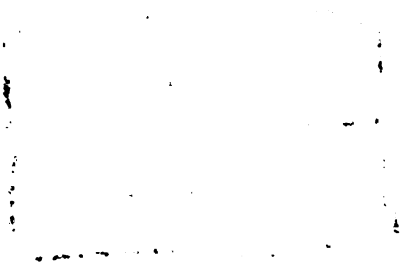
THE RELATIONSHIP OF FOUR VARIABLES TO SUCCESSFUL FOSTER HOME ADJUSTMENT OF INSTITUTIONALIZED RETARDATES



THE RELATIONSHIP OF FOUR VARIABLES TO SUCCESSFUL FOSTER HOME ADJUSTMENT OF INSTITUTIONALIZED RETARDATES

By

Myra Kim
Nathalia Kutz
Joan Lozier
Barbara Misenheimer
Patricia Wright

AN ABSTRACT

Submitted in partial fulfillment
of the requirements for
the degree of

MASTER OF SOCIAL WORK

Michigan State University
School of Social Work
East Lansing, Michigan

1968

ABSTRACT

Through the use of a matched-group design method, 76 case records of mentally retarded patients from the Coldwater State Home and Training School were examined to determine whether structured home environment, length of stay in institution, impulse control and social communication are statistically significant in predicting the outcome of a foster home placement. It was found that the variables of structured home environment and length of stay in institution were not significant here. Significant differences were found between the successful and non-successful samples on the two developmental variables, impulse control and social communication. Our study suggests that although impulse control and social communication are significant in predicting success in foster home placements, further study should be made to identify other variables which may increase the predictability of successful foster home adjustment.

THE RELATIONSHIP OF FOUR VARIABLES TO SUCCESSFUL FOSTER HOME ADJUSTMENT OF INSTITUTIONALIZED RETARDATES

By

Myra Kim
Nathalia Kutz
Joan Lozier
Barbara Misenheimer
Patricia Wright

RESEARCH PROJECT

Submitted in partial fulfillment
of the requirements for
the degree of

MASTER OF SOCIAL WORK

Michigan State University
School of Social Work
East Lansing, Michigan

1968

ACKNOWLEDGMENTS

We wish to extend our appreciation to Alice Cox, A.C.S.W., Director of the Department of Social Service, Coldwater State Home and Training School, for obtaining permission for this study to be conducted at that agency and for supplying valuable information regarding the Family Care Program.

We also wish to thank the Staff of the Social Service Department of Coldwater State Home and Training School for their cooperation in supplying information on the above mentioned program.

In addition, we are greatly indebted to Mr. William Kime, whose guidance, suggestions, and information assisted us in clarifying the various procedures and in selecting the statistical tests necessary for the realization and completion of this project.

TABLE OF CONTENTS

LIST OF TABLES

INTRODUCTION

Statement of Purpose

The purpose of this study is to determine whether two environmental and two developmental variables are related to successful adjustment of institutionalized retardates in foster homes. Studies have been made during the past few years to identify variables which determine success on community placement of institutionalized retardates. The purpose of those studies was to enable institutional staff to more accurately predict convalescent status outcome in general. In our study, the purpose is to be better able to predict foster home adjustment outcome, a somewhat different and more particular status.

Foster homes used in our study are all carefully selected private homes under contract to the Michigan Department of Mental Health, licensed by the Michigan Department of Social Services on approval of the Coldwater State Home and Training School and used in the Family Care Program administered and supervised by that institution for the care and treatment of their mentally retarded patients. These are patients, in the words of the "Family Care

Manual," published in 1964 by the Michigan Department of Mental Health,

> who have gained maximum benefits from hospitalization but who have not improved sufficiently to return to their own homes or to independent living in the community. Placement . . . provides an opportunity for patients to maximize their potential in meeting problems inherent in family and community living. For some patients a Family Care placement may be a step toward return to their own homes and to self-responsibility. For others . . . [it] . . . may be an indefinite placement which provides the satisfactions of a homelike setting. All patients selected for Family Care are placed with rehabilitative intent. In the process of selecting the home, careful consideration is given to the patient's social, physical, and emotional needs, as well as the ability of the Family Care home to meet these needs.
>
> The legal status of all committed cases so placed shall be under all governing statutes the same as if they were in the hospital proper, but for administrative and statistical purposes the status shall be additionally known as "Family Care." (Rules and Regulations, Department of Mental Health, July, 1963, 7.90.)

