

II. CHANGES IN SOCIAL COMPETENCY RATINGS OF SERIOUSLY HANDICAPPED MENTALLY RETARDED YOUNG ADULTS IN A COMMUNITY REHABILITATION PROGRAMME

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The purposes of this study were (a) to compare staff ratings of enrollees in the Independent Living Rehabilitation Programme (ILRP) over a 6-month period from November 1962 to May 1963 and (b) to determine what effect measured intelligence might have on changes in staff ratings.

Previous studies

There are few reports of studies of changes in social competency of seriously handicapped mentally retarded adults. This is due in part to the absence of reliable and valid methods for measuring social competency of the retarded, which in turn is based on difficulty in establishing an appropriate definition of the term "social competency" (Heber, 1959). In part this is also due to the relatively recent emergence of community-based training programmes for the severely retarded child, who is now reaching the adult age level and interest is now focussing what the best procedures should be for meeting his needs.

One report has described in some detail the Occupational Day Centre, a project partially supported by the National Institute of Mental Health conducted 1959-1962 by the New York City Association for the Help of Retarded Children (Tobias, 1963). During a 3-year period, 83 trainees were admitted, with an average I.Q. of 33. The training included "Travel Training," "Grooming and Self-Care," "Orientation to the Community," "Remunerative Work," "Academic Instruction," "Domestic Skills." Some of the findings were: "twelve trainees were transferred to sheltered workshops"; "only one trainee was sent to an institution"; "some form of work programme could be successful at I.Q. levels above 20."

The report stated (Tobias, 1963, p. 87) that "the Occupational Day Centre has developed a behavioural rating scale that is appropriate to its trainees but it has not been refined or tested on any broader population." This rating scale was not presented in the report.

It is also reported (Tobias, 1963, p. 87-93) that a study compared ratings of 10 severely retarded trainees with 10 other trainees more representative of the total group, using ratings of trainees on the preliminary form of the San Francisco Social Competency Scale (Form TX-3) (Cain and Levine, 1961). No study was made of changes in ratings in enrollees over a period of time.

It is likely that more future studies will focus on the evaluation of changes in severely retarded persons enrolled in special programmes to meet their needs.

Background of the study

At the time of this study, the Independent Living Rehabilitation Programme was a demonstration project of San Francisco Aid Retarded Children, Inc., financed in part by a grant of the Vocational Rehabilitation Administration, U.S. Department of Health, Education and Welfare. Two full-time training staff members were provided by the San Francisco Public Schools, Adult Education Division, psychiatric consultation through the San Francisco County Community Mental Health Services, and other consultation by the State Department of Rehabilitation, San Francisco Aid Retarded Children, Inc., a community non-profit organisation of parents and friends of the retarded, provided matching community financial support. The project started in December, 1961. It developed out of a Selected Demonstration Project of a Work-training Centre for Mentally Retarded Adults (Katz, 1961).

The general objectives of the ILRP were to rehabilitate seriously handicapped mentally retarded young adults, 18 to 35 years of age, so that they could take their place as productive citizens in our community. Specific objectives included (a) developing higher levels of self care, self support and independence in daily living, (b) helping the mentally retarded young adult make a transition from school to young adulthood, (c) helping retarded patients on leave from State hospitals for the mentally retarded and mentally ill to make a better adjustment to community living, (d) reducing the urgency to commit mentally retarded adults to state hospitals, and (e) assisting the mentally retarded young adult's family to participate in the development of his personal, social and vocational competencies (Katz, 1963, 1964).

Programme of services for achieving greater social competency

The enrollee's work day was from 9.30 a.m. to 3.00 p.m. daily. From 9.30 to 11.00 a.m., and from 1.00 to 3.00 p.m., enrollees engaged in one of three "training" programmes: (1) At least two hours daily were in a sheltered workshop, working on sub-contract work such as packaging, assembling and envelope stuffing. The atmosphere here was kept as much as possible like an industrial workshop, with emphasis on good work habits, cooperation with the supervisor and fellow-employees, and development of work skills. Each enrollee was paid a minimum of 15 cents per hour, and received a paycheck every two weeks. (2) One hour per day was devoted to training in arts and crafts and leisure time activities. The emphasis was on freedom to express oneself in some tangible form, as well as to open up possibilities for a richer after-work life, since so many of these enrollees live very deprived lives away from the programme. (3) One hour per day was assigned to training in home-making. The group was in a kitchen, and daily hot lunches were made for all enrollees. Shopping, preparation of menus and functional reading of recipes, provided realistic experiences in this area.

Since one instructor was assigned to each training area, it was possible to maintain small groups for close supervision.

Social work services included individual casework services with enrollees. Each enrollee was regularly seen for a half-hour session, or longer, if necessary. These sessions focussed on developing a relationship with the social worker, and on helping the enrollee to express his feelings about himself, his parents, and others in the programme. Such knowledge was most helpful in understanding the behaviour of the enrollee especially when shared with other staff members at staff meetings. Social group work was an integral part of the programme. The period from 11.30-12.30 daily was conducted in a large recreation room, with all enrollees

present, and staffed by the social group workers. Informal groups and free play were possible. Once a week during this hour enrollees went as a group to a nearby gymnasium for basketball and other games, and once a week they were given a dancing lesson by the Arthur Murray Studios. Social clubs of enrollees were set up and conducted during programme hours.

