

SYMPOSIUM ON SOCIAL ASSESSMENT AND ACTION

INTRODUCTION: THE USE OF DOCUMENTATION IN REHABILITATION WORK

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Testing and assessing has become a fashionable feature in mental handicap work. It is an obvious requirement for establishing a diagnosis as early as possible and it forms part of decision-making processes at a later stage, when test results are considered in formulating advice and guidance in problem situations. It is used to establish functioning at a given moment, for comparing and for predicting future developments. Despite its importance, the assessment of social functioning as such has, however, a comparatively short history, though social incompetence is the decisive criterion for intervention by society in the case of the intellectually sub-normal adult.

Generally speaking, test results are viewed as indications of the individual's degree of malfunctioning and once they have been obtained and incorporated in files and reports, their usefulness seems to come to an end, even though the repercussions of a "low score" may be far reaching. There is also the use of such test results, relating to individuals, as indices referring to the daily work of organisations, to methods and approaches in developmental work with the mentally handicapped, but this is a much rarer occurrence despite the use of terminology such as 'efficiency control' and 'monitoring'. Yet much of the inefficiency of the mentally handicapped is caused by our own inefficiency in managing handicapping situations and is not solely due to constitutional factors.

The following Symposium is concerned with exploring and demonstrating the uses of assessments of social functioning for the purpose of developing the abilities of individual mentally handicapped persons and also furthering the effectiveness of the assistance we are able to provide. Assessments, which, after all, reflect nothing else but functioning at the time of testing (and their use for predictive purposes depends entirely on the intuition, experience and knowledge of the assessor), must nevertheless be regarded as an implicit demand for improving an unsatisfactory situation which has been highlighted in the test results. The social competence score is the result of the interaction of various sets of factors, some of which are "man-made," as for example negative or positive environmental factors, whilst others are, at present, beyond our control, as for example, good or poor genetic endowment. The assessment of Social Functioning may indicate, therefore, not merely poor competence in applying social skills, but also points to the factors and situations which were responsible for arriving at a larger or smaller degree of efficiency in application. The assessment should, therefore, also be viewed as an opportunity for drawing attention to the often very decisive influence of "man-made" factors and for helping us in the elimination of their negative contributions.

The following articles illustrate some of the uses to which an assessment instrument can be put in different situations. The Progress Assessment Chart (P-A-C) which provides the documentary evidence in the various investigations described in this symposium, is particularly useful for such purposes since it has been designed with "teaching objectives" in view rather than giving descriptions of behaviour.

Therefore, non-attainment of teaching objectives should logically and automatically lead to an enquiry as to why these skills had not been achieved.

It will be convenient to discuss and illustrate the use of this assessment instrument under various headings.

1. The P-A-C as a reliable method for obtaining relevant information on the social functioning of the individual.

Historically seen, the P-A-C developed—on the basis of being a check-list of relevant social skills—from an assessment procedure of social functioning at the time of investigation, to a diagnostic instrument which draws attention to areas in need of individual and situational manipulation. The teaching aims, selected from a purely empirical point of view, are considered to be relevant to the social functioning of a person. Their arrangement in the characteristic P-A-C diagram (see Fig. 1) makes it possible to place them into a sequential order of difficulty and usefulness and to pinpoint visually the faults in the structure where competence in advanced skills may easily camouflage deficiencies on lower levels.

The completed P-A-C form may, therefore, present a fairly chequered pattern of clearly recognisable strengths and weaknesses in the application of social skills, giving thereby a qualitative picture rather than a quantitative score.

