

THE UNIVERSITY OF MANITOBA

A STUDY OF THE SOCIAL ADJUSTMENT OF FORTY TRAINABLE  
MENTALLY RETARDED ADOLESCENTS FROM THE  
KINSMEN SCHOOL, WINNIPEG, MANITOBA

Being a Report of a Research Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of Master of Social Work.

by

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## ABSTRACT

This is a quantitative-descriptive study of forty trainable mentally retarded adolescents from the Kinsmen School, who were attending the Kinsmen School during the 1966-67 academic session, and living in homes in Metropolitan Winnipeg.

The study was based on the premise that a lack of knowledge about the degree and quality of social adjustment of the trainable mentally retarded adolescent contributes to confusion on the part of large portions of the public, including the professional, regarding behavioral expectations for this group. The purpose of the study was to study some of the factors believed to be related to social adjustment. The variables selected for study were sex, ordinal family position, socio-economic status of parents, and duration of attendance at Kinsmen School.

A general hypothesis and four sub-hypotheses were tested. The general hypothesis stated: there is a significant relationship between the social adjustment of forty trainable mentally retarded adolescents enrolled in the Kinsmen School, and their sex, ordinal family position, socio-economic status of their parents, and duration of attendance at Kinsmen School.

The first sub-hypothesis stated: Female trainable mentally retarded adolescents will display better social adjustment than will male trainable mentally retarded adolescents. The second sub-hypothesis stated: The higher the ordinal family position of the trainable mentally retarded adolescent, the higher will be his social adjustment. The third sub-hypothesis stated: The higher the socio-economic status of the parents of the trainable retarded

adolescent, the higher will be the social adjustment of the trainable mentally retarded adolescent. The fourth sub-hypothesis stated: The social adjustment of the trainable mentally retarded adolescent will be directly related to the duration of attendance at Kinsmen School.

The study was carried out through face-to-face interviews with the parents of the adolescents studied, at which time data was obtained to test the general hypothesis and the sub-hypotheses. The Vineland Social Maturity scale was the device used to assess social adjustment, and a schedule, devised by the research group, was utilized to obtain the remaining data to test the sub-hypotheses.

The findings supported the general hypothesis, but due to limitations of the study, were felt to be inconclusive for purposes of generalization. The findings did not support the first sub-hypothesis, nor the second. They supported the third sub-hypothesis, but failed to support the fourth. It was felt that the nature of the sample influenced the direction of the findings, and that these findings could be reversed or altered with another sample. The findings were, however, felt to be sufficiently accurate to conclude that the study was a valid quantitative-descriptive account of the social adjustment of forty adolescents enrolled at the Kinsmen School.

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## CHAPTER I

### INTRODUCTION

This study was intended to consider the social adjustment of a group of trainable, mentally retarded adolescents, living in homes in their community, attending full day classes at a training institution. Specifically, it was to study the relationship between the social adjustment of a group of 40 trainable mentally retarded adolescents, enrolled at the Kinsmen School, with sex, ordinal position in family, socio-economic status of parents, and duration of attendance at Kinsmen School.

The situation which gave rise to this study on the part of Master's students attending the School of Social Work at the University of Manitoba, was the concern for the mentally retarded, felt by both the Kinsmen School, and the School of Social Work. There had been little organized attention focused on the mentally retarded by social workers in this community; and the Kinsmen School was aware of the need for information, which was unavailable, concerning those students attending the school, and those who had already "graduated", in order to evaluate existing programs, plan for unmet needs, and assist in educating the general public, regarding the mentally retarded, their characteristics and their needs.

The present study is one of four undertaken to study the mentally retarded. Three of these focused on the social adjustment of the trainable

mentally retarded enrolled in programs at the Kinsmen School; each utilized a different age group, and tested different hypotheses.

Mental Retardation, the general area selected for examination, is now recognized as a major social problem in our society. We have reason to anticipate a relatively unchanging incidence of mental retardation in our population; we must acknowledge the problem's existence. We engaged in this study with the belief in the dignity and worth of the retardate and on his right as a member of our society to pursue a happy and fruitful life within the limits of his capacities.

The broad area of our concern arose from the problems related to the retarded individual's venture into community living. There is a growing acceptance that the best place for the mentally retarded individual is in his home and in his community, yet the implementation of this changing philosophy, emphasizing his capacity for community living, as opposed to institutional care, creates its own social problems. Parents of mentally retarded children in their homes are faced with recurring crisis situations at different developmental stages during the individual's life, resulting in social stress for the child and the family, extending itself into community problems. Since the period of adolescence introduces problems essentially different from those of the years preceeding, and are of special significance for the subsequent social adjustment of the individual, this period was selected for the present study.

Our study was based on the premise that a lack of knowledge about the degree and quality of the social adjustment of the trainable mentally

retarded adolescent contributes to confusion on the part of large portions of the public, including the professional, regarding behavioral expectations for this group. Although they may for a variety of reasons have little familiarity with and/or concern for the mentally retarded, the general public nevertheless do constitute a part of the social environment, affecting and being affected by the mentally retarded. It was expected that this confusion around behavioral expectation was reflected in the institutions, their variety, functions and particular services, established to serve the mentally retarded and those affected by their problem. Ignorance and confusion about the mentally retarded's capacity for social functioning are likely to perpetuate this situation unless some factual knowledge is introduced - both to inform, and to correct many existing beliefs. If we can produce facts, we have a constructive chance of conveying both the nature of the situation, and ways of helping.

Generally, there has been a lack of research on the social adjustment of the mentally retarded and the factors which might influence this social adjustment. We believed the social adjustment within this group would vary considerably. Drawing from theoretical concepts of the social sciences, our understanding of human behavior and human development led us to expect that some factors, constitutional or environmental, would correlate with relatively adequate, and others with less adequate social adjustment. It was therefore deemed important to study some of the factors believed to be related to the social adjustment of the mentally retarded. Because of the time limitation involved, we had to select those

variables deemed significant, yet also most readily measurable. In selecting for study sex, ordinal position in family, socio-economic status of parents, and duration of attendance at Kinsmen School, as they related to social adjustment, we hoped to expand the general knowledge concerning this group of mentally retarded adolescents, and particularly the part played by these individual variables in influencing social adjustment. It was additionally hoped that our study would encourage others to conduct further research in this area, with a view to determining more specifically those factors which enhance, and those which may hinder social adjustment.

Social Work's concern for the social functioning of the individual, as he affects and is affected by the family and community, makes the study of the social adjustment of this group appropriate. It would appear to be a task for the profession of social work in assuming leadership and demonstrating initiative (a) in terms of expanding the knowledge of the nature of the situation (b) in conveying such understanding to the broader public, (c) in assisting in the planning and assessment of services for the mentally retarded, in the light of knowledge acquired. It was hoped that this study would in some small part assist in the execution of this broader professional responsibility.

### SETTING

The setting in which this study took place was the Kinsmen School for Retarded Children located on Notre Dame Avenue in Winnipeg, and the homes of children attending the School and living in Metropolitan Winnipeg. Since the population for this study was derived from a random sample, a wide range

of home conditions was encountered. The Kinsmen School, sponsored by the Association for Retarded Children, will be further discussed in Chapter Two, as to history, objectives and focus of the program.

The time covered in this study was from October, 1966 to April, 1967.

### SCOPE AND LIMITATIONS

The scope of the study has reference to a sample of 40 trainable mentally retarded adolescents, male and female, age 13 to 17 as of September 1, 1966, selected from pupils enrolled in the Kinsmen School. Excluded from the sample group were those with significant behavior disorders, gross physical disorders, such as cerebral palsy and epilepsy, and those who were only temporarily attending the School for purposes of assessment. It was felt that all of these factors would override others in determining social adjustment. Also excluded from the sample were those families where there was more than one mentally retarded child, and those who refused to be involved in the study, or who could not be contacted.

The method of choosing our sample from those attending Kinsmen School, and from amongst those whose parents were interested in, and available for co-operation in this study, can be considered to be a limitation. This sample may not be representative of trainable mentally retarded adolescents in general. Those families who enrol their children for training may hold different values and attitudes than those who keep their children away from such training. Those parents who were prepared

to participate in this study may be equally different from those who refused to do so. The aforementioned factors could affect the development of the children, and their subsequent social adjustment.

The size of our sample limited our ability to generalize our findings. It was also recognized that our findings could have been affected because we did not take the cultural background of the individual into account.

### HYPOTHESES TESTED

#### General Hypothesis:-

There is a significant relationship between the social adjustment of forty trainable mentally retarded adolescents enrolled in the Kinsmen School, and their sex, ordinal family position, socio-economic status of their parents, and duration of attendance at Kinsmen School.

#### Rationale:-

The social adjustment of a child is affected by his natural endowment and the social conditions he encounters. Certain constitutional and environmental factors can be isolated as variables. We anticipated that these would be related to the social adjustment of our group. The study of the social adjustment of the individual, in relation to sex, ordinal family position, socio-economic status of parents, and duration of attendance at Kinsmen School makes it possible to ascertain the influences of these variables on his social adjustment.

Chapter Two deals more fully with the concept of social adjustment.

#### Sub-hypothesis No. 1:-

Female trainable mentally retarded adolescents will display better social adjustment than will male trainable mentally retarded adolescents.

Rationale:-

There are many tasks in the maturation process. Retarded children are exposed to many of the same tasks as are normal children. The task of gradual movement away from the family and attaining self-sufficiency, is one task which the trainable mentally retarded person will never fulfill to meet normal expectations.

Role expectations in our society for males and females differ significantly. The female roles, although generally becoming more outside-world oriented, are still expected to centre around those of wife, mother and housewife. The role expectations on males are not as family oriented, and are focused in the areas of leader, self-support, and family provider. Therefore, it would appear that females can be more acceptably dependent in our society than can be males.

We recognized that the trainable mentally retarded adolescent of both sexes would have difficulty in fulfilling futuristic roles assigned to them. They would also have the immediate problems of meeting their adolescent roles because of their overt limitations, and their retarded development. These include peer group associations, school achievement, heterosexual roles, and community activities - all of which play a major part in their achieving independence from their parents. (This concept and its implications for behavior are further discussed in Chapter Two). While we cannot expect the female to meet the role expectations of adolescence more adequately than the male, the general disparity in role expectations between male and female will differentiate the social adjustment between the two sexes. Both male and female trainable mentally retarded adolescents will

no doubt sense the disparity between expectations and their level of functioning, and experience the frustration associated with under-performance, but the female in being able to approximate, to some degree, the role expectations for her sex, centred around her dependence, can be expected to display better social adjustment.

Sub-hypothesis No. 2:-

The higher the ordinal family position of the trainable mentally retarded adolescent, the higher will be his social adjustment.

Rationale:-

Research in human behavior suggests that the first child in a family may be less well socially adjusted than his siblings because of the following factors: (a) the first child does not have a sibling after whom to pattern his own behavior (b) he is subjected to more pressures of sibling rivalry than the younger child, and (c) parental expectations are higher for him.

Inversely, children who follow later in ordinal position are subjected to less sibling rivalry and to lower parental expectations.

Furthermore, there are numerous problems, accompanied by stress, for all parents when confronted with their child's mental retardation. Parents of a first-born child could be expected to be younger than parents with more than one child. They could be less mature and confident, less experienced, and more threatened in their handling of the retarded child and his problems, than parents of a later-born retarded child.

Sub-hypothesis No. 3:-

The higher the socio-economic status of the parents of the trainable mentally retarded adolescent, the higher will be the social adjustment of the trainable mentally retarded adolescent.

Rationale:-

Regardless of socio-economic status, the advent of a mentally retarded child will place stress on all parents. This stress may be based solely on emotional factors, or on the many tangible problems related to the rearing and training of a mentally retarded child. The trainable mentally retarded's continuing dependence through adulthood increases this stress for parents, and is particularly real and pressing as the retardate experiences adolescence. The social adjustment of the trainable mentally retarded adolescent could be related to how the parents meet this stress.

The trainable mentally retarded adolescent requires a home environment which provides him with the protection of adequate parental supervision, his family's understanding of his distinctive problems, and their interest and encouragement to help him approach his potential. Research has shown these characteristics to be more usually associated with the middle-class than with the lower-class. The financial resources to overcome many of the documented problems faced by all families of the mentally retarded can considerably lessen the stress felt by parents.

The parents of higher socio-economic status will expectably be able to provide the necessary environment discussed above, without imposing

the excessive achievement pressures of the middle-class. They will experience fewer financial hardships as a result of the retardate than will the middle-class or the lower-class thereby enhancing the possibilities for social adjustment.

Sub-hypothesis No. 4:-

The social adjustment of the trainable mentally retarded adolescent will be directly related to the duration of attendance at Kinsmen School.

Rationale:-

Education and training are a means by which the individual may work toward achieving self-dependence and strive toward becoming a useful and productive member of our society. Education is a prime socializing tool in our society.

The goal of the educational program of the Kinsmen School is formulated in terms of persisting life situations, related to the retarded child's needs, his unique growth, and the society in which he lives. Learning becomes synonymous with social adjustment. We therefore expected that the longer the time spent in the Kinsmen School the greater the learning and social adjustment.

It was further anticipated that the amount of learning and the degree of social adjustment would continue to increase with continuing exposure to the School setting, although the rate of this increase was expected to decline as the individual approached his optimal developmental capacities.

## DEFINITIONS

For purposes of this study it was necessary to define several terms.

Mental retardation refers "to sub-average intellectual functioning which originates during the developmental period and is associated with impairment in one or more of the following aspects of adaptive behavior: maturation, learning ability and social adjustment." <sup>1</sup>

Social adjustment refers "to the effectiveness with which the individual copes with the natural and social demands of his environment and involves both the degree to which he is able to function and maintain himself independently, and the degree to which he meets satisfactorily the culturally imposed demands of personal and social responsibility." <sup>2</sup>

For the purposes of this study we have accepted the Vineland Social Maturity Scale as the measurement of social adjustment.

Better social adjustment equals a higher social quotient on the Vineland Social Maturity Scale.

Significant relationship refers to an observable association between two or more variables indicating a connection between or among them.

Trainable mentally retarded adolescent refers to mentally retarded children between and including the ages of thirteen to seventeen, whose I. Q. scores range from 35-50 and who are incapable of meaningful

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<sup>1</sup>Rick Heber, Manual on Terminology and Classification in Mental Retardation, Monograph supplement to the American Journal of Mental Deficiency, Sept. 1961, 2nd ed.