The daily operation and management of the program is the responsibility of the director of the institution's social service department. Thus, the Family Care Program is an extension of the institution into the community. A social worker is assigned to each home and visits it at least once a month (visits are more frequent when a patient is first placed and when required by the needs of the patient) for the purpose of working with the Family Care sponsor ("parent") and members of her family. This is intended to increase their skill and understanding in helping individual patients adjust to

home and community living in accordance with the diagnosis and treatment plan for that patient. The worker simultaneously works with the retardate (patient) in enabling him to adjust to the home and surrounding community, in accordance with his potential.

The "Family Care Manual" outlines the responsibilities of the worker and Family Care sponsor in detail. (8) The Family Care sponsor is subject to the regulations of the institution, and, with the social worker's assistance and interpretation of the treatment plan,

> stimulates the rehabilitation of each individual patient as far as possible by encouraging self-initiative, greater independence of thought and action, and by providing opportunities for community participation and socialization along with preserving the dignity of the individual and helping recreate feelings of security. (8)

The above specifications differentiate our study population and setting from those in other studies of community placements, such as: convalescent status (parole), vocational placements, etc. of institutionalized retardates. Foster homes provide the retardate with a sheltered environment and consistent supervision under the direction of the social worker who is responsible to the director of the social service department in the institution. A much closer supervision is provided in the foster homes than that provided for other community placements.

Theory - Hypotheses

We hypothesize that successful adjustment of an institutionalized retardate in a foster home is related to four factors:

1. Length of stay in an institution,
2. Structured home environment prior to institutionalization,
3. Ability to control his impulses, and
4. Capacity for social communication.

Definition of Terms

A mentally retarded individual for the purposes of this study is any individual who, when placed in the foster home, has an IQ between 20 and 85 inclusive, and who is incapable of adapting himself to the normal environment of his fellow man in such a way as to maintain his existence independently of supervision, control or external support.

A successful adjustment in a foster home is here defined as living in the same home for a period of two consecutive years, or, living in two different foster homes within a consecutive two-year period, provided the change in homes was not due to any behavioral problem or care problem on the part of the mentally deficient individual.

A structured home environment is one that is conducive to positive, stable and adequate functioning. That is, 1) the child is given loving care and nurturance, 2) kindly control, 3) adequate stimulation; 4) he is accepted into the family constellation; and 5) the parents have reasonable expectations of the child in accordance with his limitations. These terms receive further definition in the instrument constructed to measure them, to be described under the Section entitled "Method" of this paper.

Impulse control is the ability to defer gratification and demonstrate frustration tolerance. This concept is further defined in the measuring instrument referred to above.

Social communication is the process of transferring meanings from one person to another. This is a notoriously difficult term to define. Refer to the measuring instrument under the discussion of "Method" for further characteristics of this concept.

Review of Literature

Numerous variables relating to the various placements of mental retardates have been reported in the literature. In studies of community placement for the purpose of vocational rehabilitation, a wide range of variables were found to have some statistical significance: Tauris (1964) (19) found the probability of successful

placement of the mentally retarded is greater when the retarded patient is institutionalized at an older age. Cohen (1960) (3) found that patients with a good attitude toward their job or a feeling of responsibility toward it succeeded more than those with a poor work attitude. Conley (1965) (4) indicated that success of the placement depended on a person's ability to work, his attitude toward work, the availability of work, and laws that reduce the incentive to work. Barrett (1965) (1) found that the ability to render a more abstract judgment on a relative level may be a factor in predicting success. In testing retardates' understanding of the use of money and attitudes toward work, several items, such as 1) why we should save money, and 2) the attitude that people who work hard are friendlier, statistically differentiated between the success and failure groups, but the study was not conclusive and merely tended to indicate that use of money and attitudes toward work were important factors. Jackson and Butler (1963) (12) mentioned the following 11 variables as significant in predicting success of placement: 1) separation from 2 parents at 1-5 years of age, 2) separation from parents at 5-10 years of age, 3) urban-rural residence, 4) length of institutionalization, 5) Wechsler Verbal IQ, 6) Wechsler Performance IQ, 7) Wechsler Full Scale IQ, 8) reading achievement, 9) arithmetic achievement, 10) age, and 11) certificates earned. Through multiple regression