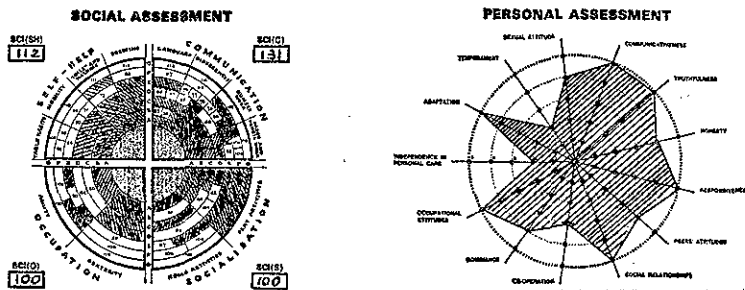


FIG. 1

The P-A-C Diagrams of a 14 year old m.m. boy

In the Diagram of Social Assessment the Social Competence Index of 112 in the Self Help area indicates that the boy functions above the average achievement level of other 14 year old m.h. children, as far as this particular aspect is concerned. His attainments in the Communication area, giving him a SCI 131 are considerably above those of his peers. He functions "on the average" in the two remaining areas, Socialisation and Occupation. There are some "gaps" in these areas where some difficult skills have been acquired, but the "easier" ones have not become a habit yet, e.g., helping at home. He would certainly benefit by having more attention given to his general physical fitness.

The Diagram of his Personal Assessment suggests satisfactory general acceptability though he has short-lived temper outbursts which need to be better controlled—they certainly disturb an otherwise well-balanced picture. He appears still to require more checking for personal appearance than one would expect in a boy who is a "cut above" average in so many aspects. His very satisfactory functioning in most areas—social and personal—may well result in overlooking his shortcomings in a few but important areas.

It is this visually stimulating, systematic and objective recording of a mentally handicapped person's social functioning which is appreciated and most widely practised. In this way it is possible to describe the functioning of individuals (Race and Race, 1976) but also to establish patterns of functioning and dysfunctioning in defined groups (Capie, 1973; Morley and Appell 1974; May, 1976).

An assessment instrument of social functioning must be reasonably reliable, that is to say the results must not vary dramatically from one assessor to the other

who make their observations at the same time (though, of course, results can change considerably when assessments are carried out at different times). If assessors are not familiar with testing methods—and the P-A-C must be available to the test-naive person—then reliability is of utmost importance.

Reliability coefficients were reported in three investigations; Cole (1975) quotes a Horst Reliability Coefficient of .97 for the P-A-C 1. The Michigan Study (Milan and Hallgren, 1976) used the coefficient alpha as a generic formula for determining the reliability and applied split-half techniques. The following Table 1 gives their figures relating to the three basic P-A-C forms. (Generally, a reliability coefficient of .90 or higher is considered excellent reliability, while .80 or higher is considered high reliability.)

TABLE 1. Coefficient Alpha (Reliability Coefficients) for the P-A-C Sectors (Milan and Hallgren, 1976)

	Self-Help	Communication	Socialisation	Occupation
P-P-A-C	.97	.95	.93	.96
P-A-C 1	.95	.95	.88	.89
P-A-C 2	.89	.96	.90	.87

Hirst (1978) reported correlations significant at the 0.05 level for split-half reliability in a group of 105 mentally handicapped children.

Most of the early statistical investigations explored the relationships of the P-A-C to other tests. Marshall (1967) in her investigation of 165 mentally handicapped schoolchildren, found a correlation of .56 between the P-A-C 1 and the Stanford Binet and .57 with the Peabody Picture Vocabulary Test. Elliott and Mackay (1971) corroborated Marshall's findings in a sample of 57 mentally handicapped people by a correlation coefficient of .57 in respect of the Stanford Binet, and .67 in the case of the Peabody. A similar correlation coefficient of .60 was found in a Belgian Survey (Van Hest, 1970).

These results indicate that the P-A-C measures to some extent another dimension than the intelligence tests, but it is very obvious that at least one section of the P-A-C—the Communication quadrant—contributes considerably to the "intellectual" aspects, whilst the other three quadrants might deal with behavioural skills which are less prominently represented in intelligence scales. The following Table 2 shows that in four different investigations the correlation coefficients between the Communication sector and intelligence test scores were always higher than in the other aspects assessed on the P-A-C.

