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## Dimensions of Psychological Health for Retarded Adults in a Community Residence

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DIMENSIONS OF PSYCHOLOGICAL HEALTH  
FOR RETARDED ADULTS IN A  
COMMUNITY RESIDENCE

By

Barbara Dianne Reid

B.A. Waterloo Lutheran University, 1970

THESIS

Submitted in partial fulfillment of the requirements  
for the Master of Arts Degree  
Wilfrid Laurier University  
1974

Examining Committee

Dr. Edward Bennett, Chairman  
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## Abstract

The Residents' Needs Questionnaire was developed to measure attitudes concerning the needs of retarded adults for Physical Existence, Psychological Existence, Submissive Relating, Dominant Relating, Shared Relating, and Environmental Mastery. Two measures, identification of the need and perception of the extent to which the need was actualized, were obtained for each of forty items. The questionnaire was administered to staff, residents, parents, and Advisory Committee members of the David Fisher Residence in Erbsville, Ontario. Results indicated that residents' needs are identified differently by the four different subject groups, and that residents, staff, and Committee members perceive discrepancies between identified needs and actualized needs. Residents have growth needs (Shared Relating and Environmental Mastery) as well as deficiency needs. Growth needs are less adequately satisfied than deficiency needs.



### Acknowledgements

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## Introduction

The present study is an examination of human development needs of retarded adults in a community setting, the David Fisher Residence. Concurrent research, conducted by David Hallman, dealt with the history of that setting from its opening in August, 1972, to the fall of 1973. Hallman studied the perceptions of residents' development, staff's functions, parents' involvement, and Advisory Committee's role for four different time intervals over the sixteen-month period. The present author reported the attitudes of these four groups towards developmental needs of the residents in the fourth time interval.

This research provides a set of perceptions sampled at one point in the life of an ongoing setting. To provide a temporal context for the data, the following sections have been included in this report: a review of the history of residential care; a developmental history of the David Fisher Residence (Appendix C); the outline of a report to research participants, which can be used for future development of the residence programme (Appendix D).

The mental retardation literature yielded little information about the attitudes of retarded adults or about community residence programmes. For this reason, the present study is exploratory in nature, with two primary goals: to develop a method of studying the attitudes of retarded adults; to obtain

information which describes a community residence and which provides a starting point for further research.

## Review of the Literature

### Residential Care

This section will describe the history of residential care for the retarded, current patterns of care, and the David Fisher Residence in Erbsville, Ontario. It is presented first to provide a context for interpreting the personality and social systems literature described in subsequent sections.

The community residence has been welcomed by social science professionals, government, and parent groups as a new alternative to institutionalization. Yet authors who have recently reviewed the history of residential care have noted with surprise that our "new" approach of providing small, family-like homes in the heart of the community has many characteristics in common with residential facilities established on this continent in the nineteenth century (Newroth, 1969; Shea, 1971).

As Sarason points out in Creation of Settings and the the Future Societies (1972), we need to look at several variables when we try to understand the creation of a setting. Common sense would suggest that the developmental needs of retarded people have an important influence on the types of settings which are established for them. Indeed, Goldberg and Younie's (1969) "working definition of the term institution" supports this suggestion:

... a residential setting is an organization designed to assist people ... to maintain or raise the functional levels of their cognitive, psychomotor and affective abilities and thereby help these individuals to develop the mechanisms necessary to satisfy their basic psychological, biological, sociological, educational and other needs in a manner that meets general societal approval.

However, the literature shows that a variety of forms of residential care might be provided for persons with the same needs. Some of the other variables which may affect their living settings are the economic conditions of the country, prevalent theories of retardation, and the attitudes of the community toward deviance.

Howe, who founded the first residential setting on this continent, in the 1800's, shared with his contemporaries the attitude that deviance was a punishment inflicted upon the atypical person or his family (Wolfensberger, 1972). However, he also subscribed to the theory of Itard and Seguin that sensory training could reverse retardation and allow a person to become normal. Howe provided the residents of his Massachusetts school with a family-like environment and an extensive educational programme. His "success rate" was excellent, by present standards. Over sixteen years, 78 per cent of the residents returned to the community, many of them self-supporting (White and Wolfensberger, 1969).

But Howe's efforts to reverse all cases of retardation had failed. As the higher functioning residents left the institution, its population included increasingly more severely retarded people. Howe abandoned his educational programmes



in the 1870's, and provided the residents with an environment designed only to protect them from society (White and Wolfensberger, 1969).

The economic consequences of such a programme soon began to influence the residents' environment. When the educational programmes stopped very few residents left the institution, yet more and more people sought admission. Prevalent economic theory suggested that one large facility would cost less than several small ones. Most communities could not house a large facility so these institutions were often built several miles from the nearest town. A resident who, a decade before, may have spent a few years in a community home, would now spend the rest of his life in a rural institution.

The isolation of institutions in turn contributed to an attitude change on the part of the general public, who now had less opportunity for face to face contact with retarded people. At the same time, popular theories of eugenics and degeneration suggested that retardation was inherited and led to alcoholism, prostitution, and other "social ills" (Sarason and Doris, 1969). The attitude that the institution protected society from the retarded replaced Howe's intention of protecting retarded people from society (White and Wolfensberger, 1969).

This model of residential care remains with us today: in 1971 over 7,000 retarded people in Ontario lived in large institutional settings (Williston, 1971). But the settings are not homogenous, nor has the living environment in any one

institution necessarily remained the same.

In the 1890's the "Orillia Asylum for Idiots" provided an educational programme for its residents. Later in that decade, The Patrons of Industry, a political party, "attacked... the training school at Orillia, and complained that the usefulness of training 'idiots' did not warrant its cost to the public." The school programme was reduced and later closed completely (Shea, 1971). The focus on efficiency was evident in 1910 when the Ontario government hired Mr. Downey as superintendent at Orillia. To make the institution more self-sufficient, he "turned Dr. Beaton's 'garden' into a full-scale farm operation" (Shea, 1971). In 1927, Dr. B. McGhie, the new superintendent, hired three psychologists to plan a new training programme. He assumed that "no matter how severe the retardation, it was the duty of the hospital to find a way to enable the resident to use the ability he had..." (Shea, 1971). Once again the living environments of the residents were affected by the values of the people around them.

Social forces of recent years have led to different attitudes about retarded people and, consequently, to the creation of new settings for them. Professionals, public figures and parents all have contributed to this change.

The way in which professional services are delivered to a group of people is often related to how those people are regarded by society. In the early twentieth century care of retarded people was patterned on a medical model. Institutions,

administered by physicians, were called "hospitals"; the retarded people were "patients." They received better physical treatment when viewed as "sick" than when they had been viewed as "sub-human." Blatt (1970) reports that many institutions had not been heated in the nineteenth century because the administration believed that their "sub-human" charges could not experience heat and cold.

But the warmth, food and medical attention provided by the "hospitals" satisfied only physiological needs. Province and Lipton's (1962) study showed that infants in institutions were deficient in muscle control, language development, and problem-solving skills. The decline in developmental quotients over one year was significantly greater for institutionalized infants than for infants in foster homes. Their results suggest that a system which provides only physical care could in fact retard the retarded.

Modifications in the delivery of professional services illustrate a move away from the medical model and, more recently, from the isolation and size which characterize institutions. In 1936 the word "School" was added to the name of the Ontario Hospital at Orillia. In the same decade training programmes were expanded, and non-medical professional staff were hired (Shea, 1971). Several years later, "patients" were called "residents" and "wards" became "living units." While these changes were taking place in the institution, a variety of settings modelled after the home rather than the hospital were being set up in

North American and European communities.

When groups of retarded people came to live in a community, there was often public resistance to their presence. After almost a century of isolation from retarded people, the general public held many negative attitudes and erroneous beliefs. Some public figures and professionals concerned with improving living conditions for retarded people began to use the media to help change such views.

The Canadian press published reports which Pierre Berton and CCF leader Donald McDonald wrote after their visit to the Orillia Hospital School in 1960 (Shea, 1971). Burton Blatt and Fred Kaplan published Christmas in Purgatory (1966), a photographic essay of five institutions for the mentally retarded. Excerpts from the book appeared in the widely circulated American magazine Look (1966). The pictures showed similar groups of people who lived in very different environments. In the first four settings children sat naked all day in a room with bare walls and a cement floor, while in the fifth setting children wore clothing and participated in an educational programme. In a subsequent book, Blatt (1970) emphasized that their purpose was not to sensationalize the conditions of the first institutions, but rather to show that it was possible for retarded people to live in a more humane environment. In 1969, New York broadcaster Geraldo Rivera produced for colour television a similar study called Willowbrook: A Report on How It Is and Why It Doesn't Have to Be That Way. It is the hope of these five

authors that such studies will help to make the public receptive to alternative living settings for retarded people.

Parents of the retarded, working through local, provincial and national associations, all have contributed to the move away from institutions. In Ontario communities, parents started the first schools and sheltered workshops. While these programmes made it possible to keep retarded children at home, most families had only two alternatives for their future care. Parents could send their child to an institution when he reached adulthood or they could keep him at home and he would go to an institution when they died. Neither choice was attractive for the family or for the child, so parents started to develop alternatives.

In 1969 the Government of Ontario took full responsibility for the school system for trainable retarded children. This change left parent associations free to focus more energy and funds on residential facilities. In 1966, the Ontario Legislature had passed the Homes for Retarded Persons Act which provides for capital construction grants and operating grants of eighty per cent. Since the Act was passed, parent groups have established more than twenty community residences.

The David Fisher Residence near Erbsville, Ontario, was built in 1972 by Kitchener-Waterloo Habilitation Services for the Retarded (K-W HSR). This is a non-profit corporation sponsored jointly by the Kitchener-Waterloo and District Association for the Mentally Retarded and by the Kitchener-Waterloo Kinsmen Club. The corporation operates four programmes: the

Developmental Centre, which provides educational programmes for retarded children aged two to eighteen; the Community Services Department, which offers recreational opportunities and parent support programmes; the David Fisher Residence which houses twenty-five retarded adults aged eighteen to forty-five; and the Sheltered Workshop which employs seventy-five trainable retarded people, including most of the David Fisher residents.

K-W HSR has one Board of Directors and each of the four programmes has its own Advisory Committee. The eight members of the Residence Advisory Committee meet monthly with the residence director to discuss the programme, finances and operation of the building.

The residence building contains two living units joined to a central open area and administrative wing. Each unit contains a kitchen, living room, dining area and two wings of double and single bedrooms.