<sup>2</sup>Ibid.

achievement in traditional academic subjects, but who nevertheless are capable of profiting from a program of training in self-care, social skills, and preparation for simple job or vocation through the performance of simple repetitive tasks.

Ordinal family position refers to the sequence of children in a family in respect to their order of birth. The eldest child, being the first-born, will occupy the highest ordinal position in the family.

Family refers to nuclear family.

Socio-economic status of parents for the purposes of this study will be determined by a weighted analysis of the education, income and occupation of the parents of the trainable mentally retarded adolescent.

### ASSUMPTIONS

In attempting a study of this scope it was necessary to make several assumptions. We assumed:

1. That respondents would answer the schedule and Vineland scale honestly.
2. That since all interviewers were second year students of the School of Social Work, interviewing skills would not differ in such a way that findings would be significantly distorted.
3. That the population of our study, as determined by the Kinsmen School's screening process, falls within the classification of trainable mentally retarded adolescents.
4. That the Vineland Scale, used to measure social adjustment is valid and reliable.

5. That a weighted analysis of income, education and occupation would be an acceptable index of socio-economic status, while it was agreed that there were other possible determinents as well.

6. That in the study of any one independent variable, other independent variables will have no significant influence that may tend to distort the findings.

7. That the standard of education received in other day schools for trainable mentally retarded children will not be appreciably different from Kinsmen School, and therefore could be included in calculating duration of attendance at school.

#### METHOD

The instruments used in this study to obtain information consisted of a schedule which included the administration of the Vineland Social Maturity Scale. Both will be described in greater detail in Chapter III. In order to test the adequacy of the instruments and techniques a pre-test was carried out, in which the schedule was administered to seven families.

After pre-testing, minor changes were made in the schedule. The schedule was then administered to the sample group, by means of face-to-face interviews with the parent, or parents.

A study population was obtained from a list provided by the Kinsmen School. Letters were sent (by the School of Social Work) to the parents on this list asking them to reply if they were not interested in participating in the study. Of those who did not respond negatively a random sample group

of forty was chosen. The knowledge of the parent of their child, and the interpretive skills of the interviewers, as guided by the use of the schedules, were depended upon to act as the most uniform and accurate method of obtaining the required data.

### ANALYSIS AND FINDINGS

In the final analysis of the data, the level of social adjustment of the trainable mentally retarded adolescent was determined by the results achieved through the administration of the Vineland Social Maturity Scale, and the calculation of the social quotient. The findings were compared and contrasted in relation to the variables studied to ascertain whether or not the findings of the study would confirm the expectations asserted in the hypotheses. Within the limits of our study, other interesting and relevant data was noted and analyzed.

The following chapters will consider the background of this study, the detailed work done by the research group, and the final results which were obtained.

## CHAPTER II

### BACKGROUND

This study is concerned with the social adjustment of a group of trainable mentally retarded adolescents enrolled in the Kinsmen School, and the relationship of their social adjustment with their sex, ordinal position in family, socio-economic class, and the duration of their attendance at classes.

In this chapter an attempt will be made to inspect the process of social adjustment, and to describe the limits defining the range within which the trainable group of mentally retarded are felt to function; to describe prior opportunities for functioning, in terms of past attitudes and expectations, and foreseeable trends as evidenced in literature. In developing these themes, an attempt will be made to relate the viewpoint of the expert with those of large portions of the public who constitute a part of the social environment, affecting and being affected by the mental retarded, and who may for a variety of reasons have little familiarity with and/or concern about him. Additionally, because the study utilized an adolescent population, adolescence will be explored, focusing on what bearing adolescence itself may have on the social adjustment of the individual, and on social expectations and attitudes for this group. Attention will be given to the Kinsmen School, and the broader problem of which this study was an aspect - that of the wide incidence of mental retardation in our

population, and the changing philosophy emphasizing the capacity for community living, as opposed to institutional care for the retarded individual, and its implications for the individual himself, his family, and the community of which he is a part. The appropriateness of the profession of Social Work's concern with the stated problem will be considered.

The above is an analytical separation of the content elements. For purposes of integration, content will deviate from the above sequence and instead move from the past to the present to the future; from the general to the specific.

In view of the on-going nature of the search for the truth, research has a historical orientation toward the past, the present and the future. An assessment of where we are going in seeking new knowledge concerning the mentally retarded involves where we are, where we have been, how we got there, and, most important where we should go from here.<sup>1</sup>

Since World War II there has been a phenomenal growth of interest in the entire area of mental retardation. Rothstein<sup>2</sup> attributes this to a revulsion of Nazi slaughter of this group, an adamant, unabashed and well organized parent group, a general re-awakening of interest on the part of the biological and social sciences; and as a result of these, a growing awareness on the part of the public that little has been done for this group. Even the term "mental retardation" and its accepted definition<sup>3</sup> reflect a drift away from the precise clinical diagnosis, toward a more general appraisal of the individual as a whole, his aptitudes and functioning.

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<sup>1</sup>Viola Cassidy, Ellyn Lauber, Report on Research Related to the Education of Mentally Retarded Children and Youth, Washington: Dept. of Health Educ. & Welfare, 1956, p. 12.

<sup>2</sup>Jerome H. Rothstein, Mental Retardation, Readings and Resources, N. Y.: Holt, Rinehart and Winston, 1964. v.

<sup>3</sup>See definitions in introduction.

"Mental retardation" may one day come to have the same unhappy connotation as some of its predecessors, since any term which indicates that a child is stupid or slow is insulting and inevitably becomes undesirable; euphemisms cannot hide the bitter facts. This is not really a question of terminology, but one of changing attitudes.<sup>1</sup>

Even within an accepted definition, related to the degree of handicap, there may be differences in point of view on classificatory systems, as to what should be termed "mild", "moderate" and "severe" mental retardation. Kessler<sup>2</sup> indicates that the American Psychiatric Association consider an I.Q. below 55 to constitute severe mental retardation, while the American Association on Mental Deficiency have found that those who work closely with the retarded observe significant differences among those with I.Q.'s below 50, and further subdivide as follows: 40-54 moderate; 25-39 severe; below 25 profound.

The incidence of mental retardation among the total population accounts for part of the growing concern for this problem. Three percent of total population is usually given as the over-all prevalence of mental retardation. Two and a half percent are in the I.Q. range of 50-75, considered mildly retarded or educable, .4% are moderately retarded or trainable, and .1% are profoundly retarded.

Statistics in Manitoba showed that in 1955 there were 12,000 mentally retarded individuals in the province, one quarter of whom were under 20

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<sup>1</sup> Jane W. Kessler, Psychopathology of Childhood, Englewood Cliffs, N. J. : Prentice Hall Inc., 1966, p. 167.

<sup>2</sup> Ibid., p. 169-170.

years of age. There were 1593 educable children of school age, 424 trainable children, and 1200 requiring institutional care.<sup>1</sup>

The question of whether one can anticipate the incidence of mental retardation to vary in the future cannot be completely resolved. Tizard<sup>2</sup> indicates that improvements in the standard of living, and in medical and social services, must have brought about a substantial reduction in the incidence at birth of those forms of mental retardation which have an environmental component, yet many handicapped children who would have died in infancy in the past now survive because of advances in chemotherapy. A survey conducted by Tizard and Goodman<sup>3</sup> in 1960 found the unexpected - a slight decrease in total size of problem during the last 30 years, despite a rise in number suffering from specific forms of mental subnormality, in particular mongolism. Begab<sup>4</sup> states that "despite intensive research aimed at prevention, we may anticipate for the foreseeable future at least, an increase in the incidence of this symptom."<sup>4</sup>

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<sup>1</sup> Manitoba Association for Retarded Children, A Report for Further Help for Retarded Children in Manitoba, to the Government of Manitoba, 1955.

<sup>2</sup> J. Tizard, Community Services for the Mentally Handicapped, London: Oxford University Press, 1964, p. 10-11.

<sup>3</sup> Ibid., loc. cit.

<sup>4</sup> Alfred H. Katz ed. Mental Retardation and Social Work Education, Detroit: Wayne State University Press, 1967. Article by Michael J. Begab, p. 20.

Fortunately the social problem of estimating the demand for services does not require for its solution an answer, or even a partial answer, to the nature-nurture question. What we need instead are frequent surveys of the problems of the handicapped and their families and continuing evaluation of the services introduced to meet them. It is only by such surveys that it is possible to monitor changes and anticipate future demands.<sup>1</sup>

The vitality of interest recently evidenced in the field of mental retardation is particularly heartening in the historical context of the problem. Professional services are less than 150 years old in Western Civilization, and just over a century old in the United States. Ancient Greeks cast obviously defective children into the river; during the Middle Ages the mentally retarded were looked upon with superstition and awe, and asylums were provided by the Church as sanctuary, however cruel and inadequate. The belief that the cause of mental retardation was hereditary, resulted in an attitude that precluded both treatment and education, and an abstention of professionals from this field.

Jean Itard in France from 1800 - 1805 undertook the first scientific attempt at training a retarded child, on the assumption that idiocy resulted from a lack of social stimulation. It marked a radical change of emphasis from incurability and custodial care, to treatment and education; from Church responsibility to professional responsibility. Itard's work was brought to this continent by his pupil Edward Seguin, who laid the basis for the establishment of separate state institutions in fourteen States by 1890, where the emphasis was on therapy to rehabilitate the defective, and

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<sup>1</sup>Tizard, loc. cit.

return him to a life of independence in his home. This goal proved to be unrealistic in most cases, and gradually it was recognized that state institutions would have to plan on providing long-term custodial care. Thus, by the early twentieth century the pendulum had swung back, and the concept of mental retardation again carried the implication of total incompetence, with the necessity of institutionalization and isolation to control the threat of social contamination. "Within our own recent historical past, mental deficiency has often been confused with insanity, and the defective person has been considered potentially dangerous and criminal."<sup>1</sup> Those retardates who remained in the community were attributed by professionals as due to a shortage of institutional facilities rather than as recognition of the retardate's right to community living.

The resurgence of interest in the mentally retarded stressed the wide range of variations among the retarded. "Mental retardation rather than being a specific entity, is a symptom of bio-psycho-social malfunction, its causes multiple and diverse."<sup>2</sup>

The 1950's marked the development of community facilities and programs for this group. It was no longer assumed that state institutions were the only answer; they were not practical in terms of dollars and cents, nor did parents always consider them desirable. They often tended to produce the very symptoms associated with retardation.

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<sup>1</sup>A. Mandelbaum and M. E. Wheeler, "The Meaning of a Defective Child to Parents," Social Casework, July 1960, p. 361.

<sup>2</sup>Bagib, op. cit., p. 6.

In the province of Manitoba the first step taken by government was the establishment of the Manitoba School for Mentally Deficient persons in Portage la Prairie in 1930, in a building which had served as an Old Folks Home since 1890. In 1935 it housed 395 patients; in 1955 the number was 784; and in 1965 its population totalled 1120. Until 1955 the policy of the Manitoba Government was based primarily on institutional care for the mental retardate, although grants have been provided since 1954 to interested school districts, for special classes for the "educable" group.

The Association for Retarded Children, under whose auspices the Kinsmen School is run, began in 1951, operating under the name Manitoba School Parents Association, as an auxiliary to the Provincial Institution in Portage la Prairie. It was incorporated in 1953, and has been operating a training centre for mentally retarded children since September 1953, in the belief that

every child has the right to the opportunity for the fullest realization of his or her potentialities, however limited, for physical, mental, emotional and spiritual growth . . . and every child, including the retarded child, has the right to a program of education and training suited to his or her particular needs, carried forward in the most favorable environment, whether that be the community public school, the special class, the institution or his or her own home.<sup>1</sup>

According to Mr. Arthur Houle, Executive Director, Association for Retarded Children of Manitoba, the organization presently operates twenty-six schools throughout the province, with 48 classes serving 1,000 trainable retarded children. In Metropolitan Winnipeg, Kinsmen School operates 19 classes

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<sup>1</sup>M. A. R. C. op. cit.

for 330 trainable retarded children, two of these for pre-school children, seventeen for those of school age. These are subsidized on the basis of \$40. per child per month from the provincial government, \$25. from the municipality responsible. The provincial government also provides \$15,000. towards administration costs. Assisted by the "Kennedy" name in promoting understanding of the retarded, the Canadian Association for Retarded Children raised approximately four million dollars through voluntary contributions across Canada in 1966, in the National Crusade for the Retarded.

More significant, however, in assessing the developing acceptance for the community approach to the mentally retarded, is the assumption by the Department of Education of Manitoba of responsibility for educating all retarded children as of July 1967. As well as extending educational services, the Department of Health, together with the Department of Education will engage in the development of child development services. In this program, diagnostic, assessment, counselling and guidance services required to support the extension of special education will be provided.<sup>1</sup> This development is almost startling when considered in the light of the following quotations attributed to Mr. C. J. Muller, Director, Province of Manitoba Department of Education, Special Services Branch, charged with the education of the handicapped.

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<sup>1</sup>Winnipeg Free Press, March 2, 1966.

It is not a good idea to have a special curriculum. This only emphasizes the difference between the mentally retarded and his fellows ... I'd sooner pick out a teacher with sympathy and patience from a regular classroom, than give her any special training ... It has been shown that mentally retarded don't progress through school any faster in a special program than in regular classes ... In rural areas the only answer is institutional set-ups.<sup>1</sup>

It can be concluded that there is now wide recognition that retarded children are considered worthy of training and conditioning to a measure of self-help, in order to find a useful and participating place in society. But whether the public projects the image of these handicapped children into a favorable adult one, will determine the acceptance, opportunities and services which will be available for this group. One can only hope that the following prediction will not be true:

Over the next four decades, then, the public stereotype of the retarded child will evolve into the one of the retarded adult. When this transition to the less appealing adult image is completed, there will probably be (a) less intense concern for the community care of the retarded person, (b) a vexing problem of refitting or rehabilitating some community trained retardates into the inevitable world of adult institutional living.<sup>2</sup>

"Enthusiasm for community care is welcome, but only if the services which make such care a reality are provided."<sup>3</sup>

The focus on community living as opposed to institutional care creates its own social problems. The problems faced by the families of the mentally

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<sup>1</sup>Winnipeg Tribune, January 2, 1964.

