EXAMINATION OF THE CONVALESCENT STATUS PROGRAM AT THE MT. PLEASANT STATE HOME AND TRAINING SCHOOL

BY

JOHN J. MURPHY
JAMES R. POWERS
GABRIEL RUSSO

EXAMINATION OF THE CONVALESCENT STATUS PROGRAM AT THE MT. PLEASANT STATE HOME AND TRAINING SCHOOL

BY

JOHN J. MURPHY
JAMES R. POLLINS
GABRIEL RUSSO

AN ABSTRACT OF A RESEARCH PROJECT

SUBMITTED TO MICHIGAN STATE UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
OF THE DEGREE OF
MASTER OF SOCIAL WORK
SCHOOL OF SOCIAL WORK 1969

ABSTRACT

A ninety eight case sample of mentally retarded subjects who were placed on convalescent status from the Mt. Pleasant State Home and Training School were analyzed to determine whether there were any variables present which distinguished the discharged residents from those returned to the institution after being placed on convalescent status. It was found that length of institutionalization does not significantly influence the discharge ratio of the convalescent population. It was found that those subjects whose I.Q. scores fell in the extreme ranges of intelligence experienced a higher discharge ratio than those individuals with intermediate I.Q. scores.

The study revealed that age of placement and admission may be significant in determining discharge rate from the convalescent status program. Although tests for significance were not performed it was found that the older the individual upon admission and placement on convalescent status, the greater was his opportunity for eventual discharge. In addition, those individuals whose admission diagnosis was "cultural familial" experienced a higher discharge ratio than any other diagnostic category.

ELIMINATION OF THE CONVALESCENT STATUS PROGRAM AT THE MT. PLEASANT GIRLS HOME AND TRAINING SCHOOL

BY

JOHN J. MURPHY
JAMES R. POWERS
GABRIEL RUSSO

RESEARCH PROJECT

SUBMITTED TO MICHIGAN STATE UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENT
OF THE DEGREE OF
MASTER OF SOCIAL WORK
SCHOOL OF SOCIAL WORK 1969

TABLE OF CONTENTS

INTRODUCTION

Most children who are mentally retarded can be helped to improve and advance. Although a few have to be completely cared for throughout their lives, many can be trained to take care of their personal needs. Traditionally, a residential facility for the mentally retarded functioned solely as a custodial institution meeting the physical needs of its patients. It was the prevalent attitude of the part that there was no alternative to life time institutionalization. However, in more recent years, there has been a change in philosophy regarding the value of long term confinement. A more dynamic approach has now been taken regarding the role that rehabilitation can play in effecting the socialization of the retardate. With special assistance, many can be taught to be completely or partially self-sufficient emotionally, vocationally and socially. Various programs and activities within the instituion for the mentally retarded such as special education and enrichment programs assist the retardate in acquiring those skills essential to becoming a productive member of the community. Convalescent status is such a vehicle. It is designed to permit residents an opportunity to interact meaningfully with society and allow the institutional staff to assess the extent to which the

retardate can adapt to community living with its many demands and pressures.

Should the resident placed on convalescent status function satisfactorily over a period of time he may be recommended for discharge from the institution. However, if it is determined he is not performing to a sufficient extent to warrant discharge considerations, he is ultimately returned to the institution until a more appropriate placement can be made or until the resident has refined those skills required for a successful community adjustment.

Therefore, convalescent status is a transient state in which the individual is permitted to function independently of the institution, although still under the facility's supervision should a crisis arise. It is the final phase of the rehabilitation program which must be successfully completed if discharge is to be eventually effected.

In essence, the convalescent status program consists of home placement with natural parents or relatives, foster parents, work assignment placements in which the resident is made a ward of the

county in which he is placed.

The authors feel that it will be a valid exercise to examine the convalescent status program at a major institution for the mentally retarded for the following reasons:

1. A review of the literature displayed few evaluative studies conducted on convalescent status programs.

2. Overcrowded conditions and chronic waiting lists warrant an examination of these programs to determine those factors that optimize successful convalescent status placements.