Twenty-five people live in the residence. They have a wide range of self-help skills, communicative abilities and backgrounds. Some residents came from their parents' homes while others have spent their lives in large institutions. Some will live permanently at the David Fisher Residence; others will live more independently in a less structured environment after they have mastered skills for daily living.

The Director and staff (three support personnel and seven counsellors) are responsible for implementing the residence programme. Central to the programme is the Normalization Principle

which means "making available to the retarded, patterns and conditions of everyday life which are as close as possible to the norms and patterns of the mainstream of society...." (Nirje, 1969). The description of a typical day best illustrates how this principle has been operationalized.

The residents are awakened at 6:30 a.m. to make their beds and eat breakfast before they leave. From 8:30 a.m. to 3:30 p.m. they work in Kitchener at the Sheltered Workshop. The separation of residential and working locations, almost universal in the general population, is an important element of the Normalization Principle. Three counsellors are on duty when the residents arrive home. Before dinner they can relax, begin their household tasks and talk over the events of the day. (Dinner is served later on Tuesdays and Fridays so that some of the residents can go bowling or swimming after work.) Personal hygiene and household tasks are learned and practised after dinner. With the help of staff and volunteers, residents can learn to wash their hair, write their name or dial the telephone. Other residents choose to listen to records, learn outdoor sports or go shopping in the city. This programme allows the residents to learn self-help and recreational skills and gives them opportunities to choose their own activities, "norms and patterns of the mainstream of society" (Nirje, 1969).

Continued family relationships are also an important normalizing pattern. Many parents visit the residence regularly and residents often spend an afternoon or a weekend in town with

their families. The Director holds regular meetings with parents and two family members serve on the Advisory Committee. The four groups described above (residents, parents, Advisory Committee members, and staff) form the major elements of the residence community.

Community residences have been welcomed by parents, professionals and legislators as a necessary, appropriate form of residential care (Robertson, 1968; Rocher, 1969; Williston, 1971). However, as we create settings and programmes, it is important to monitor changes and anticipate future demands (Williston, 1971). And we can learn from the history of residential services that community programmes are not necessarily the most appropriate way to address the residents' needs. "We must strenuously resist assuming...that our practices are the result of cold logic and scientific facts unmediated by the knotty problem of values" (Sarason and Doris, 1969).

In this section of the literature review, the author has attempted to provide an understanding of the history of residential care by linking practices to concurrent values and beliefs about the retarded. Professionals, parents and laymen are beginning to view retarded people not as a menace to society which must be eliminated, nor as eternal children who must be protected, but rather as developing people who can participate in a normal life pattern (Wolfensberger, 1969).

The current research project attempted to develop a



method of determining the extent to which individuals believe that retarded adults are "developing people" and to discover how their beliefs relate to practice.

### Psychological Health

To study attitudes about the retarded as "developing people," it was necessary to define the concept of development. The author adapted an ~~operational~~ measure used by Bennett (1969), who assessed teacher and  ~~pupil~~ development on dimensions of "psychological health". This section will discuss the concept of psychological health and show how it can be operationalized to measure human development.

Although it has ~~limitations~~, the term psychological health is one Maslow used to describe a "Third Force" in psychology (1968). He ~~included~~ in this Force such theorists as Adler, Lewin, Murphy and E. S. Murray. The "new" psychology of health rests on several ~~assumptions~~: we have a basic human nature, the elements of which we can discover scientifically. Assuming that his inner nature is good, or neutral, it is best to encourage it. If the inner nature is suppressed, a person gets sick. Experiences are ~~desirable~~ to the extent that they reveal and foster our inner nature.

It is increasingly ~~clear~~ that these experiences have something to do with...the sense of healthy self-esteem and self-confidence. The person who hasn't conquered, withstood, and ~~overcome~~ continues to feel doubtful that he could. (Maslow, 1953).

This "inner nature" ~~can~~ be described in terms of the needs of man. Research and observation suggested to Maslow two kinds of needs. Deficiency needs are "empty holes...which must be filled up for health's sake." Some of these are needs for safety, belongingness, love, respect and self-esteem.

Maslow stated that when these needs are sufficiently gratified, they can direct their energy towards growth. Growth needs are "empty holes," but Maslow had difficulty in defining they are. He described growth as "crudely synonymous" with individuation, autonomy, self-actualization, self-development (1968). Psychological health, then, is a state or process in which deficiency and growth needs - both basic to man's nature - are being met.

In his study of school systems, Bennett (1969) used the Teacher-Pupil Needs Questionnaire to measure human development. He defined the following dimensions:

- 1. Existence (safety and security);
- 2. Unshared forms of relating (dominance and submission);
- 3. Shared forms of relating (mutual sharing in interpersonal relations);
- 4. Growth (autonomy, creativity).

To operationalize these dimensions, he wrote approximately seventy-five descriptive statements based upon the literature and upon interviews with teachers and children. Five social scientists sorted the statements into one of four categories: existence needs, forms of relating, growth, and statements not relevant to the other categories. Each social scientist sorted the statements twice. The items which were placed in the same categories at least two times were pre-tested with children and teachers. The final instrument included fifteen items for each of the three categories. Subjects were asked to indicate their responses on seven-point Likert scales. Bennett factor-analyzed subjects' responses and found five factors which he called Growth, Dominant

Relating, Submissiveness, Existence, and Growth-Oriented Relating.

To develop a questionnaire for the present study, a procedure similar to Bennett's was followed. That procedure will be described in the Method section of this report. Before the design and hypotheses for the present study are presented, however, the application of systems theory to research with community settings will be discussed.

## Systems Theory in Research

Thus far, the community residence setting has been defined in the context of its history. This section will describe the residence as a social system and discuss three research design considerations based on an awareness of the parameters of the system.

The classical "closed system" model based on physics and chemistry is appropriate for many laboratory research situations. But a field setting such as a community residence is better described as an "open system", one which "exchanges materials, energies, or information with its environment" (Hall and Fagen, 1956). These authors have defined a system as "a set of objects together with relationship between the objects and between their attributes" (1956).

In a community residence, the objects or elements are the people. The attributes are their roles: some are residents, some are staff. There are other groups of people who have an influence on the residence. Although they are not located within the building, they are still a part of the system. Two of these groups, the Advisory Committee members and the parents of the residents, were also subjects in this study.

The elements of open systems interact with each other and with their environments. The investigator was a key figure in the research environment. Allowing subjects to interact with the investigator can contaminate the data; however, Argyris (1970) suggests that although fear of contamination is legitimate,

contamination from some sources is inevitable. "The issue is, under what conditions can the researcher have the greatest awareness of, and control over, the degree of contamination?" The investigator's absence would have reduced contamination from interaction. However, data can also be contaminated by misunderstanding of item content and procedure; interruptions during the testing sessions; and the extent to which subjects value the research. For the present study, the investigator decided to remain with subjects to control, or at least become aware of, the nature and degree of contamination.

The feedback process is another property of open systems (Watzlawick et al., 1967). Information about the system's responses can be passed on to the people in the system and this information may influence their next response. Argyris (1970) suggests that when people view the feedback as relevant to their lives (as information which is useful to them) they are less likely to contaminate the results. For the present study, then, introductory remarks to subjects included the following statements about feedback: each research participant would receive a copy of the results, and results and recommendations would be submitted to K-W HSR.

Three concepts from open systems theory were used in the present study. The four major elements of the system (staff, residents, parents and Advisory Committee) were asked to participate. The investigator remained with subjects to reduce or record contamination. Results will be made available to individuals in the system, and to the K-W HSR.

## Report of Experience in the Setting

In order to gather information which is useful to people in a setting and valid for theoretical consideration, it is important that investigators try to understand the system before they design a research project (Argyris, 1970). To gain sufficient understanding to develop a valid design, the author spent eight months at the David Fisher Residence as a part-time counsellor. She worked both on weekdays and weekends, on all of the daily shifts. This arrangement provided opportunities to participate with the residents in almost every facet of their lives, acting as a supervisor, teacher, friend, and confidante.

The author also developed friendships with the other counsellors and attended weekly staff meetings. On several occasions, she talked with parents who had come to visit residents.

This participation contributed to the present study in several ways. The content of most questionnaire items was based on events which occur regularly in the lives of the residents. Statements which were likely to be misunderstood, or which would arouse anxiety in any of the four groups of subjects, were avoided. An appreciation of the setting helped the author to decide which research instrument and procedure would be most likely to yield valid results. The author and the residents were not strangers but rather friends, whose interest in each other went beyond the limits of the research activity. The residents were relaxed during the testing sessions; several viewed their co-operation as a personal favour to the author. The same conditions

were true for the staff. The author did not know some of the parents and Advisory Committee members, but introduced herself to them as a former staff member.

Experience with the David Fisher Residence helped the author to understand the literature on mental retardation and to formulate hypotheses for the present study.



## Research Design and Statement of Goals

For the present study, the Residents' Needs Questionnaire (see Appendix A) was administered to subjects from four populations: the residents, parents, staff and Advisory Committee members of the David Fisher Residence. The questionnaire contains two scales with forty items on each scale. Scale I measures the extent to which six Categories of human need (Physical and Psychological Existence; Submissive, Dominant, and Shared Relating; Environmental Mastery) are identified as necessary for the residents' development. Scale II measures the extent to which subjects perceive that these needs are met or actualized in the setting. A discrepancy measure can be obtained by examining the difference between scores on Scale I (Identified Needs) and Scale II (Actualized Needs).

Subjects were asked to respond to the items on seven-point Likert scales. Responses to Scale I items were cluster analyzed and only items which grouped together were retained for statistical analysis.

The Categories of human need included in this questionnaire are modified from Bennett's (1969) Teacher and Pupil Needs Questionnaire. His Existence Category has been divided into Psychological and Physical Existence in order to check on the possibility that these are perceived as separate factors in the residents' development. Because Bennett's term "growth" can also describe some of the Shared Relating situations, the last Category has been renamed "Environmental Mastery."

The goals of the present research were to generate information and to develop methodology. These goals can be stated more specifically in terms of hypotheses, exploratory questions and purposes. The following hypotheses were based on the literature.

Jacobs (1969) suggested that families of the retarded hold hopeless attitudes about them and see them as incapable of growing up. The present author observed that families were very concerned with residents' physical welfare in the early months of the operation of the residence. These two observations have been juxtaposed to form the following hypothesis:

Hypothesis I. On Scale I parents will score higher on Existence Categories than on the Environmental Mastery Category a significant number of times.