An essential part of the social work programme has been working with parents of enrollees. This is based on the principle that parental attitudes towards their retarded children are extremely important in the rehabilitative process. If the parents are not cooperative, there is very little prospect of progress. Even cooperative parents may become concerned, or even disturbed, when their severely retarded adult child becomes more independent. At such times the relationship between parents and social worker can be used most constructively to help the enrollee move forward to greater independence.

Enrollees are admitted to this programme after careful screening interviews and evaluation of available records. Because the maximum enrolment period is two years, there is a strong evaluation focus. This has placed heavy staff emphasis on the assessment of change in enrollees. Those who show possibilities of becoming employable in a sheltered workshop are transferred to the San Francisco Community rehabilitation workshop, while those who show no progress, or who need a less demanding programme are referred to the San Francisco Aid Retarded Children's Adult Training Centre for the severely retarded. These decisions are arrived at by the Staff at regular case reviews. The practice of reaching general staff agreement wherever possible has been applied to general dispositions from the programme as well as to the staff ratings of social competency.

The ILRP social competency ratings

The ILRP Social Competency Ratings in the form used in this study was developed by the ILRP staff under the writer's supervision, as an adaptation of the San Francisco Social Competency Scale (Cain and Levine, 1961). This adaptation was in the direction of extending items to include the adult level, and in developing new items more appropriate to the programme content of the ILRP.

The ILRP Social Competency Ratings included 74 items, each with 3 to 7 statements of social competence in roughly ascending order of difficulty. Provision was made for rating as "not observed" and "not applicable."

Enrollees were rated by members of the staff at regularly scheduled case reviews. Each staff member had a copy of the ILRP Social Competency Ratings, and a "general consensus" rating was arrived at on each item. This was possible because the staff had helped to prepare the items, was familiar with the procedure, and had worked collaboratively as a team for several years. (In passing it should be noted that a narrative Progress Report was also prepared by each staff member for each enrollee when the case was reviewed).

Each enrollee was rated in November-December, 1962, and again in May-June, 1963. A total of more than 50 separate staff ratings were made during this period. However, only 17 complete sets (pairs) of ratings were available for the present study. Of these 17 sets (pairs) of ratings, there were many items for which ratings could not be made for one reason or another. A total of 22 items were available. The present study is thus concerned only with the rating and re-rating by the staff of 17 enrollees on 22 items of the ILRP Social Competency Ratings.

The 22 items on which ratings were available are listed in Table 1.

The Sample's Characteristics

The characteristics of the sample of 17 ILRP enrollees in the present study may be summarised as follows:

There were 7 men and 10 women.

On admission, 4 were 26-30 years of age, 11 were 20-25 years of age, 1 was 18 and 1 was 19 years old.

The medical diagnosis (in addition to "Mental Retardation") of 3 enrollees was "Down's Syndrome (Mongolism)," of 3 others was "Personality Disorder," of 2 was "visual defect," and 1 each of "Epilepsy," "Hearing Defect," "Speech Defect," "Dermatitis."

Eight had previously attended special classes for the "trainable" mentally retarded or "educable" mentally retarded in public or private schools.

Prior to admission 4 had been committed to a State hospital for the mentally retarded, and 1 to a State hospital for the mentally ill, and 2 had received out-patient psychiatric treatment.

Prior to admission, 8 had attended other sheltered workshops.

All lived at home with parents or responsible relatives.

All but 4 had a barely adequate income.

In terms of measured intelligence (Heber, 1959), 4 were classified as "severe retardation" (I.Q. below 40), 6 as "moderate retardation" (Binet I.Q. 35-51; Wechsler I.Q. 40-54), and 7 as "mild retardation" (Binet I.Q. 52-67; Wechsler I.Q. 55-59).

Of 12 Vineland Social Maturity Scale Social Quotients available for the 17 enrollees in the sample, 11 were classified as "moderate but definite negative deviation from norms and standards of social competence" (S.Q. 38-63), and 1 as "severe negative deviation from norms and standards of social competence" (S.Q. 25-37). (Heber, 1959).

Seven of the 17 suffered from serious verbal communication handicaps.

The characteristics of this sample of 17 unselected clients were in most respects typical of the total group of 30 ILRP clients enrolled during the period from November 1962-June 1963.

Changes in staff ratings over a 6-month period

Several methods were used to compare staff ratings over a 6-month period. First, the frequency of ratings and reratings by the Staff was compared for each of the statements in each of the 22 items. In general, it was noted that there were no items in which there was a *marked* shift in frequency from low to high or from high to low. However in almost all 22 items there were a few more ratings at higher levels of competency when rerated. Furthermore, there were almost no items in which there were lower ratings on rerating. However, when subjected to a test of statistical significance, these shifts were not found to be significant, in the sense that the reported differences could not have occurred by chance (Garrett, p. 252). Accordingly this must be presented as subjective confirmation of small positive changes, but additional studies are obviously necessary in order to establish such findings.