3. Due to economic pressures it is imperative that an institution for the mentally retarded perfect its convalescent status programs to combat or offset the spiraling costs of residential care.

The authors' primary aims in conducting this study are threefold:

1. To ascertain those characteristics that influence the Institution's Social Service Department in placing its patients on convalescent status.

2. To locate variables that may influence the success of mentally retarded patients on convalescent status.

3. To suggest viable alternatives to the present convalescent status program.

A survey of the literature would seem to indicate that prolonged institutionalization has a deleterious effect on a resident's subsequent adjustment. In essence, it is felt that extended

institutionalization serves to increase dependency and reduce emotional growth. In reviewing the only article from the literature which pertains to intelligence quotient and the success rate in community placement, a U-shaped curvilinear relationship was found to exist.

This study conducted by R.N. Jackson revealed that mentally retarded patients placed in community type employment who have intelligence quotients in either the high or low ranges of subnormality experience a higher success rate than those individuals who have intelligence quotients in the intermediate range.[1] The author's population was composed of 120 ex-students from an institution for the mentally retarded in Scotland. The I.Q. ranges that Jackson employs are 0-50 and 75-100 as the extreme ranges and 51-74 as his intermediate range.

---

[1] Jackson, R.N. "Employment Adjustment of Educable Mentally Handicapped," American Journal of Mental Deficiency, Vol. 72, July 1967 - May 1968, pp. 924-931.

Masland, et al, have concluded that prolonged institutionalization results in loss of personal spontaneity and expression, excessive fantasy, avoidance and fear of new problem solving situations and excessive dependence.[1]

Clarke and Clarke describe perceptual and constrictual rigidity as developing in those persons placed in an institutional setting for a prolonged period of time.[2] This is evidenced in the patient's inability to tolerate minor environmental changes such as any fluctuation in their activities of daily living. For example, meals served earlier or later than regularly scheduled create a disproportionate amount of anxiety in the resident who has become dependent upon the rigidity of the institutional atmosphere.

---

1 Masland, R.L. and Sarasm, Gladwin T., S.B. "Mental Subnormality," New York: Basic Books, 1958, pp. 15-16.

2 Clarke, F. and Clarke, J. "Some Recent Advances in the Study of Early Deprivation," Journal of Children's Psychiatry, Vol. 1, 1960, pp. 23-36.

Gessell and Amatruda feel that prolonged residential care results in an "Institutional Syndrome."[1] According to these authors, this phenomenon may be attributed to the paucity of stimulation in residential care facilities for the mentally retarded. In essence, the "Institutional Syndrome" may be described as a narcomatic-like condition characterized by an absence of affect, an indifference to institutional activities and a manifestation of autistic behavior.

Dennis and Najarian suggest that the lack of a warm, intimate and individualized relationship accompanied by the anonymity and rigidified structure of the institutional setting accounts for many cases in which autistic behavior is present.[2]

---

1 Gessell, I. and Amatruda, J. "Developmental Diagnosis," New York: Harper Bros. 1947, pp. 49-72.

2 Dennis, A. and Najarian, C. "Infant Development Under Environmental Handicaps," Psychological Monographs, No. 437, 1957. pp. 71.

In sum, it has been generally asserted in the literature and by the Social Service Staff at the Mt. Pleasant State Home and Training School that:

1. Extensive institutionalization inhibits an individual's growth potential.

2. Moderately retarded individuals are less likely to make a successful community adjustment than those persons functioning within the profound and borderline ranges of intellience.

HYPOTHESES UNDER TEST

H_1: The discharge ratio of convalescent status subjects is inversely related to the length of institutionalization.

H_2: Convalescent status subjects with intelligence quotients in the extreme ranges of mental retardation experience a higher discharge ratio than those with intelligence quotients in the intermediate range.

OPERATIONAL TERMS:

1. Discharge ratio - Legal release from institutional custody during the period 1961 through 1968. Those convalescent status subjects terminating by discharge compared to those persons terminating through return to the institution.