TABLE 2. P-A-C Correlation Coefficients with Intelligence Test Scores

	Self-Help	Communic.	Socialis.	Occup.	Full
Marshall (1967) N=165	.42	.61	.41	.37	.56
Elliott and McKay (1971) N=157	.51	.65	.44	.42	.57
Van Hest (1970) N=155	.52	.61	—	—	.60
Gunzburg and Sinson (1974) N=200 mongol children	.34	.51	.42	.39	—

There are clear indications that competence in some of the P-A-C sub-sections depends little on intelligence and presumably more on environmental influence such as training and opportunities. Brunskill *et al* (1972) in an unpublished survey of 99 mentally handicapped adults in an institution, who were assessed on the P-A-C 1, found that there was no statistical relationship between measured intelligence and the "Dressing" sub-scale, nor the "Table Habits" of the P-A-C 1. However, there were significant and highly significant relationships between IQ and P-A-C 1 sub-scale scores in Number work, Language, Mobility and Toilet and Washing. Similarly, Gunzburg and Sinson (1974), in their survey of the P-A-C 1 records of 200 mongol children living in the community, found very low and insignificant correlations between the P-A-C sections, Self-Help, Socialisation and Occupation.

2. The P-A-C for assessing the progress of mentally handicapped people.

The obvious direct use that can be made of assessment and reassessment is the monitoring of the progress of individual people, and this seems, in fact, to become a regular procedure, taking often the place of the school records. Such information can also be passed on easily to parents, providing thereby a means of communication and integration of effort (Stabler *et al*, 1974; Sinson, 1978; Swaffield, L., 1978). Assessment of this kind draws also systematically attention to the existence of weaknesses and strengths which have not even been suspected and the method proves, therefore, equally useful to staff training with nurses (Hegarty, 1975, 1976) or teachers (Seibert, 1976; Zielniok, 1977). It gives also an opportunity for viewing an individual child or adult against the background of his own group and noting the role of learning, the persistence of specific weaknesses and unusual achievements (Race and Race, 1976; Sinson, 1973; Seevers, 1975; Gunzburg, 1974, 1975).

In addition to this common, everyday use, the data obtained provide the evidence for comparing the progress of groups under different conditions. Thus it is possible to study the effect of Speech therapy (Viney, 1972), the impact of nursery school attendance (Cohen and Bagshaw, 1973), or of a specially designed social skill programme (Cole, 1975), or indeed any other educational intervention (Gunzburg, 1977). Regular assessments provide also opportunity for monitoring the effects of different environments on the progress of social development of mentally handicapped people (May, 1976; Race and Race, 1976; Jones Owen, 1978) or to assess the effects of environment on social functioning in general (Marshall, 1967; MacKay, 1974; Seevers, 1975; Green, 1976; Schroeder and Henes, 1978).

3. The P-A-C and teaching objectives.

From the beginning the P-A-C listed teaching objectives relating to social functioning, but did not attempt to "prescribe" the various, often numerous, steps which would lead towards achieving these aims. This deliberate policy resulted, of course, in a conglomeration of objectives of varying complexity and "weight," and the P-A-C items in each sub-section, though arranged in a sequence of difficulty or utility, do not represent approximately equal developmental steps. This means, in fact, that the many grades of achievement preceding the crediting of the skill in accordance with the criteria listed in the P-A-C Manual, cannot be easily recorded. The P-A-C Manual suggests half and quarter marks (partial shading of spaces in diagrams), but this method is not very satisfactory, because the criteria for those partial credits have not been laid down and it is thus not possible to convey information which means the same to the various parties concerned. Huurman (1978) proposed and worked out a systematic point scale for each of the P-A-C 1 skills which would, if generally accepted, help in giving a more complete picture of functioning than at present.

of a P-A-C credit. In practice it is often necessary, particularly in the case of the severely mentally handicapped to record progress of training in much smaller and more numerous steps which represent a learning programme relating to single very simple skills, e.g., buttoning, putting pants on, etc. The end result of final success is then recorded on the P-A-C, but the steps leading towards it must be recorded separately in the same way as it would be on a classical behaviour modification schedule (see P-A-C Manual, 5th Ed., pp. 111-112). Mefford *et al* (1977) and Mackowiak *et al* (1978) present a task analysis of each item in the P-P-A-C and suggest methods how to teach and train severely or profoundly retarded people.