Klaber (1969) reports that staff in a more effective institution held more positive attitudes towards the retarded children. Other authors (Jacobs, 1969; Lippman, 1972) have suggested that the staff's attitudes toward the residents become a self-fulfilling prophecy: the residents will become what the staff expects them to be. The following hypothesis is presented to test that assumption:

Hypothesis II. Residents' scores on Scale II (Actualized Needs) will not differ significantly from staff scores on Scale I (Identified Needs).

The following exploratory questions relate to the data gathered for the present study. They describe relationships

which the author believed were important but for which there is not enough information in the literature to suggest hypotheses:

Question I. Is there a relationship between group membership and identification of residents' needs?

Question II. Is there a relationship between group membership and perception of how residents' needs are actualized?

Question III. Is there a relationship between group membership and amount of reported discrepancy between identified and actualized needs?

Question IV. Is there a significant difference between identification of physical existence and psychological existence needs?

The following purposes relate to the development of methodology:

Purpose I. To develop a research instrument and procedure which will yield valid information from retarded adults, their parents, staff and Advisory Committee members.

Purpose II. To develop a way to determine how people's beliefs about the retarded relate to practice.

Purpose III. To gather information which can be used for programme development.

Observations and analyses which relate to the stated goals as well as a posteriori observations, are presented in the Results section of this report.

## Method

### Subjects

The 48 subjects interviewed for the present study were drawn from four populations. Seven of the nine Advisory Committee members were visited. (The other members were out of the city when the research was conducted.) They included two members of the K-W and District Association for the Mentally Retarded, one member of a resident's family, two Kinsmen and two representatives from the community-at-large. Six committee members filled out the questionnaire; one asked to complete it on his own, but did not return it.

Ten staff members were visited. Three are former staff who had been employed at the residence for at least ten months in the year before the research was conducted. All subjects in this group completed the questionnaire. Two staff members were not interviewed because they had started to work after the fourth time period (September to November, 1973) sampled on Hallman's Historical Development Questionnaire (see Appendix C).

Twenty-three of the twenty-five residents were at home when the interviews were conducted. One resident was not interviewed because the staff thought the questions would upset her. Interviews with two other residents were terminated when the author decided that they did not understand the questions. Three others could report agreement or disagreement with an item but could not choose one of the seven categories. Their interviews were completed but the responses were recorded as "yes" or "no".

The author was satisfied that the remaining seventeen residents understood both the questions and the scaling of their responses. Their data were used for analyses of results.

Twelve of 28 parents participated in the study: four couples and four single parents. The remaining sixteen parents were either ill or out of town when the research was conducted. All parents who were visited completed the questionnaire.

In summary, the data analyzed for the present study were gathered from six Advisory Committee members, ten staff members, twelve parents and seventeen residents.

#### Questionnaire

To develop the Residents' Need Questionnaire the author followed Bennett's (1969) procedure. Statements describing human needs were sorted into one of seven categories by social scientists. A questionnaire based on forty of these statements was pre-tested with eight pilot subjects and subsequently revised for the present study.

While some items were drawn from Bennett's questionnaire and the literature on mental retardation, most statements were based on the author's experience of day-to-day life at the David Fisher Residence. This method of generating items is supported by Argyris' (1970) observation that subjects' responses to items which describe situations they can experience have a high degree of validity.

One hundred and five items were written to illustrate six Categories of human need: Physical and Psychological Existence;

Submissive, Dominant and Shared Relating; and Environmental Mastery. Items were typed on separate file cards. The author used a random number table to define a card sequence, which was consistent for every presentation. The items were sorted by four social scientists. These included two social psychologists, a graduate psychology student who had been the director of the David Fisher Residence, and Dr. E. Bennett, a community psychologist who had developed the Teacher-Pupil Needs Questionnaire in 1969. Each reader received two complete sets of cards and was asked to sort them on successive days. The sorting instructions are presented in Appendix I. Items which were placed in the same Category seven out of eight times were retained for the questionnaire. If more than the required number of items remained in a Category, statements which described the David Fisher Residence were chosen.

The first version of the Residents' Needs Questionnaire contained eighty items, forty on each of two Scales. Each of the Scale I items (Identified Needs) stated an opinion in the form "Residents need..." or "Residents should...." Scale II items (Actualized Needs) described situations and events in the form "Residents can..." or "Residents do...." Each item on Scale II was derived from an item on Scale I. Subjects were asked to mark their responses on seven-point Likert scales labelled "agree strongly, agree moderately, agree, no opinion, disagree, disagree moderately, disagree strongly."

A pilot study was conducted to test the appropriateness

of the questionnaire and the data-gathering procedure. The populations identified for the present study are small, so the pilot study was conducted with people from a similar setting, the Carole Currier Residence in Galt (Cambridge) Ontario. Two members of each population (residents, parents, staff and Residence Advisory Committee) were visited. They were asked to complete the questionnaire and to describe any statement or procedure which they did not understand.

Several changes were made in the questionnaire based on these comments and questions. The names of the seven points on the Likert scales were confusing to many subjects. Some thought that "agree" was a stronger statement than "moderately agree," although the latter was placed in the second position. To make the scaling less confusing the names of the points were changed to: "agree a lot, agree moderately, agree a little, no opinion, disagree a little, disagree moderately, disagree a lot."

Other subjects suggested that the names of the points were inappropriate for the Seale II (Actualized Needs) items. These items describe events or situations rather than opinions and Ss reported they would rather answer "yes" or "no" than "agree" or "disagree." Rather than changing to a two-point scale, the author renamed the points "always, most of the time, sometimes, no opinion, seldom, very seldom, never."

Several of the items are stated negatively. One of these, "Residents should not wait outside...on cold days" was particularly difficult to respond to. The word "not" was deleted from

the statement and the scaling values were reversed when data were recorded for analysis.

The pilot study procedure required that the subjects stop for a five minute rest after they had responded to the first forty statements. This was difficult to do without distracting the subjects. To assure that all subjects paused after item forty, questionnaires for the present study were stapled in two separate sections. A copy of the revised Residents' Needs Questionnaire is presented in Appendix A.

#### Procedure

The author conducted the research with David Hallman who was Community Services Director of Kitchener-Waterloo Habilitation Services for the Retarded and former Director of the David Fisher Residence. Because Hallman's Historical Development Questionnaire and the Residents' Needs Questionnaire were administered in each test session, the presentation of both test instruments is described. The procedure followed with the residents was different from the other three groups and is discussed separately.

Hallman contacted each staff member, Advisory Committee member and parent by telephone. He explained that a research project was being conducted as part of K-W HSR's ongoing evaluation of programmes. Subjects were asked if they would like to participate, and a time was arranged to present the questionnaires. All staff members and parents were visited in their homes. Three of the six Advisory Committee members were visited



in their offices.

The author was introduced as a former staff member who was working on the research project. The nature and purpose of the research was explained after about five minutes of informal conversation.

The Historical Development Questionnaire was presented first. Hallman worked through a sample item with the subject and answered questions about the procedure. Fifteen minutes after the subject completed the first questionnaire, the author presented the Residents' Needs Questionnaire. She worked through a sample item with the subject, who was instructed to ask about the item content or procedures if he had difficulty. If the subject took longer than fifteen minutes to answer the first forty items, the author asked if he wanted to take a rest before he began the second half of the questionnaire.

Completed questionnaires were checked and the subject was asked to complete any items he had missed. Hallman and the author answered additional questions, and thanked the subject for participating in the study. A transcript of the description of the research and instructions to subjects is presented in Appendix B.

Residents' data were collected during three visits to the David Fisher Residence. Residents were interviewed in their rooms. After they completed the Historical Development Questionnaire, they had a fifteen minute rest.

The author presented the Residents' Needs Questionnaire

by reading each statement aloud. Residents were asked: "Do you agree or disagree?"; then: "How much?". Residents' comments about the items were recorded to be used for interpreting the results. Residents took a five minute rest after the first forty items. When the questionnaire was completed, the author thanked each resident for his participation in the research and answered any additional questions. A transcript of the description of the research and instructions to residents is presented in Appendix B.

The procedures described above were followed in the majority of cases. Some subjects took longer rest periods than those mentioned above. Two parents had difficulty reading the questionnaires, so the author read the items aloud and recorded the responses.

#### Field Research Considerations

Because the study was conducted in an ongoing social setting, the following considerations were important elements of the methodology.

Immersion in the setting The present author could not have developed item statements which were meaningful for the subjects if she had not spent several months at the David Fisher Residence. The author was not employed there when the research was conducted. This may have helped to increase the degree of honesty in subjects' responses, because they knew that no one who had direct control in the setting would see their individual data.

Legitimacy of Research The author's research associate

was the Director of Community Services for K-W HSR. The studies were described as part of his department's ongoing evaluation of programmes, increasing the probability that subjects would value the research.

Format for Collecting Data    Use of questionnaires allowed parents, staff, and Advisory Committee members a measure of privacy not available in an interview situation. On the other hand, the researchers' presence at the test sessions afforded control over subjects' understanding of content and procedure that a "mail-out" format would not have allowed.

## Results

Four groups of results will be presented in this section: the cluster analysis of Identified Needs Scale items; statistical tests of Hypotheses and Questions; observational tests of methodological Purposes; and a posteriori observations. All statistical analyses were performed with non-parametric tests because Likert scales, which were used for the study, yield ordinal data.

The degree of relationship between each pair of Identified Need items was assessed with the Spearman Rank Order Correlation Coefficient. Matrices of these results are presented in Appendix E. Items which had few significant correlations with others of the same Need Category were not used in further analyses. The content and mean scores of these items are presented in Appendix F. The corresponding Actualized Need Scale items were also eliminated. Items which were retained for analysis are presented below.

### Revised List of Items, Identified Needs Scale

#### Category I: Physical Existence

Residents should be protected from a full day of activities which may overtire them.

Residents should not go horseback riding in case they fall and hurt themselves.

Residents should (not) wait outside for a bus on very cold days.

There should always be a nurse in attendance to look after the residents' medical needs.

Category II: Psychological Existence

Residents should never be in a situation where they may be stared at by other people.

The subject of mental retardation should never be discussed with the residents.

Residents should be kept away from upsetting situations.

Residents need to do things that are familiar to them.

Category III: Submissive Relating

Residents should always trust their family to make the important decisions concerning their lives.

Residents should always agree with the staff.

Residents who are quarrelling should accept the staff's solution to their problem.

Residents should always accept the plans that the staff makes.

Residents should always follow the staff's suggestions about how to spend their money.

Category IV: Dominant Relating

Residents need to have a strong influence over others.

Residents need to be in situations where they can be the leader.

Residents need opportunities to be in charge of other people.