analysis, they found that prediction could be based on age, Verbal IQ, urban-rural preadmission residence, and remaining with parents until age 5. Early home conditions as defined in this study were found to have no relation to the outcome of placement. Shafter (1957) (18) lists 12 significant characteristics--1) behavior problems, 2) escapes from institution, 3) quarrels with employees, 4) quarrels with other patients, 5) fights with other patients, 6) truthfulness, 7) ambition in institution, 8) obedience, 9) carelessness defined as lack of attention to details in work, personal habits, and life on the ward, 10) punishment record, 11) steals, and 12) good workers in institution.

Studies concerning the more general success or failure of retardates discharged from the institution reveal important variables also. Hartzler's study (1953) (10) found three factors to be important for predicting success--1) the degree of delinquency prior to and during institutionalization, 2) good parole record, and 3) the type of home to which the retardate returns in the community. Krishef (1959) (14) reveals the following seven significant determinates: 1) more wards adjust successfully when discharged to rural communities, 2) more wards adjust successfully who have had work assignments at the institution, 3) fewer wards adjust successfully who have been behavior problems, 4) more males adjust successfully in rural

settings, 5) more of those above the upper end of the moron level* adjust successfully in rural communities, 6) more wards adjust successfully in rural communities when a social agency has been involved in discharge planning, and 7) more of those with longer institutional experiences adjust successfully in a rural setting.

Morrissey (1966) (17) more specifically mentions the criteria used for patient selection for a family care program but feels that more research is needed to evaluate the effectiveness of these criteria. He uses the following criteria for the program he works on: 1) stable physical condition, 2) degree of emotional stability, 3) not severely retarded, and 4) rehabilitation potential. Crutcher (1944) (5) lists his criteria (positive and negative) for selection of patients for his foster care program as the following: 1) completely absorbed in his own psychotic ideas, 2) old age and degenerative people who are confused and may respond to individual attention, 3) those whose dissatisfactions with hospital treatment may lessen in foster care, 4) those with paranoid trends who could not adjust with former associates, 5) those who could not adjust outside of the hospital, and 6) those whose recovery will hasten with family care.

Later in this paper, the various findings in the literature will be compared to the findings in this study. Although this study

---

*now referred to as the "educable level"

differs somewhat in purpose from the research reviewed, there seems to be enough similarity to warrant a comparison of the findings.

METHOD

Procedures to Obtain Sample

To obtain the sample for this study, all persons who had been placed in a foster home from Coldwater State Home and Training School from 1954 through 1964 were divided into two groups, those who had succeeded and those who had failed in their placements, using the criteria discussed on page 4. The original successful group included 118 persons. From those who had failed, those persons who had failed for reasons other than personality or behavior were eliminated. This included those who had to be removed from the foster home due to illness or factors arising in the foster parent's situation. The final failure group then included only those persons who had failed to make a personal adjustment to one or two homes in a period of two years. The failure group contained 40 persons.

Efforts were made to match all of the 40 failures with someone in the successful group. Persons were matched on the basis of sex, age, and IQ range.

Age was calculated at the time of placement into the foster home. Under two years of age, persons were matched if they were

within three months of each other on the factor of age. One year's difference was allowed in persons between 2 and 19 years of age. Persons over 19 were regarded as matched if their birthdays were within five years of each other. As it occurred, there was only one matched with as much as five years' difference in age. The rest of the matches ranged from less than a month's difference in age to three years.