2. Convalescent status subjects - Those persons assigned to one of the following non-residential programs:

(a.) Home placement

(b.) Family care

(c.) Work placement

(d.) County referral

3. Extreme range - Those scores which fall between 0-50 and 75-100 as measured on the Stanford Binet Intelligence Scale.

4. Intermediate range - Those scores which fall between 51-74 as measured on the Stanford Binet Intelligence Scale.

5. Length of institutionalization - That period during which the patient is physically confined in the Institution prior to convalescent status placement.

METHODOLOGY AND PROCEDURE

SUBJECTS: The subjects chosen for this study are 97 mentally retarded patients at the Mt. Pleasant State Home and Training School. Of these, 55 have been successfully discharged from the Institution and the remaining 43 have been returned to the Institution as having failed on convalescent status.

METHOD: The researchers had access to the personal files of 206 mentally retarded patients placed on convalescent

status between 1960 and 1969 at the Mt. Pleasant State Home and Training School. The population was separated into two sub-groups: those subjects successfully discharged from the convalescent status program of the Institution and those subjects returned from the convalescent status program as having made an unsuccessful adjustment. A systematic sampling method was applied for each of the sub-groups. In essence, this method entailed that the case records be placed or arranged alphabetically for both sub-groups. Once alphabetized, the first record of each of the sub-groups was taken and every third thereafter until the number of possible case records of both groups were exhausted.

Only those subjects having Stanford Binet Intelligence quotient scores available were used in our population.

The researchers, having systematically selected the subjects from both sub-groups, recorded the IQ and length of institutionalization prior to placement on

convalescent status for each subject.

PRESENTATION OF DATA

The hypotheses given above were tested for significance through the use of the Phi Coefficient. This statistic provides an approximation of the Product-Moment Coefficient, which is the standard test for measuring linear relationships. It is especially applicable for our purposes since it is designed for dichotomous variables which are in our hypotheses.

The Variable "length of institutionalization" was dichotomized on the basis of the mean length of stay for those subjects in the sample. The mean length of stay was 13.1 years. Those subjects whose institutional stay was equal to or less than 13 years were considered to be short-term residents, while those persons whose stay exceeds 13.1 years were defined as long term residents.

1:

	Short Term		Long Term		
	n	%	n	%	
Discharge	30	55	25	45	100%
Return	30	60	13	20	100%

$x^2 = .155$ d.f. = 96 Sig. $P < .05$

Hypothesis 1 was not supported in testing for significance. However, there was evidence of a relationship in the opposite direction to that hypothesized. This relationship was not significant at the .05 level.

H_2: The intermediate and extreme ranges of intelligence provide us with a dichotomization by previous definition. The extreme ranges are those scores between 0-50 and 75-100, with the intermediate range constituting those scores 51-74. The literature indicates that the Stanford-Binet L-M, L and M forms have correlations as high as .9, which permits us to regard the various subtests as equivalent.[1]

---

[1] Himelstein, Philip. "Use of the Stanford-Binet IQ: A Review of Recent Research," American Journal of Mental Deficiency, Vol. 72, July-May 1967-1968, pp. 391-398.

H_2:

	Intermediate		Under 2		
	n	%	n	%	
Successful Discharge	22	40	33	60	100%
Return	23	53	20	47	100%

$x_{\downarrow} = .287$ d.f. = 96 Sig. $P < .01$

Hypothesis 2 was accepted at the .01 level of significance.

Supplemental Findings: The following illustrations and discussions examine characteristics which were not hypothesized about nor tested for significance, but did show relationships to the ratio of successful discharges.

MEAN AGE AT PLACEMENT BETWEEN GROUPS

Successful Discharge ---------- 31.2 yrs.

Institutional Return ---------- 18.5 yrs.

Discussion: There is a 13 year difference between the subgroups in regard to the mean age at the time of adolescent status placement. Those subjects successfully discharged were older than those returned. The results suggest that perhaps the age at placement is a significant variable which should be

[illegible] subjects were [illegible] at the [illegible] for possible convalescent status placement.