<sup>2</sup>David Gibson, Harold F. Frank, Donald E. Zafras, "Public Mental Retardation Services in Canada: Evaluation and Trends", Canadian Psychiatric Assoc. Journal, Vol. VIII, No. V, October 1963.

<sup>3</sup>Tizard, op. cit. p. 35.

retarded are immense, and the difficulties experienced by families of the retarded are well documented.

There is probably no greater pressure placed upon the stability of family life today than the presence within the family of a mentally retarded child. The birth of a mentally retarded child is particularly traumatic. The anticipated state of dependency of the child threatens the family value system, which, in our culture is so heavily based upon conformity, success, and respectability.<sup>1</sup>

Farber<sup>2</sup> as a basis for his study on "The Effects of a Severely Retarded Child on Family Integration" found fourteen studies supporting his thesis that the presence of a handicapped child in the home creates a crisis for the non-handicapped family members. Farber's own study discusses some of the problems of management that the mentally retarded cause, and the hardships the families suffer through failure of social services to help them. Saenger<sup>3</sup> (1960) dealt with the factors influencing the decision to institutionalize a retarded child aged six to fourteen years, found that the incidence of institutionalization remained constant, but average length of stay increased. This could be accounted for by the extent to which services for retardates living in their own homes are inadequate. Holt<sup>4</sup> studied the effect of

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<sup>1</sup>Alfred Feintuch, "Family Stability and Vocational Adjustment", Mental Retardation, Winter 1965, p. 9.

<sup>2</sup>Bernard Farber, Effects of a Severely Mentally Retarded Child on Family Integration, Monographs of the Society for Research in Child Development, Illinois: 1959.

<sup>3</sup>G. Saenger, Factors Influencing the Institutionalisation of Mentally Retarded Individuals in New York City, New York State Interdepartmental Health Res. Bd., 1960.

<sup>4</sup>Tizard, op. cit., p. 36.

mental retardation upon family limitation. He drew attention to the widespread fears of further pregnancies among the parents of such children - yet an insignificant number of parents received advice about future pregnancies; many doctors appeared to have only a meagre knowledge of genetic principles, and were uncertain in their advice. Many doctors held out no hope for help for the retarded child. Tizard and Grad<sup>1</sup> studied the severely retarded and their families, and the ways in which medical and social services coped with them. This study emphasized that the main cause of family problems was the retardate's presence in the home. In spite of the obvious hardships which many of the families had to bear in caring for the mentally retarded child at home, the proportion who wished institutional care was small. Additionally, parents had not faced the problem of what would happen to their retarded child should he survive them; serious disagreements between parents arose in some families over whether or not the child should be placed. At the time of placement of the mentally retarded child in an institution nearly all families had problems, but once freed from the burden of managing a mentally handicapped child, they were usually more able to cope with their own problems.

Families which care for a mentally subnormal member at home are undoubtedly heavily penalized, despite help given by the welfare services. Their chief handicaps are not those of prejudice and ridicule by outsiders, though they do meet this, nor the effect which the mentally subnormal child has on other children, which appears to be exaggerated in the popular imagination. The handicaps are rather the sharp lowering in the general standard of living of the family (which may be due to the extra expenses of a non-wageearning member greater overcrowding, unsuitability of living accomodation, or the mother's

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<sup>1</sup>Ibid., pp. 38-49.

inability to go out to work as she would otherwise expect to do); the strain of management; the social isolation brought about by the reduction in social contacts largely associated with the problems of management; and the anxiety about the future which affects many of the families of the older defectives.

The remarkable thing is that so many of these families still wish to care for their handicapped children at home.<sup>1</sup>

Bagib<sup>2</sup> also deals with the effects on familial functioning of the mentally retarded child in the home, citing the risks of future pregnancies in genetically determined retardation; impact on siblings; the practical problems such as the chronic fatigue of the mother; the strain of constant surveillance; additional expense for medical care, professional advice or training; the unwillingness of the father to accept promotional opportunities in employment. He, too, points to the need for a broad range of health and welfare services to prevent social and family pathology.

The recurring crisis situations experienced by parents at different developmental stages of the retardate's life become obvious. They range from: shock, sense of personal shame and failure in being confronted with the fact of the child's retardation; their lack of understanding of the nature and implication of the problem; the parents' frustration and feeling of failure in attempts at early training; the child's frustration, destructiveness and acting out, as he so often fails; the lack of satisfying socializing opportunities for parents and children; the dilemma of institutionalization, and the lack of institutional facilities should this decision be taken; the

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<sup>1</sup>Ibid.

<sup>2</sup>Katz, op. cit., pp. 13-14.

adjustment required as he begins training classes; the onset of adolescence; occupation or activity upon leaving school; evidence that he will always be dependent to a degree; who will care for him when parents are no longer able.

Parents experience these common problems with different degrees of intensity and for different lengths of time. The initial phase of adjustment is difficult for nearly all of them, but their later reactions vary widely. Some parents become so absorbed in a fruitless search for miraculous "cures" that they have no energy remaining to meet the child's needs. Others devote so much time to the retarded child that their normal children feel rejected and resentful. Still others adjust successfully and adapt family strategies in keeping with the best interests of all concerned. The availability and effectiveness of professional intervention is often a crucial determinant of whether or not the family's life together is successful.<sup>1</sup>

Mental retardation is not only a problem for the individual involved, or his family, but a great waste of human resources and a drain on the public purse making it a problem of great magnitude for the entire community. When we consider that almost seventy percent of the permanently disabled population falls into the category of mental retardates and that they remain in institutions longer than any other category of handicapped persons<sup>2</sup> the economic costs become visible. When they live in the community, classes required for the retardates are smaller, with higher per capita costs; parents of retarded children and adults can apply to the provincial government for special allowances. Private subsidization endows sheltered workshops, camps and activity centres, in addition to costs met by government.

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<sup>1</sup> Michael J. Begab, "Mental Retardation: the Role of the Voluntary Social Agency", Social Casework, October 1964, p. 360.

<sup>2</sup> Rothstein, op. cit., p. 1.

While the cost to society for maintaining a retarded child or adult in the community is considerably less than providing institutional care, the social and economic consequence of inadequate programs of training, treatment, and care for the retarded, make their influence felt, and result in still higher costs.<sup>1</sup>

Abel and Kinder<sup>2</sup> examine another aspect of the effects on the community of mental retardation, in relation to the adolescent girl who is retarded. They emphasize that the mentally retarded person not only has an environment, but also is an environment, and by her very presence does affect the community. They found that these girls were easily led and to neighbors appear as a decidedly unfortunate influence on their own sons and daughters. "When she becomes diseased, pregnant or otherwise socially delinquent, her detrimental influence is increased to a menacing degree." Saenger<sup>3</sup> in a follow up study of 3,000 trainable retardates found that while as a group they did not create serious trouble for the community, their contribution to society was negligible.

Local neighborhood and community also suffer because of the neglected needs of the retarded, perhaps without realizing it - many who might have been taught to be self-supporting are now in institutions or home on relief. Others might be trained to partial self-support and self-care but never permitted to develop, now make greater, not fewer demands on those who care for them.<sup>4</sup>

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<sup>1</sup> Ibid , Article by Salvatore G. Dimichael, p. 100.

<sup>2</sup> Theodora M. Abel and Elaine F. Kinder, The Subnormal Adolescent Girl, N. Y. : Columbia University Press, 1942, p. 162

<sup>3</sup> G. Saenger, The Adjustment of Severely Retarded Adults in the Community, N. Y. : New York State Interdepartmental Health Resources Board, 1957.

<sup>4</sup> Rothstein, op. cit., p. 105.

In summary, it must be reiterated that mental retardation is an unbelievably complex social and economic problem, the ramifications of which even the best trained professional worker cannot fully comprehend. Its challenge may be considered of equal importance with any known to man.<sup>1</sup>

Social Work, as a helping profession, has a responsibility to face up squarely to this pressing social problem. Social Work has a meaningful and important role to perform in dealing with the problems in social functioning arising from individual, family and community efforts to cope with mental retardation. Social workers in every setting have been confronted by retarded persons and their families in social stress, and frustrated by lack of professional know-how and inadequate community resources.

Of all the helping professions concerned with the retarded, social work is the most family centred, as contrasted to patient-centred, in its approach. Understanding and acting on the knowledge that mental retardation constitutes a family problem is one of the major contributions of social work. In addition, social work is more community-oriented than other helping disciplines, meaning it can mobilize a variety of helpful community resources on behalf of those clients, and help plan for resources where they do not exist.<sup>2</sup>

In this context, study of problems related to mental retardation, by researchers oriented in social work, becomes both meaningful and timely.

The preceding information provides a framework for examining and evaluating material related to the particular problem studied.

Mental retardation does not constitute a unilateral scientific dimension. The investigation of its complex manifestations is within the domain of nearly all major biological and behavioral sciences. A composite of literature and

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<sup>1</sup>Ibid., p. 2.

<sup>2</sup>Katz, op. cit., p. 21.

scientific findings will be utilized to illuminate the particular problem to be studied.

This study is based on the premise that a lack of knowledge about the degree and quality of social adjustment of the trainable mentally retarded adolescent contributes to confusion on the part of large portions of the public regarding behavioral expectations for this group. It is assumed this confusion is then reflected in the institutions, their variety, functions and services, established to serve the mentally retarded, (including the adolescent), and those affected by their problem.

DiMichael<sup>1</sup> speaks of "the unwitting intolerance of an uninformed public", Dybold<sup>2</sup> states that "normal people are to know retarded people if they are to love and accept them." We ask ourselves "what is known about the retarded and their social adjustment?" Dybold<sup>3</sup> maintains that "retarded are far more like us than unlike us." Stella Slaughter writes:

mentally retarded children are as different from one another as are children on the whole. The reason why a child reacts favorably or unfavorably to a situation is basically the same whether he be of normal or less than normal intelligence. He feels afraid or unafraid; he feels adequate or inadequate; he feels loved or unloved - in short, he feels secure, or insecure. The more persistent these feelings, the greater is the influence exerted upon his personality. The child with

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<sup>1</sup>Rothstein, op. cit., p. 106

<sup>2</sup>Gunnar Dybold, Try and See the Challenges in Mental Retardation, N. Y.: Columbia University Press, 1964.

<sup>3</sup>Ibid.

a predominant sense of security is a predominantly happy one. In his insecurity a child may react in a way opposed to his best personality interest; in his security he reacts in a manner that nurtures his personality growth.<sup>1</sup>

Nevertheless, much controversy does exist around the specific development of the mentally retarded. Kessler<sup>2</sup> examines five related investigations. While it is found that retarded individuals are shaped by and respond to their environment in much the same way as do normal individuals with the same intellect, qualitative differences in their intellectual processes have been noted. While psychiatrists have tended to assume that the emotional development of the retarded child follows the pattern as that of normal children, Kessler had found, and states she is supported by others, that there is more evidence of disturbance in emotional development than is usually conveyed or emphasized in reports on retarded children. She states:

This fact is frequently overlooked by social workers, psychologists and psychiatrists who interpret signs of emotional disturbance as the cause rather than the result of retardation.

She cites a study by Thomas G. Webster related to the Problems of Emotional Development in Young Retarded Children (1963). Webster concluded that efforts to find a child who is simply retarded but who is developing just like others except slower, have been in vain.

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<sup>1</sup>Stella Stillson Slaughter, The Mentally Retarded Child and His Parent, N. Y.: Harper and Bros., 1960, pp. 118-19.

<sup>2</sup>Kessler, op. cit., pp. 186-87.

Our understanding of the behavior of the mentally retarded is further assisted by Cassidy and Lauber. They state:

An attribute of the external environment is the influence of physical factors and social forces which impinge on the individual. These factors hinder or foster the development of the growing child in terms of learning and adaptive behavior. All behavior is acquired or determined as a result of the interactions between the individual child and his external environment. With the mentally retarded, growth is deviant and/or variant and the innumerable conditions of development and learning are comparatively unknown.<sup>1</sup>

We must therefore conclude that the mentally retarded child has an internal environment, influenced by disorders, impairments and/or deficiencies. Stated otherwise, he has certain innate capacities which may retard and interfere with his development and his subsequent social adjustment. He is, nevertheless, subject to the same needs for emotional growth and maturation as are other children. The opportunities and emotional climate he encounters in his environment will be reflected in his social adjustment.

As we accept the theoretical concepts that all individuals differ; and that there is a process of "normal development" which can be translated into a scale; we can accept the use of a measure of individual differences. We can accept that more extreme deviations in the scale might be associated with mental retardation. The Vineland Social Maturity Scale first devised by Edgar A. Doll in April 1935 provides such a tool for measurement.

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<sup>1</sup>Cassidy and Lauber, *op. cit.*, p. 26.

It is useful in distinguishing between mental retardation with social competence and mental retardation without social competence . . . It provides another means of evaluating the influence of environment, of cultural status . . . In short, the social status of the individual is a basic consideration in many scientific studies where human adjustment is a consideration.<sup>1</sup>

With an understanding of the factors which influence social adjustment, and a means of measuring social adjustment, we can now move on to what is known about the "trainable" mental retardate. Rothstein<sup>2</sup> using Bernice Baumgartner as his authority, describes the major characteristics of trainable mentally retarded children. He indicates that most have some form of physical handicap, and that their mental development and speech and language abilities are distinctly limited. Although incapable of learning academically beyond rote memory, they have the capacity to learn to live cooperatively and to develop good personal habits, and under supervision, they have the potential to make a marginal adjustment socially, and economically in a sheltered environment. Blodgett and Warfield<sup>3</sup> feel that the residential institution will house the majority of the trainables at some time in their life.

Some interesting scientific findings are available concerning the range within which the trainable adults function. Saenger<sup>4</sup> in a follow-up study of 520 adults who had attended training centres in New York as

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<sup>1</sup>Rothstein, article by Edgar A. Doll, p. 51.

<sup>2</sup>Rothsten, op. cit., p. 333.

<sup>3</sup>Harriet E. Blodgett and Grace J. Warfield, Understanding Mentally Retarded Children, N. Y. : Appleton-Centry-Crofts, Inc. 1959, p. 67.