All persons were matched so as to fall into the same IQ range. Depending on the particular test which had been given to the individual, persons were placed in a retarded classification. If the IQ score had been derived from the Stanford Binet, Gesell Developmental Scale, Catell Infant, or Vineland, the person was placed in a classification as follows:

	IQ Scores
Severely retarded	20-35
Moderately retarded	36-51
Mildly retarded	52-67
Borderline IQ	68-83

If the person had been given the Wechsler Adult Scale (Bellevue), the score was used to determine the classification in the following manner:

	IQ Scores
Severely retarded	25-39
Moderately retarded	40-54
Mildly retarded	55-69
Borderline IQ	70-84

Sample

Using these criteria, it was possible to match 36 of the 40 persons who failed with 36 of the 118 persons who made successful adjustments to the foster homes. The sample was made up of 20 males and 52 females. The males ranged in age at time of placement from 1 to 10. The females were between 2 and 57 years of age. The females' ages were quite uniformly spread throughout this age range. Twelve were children 12 years and under, 10 were adolescents under 20, 12 were in their 20's, and 18 were over 30 years of age. While the females were of a wide age range, with some concentration in adolescence and young adulthood, the males were all children 10 years of age or under.

The total sample contained the following numbers of persons in each of the classifications:

	Male	Female	Total
Severely retarded	2	2	4
Moderately retarded	2	14	16
Mildly retarded	10	20	30
Borderline IQ	6	16	22

Instruments

Scales were developed for measurement of structured home environment prior to institutionalization, ability to control impulses and capacity for social communication.

The scale for a structured home environment was based on the definition of a structured home environment which is repeated here.

Ordinal Scale for Structured Home Environment

Structured home environment--is one that is conducive to positive, stable and adequate functioning. That is, 1) the child is given loving care and nurturance, 2) kindly control, 3) adequate stimulation; 4) he is accepted into the family constellation; and 5) the parents have reasonable expectations of the child in accordance with his limitations.

1. Good--a home environment which contains four or more of the above characteristics.
2. Moderate--a home environment which contains three of the above characteristics.
3. Borderline--a home environment which contains two of the above characteristics.
4. Poor--a home environment which contains one or less of the above, therefore indicating a neglecting and possibly abusive home environment.

Ordinal Scale for Ability to Control Impulses

1. Good--can channel impulses into socially acceptable activities, i.e. games, hobbies, discussion, and participation.
2. Moderate--infrequent acting out, some verbal complaining, vacillates between cooperating and refusing to co-operate.
3. Borderline--frequent acting out, verbally complaining, frequent self-destructive activities and/or temper tantrums.
4. Poor--complete destructive acting out against the environment.

Ordinal Scale for Capacity for Social Communication

1. Good--can verbally or nonverbally firmly convey his case, is open to feed-back and responds to feed-back.
2. Moderate--has some difficulty in conveying his case, is not as open to feed-back and has some difficulty in responding appropriately.
3. Borderline--communication conveyed is distorted more times than not, more times than not individual is resistant to communication attempts.
4. Poor--the individual has almost no means to express himself and does not respond to communication from others, individual is resistant to communication attempts and/or responding to communication from others.

We do realize that social communication is a notoriously difficult factor to recognize and test. In making the rating every attempt was made to avoid judging level of communication, i.e. nonverbal or verbal, but to judge willingness to convey and respond at any level.

Procedure

Data for this study was obtained from the case records of the 72 subjects. Length of stay in the institution prior to the foster home placement was computed from admission and placement dates. Data on the other three factors required a reading of the reports in the case record, and the making of a rating using the scales developed. The ranking of structured home environment was derived

from reports made at the time the person was admitted to the institution. The rankings on impulse control and social communication were obtained from institutional reports made prior to placement. These included cottage parents' reports, school records, and reports of psychological testing. If the person had been institutionalized for only a short time, reports on behavior before institutionalization were used.

To control subjectivity in making these ratings, some controls were set up. Those persons making the ratings were not aware of whether the person being rated had failed or succeeded in the placement. Ratings on different factors were not made for a particular case at the same time. This was done to cut down on the "halo effect," that is, the possibility of one rating subjectively affecting another. To further enhance the reliability of the ratings, three persons made independent ratings. If two or three raters were in agreement, the rating was considered satisfactory. In only two instances did this not occur. In these there was wide discrepancy, and the case was re-read and a final rating was made through discussion.