[illegible]

Successful Discharge ----- 15.3 yrs.

Institutional Return ---- 5.6 yrs.

Discussion: There is an [illegible] age discrepancy of 10 yrs. between those persons returned and released from the training school. The greater success experienced by the older subjects might be attributed to their greater exposure to those social skills which prove conducive to community adjustment. The disparity in [illegible] age warrants further study since it may supersede length of institutionalization as a significant indicator of [illegible] status success.

[illegible]

Successful Discharges -------- 4.44 yrs.

Institutional Returns -------- 1.61 yrs.

Discussion: Those subjects successfully discharged remained on convalescent status approximately three years longer than those persons returned to the training school. Although this difference

is not great, it would seem beneficial to explore further the relationship between length of stay in convalescent status. If this trend proves to be statistically significant, it might suggest that the decision to return a convalescent status subject to the institution is, in some cases, premature and that the individual requires a more extensive period of convalescent status.

TYPE OF PLACEMENT

Figure 1

	Home placement n = 37	Family home n = 33	County Referral n = 11	Work placement n = 12
% Successful Discharge	66	42	91	33
% Return	34	58	1	67
Total	100%	100%	100%	100%

Discussion: Figure 1

Convalescent status patients placed on county referral experienced the largest percentage of success. However, their number is too small to generalize from to any extent. It might be said

that because of the stringent eligibility requirements for county referral candidates, those persons accepted are predisposed to achieve success due to the elaborate screening procedures of the Department of Social Services.

Those subjects in the home placement program achieved the next largest percentage, and the largest number, of successes. Possibly this is a function of the degree of stability and personal involvement afforded the patient by his family of orientation. In contrast to this finding, family care placement contributed the greatest percentage of institutional returns, perhaps due to the lack of permanence and affectional attachment for the individual which characterizes home placements.

<u>DISTRIBUTION OF SEX</u>

	<u>Discharges</u>	<u>Returns</u>	
<u>Males</u>	63%	37%	100%
<u>Females</u>	34%	66%	100%

Discussion: Males enjoy a considerably higher percentage of success than do females. This may be due to several factors. Culturally, a retarded male is more predisposed to act out