All residents need a chance to be "the boss" sometimes.

Category V: Shared Relating

Residents should be allowed to borrow things from each other.

Residents should bring their friends on outings when there is room.

Residents should help each other with their daily activities.

Residents should invite their friends to parties at the residence.

Residents need friends who give as much as they take.

Category VI: Environmental Mastery

Residents should be allowed to go to school instead of workshop if they want to continue their education.

Residents should have a number of activities to choose from.

Residents should be allowed to paint their own rooms.

Residents should choose the clothing they buy.

Residents need to try things that make them work extra hard.

Tests of Hypotheses

Hypothesis I: Parents will score higher on Existence Categories than on the Environmental Mastery Category. The Sign Test performed on Parents' Identified Needs Scale scores does not support this prediction.

TABLE 1

RESULTS OF SIGN TEST ON PARENTS' SCORES, IDENTIFIED NEEDS  
Existence vs. Environmental Mastery

Number of Subjects	$\bar{r}$ value obtained	$\bar{r}$ value required $\alpha \leq .05$
12	4	2

Hypothesis II: Residents' Actualized Needs scores will not differ significantly from staff's Identified Needs scale scores. A summary of Kruskal-Wallis tests on staff and residents'

data is presented in Table 2. Hypothesis II was supported for the Shared Relating Category, but not for the remaining five Categories.

TABLE 2

## SUMMARY OF KRUSKAL-WALLIS TESTS

Staff Scores, Identified Needs vs. Residents' Scores,  
Actualized Needs

Category	H obtained
Physical Existence	8.64 **
Psychological Existence	15.31 **
Submissive Relating	10.00 **
Dominant Relating	6.46 *
Shared Relating	1.48
Environmental Mastery	15.70 **

\*  $d \leq .05$

\*\* $d \leq .01$

#### Tests of Exploratory Questions

The data which were analyzed for Exploratory Questions I and II would best be evaluated by a two-factor test of significance. Such a test is not available, so Kruskal-Wallis and Friedman Tests were used.

Question I: Is there a relationship between group membership and Identified Needs? A summary of Kruskal-Wallis Tests performed on scores of staff, parents, residents and Advisory

Committee members is presented in Table 3. The results show that there is a significant difference between the four groups for Physical and Psychological Existence, and Submissive Relating Categories.

TABLE 3

SUMMARY OF KRUSKAL-WALLIS TESTS, IDENTIFIED NEEDS  
Staff, Parents, Residents, Advisory Committee

Category	H obtained
Physical Existence	21.18 **
Psychological Existence	19.83 **
Submissive Relating	23.78 **
Dominant Relating	4.94
Shared Relating	1.60
Environmental Mastery	5.31

\*\*  $p \leq .01$

Friedman Tests performed on the six Categories of Residents' needs (see Table 4) show significant differences between Categories for all four groups.



TABLE 4

## SUMMARY OF FRIEDMAN TESTS, IDENTIFIED NEEDS

## Six Categories of Residents' Needs

Group	obtained
Parents	11.00 *
Staff	45.82 **
Residents	18.82 **
Committee	23.35 **

\*  $p < .05$ \*\*  $p < .01$ 

Question II. Is there a relationship between group membership and Actualized Needs? A summary of Kruskal-Wallis Tests performed on scores of Staff, Parents, Residents, and Advisory Committee members is presented in Table 5. The results show no significant differences between the four groups for any of the six Categories.

TABLE 5

## SUMMARY OF KRUSKAL-WALLIS TESTS, ACTUALIZED NEEDS

Staff, Parents, Residents, Advisory Committee

Category	H obtained
Physical Existence	4.13
Psychological Existence	2.33
Submissive Relating	3.28
Dominant Relating	1.99
Shared Relating	5.25
Environmental Mastery	3.69

Friedman Tests performed on the six Categories of Residents' Needs (see Table 6) show a significant difference between Categories for Parents, Staff, and Residents.

TABLE 6

## SUMMARY OF FRIEDMAN TESTS, ACTUALIZED NEEDS

Six Categories of Residents' Needs

Group	obtained
Parents	31.90 **
Staff	28.63 **
Residents	20.55 **
Committee	8.2

\*\*  $\alpha \leq .01$

Question III: Are there significant differences between scores on Scale I (Identified Needs) and Scale II (Actualized Needs)? Sign Tests were performed on Scale I and Scale II scores for each group in each Category. A summary of the results is presented in Table 7.

TABLE 7

RESULTS OF SIGN TESTS  
Identified vs. Actualized Needs

Group \ Category	Parents	Staff	Residents	Committee
Physical Existence	2	1 *	4	2
Psych. Existence	5	0 **	5	0 *
Submissive Relating	3	0 **	5	0 *
Dominant Relating	3	2	6	2
Shared Relating	2	2	3 *	0
Environ. Mastery	3	0 **	0 **	1

\*  $d \leq .05$ \*\*  $d \leq .01$

There were significant differences between identification of residents' needs and perception of how those needs were actualized for the following groups: staff, on four Categories; residents, on two Categories; and Advisory Committee members on two Categories.

Question IV: Are there significant differences between Identified Needs scores on Physical and Psychological Existence Categories? A summary of Sign Test Results (see Table 8) shows no significant differences between Physical and Psychological Existence scores for any of the four groups.

TABLE 8

RESULTS OF SIGN TESTS, IDENTIFIED NEEDS  
Physical Existence vs. Psychological Existence

Group	Number of Subjects	r value obtained
Parents	12	6
Staff	10	4
Residents	17	5
Committee	6	3

### Tests of Methodological Purposes

Methodological Purposes could not be tested with statistical procedures. They were evaluated on the basis of subjects' behaviour during the testing sessions.

Purpose I: To develop a research instrument and procedure which will yield valid information from retarded adults, their parents, staff, and Advisory Committee members.

Criterion One: Subjects should understand the meaning of each item statement.

Most subjects questioned the meaning of a few items. Some needed to have the statements clarified; others wanted to check their interpretations. Because subjects did ask about statements they did not understand, it was assumed that they did not have difficulty with the others. Each resident was asked if he understood the statements; difficult items were reworded and explained so that the resident could respond to them.

Criterion Two: Subjects should understand and use correctly the scaling procedure.

All subjects worked through a sample item with the author until they indicated that they understood the procedure. Many parents, Advisory Committee and staff members talked aloud while they filled out the questionnaire. The author observed that they read the statement, verbalized the response, and then looked for the corresponding point on the scale. Some of the residents pointed to the appropriate point as they gave a verbal response. It is the author's opinion that these observations satisfy the conditions of Criterion Two.

Criterion Three: Subjects should be sincere and honest in their responses.

None of the subjects appeared unwilling or refused to complete the questionnaire. Many paused before answering items and made comments such as: "I'll have to think about that statement; I don't want to give you an answer that isn't true." All subjects were attentive until they had finished. Most subjects reported that they had enjoyed participating in the research. It is the author's opinion that these observations meet the conditions of Criterion Three. The satisfaction of these three criteria is offered as evidence that Purpose I has been fulfilled; the instrument and procedure developed for the present study yielded valid information.

Purpose II: To develop a method to determine how beliefs about the retarded relate to practice.

Criterion One: The assessment of beliefs about the retarded should be valid.

This criterion is satisfied to the extent that Purpose I (to obtain valid information) has been fulfilled.

Criterion Two: The assessment of practices should be valid.

On the questionnaire, subjects reported their perceptions of the extent to which each need was actualized in the residents' environment. The assessment of practices is valid only to the extent that perceptions and reports of those perceptions are valid. The information cited above suggests that Purpose II has been partially fulfilled; determination of how beliefs relate to practice is limited by the validity of subjects' reports.

Purpose III: To gather information which is useful for programme development at the David Fisher Residence.

Criterion One: The information should be related to the residence programme.

Because common events in the lives of the residents are described in most questionnaire items, it is the author's opinion that Criterion One has been met.

Criterion Two: The information should be valid.

This criterion has been satisfied to the extent that Purpose I (to obtain valid information) has been fulfilled.

Criterion Three: The information should be valued by those responsible for programme development.

All subjects have some influence on programme development; several are directly responsible for that activity. All subjects indicated an interest in the results of the study, and many asked if the data would be used by K-W HSR. It is the author's opinion that the conditions of Criterion Three have been met. The satisfaction of these three criteria is offered as evidence that Purpose III has been fulfilled; the information gathered can be used for programme development at the David Fisher Residence.

Two Hypotheses, four Questions, and three Purposes which were investigated yielded the following results:

- 1) Parents did not score higher on Existence Categories than on the Environmental Mastery Category.
- 2) Residents' Actualized Needs scores were not significantly

different than staff's Identified Needs scores for only the Shared Relating Category. For Physical Existence, Psychological Existence, Dominant Relating, Shared Relating, and Environmental Mastery Categories, there were significant differences.

3) There is a relationship between group membership and Identified Needs. There are significant differences between Categories for all four groups.

4) There is some relationship between group membership and perception of Actualized Needs. There are no significant differences between groups on any of the Categories, but there are significant differences between Categories for parents, staff and residents.

5) There are some significant differences between Identified and Actualized Needs scores for staff, residents, and Advisory Committee members.

6) There are no significant differences between Identified Needs scores on Physical and Psychological Existence Categories.

7) The research instrument and procedure developed for the present study yield valid information from retarded adults, their parents, staff, and Advisory Committee members.

8) The research instrument developed for the present study can determine, to a limited extent, how beliefs about the retarded relate to practice.

9) The information reported on the questionnaire can be useful for programme development at the David Fisher Residence.



A Posteriori Observations

The author observed that several parents took a longer time than the other subjects to complete the questionnaire, because they stopped to comment on the item content in relation to their own children. Eight parents said that the test session provided one of the few opportunities they had to talk about their retarded children. Recommendations based on these observations will be presented in the report to K-W HSR.

## Discussion

In this section, conclusions based on statistical and observational tests of Hypotheses, Exploratory Questions, and Purposes will be discussed.

Hypothesis I stated that on the Identified Needs Scale, parents would score higher on Existence Categories than on the Environmental Mastery Category. This was not supported. Two explanations for this result are offered. The suggestion that families see the retarded as incapable of growing up was based on Jacobs' (1969) observations of institutionalized populations. It may not be valid to generalize these conclusions to parents of retarded adults in a community residence.

The author had observed that parents were concerned with the physical welfare of their children during their first few months at the residence. The results suggest that, at the time the present study was conducted, parents were equally concerned with Environmental Mastery needs.