<sup>4</sup>Saenger (1957), op. cit.

children found one third of the group institutionalized. One third could carry on a simple conversation, while another third could talk in simple sentences. The remainder could not speak, or at best, said only a few words. Most could wash themselves and take care of their toilet, and 27% were working full or part time. Their practical abilities were considerable, though their verbal and academic skills were almost nonexistent.

Similar findings were obtained in an unpublished study carried out by Tizard, Wolensberger, and Bennett in 1963.<sup>1</sup> They interviewed 85 young adult trainees and found 32% did not know their ages, and only 33% could write their names. Fifty-four percent could count to 20, a further 16% to ten. Only 22% could identify coins and only 11% could perform problems related to making change. Twenty-two percent could tell time within five minutes, another 10% to the nearest quarter hour, and another 19% to the nearest hour. The remaining 49% could not tell time at all. Seven percent could read at a six year level and 79% could not read at all. Only ten were judged by interviewers as being likely to pass for normal in streets, the remainder "looked peculiar" or had speech defects or mannerisms which, it was thought, would make them appear odd or subnormal to the ordinary person. These observations would fit into the popular stereotype, but it was significant that the work they were able to do in an industrial setting, with proper instruction, was remarkable. Furthermore, they were for the most part, stable and socially well adjusted. It is

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<sup>1</sup>Tizard, *op. cit.*, pp. 69-71.

rather doubtful that large portions of the public would anticipate the latter attributes in this group.

It is generally felt that increased automation and specialization will close still more doors to the trainable retarded. Yet many tasks in industry are simple and repetitious. If the group of trainable mentally retarded can make an adequate social adjustment, specialization could benefit them. Staff at Kinsmen School are optimistic about the social usefulness of this group, if the right tasks are found for them, in the right environment. As their social adjustment is enhanced, as their ability to meet and conform to personal and social responsibilities and standards set by the community approximates the norm, it is possible that they will be able to cope in situations where failure was previously encountered. Knowledge concerning the level of social adjustment of a group of adolescents enrolled in this school might provide a basis for examining these expectations, and projecting the types of programs which could best meet these goals. Staff at Kinsmen are supported by Bernstein in their optimism. He states:

the trainable can learn to read at significant levels. Fundamental to the concept of vocational training for the retarded is the fact that science has not yet determined the extent of their performance, potential, and current research findings indicate the previous estimates have been too low.<sup>1</sup>

This study utilizes an adolescent population, whose characteristics would be expected to range between those of the children and those of the

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<sup>1</sup>J. Bernstein, "Mental Retardation: New Prospects for Employment", Journal of Rehabilitation 2(3): pp. 16-37, 1966.

adults just described. Yet, our understanding of behavioral theory as related to adolescence, must lead us to expect that this period will in itself create special stress and have special significance for the social adjustment of the individual in this group.

Gottlieb and Ramsey describe adolescence as

an age status, and primary obligation of that status is development from childhood into manhood. Neither parents nor adolescents understand this development clearly. The tasks toward which development is directed are not clear, nor is the process by which these tasks are to be achieved. The lack of clarity in our society plays a major part in making American adolescence a period of stress.

The adolescent must achieve many tasks if he is to be accepted eventually as an adult. One of the most difficult tasks occurs early in adolescence; learning to accept one's physical characteristics. The young person enters the adolescent period with physical changes at puberty which make this an especially acute problem. The emphasis in our culture on physical appearance and physical prowess adds to the problems of this task. A second task to be achieved during adolescence involves adapting the appropriate masculine or feminine role. Generally, the transition from one age status to another is abrupt. There is little deliberate preparation.<sup>1</sup>

The ability of the mentally retarded adolescent to master these tasks must be assessed in the light of his emotional and psychological maturity, which Josselyn indicates does not always follow the chronological span of adolescence. She states:

Adolescence is not wholly a chronological period, but represents a physiological and psychological span. Because of the variation in the rate of maturation in different individuals it is impossible to establish any arbitrary chronological age as presenting the onset of a particular individual's adolescence. This is also true of psychological maturation. Our society, in spite of its theoretical respect for individuality, tends to judge individuals by the criteria of statistical norm.<sup>2</sup>

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<sup>1</sup>David Gottlieb & Charles Ramsey, The American Adolescent, Dorsey Press Inc., 1964, p. 252.

<sup>2</sup>Irene M. Josselyn, The Adolescent and His World, (N. Y.: FSAA, 1953, p. 33.

Josselyn also deals with the problems arising in adolescence due to the lack of clarity in our expectations from these individuals, and stresses the importance of their evaluation.

In any study of the problems of the adolescent it is important to give proper weight to the social pressures to which he is exposed. In our culture, society not only makes heavy demands upon the adolescent, but it fails to provide him with a preconceived and carefully outlined pattern to help him meet these demands . . . He is told in effect to grow up - to achieve an undefined state. He is not told how to grow up.

Because of the difficulty in formulating standards, and the complexity of translating them into the realities of social living, together with the difficulty of integrating them within the framework of individual rights, the concept of acceptable behavior is a confused one. The adolescent, unsure of his own goals, keenly feels the impact of social confusion.<sup>1</sup>

Josselyn<sup>2</sup> provides us with a key for further understanding our problem. The problem for the mentally retarded adolescent is further complicated as social pressures have more particular repercussions for this group. The mentally retarded adolescent matures late, yet is placed in a total environment geared to a more psychologically mature pattern of behavior. Although his behavior may be quite "normal" if his level of emotional maturation is properly placed, he may be considered maladjusted if he does not meet the criteria considered "normal". Problems are further created in his relationship to his own chronological age group. He not only senses the lack of acceptance of adults, but finds no support in children of his own age, other than, perhaps his peers also enrolled in a special training program. Away from this setting he feels drawn to those who actually are, from the standpoint of maturation, more truly his contemporaries.

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<sup>1</sup> Ibid., pp. 26-27.

<sup>2</sup> Ibid., p. 35.

Yet the younger group does not consider the retarded individual a true peer. This association will be frowned upon by both adults and chronological peers.

Although in theory, the ideal solution to such a situation is to gear social demands and social experiences of the individual to the level of his emotional maturation, in practice this ideal is not easy to attain.<sup>1</sup>

For the mentally retarded adolescent these manifestations can create strains on their total adjustment. One must consider that prior to this period they were most probably treated more or less in accordance with their developmental age, both by those who know them well, and less well. Yet the onset of adolescence brings contradictory standards and expectations. Tizard<sup>2</sup> believes that mentally retarded children should not be treated in the same way throughout the whole of their lives. By the time the trainables are adolescents, he believes them sufficiently mature to cope with a more structured environment, where their main method of learning need no longer be through play. As they approximate adulthood, those charged with their management, will have to find the equilibrium point, between protection on one hand, and allowing for independence on the other.

Adolescence for the mentally retarded can thus be seen as a period of shifting values, therefore of special insecurity. It is a period demanding constant readaptation, and its outcome determines to a large measure the degree of success with which the individual will meet her life responsibilities. Insofar as the responsibilities are not met, the individual becomes a burden upon the larger familial

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<sup>1</sup>Ibid., p. 36.

<sup>2</sup>Tizard, op. cit., pp. 60-62, 144.

or social group. Thus the problems of the adolescent period have a social significance, in addition to the fact that adolescence is itself a problem for the individual.<sup>1</sup>

Additionally, adolescence is popularly characterized by delinquency.

In the case of the mentally retarded adolescent this conception becomes even more exaggerated. Delinquency in adolescents is a cause celebre with the press and in all probability with adults generally. Gottlieb and Ramsey<sup>2</sup> show that about two-thirds of the magazine articles on adolescence deal either directly or indirectly with delinquency. In *Chatelaine* magazine, August 1955, Dr. Elizabeth Chant Robertson stated that at least fifty percent of unmarried mothers are feeble minded or mentally defective. The Canadian Welfare Council refuted this allegation, in a letter to the editor the following month, but their statistics were equally questionable. They argued that anyone with a grade achievement of more than four was not retarded; proceeding to correlate education with incidence of pregnancy in the unwed. Special classes for the retarded, including those at the secondary level, would not make such an assumption possible, since the retarded are now enabled to advance beyond the grade four level.<sup>3</sup>

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<sup>1</sup>Abel and Kinder, op. cit. preface xi.

<sup>2</sup>Gottlieb & Ramsey, op. cit., p. 254.

<sup>3</sup>The author's own experience in working with unmarried mothers at the Children's Aid Society of Winnipeg, would place the incidence of pregnancy in the mentally retarded girl well below the 50% advanced by Dr. Robertson, but above that of the C. W. C. To the author's best knowledge no statistics were kept related to retardation, although such information would be available from case records.

The possibility for delinquency in retarded adolescents exists. Josselyn<sup>1</sup> explains that the adolescent may in attempting to deny his inadequacy, play a role, by imitation, that requires greater maturity than he really has. Abel and Kinder were earlier referred to in this regard.

Previous discussion touched upon the Kinsmen School. The forces which brought it into existence, the philosophy of its sponsoring group, its sources of finances, and the numbers it served were noted. The main characteristic of the Kinsmen School, is of course, that it was established for the sole purpose of providing day classes for the trainable group. Recreational programs, a day and resident camp, and a training centre for those who have passed through school, are subsequent additions to its program. Since the group studied were enrolled in the Kinsmen School, and since a hypothesis tested related directly to the duration of attendance at the School, the principles, and goals of such specialized training programs are described.

Past training programs heavily stressed routine, repetition of tasks, firm disciplinary control, and highly specific training. Blodgett and Warfield question these methods which are contradictory to a scientific understanding of learning, and instead advance these principles to guide a training program:

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<sup>1</sup>Josselyn, op. cit. p. 36

1. Children need to be emotionally secure and accepted by their parents and other adults in order to develop healthy personalities.
2. Children are active and need outlets for their activity drives.
3. Children need to learn about the world around them through broad experience, assisted by some direction, selection, and supervision of these experiences by adults, and some interpretations of them by adults.
4. Children learn more effectively through experiences of success than through experiencing failure.<sup>1</sup>
5. Children are interested in learning and are intellectually curious; increased knowledge and learning of meaningful sorts reinforces interest and motivation for more learning.
6. Rote learning not accompanied by comprehension or integration with other learning is limited in its value to the child.
7. It is better to replace undesirable behavior patterns by desirable ones than simply to inhibit all expressive behavior through strict control imposed from outside; the goal of discipline is self-directed control, inner control.
8. Emotional conflicts, rejection, failure and frustration experiences, excessive punishment, and overdirection by adults inhibit interest development, interfere with learning, and produce distortions of personal growth.<sup>2</sup>

These principles can be applied to the training and management of the retarded, in helping him to develop his capacities to the maximum.

Stevens maintains there is a need to formulate this goal in terms of persisting life situations -

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<sup>1</sup>An interesting adjunct is provided by Cassidy and Lauber (p. 52). In posing the question "what group fails more frequently than the mentally retarded?" they present Lauber's theory:

"Many believe that the secret of success is to learn how to accept failure. An individual, retarded or normal, will produce more and find a greater measure of happiness in learning how to fail rather than in having such high ambitions and goals that eventually he comes to the point of breakdown behavior."

<sup>2</sup>Blodgett and Warfield, op. cit., pp. 62-64.

which are a function of the needs of the individual as dictated by his unique growth and the kind of society in which he lives, [in order to understand and program for this maximum development. The problems the retarded child encounters stem from the very act of daily living and goals for him should also be defined in these terms.] ... They are stated in terms of what the learner needs rather than in terms of what the teacher should teach.

1. Learning to maintain a state of physical well-being.
2. Learning to live safely.
3. Learning to understand one's self.
4. Learning to get along with others.
5. Learning to communicate ideas.
6. Learning to use leisure time.
7. Learning to travel and move about.
8. Learning to earn a living.
9. Learning to be a home-maker.
10. Learning to enjoy life through the appreciation of art, dance and music.
11. Learning to adjust to the forces of nature.
12. Learning to manage one's money.<sup>1</sup>

Discussions with staff at the School and knowledge of their program, indicates that these foregoing principles have been accepted, and have been translated into a curriculum geared to the needs of daily living.

#### SUB-HYPOTHESES

Four sub-hypotheses were postulated - one relating to each of the variables studied. The first sub-hypothesis stated that female trainable mentally retarded adolescents will display better social adjustment than will male trainable mentally retarded adolescents. While generally, there is a lack of research related specifically to social adjustment, conclusions can sometimes be drawn from related research. Material introduced earlier implied that institutionalization took place when social adjustment fell below an "acceptable" level. Saenger<sup>2</sup> pointed to the

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<sup>1</sup>Rothstein, op. cit., article by Godfrey D. Stevens, pp. 203-4.

<sup>2</sup>Saenger, (1960) op. cit.

high correlation between institutionalization and behavior problems, while he could see none relating to parental income or family size. Guenther<sup>1</sup> reporting on the Michigan study, raised the question of whether males are more frequently institutionalized, and the possibility that the female is easier to care for at home. Farber<sup>2</sup> in his 1959 study on family integration, found that boys were more disruptive than girls, and placed greater strains on family integration, particularly over the age of ten. In examining related research he found: that normal girls regarded their parents as valuing them "for themselves" apart from considerations of relative competence and ability; evidence of social-emotional roles developed by girls in the nuclear family, as opposed to task-oriented roles for boys; that girls were found to be more obedient, affectionate, and less resistant; that mothers tended to expect more scholastic achievement and chore performance from boys.

In his 1960 study on family crisis Farber<sup>3</sup> found that initially the mother was more upset if the retarded child was a girl; and the father if the child was a boy. With the passage of time, mothers of retarded boys tended to find the problems of coping with boys more severe than with girls.

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<sup>1</sup>Rothstein, op. cit. Article by Samuel A. Kirk "Effectiveness of Training Programs for Severely Retarded Children". P. 359.

<sup>2</sup>Farber (1959), op. cit.

<sup>3</sup>Bernard Farber, Family Organization and Crisis: Maintenance of Integration in Families with a Severely Retarded Child. Monographs of the Society for Research in Child Devel., University of Illinois, 1960.

Enos<sup>1</sup> studying the emotional adjustment of mentally retarded children, found, on the other hand, that while the emotional adjustment in normal girls was higher than in boys, she could find no significant sex-related difference among the retarded.