4. The P-A-C in setting primary targets of average functioning.

It is important that the weaknesses in social functioning pinpointed by the P-A-C should not be accepted as a more or less static condition, which may or may not clear up in time. In order to set a first target objective which is within reach of the mentally handicapped person, the concept of "average achievement level" for various groups of mentally handicapped people was introduced in the form of the P-E-I (Progress Evaluation Index). This provided at one and the same time the possibility of judging whether the progress of an individual mentally handicapped child was due to maturation or educational intervention, by comparing his achievements with the average scores of his peers.

The reference points of the P-E-I are "temporary"—because they ought to be set "higher" in due course as a result of improved training and education—and are "local"—because they refer to well-defined selected samples. These are drawbacks to some extent. However, until it can be shown that the average achievement levels are too low, the P-E-I data will be useful. After all, the aim is to stretch a mentally handicapped child as far as is reasonable, and if a local average is higher on account of good educational provisions, then this should be made our objective, rather than using a "national" average which is lowered by the presence and interference of many unsatisfactory factors.

Therefore, it seems quite legitimate to compare particular results with the best available average attainment levels provided the populations themselves are comparable.

In practice these comparisons have shown that individual achievements are mostly below the levels indicated by the P-E-I, indicating considerable and reasonable room for improvement (Morley and Appell, 1974; Gunzburg, 1974).

There are, of course, exceptions, and Capie (1973) found that a majority of children assessed on the P-P-A-C and P-A-C 1 were above the P-E-I norms, but the groups were probably not strictly comparable. A recent survey based on 790 P-A-C 2 records (Gunzburg, 1978) from trainees in Adult Training Centres, indicated that in no sub-section of the P-A-C 2 was the mean achievement level above the average indicated by the P-E-I 2, thus suggesting that the P-E-I 2 average levels of attainment are still useful primary teaching objectives which are not "too easy."

5. A philosophy of documentation in rehabilitation work with the mentally handicapped.

The survey of published work using the P-A-C for different purposes, gives a number of examples indicating the necessity and versatility of documentation in order to make better use of resources and to achieve a better degree of success. Using an instrument such as the P-A-C means, of course, that one agrees with the basic philosophy—that the development of social skills helps in making the mentally handicapped a happier and fuller "person." There are some colleagues who

object to the systematic development of an inventory of prescribed skills and would not agree that the mentally handicapped with his limited potential should be trained

To some extent, the laying down of criteria for half and quarter scores on the P-A-C, provides already a short sequence of steps leading towards the achievement to be exposed to the hurly-burly of the normal world—being led towards a style of living which is not his. Such thinking represents a completely different approach, and the P-A-C type of teaching programmes establishing definite teaching objectives will not be acceptable.

On the other hand, it is arguable that many mentally handicapped people enjoy being acceptable in the "normal" world where their contribution is appreciated, and that these people should be given opportunities for developing their limited potential to the fullest. It is true that the P-A-C philosophy is directed towards achieving a certain degree of "normalisation"—as much as the mentally handicapped can take—but this does not exclude the possibility for the mentally handicapped to drop out of the "normal" world whenever he wants to. This withdrawing from demands which he cannot meet is after all quite "normal," because hundreds of thousands of "normal" people retire from the "rat race" of life. It would, however, be quite wrong on our part to prejudge the situation by assuming and predicting this possible and often very likely outcome, and withholding, therefore, from the mentally handicapped the opportunity to prove us wrong. He must be given the choice, just as "normal" people expect to have the right to choose, and this choice can only be made after he has become a little bit more secure, a little bit more familiar with the "open community" and a little more competent in this "normal" world, from which circumstances tend to exclude him.

This systematic teaching within the framework of a social competence programme aims only at giving the mentally handicapped a fair choice and accepts that it is quite "normal" not to be normal—absurd as this may sound—and "to drop out" into a sheltered community. Much of what is taught and learned within such a systematic programme of developing social competence will be of use "outside" and "inside" and can only improve independence and acceptability. Once it is, therefore, understood that guiding the mentally handicapped towards the goal of independent life in the open community could, without a sense of failure, result in an "independent life in the sheltered community," it imposes on us the obligation to be as effective as possible. One necessary step is the documentation of what is being done, so that the analysis of results can contribute factually to the improvement of methods and environmental conditions. Documentation is only a preliminary step to ensure that there are valid and reliable findings on which to base the day-to-day work. It does not in the least save us the trouble of finding the right way how to set about it, but it may well save us from continuing the wrong way.