Hypothesis II stated that residents' Actualized Needs scores would not be significantly different from staff's Identified Needs scores. This hypothesis was rejected for every Category of residents' needs except Shared Relating. The "self-fulfilling prophecy" that residents' behaviour will conform to the staff's expectations was not confirmed. It is possible that the procedure used to test this hypothesis was not appropriate. Residents' perceptions of Actualized Needs were used to represent their behaviour. Systematic observation of residents' behaviour

may have yielded different results.

If the procedure was a valid test of the hypothesis, then there are two possible explanations for the results. The settings which Klaber (1969), Jacobs (1969) and Lippman (1972) observed had been in operation for many years. The David Fisher Residence had been open for only 15 months before the present research was conducted. The predicted effect may take longer to develop. The authors cited above found evidence of the "self-fulfilling prophecy" in institutions. Their results may not be generalized validly to the behaviour of people in other settings.

Question I (Is there a relationship between group membership and identification of residents' needs?) was answered positively for three Categories and four subject groups. The ordinal data do not permit conclusions about the absolute degree to which parents, for example, believe that retarded adults have a need for Submissive Relating. However, the following conclusions can be drawn: parents and the other three groups do not believe that all six Categories are of equal importance; and, the degree to which Physical Existence, Psychological Existence, and Submissive Relating needs are valued is different across groups. Mean ranks for Categories and for subject groups are presented in Appendix H. Three results related to Question I have been selected for discussion.

For the two Existence Categories, parents and residents had similar ranks, which were higher than those of Advisory Committee members and staff (see Tables 22 and 23, Appendix H).

The degree of similarity between parents' and residents' results has some implications for Hypothesis II, which tested the "self-fulfilling prophecy". Residents who come from their homes have been cared for by parents longer than by staff. It is not surprising, then, that residents' identification of Existence needs is similar to that of their parents. Most Advisory Committee members and staff had been concerned directly with the welfare of retarded adults for less than two years before the research was conducted. The difference between their results and those of parents and residents may be a function of limited experience.

Residents ranked much higher on the Submissive Relating Category than did the other three groups (see Table 24, appendix H). Again, the results may be explained by residents' personal histories. Whether they came from their parents' homes or from institutions, most residents were required to live by rules set by other people. Retarded adults may not value Submissive Relating needs more highly if they have the opportunities to define their living conditions which are available to non-retarded adults.

A major goal of the present study was to examine the identification of residents' needs on dimensions of Psychological Health. The summary presented below in Table 9 represents an initial step in the exploration of this subject.

TABLE 9  
IDENTIFIED NEEDS IN ORDER OF IMPORTANCE

Parents	Staff	Residents	Committee
Submissive R.	Envir. Mastery	Shared R.	Shared R.
Shared R.	Shared R.	Submissive R.	Envir. Mastery
Dominant R.	Dominant R.	Envir. Mastery	Dominant R.
Physical Ex.	Submissive R.	Physical Ex.	Psych. Ex.
Psych. Ex.	Physical Ex.	Dominant R.	Physical Ex.
Envir. Mastery	Psych. Ex.	Psych. Ex.	Submissive R.

The order of Categories has limited statistical support; no a priori hypotheses were offered, and some of the differences between Categories are not significant. However, the information is valuable as a source of theoretical considerations and as a data base for research hypotheses.

Two theoretical suggestions can be drawn from Table 9. Shared Relating Needs were at least second in importance for all four groups; Environmental Mastery needs were at least third for residents, staff, and Advisory Committee members. The ordering of these growth needs is an important result, for it suggests that staff, residents, Advisory Committee members and, to a lesser degree, parents, do indeed view the retarded as "developing people."

Another important feature of the four lists of Categories is the fact that they are all different. This suggests that there is no single definition of needs for retarded adults. Rather, the way in which those needs are defined is in part a function of the defining group. This conclusion is consistent with observations from the literature that the nature of residential care is a function of the values of the providers.

Question II (is there a relationship between group membership and subjects' perception of how residents' needs are actualized?) was answered positively for parents, staff and residents. Each of these groups reported that some Categories of needs were addressed more adequately than others.

TABLE 10

## ACTUALIZED NEEDS IN ORDER OF REPORTED FREQUENCY

Parents	Staff	Residents	Committee
Submissive R.	Envir. Mastery	Submissive R.	Submissive R.
Shared R.	Submissive R.	Shared R.	Psych. Ex.
Envir. Mastery	Dominant R.	Dominant R.	Dominant R.
Psych. Ex.	Psych. Ex.	Psych. Ex.	Shared R.
Dominant R.	Shared R.	Physical Ex.	Envir. Mastery
Physical Ex.	Physical Ex.	Envir. Mastery	Physical Ex.

While each group ordered the six Categories differently, there was only one major variation between groups. Staff reported that Environmental Mastery needs were satisfied most adequately; residents reported that these needs were satisfied least adequately. While they answered the questionnaire, many residents made comments which help to explain this discrepancy. Their responses to Environmental Mastery items were prefaced by statements such as "Yes, we can do that, but not enough." The scaled value they assigned to those items was very low. This suggests that residents do have opportunities to meet their needs for Environmental Mastery, but that they would like to have more.

Perception Scale differences between groups were not significant for any of the six Categories. This is a favorable result because it implies that subjects' perceptions of the environment are essentially the same.

Results of analyses for Question III (is there a relationship between group membership and amount of discrepancy perceived between Identified and Actualized needs?) was answered positively for staff, Advisory Committee members and residents. Parents did not report discrepancy. Their data is supported by comments they made while responding to Hallman's Historical Development Questionnaire. All parents reported that they were more satisfied with the residence programme at the time the data were collected than they had been in previous months.

Discrepancies reported by staff members suggest that residents have more opportunities to fulfill Existence and Submissive

Relating needs than they require, and fewer opportunities to meet Environmental Mastery needs. Advisory Committee members reported discrepancy on Psychological Existence and Submissive Relating Categories. In both cases, their data indicate that residents have more opportunities to meet these needs than they require. Residents reported discrepancy on two Categories: Shared Relating and Environmental Mastery. They indicated that they have fewer opportunities to meet these growth needs than they require.

The results of Question III suggest that the programme which is practised at the residence is not consistent with all of the values of staff, residents, and Advisory Committee members.

The results of analyses for Question IV (is there a significant difference between attitudes toward Physical Existence and Psychological Existence?) indicated that these needs are not perceived as separate factors in the residents' development. It is concluded that the "Existence Category" developed for Bennett's (1969) study of teachers and pupils also is appropriate for retarded adults.

Purpose I, which was to develop a research instrument and procedure which would yield valid information, was fulfilled. The research methodology developed for the present study can be used to learn about Identified and Actualized needs of retarded adults in other residences, and can serve as a model for the development of other research instruments for social settings.

The two-scale questionnaire designed for the present study partially fulfilled Purpose II (to develop a method of determining



how beliefs about the retarded relate to practice). To establish the validity of the design, Perception Scale items should be checked against observations of subjects' behaviour.

Purpose III was fulfilled: information which can be used for programme development has been collected. However, fulfillment of this Purpose is only the first stage in providing feedback for the system. How the information is presented to the subjects and to K-W HSR also will determine the ways in which it is used. Some of these considerations are addressed in Appendix D.

## Summary and Implications

In this section will be presented three major findings of the present study and their implications for further research.

1. Retarded adults at the David Fisher Residence are viewed as "developing people", who have growth needs as well as deficiency needs. This research finding is very important, because it suggests that the subjects sampled do not subscribe to a separate theory of development for the retarded. If similarities between the retarded and non-retarded are more highly valued than their differences, then the programmes should provide more opportunity for residents to actualize their potential for development. Three questions for further research are related to the above discussion:

(a) Are retarded adults in other community residences and in other institutions viewed as "developing people"?

(b) Do non-retarded adults identify for themselves the same order of needs which they identify for the retarded?

(c) Do non-retarded adults who do not have direct concern for the retarded view them as "developing people"?

2. The "self-fulfilling prophecy" was not confirmed for the staff's effects on residents, but in some dimensions, residents' responses were similar to those of their parents. This research finding suggests the following questions about the effect of the amount of experience with the retarded on attitudes toward them:

(a) Will residents' behavior conform more closely to staff's

expectations as these two groups spend more time together?

(b) As they spend more time with residents, will staff members develop attitudes which are similar to those of parents?

(c) Will parents' attitudes change when they have less frequent contact with their retarded children?

3. The research instrument and procedure were successful in this initial attempt to study attitudes concerning residents' needs. Only thirteen of the forty items in the questionnaire were discarded; the other twenty-seven items were significantly related to other items in the same Category. The questionnaire yielded information which was valid in at least three respects: subjects understood the items, used the scaling procedure correctly, and were honest in their responses. These results suggest that it would be worthwhile to improve the Residents' Needs Questionnaire so that it could be used in future research. The Questionnaire could be improved as follows:

(a) The present Need Categories are composed of items which correlate highly with one another. These Categories would be more valid measures if they correlated highly with systematic observation of subjects' behavior, and with other instruments which measure residents' development.

(b) Reliability of the instrument could be assessed by administering the same questionnaire at two different time periods, and by correlating half of the items in each Category with the other half.

(c) Standards of comparison for interpreting scores could be established by administering the questionnaire to a large sample of subjects.

The improved Residents' Needs Questionnaire could be used by persons involved with other settings to identify their attitudes concerning the retarded and to determine how those attitudes relate to practice.

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APPENDIX A  
RESIDENTS' NEEDS QUESTIONNAIRE  
(REVISED)

SAMPLE QUESTIONNAIRE ITEM

Residents need to follow the house rules at all times.

\_\_\_\_\_

agree a lot	agree moderately	agree a little	no opinion	disagree a little	disagree moderately	disagree a lot
----------------	---------------------	-------------------	---------------	----------------------	------------------------	-------------------

Residents do follow the house rules at all times.

\_\_\_\_\_

always	most of the time	sometimes	no opinion	seldom	very seldom	never
--------	---------------------	-----------	---------------	--------	----------------	-------

The first part of each question asks for your opinion about what is good for the residents. If you think the residents need to follow the rules, then you would put an 'X' above "agree moderately" or "agree strongly" on the first line.

The second part of each question asks for your opinion about what is happening at the residence now. If you think that the residents follow the rules, you would put an 'X' above "always" or "most of the time" on the second line. If you think the residents definitely do not follow the rules, you would put an 'X' above "never" on the second line.

Please answer all of the questions.