The second sub-hypothesis stated that the higher the ordinal family position of the trainable mentally retarded adolescent the higher will be his social adjustment. No direct related research has been found. Farber<sup>2</sup> studied birth order as it related to older siblings, where he found that normal older girls tended to suffer more than normal older boys with a retarded child in the home. We have no reason to believe, however, that this has any bearing upon the actual social adjustment of the retarded child - i. e. as related to his birth order. We can, however, refer to studies of normal children. Farber<sup>3</sup> reviews several of these in his study. They appear to indicate that the oldest child was found to be more aggressive toward his parents, than were middle or youngest children. Studies he examined reported that in large families the oldest child was more poorly adjusted than his siblings.

Berelson and Steiner<sup>4</sup> state "the first-born child may differ from later-born in being more serious, less carefree, more likely to be a problem child."

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<sup>1</sup>Francis A. Enos, "Emotional Adjustment of Mentally Retarded Children", Journal of Mental Deficiency, March 1961, p. 606.

<sup>2</sup>Farber, (1959), op. cit.

<sup>3</sup>Ibid., p. 13-14.

<sup>4</sup>Bernard Berelson and Gary A. Steiner, Human Behavior, An Inventory of Scientific Findings, New York: Harcourt, Brace & World, Inc. 1964, p. 73.

They also report that "first-born children, at least in our society, are probably more anxious; more dependent on others, especially in anxious situations; and more inclined to go along with the group than are other children."<sup>1</sup> We can also refer to the problems faced by all parents when confronted with their child's retardation, and if we assume that the parents of a first-born will be younger than parents with more than one child. They will be less mature and confident, less experienced, in their handling of the child and his problems.

The third sub-hypothesis stated that the higher the socio-economic status of the parents of the trainable mentally retarded adolescent, the higher will be the social adjustment of the trainable mentally retarded adolescent. Research relating directly to this could not be found. Greenbaum<sup>2</sup> in a semantic differential study reported that retardation has a less favorable stereotype in higher socio-economic groups including professionals and employers, but parents of the retarded generally have a more favorable stereotype, unaffected by socio-economic class. Moles<sup>3</sup> studying training in low income families for school found that such variables as parental emphasis on achievement, motivation, language development and provisions for general learning correlate more highly with I. Q. than do social class variables. Farber<sup>4</sup>

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<sup>1</sup>Ibid., p. 74.

<sup>2</sup>J. J. Greenbaum and D. D. A. Wang, "Semantic Differential Study of the Concepts of Mental Retardation" Journal of General Psychology, 73 (2): pp. 257-72, 1965.

<sup>3</sup>O. C. Moles Jr., "Training of Low Income Families for School," Welfare in Review, 3(6), pp. 1-11, 1965.

<sup>4</sup>Farber (1959), op. cit.

found that regardless of the sex of the retarded child, middle-class parents of retarded children at home were more severely affected than similar parents with children in an institution.

An article appearing in the Winnipeg Free Press, November 9, 1966, concerning a state-sponsored study of 12,892 teen-agers in Texas conducted by the Hogg Foundation of Mental Health of the University of Texas, showed that there was a correlation between the social adjustment of the youths and the socio-cultural status of their parents.

Berelson and Steiner state that

In the United States currently, child-rearing practices appear to differ among the several classes in the following respects: lower-class infants and children are subject to less parental supervision but more parental authority, to more physical punishment and less use of reasoning as a disciplinary measure, to less control of sexual and other impulses, to more freedom to express aggression (except against the parents) and to engage in violence, to earlier sex-typing of behavior (i. e. what males and females are supposed to be and do), to less development of conscience, to less stress toward achievement, to less equalitarian treatment vis-a-vis the parents, and to less permissive upbringing than are their middle-class contemporaries.<sup>1</sup>

The above is a condensation related to twelve studies carried on for differing periods of time from 1928 to 1957. The middle-class more than the lower-class would appear to subscribe in their child-rearing practices to the principles advanced by Blodgett and Warfield to guide the training program of the mentally retarded.

Bronfenbrenner<sup>2</sup> shows that upper-class and especially middle-class children are more likely to be raised according to the latest "expert

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<sup>1</sup>Berelson and Steiner, op. cit., pp. 479-80.

<sup>2</sup>Ibid., p. 478.

standards", which are only subsequently adopted by the lower classes. Since the recent upsurge in the focus on the needs of the retardate, and his capacity for community living, the management of mental retardation can be interpreted as being the latest "expert standards"; and one would expect these groups of parents to have a greater understanding of the retardate, (including the adolescent), and of his appropriate management.

One could anticipate still higher social adjustment among the upper-class than the middle-class. "Members of the middle class value achievement and prestige more than do members of lower classes; and those middle-class members moving up value them still more."<sup>1</sup> This could lead to greater pressure placed on middle-class children, which could lessen the adjustment of the retardate in the middle-class family as opposed to upper-class. Tizard<sup>2</sup>, earlier referred to the fact that the problems encountered by the retarded individual in the home stemmed from a sharp lowering of the standard of living, strain of management and social isolation. Greater financial means, including the opportunity for home help for the mother, and an ability to get away on vacations, with and without children, could lead to better social adjustment of the retarded child in the upper-class home.

The fourth sub-hypothesis stated that the social adjustment of the trainable mentally retarded adolescent will be directly related to the duration of attendance at Kinsmen School. Longitudinal research has not been

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<sup>1</sup> Ibid., p. 486

<sup>2</sup> Tizard, op. cit., pp. 48-49.

possible due to the short time training programs have been in operation. There have, however, been a few short-term studies which are of use. Reynolds and Kiland<sup>1</sup> reported on studies in Minnesota, evaluating classes for trainables which had been in operation for periods ranging from six months to six years. Parents and teachers reported progress in social adjustment, in speech, and work habits. A two year study in Illinois by Goldstein,<sup>2</sup> using a sample of 173 trainable retardates, reported that parents rated the level of development of the child as having made some progress during the first year of the program, but that they did not show gains during the second year. The parents tended to become more realistic about their children's abilities and limitations, and while they felt that the children had improved in self-care skills, they did not continue the expectation that the children would become self-supporting. Guenther<sup>3</sup> reported that teachers reported all the children made from slight to considerable progress in the school. Fils<sup>4</sup> attempted to study the progress made by a group of 20 children in classes for the severely retarded in a public school over a period of one semester. He reported a general improvement in their social, emotional and physical functioning. A follow-up study

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<sup>1</sup>Rothstein, op. cit. (Kirk article), p. 355.

<sup>2</sup>Ibid., p. 356.

<sup>3</sup>Ibid., p. 358.

<sup>4</sup>Ibid., p. 360.

of 126 trainables who had previously spent three years in special classes was reported on by Tiddall.<sup>1</sup> Twenty-five percent were found still to be in public classes if they were still of age, and in private classes if they had passed the age limits of the public classes. Twenty-five percent were at home. Generally the parents stated that the training had helped considerably in terms of self-help, and that the retardate was no longer a disrupting influence in the family.

The preceeding has attempted to present an integrated analysis of the theory and knowledge that this study specifies as relevant. In conclusion, it is acknowledged that the consequence of this attempt at specificity, is the purposeful omission of references to much meaningful, but less pertinent data.

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<sup>1</sup>William J. Tiddall, "A Follow-up Study of Trainable Mentally Handicapped Children in Illinois", American Journal of Mental Deficiency, July 1960, p. 11.

## CHAPTER III

### METHOD

#### GENERAL METHOD

In September 1966 six problem areas in Mental Retardation, considered by the Research Committee of the School of Social Work to be appropriate for study were submitted to four groups of students in research. Each group was asked to select a preferred area of study. A lecture by Mr. A. Houle, Executive Director, Association for Retarded Children - Manitoba Division, plus a visit to the Kinsmen School, with the opportunity to observe the School's program and its students, and to question staff, familiarized the members of the Research team with some of the problems related to retardation, and the programs in the Province and the Metropolitan area to serve the retarded. This knowledge, together with a review of relevant literature, enabled the group to select an area of study - that of determining the social adjustment of a group of forty trainable mentally retarded adolescents at the Kinsmen School, and ascertaining the relationship of their social adjustment with a selected number of variables.

The general method of this study was a quantitative-descriptive approach, using some statistical procedures to establish group characteristics and mean values for purposes of inter-variable comparisons.

The study was carried out in the homes of the children through a face-to-face interview with one or both parents. No systematic attempt was made to interview both parents. We did not feel that interviewing both would significantly add to the accuracy of the information obtained. Both parents were interviewed only when they themselves made this request.

Two devices were used to obtain information during the interview: the Vineland Social Maturity Scale, to establish a social quotient for each of the children, and a schedule devised by the group to obtain information to test hypotheses.

#### SOURCES OF DATA

The Association for Retarded Children supplied to the Research Department of the School of Social Work a nominal roll of those individuals enrolled in their programs. This roll contained such information as age, sex, physical disabilities, retarded siblings, parents' names and addresses, and in some cases I. Q. Those children under six years of age, and those with cerebral palsy were immediately eliminated from the roll, and the School of Social Work then sent a letter to the parents of each of the remaining individuals enrolled in the Metropolitan Winnipeg area, outlining the broad purposes of the studies, and soliciting their co-operation in the research projects to be undertaken. Those parents not interested in being interviewed were asked to respond, and were subsequently removed from the roll.

The population for our study was selected from this roll and included all male and female children between and including the ages of thirteen

to seventeen as of September 1, 1966, but excluding those with significant behavior disorders, gross physical disabilities, and those who were only temporarily attending the School for purposes of assessment, and where there was more than one mentally retarded child in a family. The reason for the exclusions was the assumption that the aforementioned factors could override those actually selected for study in relation to social adjustment, thus impeding the stated purpose of the study: to test hypotheses regarding the interrelationships between social adjustment on the one hand, and family position, socio-economic status of parents, and duration of attendance at Kinsmen School on the other. After elimination of ineligible subjects, we were left with a possible universe of 77; each was given an identifying number.

#### SAMPLE

A decision was made to use a sample of 40 subjects. This decision was based on two reality factors. The time limitation for conduct of the study determined the number of hours available for collection of actual data thus determining the maximum number of interviews which could be undertaken. Simultaneously it was recognized that a sample of less than forty would probably be insufficient to support even tentative conclusions about the problem we were addressing. The sample group of 40 was considered to be a realistic compromise.

Our study population was chosen through a rudimentary random sampling technique. A possible limitation of this technique was that no attempt was made at stratification. We did not try to insure a balance in our sample as to sex, or an even distribution as to age, which initially created uncertainties as to the adequacy of numbers in categories to be compared.

The sample was drawn in the following order: Thirteen names were initially drawn in order to ensure an eventual pre-test sample of seven. It was determined that subjects effectively included in this sample, (assuming procedures and instruments did not require substantial alteration) would subsequently be retained in the study. Three refusals were encountered in the pre-test, and the remaining three were retained in case further refusals were encountered. An additional 33 names were then drawn at random. From this number eight refused to be interviewed, necessitating the use of three of the original thirteen, plus the drawing of an additional five. In effect 51 names were randomly drawn in all, in order to achieve the eventual sample of 40, consisting of 22 males and 18 females.

#### INSTRUMENTS USED

Face-to-face interviews were selected as the means of obtaining information for the study. A schedule devised by the group and the Vineland Social Maturity Scale were administered during the interviews. The interview method of acquiring information was selected as the most desirable technique. It was recognized that the interviewing tool had certain limitations - that interviewees, even though conscientious, may suffer from faulty perception, faulty memory, lack of insight or inability to articulate, particularly in relation to painful experiences (which must include parenthood of a retarded child). In addition, the possibility of interviewer bias exists in interpreting given responses. Nevertheless, it was expected that through the relatively sophisticated interviewing skills of second year social work students, based on their acquired social and psychological

insights, accompanied by a well tested scale to measure social adjustment, where criteria for judgment are definitively stated, and a schedule which was highly factual in nature, possible limitations of the interviewing tool would be minimized. We additionally favoured the interview since it was felt that the parent was in most intimate contact with the child, and could best provide the information needed to measure social adjustment, and the other variables which were studied.

The main instrument used in conducting the study was the Vineland Social Maturity Scale (See Appendix A) and resultant social quotient was considered to be the measure of social adjustment. The Vineland Social Maturity Scale was developed over a period of 20 years by Edgar A. Doll, at the Training School at Vineland, N. J. For ten additional years it has been employed there and elsewhere in diverse situations. Its use for this study was accepted since it appeared to best measure the qualities we were interested in assessing - social competence, and the extent to which schooling, or conditions within the children's homes helped them reach that goal.

The scale provides a definite outline of detailed performances in respect to which children show a progressive capacity for looking after themselves and for participating in those activities which lead toward ultimate independence as adults. The items of the Scale are arranged in order of increasing average difficulty, and represent progressive maturation in self-help, self-direction, locomotion, occupation, communication and social relations. This maturation in social independence may be taken as a measure of progressive development in social competence and has a corresponding age-equivalent.

Social quotient is determined by first establishing a basal score, the highest of all continuous accomplishments (pluses), adding additional scattered credits, and expressing this sum as the total number of credits earned. This score is then translated into the corresponding age-equivalent. Social Quotient is the ratio of age equivalent over actual age, multiplied by one hundred. Social quotient expresses, in numerical form, the level of social functioning of the subjects, and enabled us to proceed in the testing of our hypotheses.

Mr. Doll, in the introduction to the use of the Scale, stressed its value in parent interviewing, and warned of its major difficulty - its utter simplicity, and the subsequent need for sophisticated skill in interview technique and thorough insight as to the parts and technique of this instrument. To insure standardization of interpretation, group members attended a lecture on the use of the Vineland Scale by a member of the Psychology Department of the Society for Crippled Children and Adults of Manitoba, and excerpts from the Vineland Manual of Directions were used by each interviewer.

In order to obtain data for testing our sub-hypotheses a schedule was devised, to be used as part of the total interview (See Appendix B). In seeking most accurate responses involved questions were avoided in our schedule. Where necessary, to lessen the possibility of confusion, complex questions were dissected. For example, in determining ordinal position three questions were asked to arrive at the answer. In determining occupational classification of family head, the family head was first specified, then his occupation; which was then classified by the interviewer. Generally, the schedule tended to proceed from the easiest data and those eliciting least intensity

of feeling, to the more complex. To overcome negative feeling anticipated around questions re gross family income (which had been documented in other studies and in census taking) a printed card was presented to the parent showing the classifications for income groups, and the parent was asked whether income fell within group A, B, C or D. This procedure was well accepted by parents.