Statistical Tests

The Chi-Square test is to be used to determine whether the two groups differ significantly in the median length of stay in the

institution prior to placement. The t test for mean differences in matched group means is to be used for the other three factors. It was decided in advance that the hypotheses would be considered confirmed at the .05 level of significance.

RESULTS AND DISCUSSION

The results of this study did not disclose a significant difference between the successful and nonsuccessful groups on the two environmental variables. The value of t for home environment is 1.284, which yielded a probability of more than .20 but less than .30. This, according to the criteria of this study, will not be accepted as significant. On the second environmental variable, length of stay in the institution, the median length of stay of both samples was virtually identical (successful md-47 months, and nonsuccessful md-45 months); since there is obviously no significant difference between the two groups, no test was used.

There is a significant difference between the successful and nonsuccessful groups on the two developmental variables. The value of t for impulse control is 2.456 and for social communication is 2.443. Both of these statistics are significant at the .02 level. See Table 1 below.

Contrary to Jackson and Butler's study, this study found that the variable of length of stay in the institution was not a predictor of success. This study tends to confirm their finding that early

home conditions have no statistically significant relation to the outcome of placement.

TABLE 1

COMPARISON OF MEAN SCORES ON UNSUCCESSFUL AND SUCCESSFUL PLACEMENTS ON THREE VARIABLES

Variables	Unsuccessful Placements N = 36	Successful Placements N = 36	$\bar{X}_1 - \bar{X}_2$
	Mean = $\bar{X}_1$	Mean = $\bar{X}_2$	
Home Environment	3.22	2.94	.28
Impulse Control	2.03	1.61	.42*
Social Communication	1.97	1.50	.47*

*Significant at the .02 level of confidence

The variables of behavior problems, quarrels and fights with other patients were found to be significantly related to successful placement by Shafter. This finding was partially confirmed by our study, since we included these factors as well as some others in the low rankings of numbers 3 and 4 on our measurement scale for impulse control. (See page 13.) His finding that obedience was significantly related to successful placement was likewise partially confirmed by our study, since obedience was one of the factors included in our ratings on social communication.

The finding of this study which showed a significant relationship between success and impulse control is in agreement with the finding of Krishef that there was less success among the retardates with behavior problems.

Implications of This Study

Of the four hypotheses tested in the study, only two were proven to have predictive merit. These are: Successful adjustment of an institutionalized retardate in a foster home is related to:

1. Ability to control his impulses, and
2. Capacity for social communication.

This makes apparent the need to identify specific behaviors indicative of good impulse control. Also, specific verbal and non-verbal patterns reflecting good social communication are needed if we are to accurately evaluate and predict success in foster home placement. This identification of specific behavior and communication patterns will facilitate upgrading of ranking scales on impulse control and social communication and help diminish subjectivity which presently exists in the evaluations made by the cottage attendants. These in turn will be of more value for social workers in making foster home placements.

The identification of positive behavior and communication patterns should also help the cottage attendants to increase their

awareness of potential problems in the patients as well as indicate which behaviors and communication patterns to reinforce and which to extinguish via a system of rewards and punishments.

The definite trend to utilize institutions for the more profoundly retarded while maintaining the less retarded in the community calls for even more effort to improve impulse control and social communication to help the retarded function in their communities.

Limitations of Study

Although every effort was made to achieve objectivity in the ratings, it is felt that there was some problem here due to variation in the materials of the different records. The patients' monthly reports* made by cottage attendants lacked standardization and were very subjective. This difficulty became especially apparent when we attempted to rank the subjects on impulse control. The comments regarding behavior made by the cottage attendants varied greatly, sometimes reflecting misconceptions and stereotyped attitudes. Apparent changes from good to poor, or poor to good, impulse control, in some cases appeared to be related to a change in cottage

---

*The above mentioned reporting system is a monthly record compiled by the cottage attendants noting each patient's monthly status, progress, or regression in the areas of eating, work, behavior, games and activities and medicine.

attendants. Also, it should be noted that it was almost impossible to rank infants on any of the four variables.