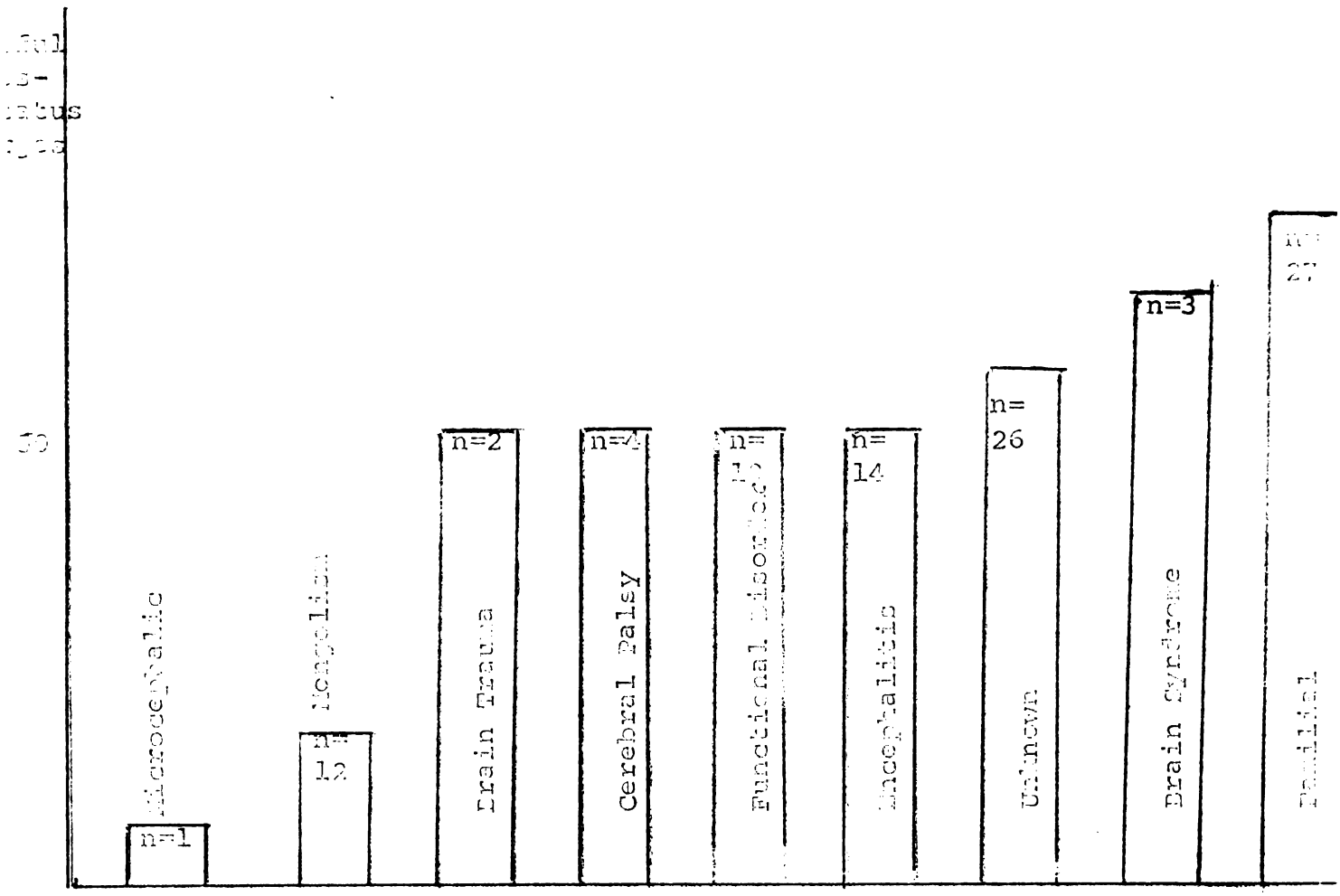
aggressively, whereas, the women is more inclined to be sexually promiscuous. The former manifestation is more acceptable to the community and is more frequently overlooked than a sexual form of acting out. Socially, more consideration is given to the male when discharge staffing is held due to the weight placed on occupational independence. Males are frequently trained for specific skills prior to their release which enhances their vocational adjustment in the community. Women are taught domestic skills which, although relevant for their societal roles, does not insure their employability upon placement, which is an important consideration in determining eventual release.

Of those individuals returned to the institution, 19 percent were returned due to environmental difficulties extraneous to their adjustment; 12 percent failed to improve and were returned on this basis. 38 percent of the patients were removed from convalescent status because of poor adjustment, and 30 percent of the convalescent status subjects were returned on the basis of their physical condition.

It is sometimes unavoidable that patients must be returned to

the facility as a result of an unsuitable placement. However, since 1/5 of the return sample failed because of environmental conditions, it would seem imperative that the institution exercise more discretion in screening applicants desirous of housing retardates.

Figure 2



Discussion: Figure 2

The cultural-familial diagnostic grouping experienced the highest percentage of successful discharges. This is possibly due to the fact that this group's functioning is marginal but does not exhibit extreme behavioral difficulties characteristic of the other populations. In addition, their family is more likely to be tolerant of their disability since they may be borderline themselves.

The "unknown" diagnostic grouping also experienced a relatively high percentage of success. However, a generalization cannot be made since this category is so nebulous.

SUMMARY AND CONCLUSIONS

A study was made of those convalescent status subjects from the Mt. Pleasant State Home and Training School, comparing those who had been successfully discharged from the Program, with those returned to the institution as having failed.

The researchers were interested in determining if there were

significant characteristics exclusive to these subjects who were successfully discharged. The variables [illegible] which might have influenced the discharge rate. Two of these characteristics, length of institutionalization, and intelligence level, were tested statistically for the relationship to the discharge rate from the institution.