Age was computed as of the time of the interview in order to arrive at the most accurate social quotient. Duration of attendance at Kinsmen School was singly recorded.

Greatest difficulty in devising the Schedule related to a scale for the measurement of socio-economic status. While some scales<sup>1</sup> attempting this measure focus on cultural possessions, material possessions, and participation in group activities in the community, it was decided that the major and most readily measurable determinants of socio-economic class centred around the occupation of the family head, the education of both parents, and total family income which would be reflected in the standard of living. In our scale the maximum number of points possible was thirteen, spread as follows: Occupation of family head - ranging from lowest occupational status, where the family head was a welfare recipient, (-1) to the highest occupational status, where the family head was a professional with supervisory or managerial responsibilities (4). It was felt that educational status would be reflected through the education of both parents. Scoring involved the summing of each complete or incomplete educational level obtained, and

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<sup>1</sup>Pauline V. Young, ed., Scientific Social Surveys and Research, Englewood Cliffs N. J.: Prentice-Hall Inc., 1959, pp. 341-347.

dividing by two. Each parent had a potential for education ranging from .5 to 5 points, thus providing a potential maximum of 5 in this part of the scale. (We assumed that trades-training would have no bearing on socio-economic status if professional training was also present). Family income from all sources would determine the standard of living being experienced and was rated in four categories with point potential ranging from a minimum of 1 (low) to a maximum of 4 (high). Education, occupation and income were thus weighted almost equally in the scale.

The use of the Vineland Scale and the schedule were tested by means of a pre-test administered in December 1966 to seven families chosen at random and contacted by telephone. Official letters of introduction were presented prior to the interview. The Vineland Instruction Manual was studied in anticipation of the interviews, and the interviewers also carried it along for reference. Interviewers were paired for purposes of control, to insure standardization and uniformity of procedure. One interviewer administered the Vineland, the other the schedule, but both scored separately. While we were prepared to find in the use of either the Vineland or the schedule that our experience with the pre-test group disqualified them from the total study, it was in fact found that neither the instruments nor the techniques required substantial modification, and the subjects thus studied could be retained for the final reports.

As a result of the pre-test it was decided to consider persons in receipt of Unemployment Insurance Benefits as only temporarily unemployed, and should be classified in their regular occupation. The card signifying

income classification was reversed (low to high), in order to further lessen feeling about questions in this area. Parents did not then have to proceed down a list to find their status, but ascended it.

The 33 additional families interviewed to acquire the remaining data were, as in the pre-test, contacted by telephone, when home appointments were arranged at their convenience during the month of January 1967. The same procedure was followed as in the pre-test, except that interview was conducted by a single member of the research team.

Following completion of the enquiries, a letter was sent from the School of Social Work, thanking parents for their co-operation.

#### PLAN OF ANALYSIS

Social Quotient was established for each subject, and data emanating from the schedule was scored. All raw data was systematically recorded. (See Appendix C). Each unit of information, as it related to each variable, was ordered into an array and classified. The following classifications of variables were made: Sex- male and female. Ordinal family position - 1, 2, 3, 4+. Duration of attendance at Kinsmen School was classified in two ways. First it was classified according to short, (1-4.8 yrs.), middle, (4.9-8.7 yrs.) and long (8.8-11.5 yrs.) durations. It was then classified according to shortest duration, (1.4-6.4 yrs.) and longest duration (6.5-11.5 yrs.). Socio-economic status was classified according to lower-class, (0-4 pts.) middle-class, (5-8 pts.) and upper-class (9-13 pts.) Age was classified according to years - 13, 14, 15, 16, and 17.

The findings were compared and contrasted in relation to the variables studied to ascertain whether or not they would confirm the expectations asserted in the hypotheses. Mean Social Quotient was cross-classified with sex, age, and mean age and mean age equivalent, in order to analyse the first variable, sex. Mean Social Quotient was then cross-classified with percentage distribution in the sample, sex and ordinal position, to analyse another variable, ordinal family position. [The next variable analysed was socio-economic status, when median Social Quotient was cross-classified with socio-economic class and sex.] The last variable analysed was duration of attendance at Kinsmen School. This was done in two steps. Median Social Quotient was first cross-classified with sex, percentage distribution in the sample, and duration of attendance (classified in three parts). Mean Social Quotient was then cross-classified with age, and duration of attendance, (classified in two parts).

Data will be presented in the form of five tables and two graphs, in the following chapter.

## CHAPTER IV

### ANALYSIS OF DATA

From a sample of 40 trainable mentally retarded adolescents from the Kinsmen School, consisting of 22 males and 18 females, data pertaining to their social quotient and the variables dealt with in our sub-hypotheses was collected, classified and analysed. The four variables on which this study focused were sex, ordinal family position, duration of attendance at Kinsmen School, and socio-economic status - in each case as they related to social adjustment. The data was interpreted as it pertained to each variable, and cross-classified where appropriate and possible.

Social Quotient was established for each subject. While the Vineland Scale was not scored separately as to categories, it was noted that generally, the area of greatest weakness for subjects was that of Communication.

We began by ordering each unit of information as it related to each variable into an array. The range (i. e. the distance between lowest and highest values) was then perceived for each array, and equal workable intervals determined. The data was then classified in order to examine internal organization and distribution and suggest most meaningful measures of central tendency. In some cases these were means, in others medians. We were then able to compare one variable with another.

The first variable analysed was sex. Males and females were cross-classified by age, mean age and age equivalent and sex as related to mean Social Quotient. Since no effort was made to balance the sample in terms of age, it varied according to the distribution within the age group at the Kinsmen School. The findings are shown in Table 1.

TABLE 1

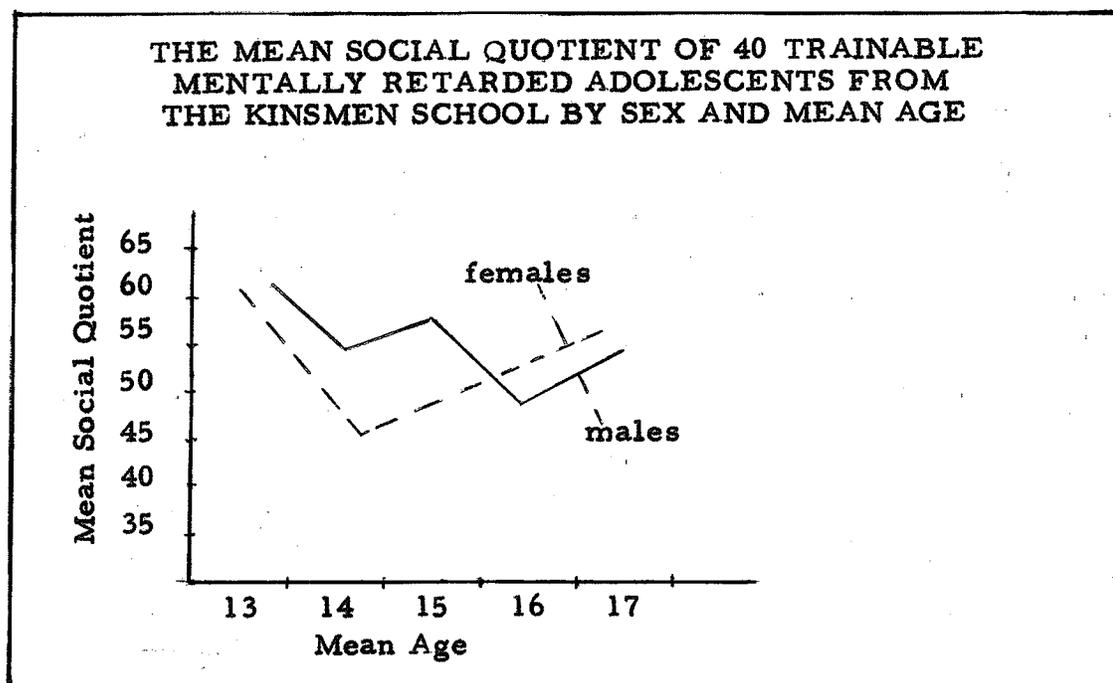
THE MEAN SOCIAL QUOTIENT OF 40 TRAINABLE MENTALLY RETARDED ADOLESCENTS FROM THE KINSMEN SCHOOL BY SEX, AGE, AND MEAN AGE EQUIVALENT

Age	Males				Females				Males & Females			
	No.	Mean Age	Age Equiv.	Mean Social Quotient	No.	Mean Age	Age Equiv.	Mean Social Quot.	No.	Age	Age Equiv.	Me Age Soc
13	2	13.7	8.4	61.6	2	13.5	8.1	60.0	4	13.6	8.3	61
14	8	14.5	8.0	55.3	2	14.7	6.7	45.4	10	14.5	7.7	53
15	7	15.4	8.8	57.3	3	15.7	7.8	49.6	10	15.5	8.7	56
16	2	16.5	8.2	49.5	6	16.7	8.8	52.6	8	16.7	8.5	50
17	3	17.7	10.1	56.8	5	17.5	9.9	56.3	8	17.6	10.0	56
All	22	15.3	8.6	56.1	18	15.6	8.3	53.2	40	15.4	8.4	54

The findings presented in Table 1 indicate that social quotient was highest at age 13, among both males and females, tended to decrease during the years 14, 15 and 16, and rise again at age 17, while not reaching the level of age 13. Within the years 14, 15 and 16, there are variations between sexes. Male Social Quotient was lowest at age 16, female at age 14. Except

at age 16 the social quotient of males is higher than that of females. Age equivalent, (their actual level of social functioning) followed the same variations as social quotients, and at all times approximated .6 of their actual age.

A finding of interest is the point at which social adjustment tends to diminish during the adolescent years. At age 13 and 17 social quotients of males and females tend to approximate each other. During the interval they diverge at different points. The onset of the decline sets in earlier with the female than with the male. This is quite evident in Figure 1.



**Figure 1: An illustration of diminishing point of social adjustment during adolescent years in males and females**

The second variable analysed was ordinal family position. Since there were but two only children in the sample it was not deemed feasible to examine these as a group. Ordinal family position was examined in terms of percentage distribution, Social quotient and sex. In both males and females the first-born tended to have the highest Social Quotient, the second and third born the lowest, rising thereafter. None of the variations in Social Quotient were significant, except the variation in first and third-born females. The percentage distribution of first-born males was more than twice that of first-born females in the sample. The percentage distribution of females fourth + born was twice that of fourth + born males. Yet in each instance social quotient was similar.

The findings are shown in Table 2.

TABLE 2

THE MEAN SOCIAL QUOTIENT OF 40 TRAINABLE MENTALLY RETARDED ADOLESCENTS FROM THE KINSMEN SCHOOL BY PERCENTAGE DISTRIBUTION, SEX AND ORDINAL POSITION

Ordinal Family Position	Males			Females			Males & Females		
	No.	%Dist.	Mean Social Quotient	No.	%Dist.	Mean Social Quotient	No.	%Dist.	Mean Social Quotient
1	8	36.4	60.1	3	16.6	63.4	11	27.5	61.6
2	7	32.8	50.7	5	27.8	50.3	12	30.0	50.5
3	4	18.2	57.3	5	27.8	47.4	9	22.5	51.8
4 +	3	13.6	54.6	5	27.8	55.8	8	20.0	55.3
All	22	100.0	56.1	18	100.0	53.2	40	100.0	54.8

The greatest variation in social quotient occurred between third-born males and females. This is shown in Figure 2.

THE MEAN SOCIAL QUOTIENT OF 40 TRAINABLE MENTALLY  
RETARDED ADOLESCENTS FROM THE KINSMEN SCHOOL BY  
ORDINAL FAMILY POSITION AND SEX

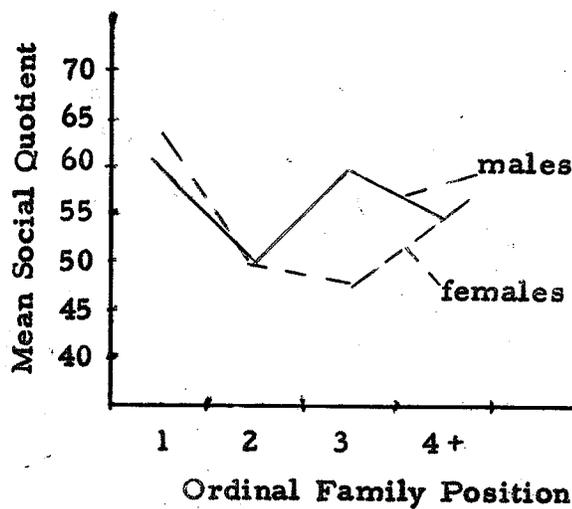


Figure 2: An illustration of variation in social adjustment between third-born males and females, and including variations in social adjustment between the sexes in other ordinal family positions.

The third-born male had a significantly higher Social Quotient than the third-born female, whereas both male and female first, second and fourth+ born showed little variation.

The next variable analysed was socio-economic status, cross-classified by percentage distribution and sex. Divergencies in classification suggested the use of a median for tabulating central tendency. Medians were calculated with Social Quotient intervals of 20, beginning at range 25-44.9.

The findings are shown in Table 3.

TABLE 3

THE MEDIAN SOCIAL QUOTIENT OF 40 TRAINABLE MENTALLY RETARDED ADOLESCENTS FROM THE KINSMEN SCHOOL BY PERCENTAGE DISTRIBUTION, SOCIO-ECONOMIC STATUS AND SEX

Socio-Economic Class	Males			Females			Males & Females		
	No.	% Dist.	Mean Social Quotient	No.	% Dist.	Mean Social Quotient	No.	% Dist.	Mean Social Quotient
Low 0-4	4	18.2	45.0	7	38.9	52.5	11	27.5	51.0
middle 5-8	14	63.6	54.0	7	38.9	51.0	21	52.5	52.8
upper 9-13	4	18.2	58.2	4	22.2	65.0	8	20.0	60.0
All	22	100.0	54.1	18	100.0	53.0	40	100.0	53.8

The total sample of males and females showed approximately half in the middle-class, with somewhat more of the sample in the higher class than in the lower class. But there were almost twice the percentage of males in the middle class than females, and approximately twice the percentage of females in the lower class than males.

Among males, females, and males and females as socio-economic status rises, mean Social Quotient also rises.