1. Residents should be allowed to borrow things from each other.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents can borrow things from each other now.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

2. Residents should be allowed to go to school instead of workshop if they want to continue their education.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

It is now possible for the residents to go back to school.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

3. Residents need to have a strong influence over others.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents have the chance to have a strong influence over others.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

4. Residents need to have someone to share their feelings with.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do have someone to share their feelings with.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

5. Residents should have control of their own bank accounts.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents can have control of their own bank accounts.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

6. Residents should always trust their family to make the important decisions concerning their lives.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents' families do make important decisions for them.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

7. Residents should always agree with the staff.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do agree with the staff.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

8. Residents should have opportunities to work with others in groups.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do have opportunities to work with others in groups.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

9. A resident who wants to learn a skill which may be very frustrating should be allowed to try.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are allowed to try to learn new skills.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

10. Residents should be protected from a full day of activities which may overture them.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are protected from a full day of activities.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

11. Residents should bring their friends on outings when there is room.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are allowed to bring their friends on outings.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

12. Residents need to have a number of activities to choose from.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do have a number of activities to choose from.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

13. Residents should help each other with their daily activities.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do help each other with their daily activities.

always	most of	sometimes	no	seldom	very	never
	the time				seldom	

14. Residents need a bath or shower every day.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do have a bath or shower every day.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

15. Residents should be able to paint their own rooms.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are allowed to paint their own rooms.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

16. Residents who are quarrelling should accept the staff's solution to their problem.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents who quarrel are required to accept the staff's solution.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

17. Residents should not go horseback riding in case they fall and hurt themselves.

agree a lot	agree moderately	agree a little	no opinion	disagree a little	disagree moderately	disagree a lot
----------------	---------------------	-------------------	---------------	----------------------	------------------------	-------------------

Residents would not be allowed to go riding.

always	most of the time	sometimes	no opinion	seldom	very seldom	never
--------	---------------------	-----------	---------------	--------	----------------	-------

18. Residents should never be in a situation where they may be stared at by other people.

agree a lot	agree moderately	agree a little	no opinion	disagree a little	disagree moderately	disagree a lot
----------------	---------------------	-------------------	---------------	----------------------	------------------------	-------------------

Residents are not in situations where they may be stared at.

always	most of the time	sometimes	no opinion	seldom	very seldom	never
--------	---------------------	-----------	---------------	--------	----------------	-------

19. Residents should choose the clothing they buy.

agree a lot	agree moderately	agree a little	no opinion	disagree a little	disagree moderately	disagree a lot
----------------	---------------------	-------------------	---------------	----------------------	------------------------	-------------------

Residents do choose the clothing they buy.

always	most of the time	sometimes	no opinion	seldom	very seldom	never
--------	---------------------	-----------	---------------	--------	----------------	-------

20. Residents should always follow the staff's suggestions about how to spend their money.

agree a lot	agree moderately	agree a little	no opinion	disagree a little	disagree moderately	disagree a lot
----------------	---------------------	-------------------	---------------	----------------------	------------------------	-------------------

Residents do follow the staff's suggestions about spending money.

always	most of the time	sometimes	no opinion	seldom	very seldom	never
--------	---------------------	-----------	---------------	--------	----------------	-------

21. Residents need to be in situations where they can be the leader.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do have a chance to be the leader.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

22. The subject of mental retardation should never be discussed with the residents.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Mental Retardation is never discussed with the residents.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

23. Residents should try things for themselves before seeking help.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are required to try things themselves before seeking help.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

24. Residents and staff should share the residence tasks.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents and staff do share the residence tasks.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

25. Residents need opportunities to be in charge of other people.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do have a chance to be in charge of other people.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

26. Residents should always accept the plans that the staff makes.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are required to accept the plans that the staff makes.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

27. Residents should be kept away from upsetting situations.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are kept away from upsetting situations.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

28. Residents should do their daily chores in teams.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do their daily chores in teams.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

33. There should always be a nurse in attendance to look after the residents' medical needs.

agree a lot      agree moderately      agree a little      no opinion      disagree a little      disagree moderately      disagree a lot

There is a nurse there now.

always      most of the time      sometimes      no opinion      seldom      very seldom      never

34. Residents should learn to play team sports.

agree a lot      agree moderately      agree a little      no opinion      disagree a little      disagree moderately      disagree a lot

Residents do have the chance to learn team sports.

always      most of the time      sometimes      no opinion      seldom      very seldom      never

35. Residents need to try things that make them work extra hard.

agree a lot      agree moderately      agree a little      no opinion      disagree a little      disagree moderately      disagree a lot

Residents do have a chance to try things that make them work extra hard.

always      most of the time      sometimes      no opinion      seldom      very seldom      never

36. A resident should receive the staff's attention whenever he wants it.

agree a lot      agree moderately      agree a little      no opinion      disagree a little      disagree moderately      disagree a lot

Residents do receive the staff's attention when they want it.

always      most of the time      sometimes      no opinion      seldom      very seldom      never



29. All residents need a chance to be "the boss" sometimes.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do have a chance to be "the boss".

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

30. Residents should invite their friends to parties at the residence.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents are allowed to invite their friends to parties.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

31. Residents need to do things that are familiar to them.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents can do things that are familiar to them.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

32. Residents should wait outside for a bus on a very cold day.

agree	agree	agree	no	disagree	disagree	disagree
a lot	moderately	a little	opinion	a little	moderately	a lot

Residents do wait outside for a bus on a very cold day.

always	most of	sometimes	no	seldom	very	never
	the time		opinion		seldom	

37. Residents need friends who give as much as they take.

agree            agree            agree            no            disagree            disagree            disagree  
a lot            moderately            a little            opinion            a little            moderately            a lot

Residents do have friends who give as much as they take.

always            most of            sometimes            no            seldom            very            never  
the time            opinion            seldom            seldom

38. Residents need opportunities to go places without the other residents.

agree            agree            agree            no            disagree            disagree            disagree  
a lot            moderately            a little            opinion            a little            moderately            a lot

Residents can go places without the other residents.

always            most of            sometimes            no            seldom            very            never  
the time            opinion            seldom            seldom

39. Residents always need to know that someone cares for them.

agree            agree            agree            no            disagree            disagree            disagree  
a lot            moderately            a little            opinion            a little            moderately            a lot

Residents do know that someone cares for them.

always            most of            sometimes            no            seldom            very            never  
the time            opinion            seldom            seldom

40. A resident who does not want to go with the group should be allowed to stay home alone.

agree            agree            agree            no            disagree            disagree            disagree  
a lot            moderately            a little            opinion            a little            moderately            a lot

Residents who do not want to go with the group are allowed to stay home.

always            most of            sometimes            no            seldom            very            never  
the time            opinion            seldom            seldom

APPENDIX B

TRANSCRIPTS OF INSTRUCTIONS TO SUBJECTS

## Instructions to Subjects

### Introductory Remarks, Pilot Study

The Director of the Carole Currier Residence in Galt (Cambridge) asked two staff members, parents, residents, and Committee members to participate in a study about community residences. They were told that someone from Kitchener would call to arrange a time to come and ask them some questions.

David Hallman called two days later, introduced himself, and asked for an appointment. Each subject was visited in her home. The following introductory comments were made:

1. The researchers were working in co-operation with Kitchener-Waterloo Habilitation Services for the Retarded.
2. The study had two purposes: a) to gather information about the development of a residence, and what people think residence programmes should provide, and b) to help in planning more residences in Kitchener-Waterloo and in other centres.
3. The purpose of the Galt study was to improve the questionnaires and instructions so that the information which was gathered for the Kitchener study would be as accurate as possible.
4. The results of the Kitchener study would be sent to all participants. Only group information would be discussed. All individual answers would be confidential. Subjects should indicate their role (parent, etc.) but should not write their name on the questionnaire.

### Introductory Remarks, Present Study

David Hallman contacted all subjects and arranged a time to visit them in their homes or offices. The author was introduced to each subject as a former staff member of the David Fisher Residence. The following introductory comments were made about the nature of the research and the questionnaires:

1. The purpose of this survey is to learn more about the first year of development of the Residence. We also wish to learn what you think the residents' needs are, and how well you think those needs are being met. It is important that we hear from all of the people concerned: parents, residents, staff, and Committee members.
2. When the study is completed, the results will be sent to everyone who participated. Only general information will be made public. Your individual answers will be kept confidential. Please indicate whether you are a parent, staff member, or Committee member, but do not write your name on the questionnaire.
3. There are practice questions at the beginning of each section. If you have any question about the items, please ask.
4. Thank you for participating in this project. Try to enjoy the experience and try not to worry about your answers. Trust your first impression. Remember, your answer is a private one and will only be helpful if it is honest.

## Presentation of Questionnaires

The Historical Development Questionnaire was always presented first. The Residents' Needs Questionnaire was introduced with the following comments:

1. Each question asks for two things. The first part asks for your opinion about that particular statement. The second part asks you to indicate, as well as you can, whether that is happening at the residence now.
2. It is your opinions that are important; there are no right or wrong answers.

The author sat beside the subject, and worked through the example question on the first page. The subject was asked if he wanted to have anything explained again before he started; he was free to stop and ask questions at any time.

The researchers sat in the same room with the subjects, and read or worked while they completed the questionnaire. When subjects had finished, they were asked if they had any comments to make about the questionnaire. Pilot study subjects were asked about the length of the questionnaire, wording of the questions, and the instructions.

Each resident was interviewed in his room. The author read the questions, and asked whether he agreed or disagreed. After he responded, she asked "How much? a little bit, medium, or a lot?" or "always, most of the time, or sometimes?"

Each subject was thanked for his participation, and told that he would receive a report of the results.

APPENDIX C

RESIDENTIAL CARE FOR THE MENTALLY RETARDED

(HALLMAN, 1974)

Abstract

Results

Historical Development Questionnaire

## Abstract

The present study, placed in an historical context of care for the mentally retarded, examines the creation and development of a Community Residence for retarded adults. The Residence is described as a system of interrelating groups (the retarded adults, the director and staff, the parents, the Advisory Committee members) whose patterns of communication and interaction affect the nature of the program. The primary sources of data are the observations of the author who was a participant in the development of the facility and the results of a survey of each of the system's groups. The survey results indicate some differences in perception amongst the groups but a general consensus of marked positive development since the opening. Some of the initial difficulties involved in the creation of this setting are examined, particularly the varied expectations for the program held by the different system members. Through a number of dynamics as the setting developed, the initial difficulties were overcome. The survey results reflect the perception of system members that the situation did improve over time.



