- Plunkett
Dalton 102
- Proctor
Leila 128
- R**
- Ratliff
Sandra 60
- Rehberg
Jack 64
- Restad
Irene 10, 11, 13, 14, 27, 28, 32, 36, 40, 41
- Reville
Miss 3, 4, 5
- Ritter
John 16
Tex 16
- Rose
Dr. Ernest 121
- Roth
Boyd 126
- Rusk
Dr. Howard A. 37

S

Sampson

Marsha 121

Sanders

Dr. Jeffrey 131

Margaret 36

Schwinden

Gov. Ted 14

Selke

Dr. George A. 7

Sexton

Dr. Ronald P. iv, 15,
24, 141

Shovar

Miss 21

Sims

Dr. Henry 21

Sinclair

Velora 66

Snell

G. E. 3, 5

Stanton

Helen 11

Steele

Ben 50

Steinmetz

Mel 98

Stenehjem

Vera 24, 41, 60, 66

Stock

Joy 41, 60, 67

Story

Nancy 79

Stripp

Dr. Bert 4, 6

Syme

Alexis 139

T

Taylor

John 11, 36

Thomas 14

Albert 14

Vic 14

Tooke

Johanna 135

Tracy

John 16

Mrs. Spencer 15

Tranel

Dr. Ned 25

Trewhella

Jim 70, 88, 96

Merry Jane 83

Tunnicliff

Nancy White 27, 28

V

Vanderpool

Del 60

Vogl

Walter 98

W

Waldron

Shirley 107

Walton

Dr. William 36

Waples

Vern 35

Wende

Richard 60

White

Gail 135

Whittinghill

Dr. John A. 23

Widdicombe

Shari 135

Williams

Blair 126

Wilson

Mrs. Edwin 11, 27

Y

Yenko

Dr. Nick R. 24

Photos from the Archives

Below is a small collection of photos from the Montana Center on Disabilities.