The contributions to this symposium highlight a few aspects which are important if documentation is to play its proper part in maintaining our work and make our actions and measures really effective.

There is the problem of attaching correct meanings and interpretations to the test score, rather than treating it as a permanent classification label. How reliable is the test observation itself and how far can it be used to initiate correct intervention by remedial measures? J. Kenworthy's contribution describes a practical method of looking at the internal consistency of marking and speculates how far the marked differences of functioning in various areas observed in the profoundly retarded adult depend on environmental/institutional treatment. Surely, an irresistible challenge to compare his results with non-institutionalised profoundly handicapped adults living in stimulating "good" environments and to instigate appropriate measures if his suggestions are borne out by the results of such research. It would not be very

helpful if it were to lead to the old dichotomy: good community environment—bad institutional environment. One should accept that there is something like bad community environment and good institutional environment—but good institutional environment is the result of hard deliberate swimming against the stream.

Two further very practical accounts in the Symposium indicate the importance of refining the tools of assessment. Professor Dr. Pereira from Brazil shows the slight changes in the description of social skills which become necessary when an assessment approach reflects a particular culture. A social assessment cannot, by definition, be a culture-free test, because it must relate to the social environment in which a person lives. Drs. Huurman de Kock from Holland describes an eminently practical method of sensitive scoring which enables the observer to follow in some detail the progress of individual trainees. It is obviously important to know which part operation can be performed, even though the credit for the skill as defined cannot yet be given. This method, incidentally, is also important as a "morale boosting" ingredient of a regular assessment procedure when "pupils" are slow moving and, therefore, the long time interval between recordable achievements tends to exercise a disheartening influence on staff.

Assessment is often seen only as a fact-finding procedure which, by itself, has no direct relationship to programme development. This is an unfortunate heritage from the orthodox psychological testing tradition, which, of course, discouraged very severely the specific coaching and preparation for a "test." The P-A-C is a compilation of teaching objectives, and training for the specific skills listed is not only permissible but is the very *raison d'être* of the P-A-C. The contribution by the American team Mackowiak *et al.* which is in fact a section of their "Developmental Guide to the Education of Severely and Profoundly Handicapped Individuals," sets out some of the reasoning which underlies the detailed descriptions of short term goals and activities which are needed in order to achieve the necessary skills which can, in due course, be credited. The urgent need for such detailed guidance to action is highlighted by the fact that Mackowiak's *et al* Curriculum on the P-P-A-C was preceded last year by another curriculum on the P-P-A-C tackling the task in a rather similar way (Mefford, 1977).

One of the most valuable functions in an objective setting teaching and training scheme is a clear statement of the objectives to be aimed for and indicating which of them are achievable under given circumstances. The "average attainment levels" of the Progressive Evaluation Index (P-E-I) enables the assessor to form a very clear picture as to the under- over- or average achievement seen against the background of a population of mentally handicapped people. Dr. Throne's article presents an interesting and stimulating account of a method whereby the rather static P-E-I "average attainment levels" are replaced by more "floating" attainment levels produced by the various groups. Carefully handled, this method should prove to have some considerable educative/therapeutic value.

The symposium concludes with the account of a project which highlights the very important consideration that a small group of mentally handicapped adults could muster—as a group—an adequate number of social skills for survival, even though individual members might not be competent in one or the other important area. There is also need for personal stability, but the basic idea that a suitably composed group of mentally handicapped people could survive without constant support, whilst the individuals of the group could not survive by themselves, is a constructive addition to our approach to solving the problems of the mentally handicapped in the community.

To sum up—a systematic assessment procedure—whatever particular method one chooses—must be used flexibly to further directly the mentally handicapped

person's development. Various adjustments and refinements will be needed to make the assessment yield a large wealth of information which must be used constantly to initiate relevant action and not simply be stored in files to testify that all necessary assessments had been carried out as requested and records had been kept "up to date."

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