## Results of Hallman's (1974) Study

Analyses of variance on the data within the four categories of the survey indicate significant differences in how each of the elements of the system perceived the history of the setting. The patterns that emerge directly from the compiled raw data on the survey items are of considerable utility as explicative of the differences in perception amongst the groups. The discussion of results will thus relate more closely to the raw data than to the analyses of it.

The residents were consistently the most positive respondents. The families tended to fall into two groups, the one perceiving the history of the Residence as having been positive since the opening, and the other identifying major problems at the beginning from which the facility recuperated and developed markedly. An unexpected result was the wide variation that characterized the responses of the staff on many of the items. They proved to be neither as positive nor as homogeneous as had been anticipated. The Advisory Committee members responded as expected, perceiving the first number of months as being very troubled after which the situation improved considerably.

### 1. The life and development of the residents.

The first hypothesis was supported by the data to the extent that the groups all perceived positive growth in the residents. But contrary to the hypothesis, families responded

more positively than did the staff. Families perceived more and earlier growth in the residents than did staff members both in terms of self-confidence and self-help skills. Residents, families and staff members agreed that the adults had quite consistently enjoyed life at the Residence but Advisory Committee members disagreed feeling that the residents were probably unhappy during the initial months.

## 2. The activity of the staff.

The second hypothesis was confirmed by the data except that the staff were more critical of their own performance than had been anticipated. The residents felt that the staff had always proved very adequate in both program and relationships with them. The families expressed confidence in the staff's ability to relate to the residents, but responded negatively in relation to the early months on items about the job performance and program development of the staff and about the leadership capability of the first Director. However, families identified a marked improvement in these areas over time. Responses of the Advisory Committee members paralleled those of families on these items. There was much variation in the responses of staff members. On the whole, they were less positive than the other groups about their ability to relate to the residents. They saw some improvement in their job performance but described the improvement as minimal. They perceived an average capability on the part of all three Directors to provide constructive leadership but they saw a slight decrease

in their ability to communicate with the third Director.

3. The relationship with the families.

Although the responses of the groups were significantly different one from the other, the patterns identified by parents, staff and Advisory Committee members proved very homogeneous, thus confirming the hypothesis. As had been predicted, the residents perceived the experiences of their families as having been positive since the facility opened. The other three groups felt that during the early months, parents were very unsatisfied and had difficulty getting their concerns communicated to and looked after by staff. Likewise, they all felt that families originally had had difficulty adjusting to the move of their son or daughter into the Residence. Contrary to what was expected, the staff did not see this adjustment issue as being as critical or evolving as positively as did the parents and Advisory Committee members.

4. The role of the Advisory Committee.

As had been expected, the residents could not respond to these items at all. Contrary to the hypothesis, families described the role of the Advisory Committee more positively than did members of the Committee itself. The Committee members saw their support of the program developed by the staff and Director as being minimal during the first few months and then increasing. Staff however felt that the facility began operation with the support of the Committee but that that decreased during the fall

and winter of 1972 only to recover in the spring. The staff also described a decrease in the Committee's concern for the public image of the Residence and the physical aspects of the operation during the winter and spring. All three groups uniformly perceived communication difficulties between the Committee and the first Director with a gradual improvement starting in the winter months.

HOW DO YOU VIEW THE DEVELOPMENT OF THE RESIDENCE?

This survey is intended to help us understand how people associated with the Residence see its development (from August, 1972 to November, 1973.) Each item is a simple description of some aspect of the overall functioning of the Residence. You may feel that the statement is valid for one time in the year but less valid for some other time. Mark an 'X' under each season to indicate how accurate a description you think that that statement is for that point in the year.

SAMPLE:

Development in social skills has been noticeable in the adults.

	1973					
	1972	Fall	Winter	Spring	Summer	Fall
	Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-N
This is an accurate description						
		X				X
This is a somewhat accurate description	X		X		X	
				X		
This is not an accurate description						

Please check the appropriate item:

- I am  a resident
- a member of the family of a resident
- a staff member
- a member of the Advisory Committee

The adults seem to be growing in self-acceptance and self-confidence.

			1973			
1972	Fall	Winter	Spring	Summer	Fall	
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)	

---

This is an accurate description

This is a somewhat accurate description

This is not an accurate description

The adults appear to enjoy living at the Residence.

1972	Fall	1973 Winter	Spring	Summer	Fall	
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)	

---

This is an accurate description

This is a somewhat accurate description

This is not an accurate description

Families feel a sense of belonging at the Residence and that their involvement is needed and wanted.

			1973			
	1972	Fall	Winter	Spring	Summer	Fall
	Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)
This is an accurate description	-----					

This is a somewhat accurate description

This is not an accurate description

Families appear to be happy with the Residence and satisfied that their son or daughter is being properly cared for.

			1973			
	1972	Fall	Winter	Spring	Summer	Fall
	Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)
This is an accurate description	-----					

This is a somewhat accurate description

This is not an accurate description

The staff relates well to the residents.

This is an accurate description

1973					
1972	Fall	Winter	Spring	Summer	Fall
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)
-----					

This is a somewhat accurate description

This is not an accurate description

The staff executes its job responsibilities well including providing the residents with adequate care and supervision in such areas as personal hygiene, laundry, etc.

This is an accurate description

1973					
1972	Fall	Winter	Spring	Summer	Fall
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)
-----					

This is a somewhat accurate description

This is not an accurate description



The Advisory Committee seems to support the program developed by the Director and the staff.

	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter	(Mar-May)	(Jun-Aug)	(Sep-Nov)
This is an accurate description	-----					

This is a somewhat accurate description

This is not an accurate description

The Advisory Committee concerns itself with the public image of the Residence or how it is viewed by the community.

	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter	(Mar-May)	(Jun-Aug)	(Sep-Nov)
This is an accurate description	-----					

This is a somewhat accurate description

This is not an accurate description

Many of the residents are becoming increasingly capable in skills that will help them function more independently like in the area of hygiene (keeping their rooms clean, bathing, and doing their laundry more by themselves).

This is an accurate description

1972	Fall	1973	Winter	Spring	Summer	Fall
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-N	

This is a somewhat accurate description

This is not an accurate description

The staff understands the intended purpose of the Residence and has developed appropriate programs to meet this purpose

This is an accurate description

1972	Fall	1973	Winter	Spring	Summer	Fa
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-	

This is a somewhat accurate description

This is not an accurate description

The families appear to have been able to adjust themselves to the possibility that their son or daughter may be coming to live a more independent life with less need of the supervision of a mother or father.

This is an accurate description	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter (Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

---

This is a somewhat accurate description

---



---

This is not an accurate description

---

If a family has a concern, they are usually able to convey that concern to the Director and staff and feel satisfied that it will be taken care of.

This is an accurate description	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter (Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

---

This is a somewhat accurate description

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This is not an accurate description

---

The Director provides constructive and effective leadership for the home.

This is an accurate description	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter (Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

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This is a somewhat accurate description

This is not an accurate description

The staff seems able to communicate freely with the Director.

This is an accurate description	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter (Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

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---

This is a somewhat accurate description

This is not an accurate description

The Advisory Committee is able to relate closely to the Director and convey through him/her its advice for the direction of the Residence.

			1973			
	1972	Fall	Winter	Spring	Summer	Fall
	Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

---

This is an accurate description

This is a somewhat accurate description

This is not an accurate description

The Advisory Committee appears to place the welfare and growth of the adults as its highest priority.

			1973			
	1972	Fall	Winter	Spring	Summer	Fall
	Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

---

This is an accurate description

This is a somewhat accurate description

This is not an accurate description

The Residence has a warm home atmosphere where the adults live a relaxed life similar to that of a family.

1972	Fall	1973	Winter	Spring	Summer	Fall
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)	

---

This is an accurate description

This is a somewhat accurate description

This is not an accurate description

The programmes for involving the residents in the community (shopping, attending sports and entertainment events, using public transportation, etc.) are helpful learning experiences for the adults.

1972	Fall	1973	Winter	Spring	Summer	Fall
Aug	(Sep-Nov)	(Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)	

---

This is an accurate description

This is a somewhat accurate description

This is not an accurate description

The emphases of the program at the Residence seem to correspond to what the families had wanted for their son or daughter.

This is an accurate description	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter (Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

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This is a somewhat accurate description

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This is not an accurate description

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The Advisory Committee concerns itself with the overall direction and development of the Residence as well as with the specific physical aspects relating to the building.

This is an accurate description	1972	Fall	1973	Spring	Summer	Fall
	Aug	(Sep-Nov)	Winter (Dec-Feb)	(Mar-May)	(Jun-Aug)	(Sep-Nov)

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This is a somewhat accurate description

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This is not an accurate description

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APPENDIX D

REPORTS OF RESULTS



## Reports of Results

The following is an outline of the content of the author's report to Kitchener-Waterloo Habilitation Services for the Retarded.

1. Letter The author will express her appreciation to the Director of K-W HSR for permission to conduct the research, and to the Director of Community Services for his assistance in collecting the data. An outline of the goals of the research and a summary of the important results will be presented. The author will offer to meet with the K-W HSR staff and the staff of the David Fisher Residence to discuss the results of the study and recommendations.
2. Report of Results Summaries of results for Categories of Needs as well as individual items will be included. Each group of results will be explained with examples of situations related to residence life.
3. Recommendations for Residence Programming The author will emphasize that the recommendations are not intended as criticism of the residence programme. Rather, the results indicate that people concerned with the David Fisher Residence should be commended for their positive attitudes about the residents' potential for growth and development. The recommendations are offered in the hope that they can be used to improve the programme to allow residents more opportunities to actualize their potential. The recommendations are not meant to be "formula" for change; it is more important that the people

concerned with the setting define the ways in which the suggestions can be used.

4. Recommendation to Community Services Department This Department is currently sponsoring a support programme for parents of retarded infants. Parents of retarded adults did not have this opportunity. Their comments to the author while they were completing the questionnaires indicated that they are rarely consulted about the programmes which are designed for their children. These observational data suggest the development of an ongoing process whereby parents can discuss programme recommendations with the staff and residents. This process would give parents and opportunity to express their concerns and to use the experience to improve the residence programme. If such a process is not available, it should be initiated; if it is available, it should be strongly supported.

5. Copy of Dimensions of Psychological Health for Retarded Adults in a Community Residence

The following is an outline of the content of the author's report to subjects.

1. Letter The author will express her appreciation to subjects, outline goals of the research, and present a summary of the important results. Subjects will be invited to call the author if they wish to discuss the project or the report.
2. Report of Results Summaries of results for Categories of Needs as well as individual items will be included. Each group of results will be explained with examples of situations related to residence life. Recommendations for residence programming will also be presented.