The last variable analysed was duration of attendance at Kinsmen School. Duration of attendance was first classified in 3 equal parts, then cross-classified with Social Quotient, sex and percentage distribution. Following classification, it was deemed advisable to calculate central tendency by a median to minimize effect of great divergencies. Medians

were calculated with Social Quotient intervals of 10, beginning at range 25 - 34.9. The findings are shown in Table 4.

TABLE 4

THE MEDIAN SOCIAL QUOTIENT OF 40 TRAINABLE MENTALLY RETARDED ADOLESCENTS FROM THE KINSMEN SCHOOL BY DURATION OF ATTENDANCE AT KINSMEN SCHOOL PERCENTAGE DISTRIBUTION AND SEX

Years Duration of Attendance	Males			Females			Males & Females		
	No.	%Dist.	Median Social Quotient	No.	%Dist.	Median Social Quotient	No.	%Dist.	Median Social Quotient
short 1 - 4.8	8	36.4	61.8	5	27.8	50.0	13	32.5	59.9
middle 4.9 - 8.7	11	50.0	50.0	8	44.0	57.5	19	47.5	53.8
long 8.8 - 11.5	3	13.6	52.5	5	27.8	52.5	8	20.0	52.5
All	22	100.0	59.0	18	100.0	55.0	40	100.0	56.2

Analyses showed that 13 children, 8 males and 5 females, attended Kinsmen School for the short duration. Some (at least 2 males, but exact number is not known, since this was not covered in the schedule) had previously attended classes for "educable" retardates in the public schools, and had been at Kinsmen School for very short periods.

Males and females attending the School for short duration had a higher median Social Quotient than those in the middle and long duration. In the middle duration, females tended to show the higher social adjustment. In

the long duration Social Quotient for males and females was equal. Both males and females showed that the longer the duration of attendance, the lower the Social Quotient.

The percentage distribution of females in the long duration, was double that of males.

Duration of attendance was then classified in 2 equal parts and then cross-classified by age and Social Quotient. The findings are shown in Table 4.

TABLE 5

THE MEAN SOCIAL QUOTIENT OF 40 TRAINABLE MENTALLY RETARDED ADOLESCENTS FROM THE KINSMEN SCHOOL BY DURATION OF ATTENDANCE AT KINSMEN SCHOOL AND AGE

Duration of Attendance by Years	age mean		mean									
	13	S. Q.	14	S. Q.	15	S. Q.	16	S. Q.	17	S. Q.	All	S. Q.
shortest 1.4 - 6.4	2	68.8	3	60.6	5	62.3	4	50.6	5	59.1	19	59.4
longest 6.5 - 11.5	2	53.3	7	49.9	5	49.9	4	50.4	3	52.3	21	50.6
All	4	61.1	10	53.1	10	56.1	8	50.5	8	56.5	40	54.8

Analysis showed that (as with Table 4) those with the shortest duration of attendance, at all ages showed the highest Social Quotient. Those children age 13 had higher Social Quotients than the older children in the sample. At age 16, mean Social Quotient in both categories converged, and at age 17

mean social quotient in both categories ascended, but not to level at age 13. The sample of 13 year olds was however significantly smaller than at other ages - one half and less. Variability in mean Social Quotient was somewhat less marked in the combining males and females, than when they are taken separately.

In Chapter V conclusions will be drawn from the findings.

## CHAPTER V

### CONCLUSIONS

This study was of a quantitative-descriptive nature, and the researchers' intent was to establish group characteristics of forty trainable mentally retarded adolescents from the Kinsmen School, and mean values for inter-variable comparisons. The broad context of the study was the problem of the retarded individual's venture into community living. The study was based on the premise that a lack of knowledge about the degree and quality of social adjustment of the trainable mentally retarded adolescent contributes to confusion on the part of large portions of the public, including the professional, regarding behavioral expectations for this group. It was expected that this confusion was reflected in the institutions, their variety, functions and particular services, established to serve the mentally retarded, and those affected by their problems.

Since there has been a dearth of research on the social adjustment of the mentally retarded adolescent, and the factors which might influence this social adjustment, the purpose was to study some of the factors believed to be related to social adjustment. Those variables selected for study were sex, ordinal family position, socio-economic status of parents, and duration of attendance at Kinsmen School.

The general hypothesis tested was: There is a significant relationship between the social adjustment of forty trainable mentally retarded adolescents enrolled in the Kinsmen School, and their sex, ordinal family position, socio-economic status of their parents, and duration of attendance at Kinsmen School.

The findings partially substantiated the general hypothesis, since variations did appear in social adjustment in the four major areas tested. The extent and direction of this variation, and the generalizations drawn from the hypothesis will be dealt with after considering the findings pertaining to the sub-hypotheses.

The first sub-hypothesis stated: Female trainable mentally retarded adolescents will display better social adjustment than will male trainable mentally retarded adolescents.

The findings did not support this sub-hypothesis. At all ages, except sixteen, mean Social Quotients for males were higher than those of females. The variations were not great, however, and could be assessed as a trend rather than a clear indication of superiority. Furthermore, it was found that in cross-classification of sex with duration of attendance at Kinsmen School, double the percentage of females had attended for long periods than had males. In the "long" duration median Social Quotients were equal between the sexes, and in the "middle" duration the Social Quotients of females were higher than males. It was only in the "short" duration of attendance, where males outnumbered females, that males showed the higher Social Quotients.

This data raised the question of whether there were originally more females than males in the group, or whether of those trainable mentally retarded children originally enrolled at Kinsmen School the males proved to have greater difficulty in their social adjustment, and were withdrawn from the School, leaving vacancies for other males with fewer adjustment problems.

In cross-classification with ordinal family position the sample was found to contain double the percentage of first-born males. Social Quotients of first-born children were higher than all others in this classification. On the other hand, cross-classifying sex with socio-economic status, found double the percentage of females in the low socio-economic class, where Social Quotient was found to be lowest. These factors would lead us to question the possibility of generalizing, on the basis of this study, the relationship between sex and social adjustment in the trainable mentally retarded adolescent.

The second sub-hypothesis stated: The higher the ordinal family position of the trainable mentally retarded adolescent, the higher will be his social adjustment.

The findings did not support this sub-hypothesis since Social Quotient declined after the first-born. It is possible to suggest that a positive factor in determining the social adjustment of a trainable mentally retarded adolescent is the degree of attention, encouragement and supervision which a first-born child can receive. The literature indicates that parental anxieties and pressures associated with a first-born child, and

the absence of a sibling after whom to pattern his own behavior may negatively affect the first-born child's social adjustment. Our findings would appear to suggest that these factors may not be as significant for the social adjustment of the retarded child as for the normal child. As younger siblings surpass the retardate in maturation there appears to be a reversal of positions in the family. The younger sibling takes on the role of older sibling. Thus the older retardate need not experience the pressures of sibling rivalry which a normal child experiences. Furthermore, the schedule did not enquire into spacing between children, which could have some bearing on sibling rivalry, and the amount of time parents could devote to the retarded child.

The rising level of social adjustment of the fourth and later-born child could be related to the older siblings' assumption of some of the functions related to attention and supervision, which the first-born experiences from parents.

A most interesting finding is the significantly higher Social Quotients of third-born males than females. Little variation was noted on the other hand, between the sexes in the first, second and fourth and later ordinal positions. While this finding may be due to the peculiarities of a small sample, it does suggest the need for further study.

The third sub-hypothesis stated: The higher the socio-economic status of the parents of the trainable mentally retarded adolescent, the higher will be the social adjustment of the trainable mentally retarded adolescent.

The findings supported this sub-hypothesis, although the variations were less than significant. They suggest the need for more tangible assistance to families of the retarded.

The fourth sub-hypothesis stated: The social adjustment of the trainable mentally retarded adolescent will be directly related to the duration of attendance at Kinsmen School.

The findings did not support this sub-hypothesis. Conclusions were difficult to draw from the findings. It was found that younger children had higher Social Quotients than older children. Those children with longest duration of attendance at Kinsmen School had lower Social Quotients, although females taken separately did not follow this pattern. The schedule proved limiting since it did not cover whether the child had attended any educational facility such as public school classes for "educable" retardates. We might speculate that a number of those older adolescents, particularly males, who only attended Kinsmen School for short durations, had previously attended "educable" classes, and could be considered "pseudo-trainables." The lack of I. Q. 's for the subjects proved to be a further limitation in clarifying this question.

One might speculate that the "middle" and "long" classifications of duration of attendance at Kinsmen School contained the "true" trainable mentally retarded adolescents, and that this sub-hypothesis could be more accurately tested by comparing their mean Social Quotients with those of children in younger age categories and shorter durations of attendance at Kinsmen School, who were studied by another research group.

In reference to the major hypothesis it is discernable from the conclusions related to the four sub-hypotheses tested that sex, ordinal family position, socio-economic status of parents, and duration of attendance at Kinsmen School, do bear some relationship to the social adjustment of the trainable mentally retarded adolescent from the Kinsmen School. But variations in relationship showed little or no statistical significance. The social adjustment of the male was found to be better than that of the female. The first-born child was found to have a better social adjustment than later-born children, the fourth and later-born child a better social adjustment than the second and third-born. Children of higher socio-economic status were found to have a better social adjustment than children of lower statuses. Children with shorter durations of attendance at Kinsmen School were found to have better social adjustment than children with longer durations of attendance. However, because of the many limitations of the study, generalizations cannot be made on the basis of these findings.

One of the most interesting findings of the study was that Social Quotient tended to decline during the adolescent years of fourteen, fifteen and sixteen. The onset of the decline occurred earlier with the female than with the male. It is possible to suggest that adolescence is a factor which influences social adjustment. In reviewing the literature, it was suggested that this period, which is chronological, physiological, and psychological, will in itself create special stress and have special significance for the social adjustment of the individual in this group.

Further research on the nature and causes of this curtailment of social adjustment is called for.

Unfortunately, due to the nature of the study, it is only possible to draw conclusions related to the quantity of the social adjustment of the trainable mentally retarded adolescent from the Kinsmen School, and concerning those variables tested. It was noted in the previous chapter that communication seemed to be the area of least competence for the subjects, but no data can be provided since Social Quotient was scored in total, and not by categories. It is not felt that documenting of age equivalent as .6 of actual age is descriptive of their level of social functioning. The qualitative nature of the social adjustment of the trainable mentally retarded adolescent is suggested as an area for further research.

Some of the limitations as to reliability and validity of the findings in the study have already been suggested in earlier chapters. Further limitations based on the interpretation of the findings are: The nature of the sample; the inadequacy of the schedule for providing data related to duration of attendance at Kinsmen School, and the spacing between children in various ordinal positions; lack of I. Q. scores for the subjects; the absence of significant variations in Social Quotients in most classifications; and the quantitative rather than quantitative plus qualitative description of social adjustment.

While these factors must be considered in deriving conclusions, or making generalizations from the findings, they do not obscure or detract from the general validity of the study as a descriptive instrument. While the absolute size of the sample was small, it was more than half of the

possible universe. This fact, plus the reliability of the Vineland and the objectivity of the schedule must lead us to conclude that the data presented is generally accurate, and descriptive of the adolescent population of the Kinsmen School.

While there were few subjects in some categories, and the nature of the sample raised many questions in the analysis of the data, these factors were considered in attempting to stress the speculative nature of the conclusions derived. This study provides valuable data for further research. The need for further research in this area is emphasized in order to refine or revise the results of the study. Some suggestions for further research have been made. The study raises many questions and clearly suggests the need for a second step in research - that of assembling all data relating to the four Kinsmen School studies, and undertaking a comprehensive study of the entire School population.

It is expected that the research project lent itself to a better understanding of some of the factors which influence social adjustment, namely sex, ordinal family position, socio-economic status of parents, and attendance at a community facility for the training of trainable mentally retarded children. It is hoped that the study will prove valuable as a contribution to the knowledge available to professionals and others, who work with and are concerned about the problems of retardation, and that it may provide an impetus to further research and activity in this important area.

**APPENDIX**



By  
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# Vineland Social Maturity Scale

## APPENDIX A

NAME ..... Sex ..... Grade ..... Date .....  
Last First Year Month Day

Residence ..... School ..... Born .....  
Year Month Day

M.A. .... I.Q. .... Test Used ..... When ..... Age .....  
Years Months Days

Occupation ..... Class ..... Years Exp. .... Schooling .....

Father's Occupation ..... Class ..... Years Exp. .... Schooling .....

Mother's Occupation ..... Class ..... Years Exp. .... Schooling .....

Informant ..... Relationship ..... Recorder .....

Informant's est. .... Basal Score\* .....

Handicaps ..... Additional pts. ....

REMARKS: ..... Total score .....

Age equivalent .....

Social quotient .....

### Age Periods

#### O - I

Category†	Score*	Items	LA Mean
C	.....	1. "Crows"; laughs .....	.25
SHG	.....	2. Balances head .....	.25
SHG	.....	3. Grasps objects within reach .....	.30
S	.....	4. Reaches for familiar persons .....	.30
SHG	.....	5. Rolls over .....	.30
SHG	.....	6. Reaches for nearby objects .....	.35
O	.....	7. Occupies self unattended .....	.43
SHG	.....	8. Sits unsupported .....	.45
SHG	.....	9. Pulls self upright .....	.55
C	.....	10. "Talks"; imitates sounds .....	.55
SHE	.....	11. Drinks from cup or glass assisted .....	.55
L	.....	12. Moves about on floor .....	.63
SHG	.....	13. Grasps with thumb and finger .....	.65
S	.....	14. Demands personal attention .....	.70
SHG	.....	15. Stands alone .....	.85
SHE	.....	16. Does not drool .....	.90
C	.....	17. Follows simple instructions .....	.93

† Key to categorical arrangement of items:

SHG — Self-help general      C — Communication      L — Locomotion  
 SHD — Self-help dressing      SD — Self-direction      O — Occupation  
 SHE — Self-help eating      S — Socialization

\* For method of scoring see "The Measurement of Social Competence."