The [illegible] tested that:

H_1: Length of institutionalization is inversely related to the discharge rate.
Null hypothesis:

H_0: The subjects whose I.Q. scores fall at the extreme ranges of intelligence are more likely to be successfully discharged than those whose I.Q. scores fall within the intermediate range.

Hypothesis I was not supported. The results indicated that discharge, in fact, is direct, rather than inverse, related to the length of institutionalization and the ratio of discharge, although the relationship did not approach statistical significance. A factor that may be influential in producing this result may be that the institution is getting less and more problematic and complex cases than in the past years. In this research, larger

[illegible]

[illegible]

BIBLIOGRAPHY

Appell, M.J., Williams, C. M., and Fishell, K.N. "Factors in the Job Holding Ability of the Mentally Retarded," Vocational Guidance Quarterly. 1965, 13, 127-130.

Bachan, J.M. "The Outside Employment of Hospitalized Mentally Defective Patients as a Step Towards Resocialization," American Journal of Mental Deficiency. 1955, 59, 666-668.

Clarke, F. and Clarke, J. "Some Recent Advances in the Study of Early Deprivation," Journal of Children's Psychiatry. 1960, 1, 23-36.

Collmann, R.D. and Newlyn, D. "Employment Success of Educationally Sub-normal Ex-pupils In England," American Journal of Mental Deficiency. 1956, 60, 733-743.

Dennis, W. and Najarian, C. "Infant Development Under Environmental Handicaps," Psychological Monographs. 1957, 437, 71.

Gesell, I. and Amatruda, J. "Developmental Diagnosis," New York: Harper Bros., 1947.

Hiatt, M.S. "Casework Services in Community Placement of Defectives," American Journal of Mental Deficiency. 1951, 56, 204-211.

Himelstein, Philip. "Use of the Stanford-Binet LM: A Review of Recent Research," American Journal of Mental Deficiency. July-May 1967-1968, 72, 691-699.

Jackson, S.K. and Butler, A.J. "Prediction of Successful Community Placement of Institutionalized Retardates," American Journal of Mental Deficiency. 1963, 68, 211-217.

Jackson, R.N. "Employment Adjustment of Educable Mentally Handicapped," American Journal of Mental Deficiency. July 67-May 68, 72, 924-931.

Masland, R.L. and Sarason, Gladwin T., S.B. "Mental Subnormality," New York: Basic Books, 1958, 15-16.

McPherson, G.E. "Parole of Mental Defectives," Proc. American Association of Mentally Deficiency. 1935, 40, 162-167.

Shafter, A.J. "Criteria for Selecting Institutionalized Mental Defectives for Vocational Placement," American Journal of Mental Deficiency. 1957, 61, 599-616.

Tarjan, G., Dingman, H.F., Eyman, R.H., and Brown, S.J. "Effectiveness of Hospital Release Programs," American Journal of Mental Deficiency. 1960, 64, 609-617.

Tavris, E. "An Attempt to Distinguish Between "Successful" and "Unsuccessful" Separation Groups in a Hospital for Mentally Retarded Patients," Training School Bulletin. 1964, 60, 184-191.

Thomas, B.H. "A Study of Factors Used to Make a Prognosis of Social Adjustment," American Journal of Mental Deficiency. 1943, 47, 334-336.

Walker, J.L. "Psychological Tests as Predictors of Vocational Adjustment," American Journal of Mental Deficiency. 1951, 56, 429-432.

Windle, C. "Prognosis of Mental Subnormals," American Journal of Mental Deficiency, Monog. Suppl. 1962, 66, 1-100.

Windle, C., Stewart, E., and Brown, S.J. "Reasons for Community Failure of Released Patients," American Journal of Mental Deficiency. 1961, 66, 213-217.

Wolfson, I.N. "Follow-up Studies of 92 Male and 131 Female Patients Who Were Discharged From the Newark State School in 1946," American Journal of Mental Deficiency. 1956, 61, 224-235.