APPENDIX E

MATRICES OF CORRELATION COEFFICIENTS

TABLE 11

## CORRELATIONS BETWEEN ITEMS ON SCALE I

## Physical Existence Needs

Item	10	17	32	33	14*
10	1.000	0.450	0.253	0.342	0.236
17		1.000	0.202	0.074	0.248
32			1.000	0.447	0.147
33				1.000	-0.151
14					1.000

TABLE 12

## CORRELATIONS BETWEEN ITEMS ON SCALE I

## Psychological Existence Needs

Item	18	22	27	31	39*
18	1.000	0.244	0.484	0.108	-0.022
22		1.000	0.136	0.205	-0.073
27			1.000	0.199	0.110
31				1.000	0.119
39					1.000

\* Eliminated item

TABLE 13

## CORRELATIONS BETWEEN ITEMS ON SCALE I

## Submissive Relating Needs

Item	6	7	16	20	26
6	1.000	0.492	0.620	0.411	0.534
7		1.000	0.518	0.455	0.556
16			1.000	0.332	0.562
20				1.000	0.501
26					1.000

TABLE 14

## CORRELATIONS BETWEEN ITEMS ON SCALE I

## Dominant Relating Needs

Item	3	21	25	29	36*
3	1.000	0.292	0.236	0.171	0.136
21		1.000	0.392	0.462	0.132
25			1.000	0.307	-0.119
29				1.000	-0.045
36					1.000

\* Eliminated Item

TABLE 15

CORRELATIONS BETWEEN ITEMS ON SCALE I

Shared Relating Needs

Item	1	11	13	30	37	4*	8*	24*	28*	34*
1	1.000	0.181	0.335	0.119	0.068	0.189	0.282	0.135	-0.239	-0.043
11		1.000	0.333	0.419	0.171	0.107	0.041	0.226	-0.094	-0.204
13			1.000	0.238	0.350	0.269	0.134	0.097	0.121	-0.111
30				1.000	0.477	0.195	0.362	0.031	-0.081	0.058
37					1.000	0.193	-0.061	0.105	0.087	0.107
4						1.000	0.088	0.088	-0.074	-0.250
8							1.000	-0.112	-0.195	0.216
24								1.000	0.042	-0.198
28									1.000	0.064
34										1.000

\* Eliminated Item

TABLE 16

CORRELATIONS BETWEEN ITEMS ON SCALE I

Environmental Mastery Needs

Item	2	12	15	19	35	5*	9*	23*	38*	40*
2	1.000	0.316	0.344	0.087	0.312	0.130	0.116	-0.040	0.194	-0.068
12		1.000	0.430	0.342	0.260	0.047	0.122	-0.047	-0.080	0.094
15			1.000	0.375	0.503	0.056	0.236	0.283	0.004	0.007
19				1.000	0.060	0.483	0.176	0.426	-0.181	0.264
35					1.000	0.096	0.160	0.119	0.256	-0.049
5						1.000	0.089	0.177	0.063	0.026
9							1.000	0.212	-0.084	-0.007
23								1.000	-0.128	0.019
38									1.000	0.098
40										1.000

\* Eliminated Item



APPENDIX F

ELIMINATED ITEMS

TABLE 17  
Eliminated Items

Item	Mean Score, Scale I			
	Par.	Staff	Res.	Com.
Residents need a bath or shower every day.	6.50	4.20	4.50	6.17
Residents always need to know that someone cares for them.	4.00	6.20	6.29	6.00
A resident should receive the staff's attention whenever he wants it.	3.08	2.70	4.53	1.83
Residents need to have someone to share their feelings with.	6.75	7.00	6.47	6.83
Residents should have opportunities to work with others in groups.	6.67	6.90	6.29	6.67
Residents and staff should share the residence tasks.	6.12	4.90	6.18	6.00
Residents should do their daily chores in teams.	6.42	5.30	4.88	4.00
Residents should learn to play team sports.	6.67	6.60	6.18	6.67
Residents should have control of their own bank accounts.	3.00	5.00	4.88	5.33
A resident who wants to learn a skill which may be very frustrating should be allowed to try.	5.92	6.40	5.94	5.83
Residents should try things for themselves before seeking help.	5.70	5.70	6.41	6.33
Residents need opportunities to go places without the other residents.	6.12	7.00	5.59	6.67
A resident who does not want to go with the group should be allowed to stay home alone.	4.75	4.60	4.76	5.83

APPENDIX G

RAW DATA

TABLE 18

## Raw Scores, Residents

Subject Number	Physical Existence	Psych. Existence	Submissive Relating	Dominant Relating	Shared Relating	Environ. Mastery
1	25*	9	27	20	35	27
	20**	14	29	16	33	18
2	20	22	25	21	25	26
	22	26	22	18	17	17
3	25	14	34	18	30	31
	24	18	31	17	24	19
4	21	18	33	8	28	39
	11	15	33	16	22	20
5	18	16	16	22	31	29
	25	18	19	15	22	23
6	20	20	25	16	31	27
	10	19	22	16	32	25
7	20	20	35	22	35	14
	9	24	24	20	24	11
8	27	17	20	20	24	20
	16	12	24	14	26	20
9	16	19	32	25	33	31
	13	16	30	21	33	21
10	20	17	27	13	35	35
	17	18	28	18	33	19
11	19	20	33	9	35	23
	19	19	29	16	28	18
12	22	21	25	17	27	26
	24	20	30	20	24	16
13	16	22	23	28	35	35
	9	20	22	24	34	23
14	27	22	32	28	34	33
	18	19	23	21	20	22
15	15	16	33	27	32	33
	18	21	28	23	23	24
16	22	19	42	16	29	35
	17	18	29	19	30	26
17	22	18	35	12	23	22
	19	16	32	21	23	15

\* Scale I

\*\*Scale II

TABLE 19

## Raw Scores, Parents

Subject Number	Physical Existence	Psych. Existence	Submissive Relating	Dominant Relating	Shared Relating	Environ. Mastery
1	13*	17	31	22	20	19
	13**	20	31	17	22	23
2	25	16	38	19	31	29
	16	18	30	20	24	18
3	25	16	23	20	34	33
	18	15	31	22	28	23
4	25	28	35	14	32	17
	23	27	32	14	27	20
5	28	23	31	24	31	16
	18	17	26	20	26	13
6	12	18	31	23	28	36
	19	21	29	19	26	18
7	25	20	24	20	22	17
	12	17	27	14	21	13
8	22	25	33	22	28	13
	20	21	29	19	28	18
9	22	21	24	20	35	22
	18	19	29	17	28	12
10	10	14	28	17	29	30
	14	17	26	19	30	23
11	26	15	27	26	31	34
	22	15	20	18	27	22
12	22	26	34	26	34	27
	19	21	32	19	22	27

\* Scale I

\*\* Scale II

TABLE 20

## Raw Scores, Staff

Subject Number	Physical Existence	Psych. Existence	Submissive Relating	Dominant Relating	Shared Relating	Environ. Mastery
1	10*	9	14	20	22	24
	14**	19	24	21	23	20
2	9	17	24	26	24	33
	9	19	28	25	32	24
3	16	6	12	19	31	23
	12	25	26	20	21	15
4	8	11	25	24	32	33
	17	18	32	20	18	10
5	16	9	18	23	34	32
	13	16	30	20	24	18
6	11	11	14	23	32	31
	15	20	29	20	23	14
7	16	11	21	21	28	28
	21	15	27	22	21	26
8	12	14	27	23	30	32
	13	18	30	19	21	15
9	14	10	14	16	27	30
	22	21	28	11	23	17
10	6	7	19	25	31	32
	9	13	28	16	26	16

\* Scale I

\*\* Scale II

TABLE 21  
Raw Scores, Advisory Committee

Subject Number	Physical Existence	Psych. Existence	Submissive Relating	Dominant Relating	Shared Relating	Environ. Mastery
1	10*	19	21	20	33	32
	12**	22	29	25	27	26
2	12	14	16	15	30	31
	14	18	26	20	28	29
3	7	12	15	18	29	28
	13	17	23	14	17	20
4	5	6	7	14	35	34
	17	23	29	11	14	8
5	20	17	15	20	26	20
	13	19	26	20	26	21
6	21	17	11	21	32	29
	20	20	24	17	20	24

\* Scale I

\*\* Scale II

APPENDIX H  
MEAN RANKS  
SCALE I ITEMS



TABLE 22

MEAN RANKS, SCALE I  
Physical Existence Needs

Parents	Staff	Residents	Committee
31.0	9.8	28.6	13.1

TABLE 23

MEAN RANKS, SCALE I  
Psychological Existence Needs

Parents	Staff	Residents	Committee
30.0	8.6	28.2	17.3

TABLE 24

MEAN RANKS, SCALE I  
Submissive Relating Needs

Parents	Staff	Residents	Committee
30.0	12.4	42.0	7.0

TABLE 25

MEAN RANKS, SCALE I  
Dominant Relating Needs

Parents	Staff	Residents	Committee
25.4	28.8	20.6	15.5

TABLE 26

MEAN RANKS, SCALE I  
Shared Relating Needs

Parents	Staff	Residents	Committee
21.8	19.4	25.4	24.7

TABLE 27

MEAN RANKS, SCALE I  
Environmental Mastery Needs

Parents	Staff	Residents	Committee
15.9	27.8	24.1	26.0

APPENDIX I

SORTING INSTRUCTIONS

## SORTING INSTRUCTIONS

My research involves an investigation of the needs of 24 retarded adults as perceived by the retarded people themselves, and other groups who relate to the community residence in which they live; their parents, their employers, the staff, the administrative board, and people from community agencies.

The names of categories of human needs are typed on blue cards. Questionnaire items are typed on white cards, which are presently in random order. Please sort the items on the white cards into one of the seven categories:

- (1) Psychological Existence: The need for psychological safety and security.
- (2) Physical Existence: The need for physical safety and security.
- (3) Submissive Relating: Personal interaction situations in which a resident submits to the wishes of others.
- (4) Dominant Relating: Personal interaction situations in which a resident exerts his wishes or authority over others.
- (5) Shared Relating: Personal interaction situations which demonstrate a mutual sharing relationship between a resident and other(s).
- (6) Environmental Mastery: Situations which demonstrate the residents' need to make choices relevant to their lives; to achieve; to create; to be autonomous.
- (7) Other: Those items which are not relevant to any of the above categories.

When you have finished sorting, please fasten the cards



together. Then, without reference to the first set, please sort the second set on the following day.

Each of five social scientists will sort the cards twice. Only items on which there is agreement 9 out of 10 times will be retained for the questionnaire.