Table I presents the frequency of changes in ratings from higher to lower levels (-), from lower to higher levels (+), and no change (O). Some of the

items concerned with homemaking skills and grooming had more changes to lower levels (-), while items concerned with personal adjustment and interpersonal relations had more changes to higher levels (+).

TABLE I

Frequency of Changes in Ratings from Higher to Lower Levels (-), from Lower to Higher Levels (+), No Change (O), for 17 ILRP Enrollees on 22 Items of the ILRP Social Competency Ratings, November-December 1962 to May-June, 1963.

ITEM	CHANGES IN RATING			
	(-)*	(O)¶	(+)†	(NR)‡
Homemaking—Kitchen—Food Preparation	6	4	5	2
" " Cleaning	2	10	4	1
" " Dining Room—Setting Table	9	5	3	0
" " " " —Serving Food	4	9	3	1
" " " " —Eating	1	16	0	0
" " Bedroom—Bedmaking and Tidying	4	10	1	2
Grooming—Cleanliness—Washing Hands and Face	3	10	3	1
" " Clothes—Fastenings (zippers, hooks, etc.)	9	5	1	2
Communication—Messages—Responding	1	12	2	2
" " Language—Use	1	11	4	1
" " " Understandable Speech	1	13	1	2
" " " Indicating Wants	1	10	3	2
" " " Spontaneous Speech	4	6	5	2
Travel—Travel to Work—Public Transportation	0	15	2	0
" " " " Traffic Signals	0	16	0	1
Personal Development—Tasks—Attending to Tasks	1	8	7	1
" " " " Completing Tasks	2	7	7	1
" " " " Initiating Tasks	4	5	6	2
" " " Interpersonal Skills—Offering Assistance	3	6	7	1
" " " " Helping Others	1	12	4	0
Academic Achievement—Recognition of Colours	1	15	1	0
" " " Money Handling	2	10	3	2

(-)* Change in rating from higher to lower level.

(O)¶ No change in rating.

(+)† Change in rating from lower to higher level.

(NR)‡ No rating change recorded because first and/or second rating was "not observed" or "not applicable."

The frequency of rating changes to higher levels (+) exceeds rating changes to lower levels (-) by a relatively small proportion: 73 (+) : 60 (-). However, it should be noted that differences between successive ratings on a given item could range from 0 to as much as +6, depending on the number of levels in the item. In this study, only one +4 and a few +3 differences were reported. Nevertheless, it would appear logical to weight a difference of ± 2 or ± 3 greater than simply as a frequency of ± 1 as reported in Table 1. Accordingly, the actual difference in rating was obtained. This yielded a significantly higher proportion of ratings from low to high rating than from high to low rating (104(+): 67(-)).

Using the weighted differences in ratings described in the previous paragraph, an "index" of rating change was computed for each enrollee, by subtracting the

(-) from the (+) of individual enrollees. This yielded a "high" of +19 to a "low" of -6. In this crude "index" of ratings, it would appear that at least 10 enrollees of the total 17 enrollees in the sample obtained generally higher ratings than the remaining 7 of the sample.

Relationships between measured intelligence and changes in ratings

Since data were available for both individual items and for individual enrollees, and since measured intelligence was known for each of the 17 enrollees, a further breakdown was made to determine whether there was any relationship between measured intelligence and changes in staff ratings.

The findings relative to frequency of changes from high to low rating (-), from low to high rating (+), and no change (O) on 22 items for 17 enrollees classified in three intelligence classifications, according to the AAMD nomenclature (Heber, 1959) indicated that there is no significant relationship between rating changes and measured intelligence level for individual test items. However, extreme caution must be observed in view of the very small entries in each cell.

Summary

Staff ratings of 17 enrollees in the Independent Living Rehabilitation Programme (ILRP) over a 6-month period from November 1962 to May 1963 were compared, in relation to 22 items of the ILRP Social Competency Ratings. Those items included areas of homemaking, grooming, personal and interpersonal relations, academic achievement, and provided for rating on three to seven roughly ascending levels of difficulty from low to high competency.

The findings for this small sample of the 17 enrollees may be summarised:

- a. There were relatively few major changes in ratings on many of the items.
- b. Ratings of change to higher levels in interpersonal relations and personal adjustment tended to be more frequent than ratings of change in homemaking skills and academic achievement.
- c. Some individual enrollees obtained ratings indicating more change than others in the direction of higher social competency.
- d. The factor of measured intelligence did not appear to be of significance in determining whether changes were in the direction of higher or lower social competency ratings.

Discussion

These findings should be viewed in the light of clinical observations and experience of the staff gained through service to these clients, as expressed in the following statements.

1. Some enrollees seemed to make considerable progress in social competency during the early part of their stay in the programme, but progress seems to slow down after a year or two years in the programme.
2. There was almost no evidence of regression in social competency while attending the programme.
3. There was considerable variation from enrollee to enrollee and within each enrollee as to the rate of change, and the particular areas of change.