There was sometimes a paucity of information in the older records for rating the "structured home environment" variable. This difficulty was not so frequently encountered in the more recent admissions. Infants being taken directly to the institution were also not subjected to the influence of a home environment. Thus, the paucity of information among older patients and the absence of a home environment for some infants might limit the validity of group ratings on this variable. However, the exact match between the criterion groups on age, sex, and IQ should prevent any systematic bias from resulting from this limitation.

It should be noted that the population studied included a wide range of ages for females but included only male children. Therefore, the study cannot be considered to have tested criteria for successful adjustments to foster homes for male patients over 10 years of age.

A final limitation derives from the fact that it is extremely difficult to devise an instrument to precisely evaluate social communication. A more standardized, accurate instrument might increase the predictive value of this variable, but none seem available as yet.

Implications for Further Study

Further research is needed to identify the specific maladaptive behaviors and faulty communication patterns which this study indicates have generally contributed to failure in foster home placements. Such research should help standardize the ratings of the cottage attendants and thereby increase the predictive accuracy in the selection of individuals for foster home placements.

Older males who had failed in their placements were not available for this study. Further research seems indicated on the results and/or predictive factors in the placements of males older than 10 years of age. Of interest is the question of whether our inability to find failures in this group means that few men are placed or that few fail. When this is answered we may be able to say whether this age-sex group shows the same predictive factors as the population studied here.

BIBLIOGRAPHY

1. Barrett, Albert M., Relos, Ruth, and Eisele, Jack. "Vocational success and attitudes of mentally retarded toward work and money." American Journal of Mental Deficiency, 1965, 70 (1), 102-107.

2. Birch, H. G., and Belmont, L. "The problem on comparing home rearing versus foster home rearing in defective children." Pediatrics, 1961, 28, 956-961.

3. Cohen, J. "An analysis of vocational failures of mental retardates placed in the community after a period of institutionalization." American Journal of Mental Deficiency, 1960, 65, 371-375.

4. Conley, Ronald W. "Factors influencing the success of rehabilitation." In: Conley, Ronald W. The Economics of Vocational Rehabilitation. Baltimore, Maryland: John Hopkins Press, 1965, pp. 100-137.

5. Crutcher, H. "Selection of Patients." Foster Home Care for Mental Patients. New York: Commonwealth Fund of New York City, 1944.

6. Crutcher, Hester B. "Family care of mental defectives." American Journal of Mental Deficiency, 1940, 45, 127-133.

7. Deming, J. "Foster home care and group placement." American Journal of Orthopsychiatry, 1940, 10, 586-594.

8. Family Care Manual. Lansing: Michigan Department of Mental Health, 1964.

9. Harrington, Donald A. "Communicative Disorders in Children." Mental Retardation During the Decade 1954-1964. Washington, D. C.: U.S. Department of Health, Education, and Welfare, 1964, pp. 297-301.

10. Hartzler, Ethel. "A ten-year survey of girls discharged from the Laurelton State Village." American Journal of Mental Deficiency, 1953, 57, 512-517.

11. Hubbel, Hiram G. "Family care at Newark State School." American Journal of Mental Deficiency, 1941, 45, 579-583.

12. Jackson, Sue K., and Butler, Alfred J. "Prediction of successful community placement of institutionalized retardates." American Journal of Mental Deficiency, 1963, 211-217.

13. Kaufman, Melvin E. "Some basic considerations in revamping institutional programs for the mentally retarded." American Journal of Orthopsychiatry, 1965, 35 (5), 896-898.

14. Krishef, C. H. "The influence of rural-urban environment upon the adjustment of discharges from the Owatonna State School." American Journal of Mental Deficiency, 1959, 63, 860-865.

15. Levy, Ruth J. "Effects of institutional versus boarding home care on a group of infants." Journal of Personality, 1947, 15, 233-241.

16. McGuigan, F. J. Experimental Psychology, A Methodical Approach. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1960.

17. Morrissey, James R. "Status of family-care programs." Mental Retardation, 1966, 4, 8-11.

18. Shafter, A. J. "Criteria for selecting institutionalized mental defectives for vocational placement." American Journal of Mental Deficiency, 1957, 61, 599-616.

19. Tauris, E. Mental Retardation Abstracts, Vol. I, U.S. Department of Health, Education, and Welfare, 1964, p. 423.

20. 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, 224-238.