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**I - II**

L	18. Walks about room unattended	1.03
O	19. Marks with pencil or crayon	1.10
SHE	20. Masticates food	1.10
SHD	21. Pulls off socks	1.13
O	22. Transfers objects	1.20
SHG	23. Overcomes simple obstacles	1.30
O	24. Fetches or carries familiar objects	1.38
SHE	25. Drinks from cup or glass unassisted	1.40
SHG	26. Gives up baby carriage	1.43
S	27. Plays with other children	1.50
SHE	28. Eats with spoon	1.53
L	29. Goes about house or yard	1.63
SHE	30. Discriminates edible substances	1.65
C	31. Uses names of familiar objects	1.70
L	32. Walks upstairs unassisted	1.75
SHE	33. Unwraps candy	1.85
C	34. Talks in short sentences	1.95

**II - III**

SHG	35. Asks to go to toilet	1.98
O	36. Initiates own play activities	2.03
SHD	37. Removes coat or dress	2.05
SHE	38. Eats with fork	2.35
SHE	39. Gets drink unassisted	2.43
SHD	40. Dries own hands	2.60
SHG	41. Avoids simple hazards	2.85
SHD	42. Puts on coat or dress unassisted	2.85
O	43. Cuts with scissors	2.88
C	44. Relates experiences	3.15

**III - IV**

L	45. Walks downstairs one step per tread	3.23
S	46. Plays cooperatively at kindergarten level	3.28
SHD	47. Buttons coat or dress	3.35
O	48. Helps at little household tasks	3.55
S	49. "Performs" for others	3.75
SHD	50. Washes hands unaided	3.83

**IV - V**

SHG	51. Cares for self at toilet	3.83
SHD	52. Washes face unassisted	4.65
L	53. Goes about neighborhood unattended	4.70
SHD	54. Dresses self except tying	4.80
O	55. Uses pencil or crayon for drawing	5.13
S	56. Plays competitive exercise games	5.13

**V - VI**

80

O	57. Uses skates, sled, wagon	5.13
C	58. Prints simple words	5.23
S	59. Plays simple table games	5.63
SD	60. Is trusted with money	5.83
L	61. Goes to school unattended	5.83

**VI - VII**

SHE	62. Uses table knife for spreading	6.03
C	63. Uses pencil for writing	6.15
SHD	64. Bathes self assisted	6.23
SHD	65. Goes to bed unassisted	6.75

**VII - VIII**

SHG	66. Tells time to quarter hour	7.28
SHE	67. Uses table knife for cutting	8.05
S	68. Disavows literal Santa Claus	8.28
S	69. Participates in pre-adolescent play	8.28
SHD	70. Combs or brushes hair	8.45

**VIII - IX**

O	71. Uses tools or utensils	8.50
O	72. Does routine household tasks	8.53
C	73. Reads on own initiative	8.55
SHD	74. Bathes self unaided	8.85

**IX - X**

SHE	75. Cares for self at table	9.03
SD	76. Makes minor purchases	9.38
L	77. Goes about home town freely	9.43

**X - XI**

C	78. Writes occasional short letters	9.63
C	79. Makes telephone calls	10.30
O	80. Does small remunerative work	10.90
C	81. Answers ads; purchases by mail	11.20

**XI - XII**

O	82. Does simple creative work	11.25
SD	83. Is left to care for self or others	11.45
C	84. Enjoys books, newspapers, magazines	11.58

**XII - XV**

S	85. Plays difficult games	12.30
SHD	86. Exercises complete care of dress	12.38
SD	87. Buys own clothing accessories	13.00
S	88. Engages in adolescent group activities	14.10
O	89. Performs responsible routine chores	14.65

## XV - XVIII

C .....	90. Communicates by letter .....	14.95
C .....	91. Follows current events .....	15.35
L .....	92. Goes to nearby places alone .....	15.85
SD .....	93. Goes out unsupervised daytime .....	16.13
SD .....	94. Has own spending money .....	16.53
SD .....	95. Buys all own clothing .....	17.37

## XVIII - XX

L .....	96. Goes to distant points alone .....	18.05
SD .....	97. Looks after own health .....	18.48
O .....	98. Has a job or continues schooling .....	18.53
SD .....	99. Goes out nights unrestricted .....	18.70
SD .....	100. Controls own major expenditures .....	19.68
SD .....	101. Assumes personal responsibility .....	20.53

## XX - XXV

SD .....	102. Uses money providently .....	21.5+
S .....	103. Assumes responsibility beyond own needs .....	21.5+
S .....	104. Contributes to social welfare .....	25+
SD .....	105. Provides for future .....	25+

## XXV+

O .....	106. Performs skilled work .....	25+
O .....	107. Engages in beneficial recreation .....	25+
O .....	108. Systematizes own work .....	25+
S .....	109. Inspires confidence .....	25+
S .....	110. Promotes civic progress .....	25+
O .....	111. Supervises occupational pursuits .....	25+
SD .....	112. Purchases for others .....	25+
O .....	113. Directs or manages affairs of others .....	25+
O .....	114. Performs expert or professional work .....	25+
S .....	115. Shares community responsibility .....	25+
O .....	116. Creates own opportunities .....	25+
S .....	117. Advances general welfare .....	25+

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**APPENDIX B**  
**RESEARCH GROUP C.**

Schedule

Part A:

1. Sex of child \_\_\_\_\_
2. Length of time child has attended Kinsmen School \_\_\_\_\_ yrs. \_\_\_\_\_ months
3. Number of children in the family older than the retarded child. - \_\_\_\_\_
4. Number of children in the family younger than the retarded child. - \_\_\_\_\_
5. Therefore the ordinal position of the retarded child is - \_\_\_\_\_
6. Occupation of the family head:                      Specify: - Family Head \_\_\_\_\_

- Professional.....(    )
- White Collar.....(    )
- Blue Collar .....(    )
- Unskilled .....(    )
- Unemployed.....(    )
- Welfare Recipient .....(    )
- Managerial.....(    )

Specify Occupation: \_\_\_\_\_

If family head is unemployed is he in receipt of UIB's: \_\_\_\_\_

7. <u>Education:</u>	Complete		Incomplete	
	Mother	Father	Mother	Father
Elementary (1-6).....	(    )	(    )	(    )	(    )
Junior High(7-9).....	(    )	(    )	(    )	(    )
High School(10-11).....	(    )	(    )	(    )	(    )
Trades Training .....	(    )	(    )	(    )	(    )
University (12 plus).....	(    )	(    )	(    )	(    )
Post Graduate training.....	(    )	(    )	(    )	(    )

8. Total Family Income                      (Gross):
- A. less than \$3,500                      \_\_\_\_\_
- B. \$3,500 - \$5,999                      \_\_\_\_\_
- C. \$6,000 - \$9,999                      \_\_\_\_\_
- D. \$10,000 plus                              \_\_\_\_\_

.....cont'd

Part B:Vineland Social Maturity Scale.ANALYSIS AND WEIGHT ASSIGNMENT RE SOCIO-ECONOMIC CLASS.Total Maximum Possible Points: - 13Re: Occupation pf family head: Maximum possible - 4 pointsRe: Education - average mother's  
and father's education  $\frac{10}{2}$  = Maximum possible - 5 pointsRe: Total Family Income: Maximum possible - 4 pointsOccupation of family head:

Professional	(3)
White collar	(2)
Blue collar	(1)
Unskilled	(.5)
Unemployed	(0)
Welfare recipient	(-1)
Managerial (extra)	(1)

If in receipt of UIB's weight in regular employment.

Education:

	<u>Complete</u>	<u>Incomplete</u>
Elementary (1-6)	(1)	(.5)
Junior High (7-9)	(1)	(.5)
High School (10-11)	(1)	(.5)
Trades Training	(1)	(.5)
University (12 plus)	(1.5)	( <del>1</del> )
Post Graduate Training	(.5)	(0)

Total Family Income (Gross)

A. Less than \$3,500	-	(1)
B. \$3,500-\$5,999	-	(2)
C. \$6,000-\$9,999	-	(3)
D. \$10,000 plus	-	(4)

## APPENDIX C

## RAW DATA

Age	Age Equiv.	Social Quotient	Ordinal Position	Sex	Socio- Econ. Status	Length of Training	Other Training (if known)
13.4	8.28	61.8	1	F	5.8	7.5	
13.5	6.09	45.1	2	M	7	7.5	
13.6	8.05	59.2	3	F	5	6.0	
13.9	10.9	78.4	1	M	8	1.5	yes
14.0	8.84	63.1	3	M	5	7.5	
14.2	8.45	59.5	2	M	6	9.5	
14.2	11.20	78.9	3	M	1.5	1.5	
14.3	9.03	63.1	1	M	5.0	2.5	
14.6	7.28	49.9	2	F	5.3	6.5	no
14.7	9.38	63.8	5	M	5.5	6.5	
14.7	5.83	39.7	2	F	12.5	5.0	
14.8	7.28	49.2	2	M	6.5	8.5	
14.8	3.79	25.6	2	M	8	7.5	
14.8	5.63	38.0	10	M	1.8	7.5	
15.0	6.15	36.6	2	F	7	8.5	
15.1	9.63	63.1	2	M	5.3	8.5	
15.1	8.85	58.6	2	F	3.3	8.5	
15.1	6.15	40.7	3	F	4.5	8.5	
15.4	9.03	58.6	1	M	9.8	3.5	
15.5	9.03	58.2	2	M	9	1.4	yes
15.5	9.53	60.8	8	F	3.5	3.2	
15.5	9.63	62.1	1	M	8	1.5	yes
15.6	11.20	71.8	1	M	10.5	5.5	
15.8	7.28	46.1	3	M	10	9.5	
16.3	6.03	37.0	1	M	4.0	8.5	
16.4	10.90	66.5	2	F	13	11.5	
16.6	10.30	62.0	7	M	3.5	3.0	yes
16.8	9.03	53.7	5	F	.5	1.5	yes
16.8	6.15	36.6	2	F	7	9.5	
16.8	5.13	30.5	4	F	2.5	1.5	
16.8	10.30	61.3	4	F	5	10.5	
16.8	9.43	56.1	1	F	4.8	5.5	
17.0	12.30	72.4	1	F	10	5.5	
17.1	5.83	34.1	3	F	8.5	2.5	
17.1	9.03	52.8	3	F	9	10.5	
17.5	10.90	62.3	1	M	6.0	4.5	yes
17.7	8.85	50.0	3	F	7.5	10.5	
17.8	9.63	54.1	2	M	6.5	5.5	
17.8	9.63	54.1	1	M	6.5	10.5	
17.9	13.00	72.6	6	F	1.8	1.5	

## BIBLIOGRAPHY

Books

- Abel, Theodora M. and Kinder, Elaine F. The Subnormal Adolescent Girl, New York: Columbia University Press, 1942.
- Berelson, Bernard and Steiner, Gary A. Human Behavior, An Inventory of Scientific Findings, New York: Harcourt, Brace and World Inc., 1964.
- Blodgett, Harriet E. and Warfield, Grace J. Understanding Mentally Retarded Children, New York: Appleton-Century-Crofts, Inc., 1959.
- Cassidy, Viola and Lauber, Ellyn. Report on Research Related to the Education of Mentally Retarded Children and Youth, Washington: Department of Health, Education and Welfare, 1956.
- Dybwald, Gunnar. Try and See the Challenges in Mental Retardation, New York: Columbia University Press, 1964.
- Farber, Bernard. Effects of a Severely Mentally Retarded Child on Family Integration, U. of Illinois: Monographs of the Society for Research in Child Development, 1959.
- Farber, Bernard. Family Organization and Crisis: Maintenance of Integration in Families with a Severely Retarded Child, University of Illinois: Monographs of the Society for Research in Child Development, 1960.
- French, Edward L. and Scott, J. Clifford. Child in the Shadows, Philadelphia: J. B. Lippincott, 1960.
- Goldstein, Harris K. Research Standards and Methods for Social Workers, New Orleans: The Hauser Press, 1963.
- Gottlieb, David and Ramsey, Charles. The American Adolescent, Homewood, Ill.: Dorsey Press Inc., 1964.
- Josselyn, Irene M. The Adolescent and His World, New York: Family Service Association of America, 1953.
- Katz, Alfred H. ed. Mental Retardation and Social Work Education, Detroit: Wayne State University Press, 1961.
- Kessler, Jane W. Psychopathology of Childhood, Englewood Cliffs N. J.: Prentice Hall, 1966.

Bibliography - Continued

Manitoba Association for Retarded Children, A Report for Further Help for Retarded Children in Manitoba, to the Government of Manitoba, Winnipeg: 1955.

Rothstein, Jerome H. Mental Retardation, Readings and Resources, New York: Holt, Rinehart and Winston, 1964.

Saenger, G. The Adjustment of Severely Retarded Adults in the Community, New York: New York State Interdepartmental Health Resources Board, 1957.

Saenger, G. Factors Influencing the Institutionalisation of Mentally Retarded Individuals in New York City, New York: New York State Interdepartmental Health Resources Board, 1960.

Slaughter, Stella Stillson. The Mentally Retarded Child and His Parent, New York: Harper and Bros., 1960.

Tizard, J. Community Services for the Mentally Handicapped, London: Oxford University Press, 1964.

Articles

Begab, Michael J. "Mental Retardation: The Role of the Voluntary Social Agency", Social Casework, (October 1964).

Bernstein, J. "Mental Retardation: New Prospects for Employment", Journal of Rehabilitation, Vol. 2, No. 3 (1966).

Feintuch, Alfred, "Family Stability and Vocational Adjustment", Mental Retardation. The Bulletin of the Canadian Association for Retarded Children, (Winter 1965).

Enos, Francis A. "Emotional Adjustment of Mentally Retarded Children," Journal of Mental Deficiency, (March 1961).

Gibson, David; Frank, Harold F.; and Zafras, Donald E. "Public Mental Retardation Services in Canada: Evaluation and Trends", Canadian Psychiatric Association Journal, Vol. 8, No. 5 (October 1963).

Greenbaum, J. J.; and Wang, D. D. A. "Semantic Differential Study of the Concepts of Mental Retardation", Journal of Psychology, Vol. 73, No. 2 (1965).

**Bibliography - Continued**

**Mandelbaum, Arthur; and Wheeler, Mary Ella. "The Meaning of a Defective Child to Parents", Social Casework, (July 1960).**

**Moles, O. C. Jr. "Training Low Income Families for School", Welfare in Review, Vol. 3, No. 6 (1965).**

**Tiddall, William J. "A Follow-up Study of Trainable Mentally Handicapped Children in Illinois", American Journal of Mental Deficiency, (July 1960).**