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De-institutionalized skills: utilized or useless

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DE-INSTITUTIONALIZED SKILLS:
UTILIZED OR USELESS

by
Linda Golden

A Thesis

Submitted in partial fulfillment of the requirements of the
Master of Arts Degree in the Graduate Division
of Rowan College
May 4, 1995

Approved by _____
Professor

Date Approved 5/15/95

ABSTRACT

Linda Golden
De-Institutionalized Skills:
Utilized or Useless
1995
Dr. Jay Kuder
Master of Arts Degree in
Special Education

My thesis was on the topic of de-institutionalized skills. My goal was to discover if my subjects had gained, lost, or maintained skill areas since they have left the institutional setting. These subjects, a total of 11 male adults with mental retardation, now reside in two group living facilities. Their ages range from 31 - 62 years and their Intelligence Quotients range from 63 - 68.

Two test booklets were used to gather raw score means for functioning levels. Four main skill areas were assessed: Communication, Daily Living, Socialization, and Motor. Results exhibited growth for most domain and subdomain skill areas for most subjects.

I interviewed 10 direct care workers on each subject. I totalled and averaged the scores. Raw scores were used to identify any growth, loss, or maintenance of above skill areas. Tables and graphs were used for visual references.

As an end result, Group Facilities A and B demonstrated growth from the instruction they received while institutionalized. Final scores proved institutional training works towards productive, responsible citizens.

MINI-ABSTRACT

Linda Golden
De-Institutionalized Skills:
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Dr. Jay Kuder
Master of Arts Degree in
Special Education

In this study, I researched de-institutionalized skills. My subjects were 11 adult males with mental retardation who reside in group homes. The study focused upon Communication, Daily Living Skills, Socialization, and Motor Skills. In conclusion, the results showed the subjects progressed in skill areas. They are an asset to society.

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Introduction

Chapter I

Rationale for Research

My thesis is on the topic of skills used by de-institutionalized individuals. "De-institutionalization is a practice arising from the principles of normalization and least restrictive environment in which retarded and emotionally disturbed individuals are moved out of institutions into community alternative living arrangements." (Kelly, Leo 1984)

De-institutionalized individuals need to utilize daily living skills to become more self sufficient.

While institutionalized, these individuals were taught specific skill areas mentioned below.

Are these skills utilized in the community-based environment in which they live?

Through this research I will learn if:

- 1) more skills are gained due to applying them in a group home/work setting.
- 2) skills are lost due to not working or not continually being educated in group home setting.
- 3) skills do not show any decline or improvement upon departure from the institutional setting.
- 4) additional or alternative skills would be required.
- 5) these skills were previously inbred.

Hypothesis:

My hypothesis is that their skills will increase while employed. With the proper opportunity, these individuals will be able to be an asset in their community.

Through being self-sufficient, with the proper motivation, these individuals will gain high self esteem. Not only for themselves, but also those who will be working with them.

Statement of Problem

The purpose of this research is to discover if these mildly, mentally retarded, male adults who are residing in group homes can carry over skills learned in their previous institutional placement for future employment. These skills were taught and enforced daily during their stay at the institution. Have they retained these skills that are now being utilized in the community living environment?

Through my findings I hope to discover growth or loss of the following skill areas:

- 1) Social skills
- 2) Daily living skills (personal hygiene, cooking, cleaning, finances, etc.)
- 3) Behavior modification
- 4) Recreational and leisure activities
- 5) Occupational training
- 6) Communication skills

As of now, there is no time limit of how long they have been removed from the institution and residing in the group home.

Importance of Problem

If the results of this research prove that these skills are not found to be used, are we allowing the appropriate individuals to move up and out? Should all group home individuals be mandated to work so they feel more self-sufficient, thus most skills are then utilized?

Q: Are these residents getting what they need to maintain their skills?

A: They should have the skills they need in order to leave. If staff does not see that they are capable of living in a group home, a recommendation should be made. They will need to stay institutionalized until such time arises when they are able to be productive individuals.

Q: What can I imply from these results?

A: I feel at this time that these individuals are capable of becoming more independent. Any skill they conquer, as small as it may seem, is positive feedback to the individual as well as the institute. For example, if dressing oneself was a skill taught and no prior knowledge of how to do this was known to the individual, this would show that the proper training was administered.

Q: Why would anyone else need this information?

A: Any coordinator or person held responsible for the individual, should have all information. In a group home setting, any incident could cause an off set of problems to others who live there. It is also a follow up for future individuals as to which skills would continue to be enforced and which skills to eliminate.

My Point of View

I feel that most of the retarded and emotionally disturbed individuals that request, or are selected, to move up into a group home setting, have the necessary skills they would need to perform. If they do not recall, they should be shown , have them mimic, and then repeat on their own until they have recalled each skill area. Patience, positive reinforcement, and consistency are a step by step path to perfection.

Significance of Study

As a continuation of the previous statement, I firmly believe that all individuals who are fortunate enough to make it into a group home should be out in the work force. In that case, they would maintain their skills as well as increase them. I may find, however, that all are not working. These subjects would be decreasing their skills and motivation as well. I will be very unhappy if the latter is found to be true.

Review of Literature

Chapter II

During the past 100 years or more, researchers have described the performance and adaptation of persons with mental retardation. Many early studies assessed the community adjustment and participation of persons leaving large institutional settings. With increased focus on enhancing the independence and integration of persons with disabilities, there has been a revitalized interest in researching the personal abilities, interactions, and achievements. (Edgerton, 1967; Edgerton and Bercovici, 1976; Goldstein, 1964; Lakin, Bruininks, and Sigford, 1981.) The findings are that with hard to train youths they have received neither meaningful nor appropriate skills in helping them become self sufficient on their own. The article also states that with "Developmentally disabled adults, successful independent community living is significantly correlated with skills acquired during systematic training in personal maintenance, communication, community utilization, clothing care, food preparation and time management" (Robert L. Schalock, 1980). "Studies show most mentally retarded individuals whom range in age from 20 to 47 have an average IQ of 53. 70 percent of patients released return within one year" (J. W. Kempton, 1993). The public is not always ready to accept the mentally retarded into their world. Society often provides the roadblocks. Few offer a helping hand.

Programming is to individualize each subject's needs. While institutionalized, the patients are surveyed to identify their likes and dislikes of different occupations. They are then put into groups and subgroups where their skills are established. Both

progress of work skills and behavior are monitored on a daily basis. The outcome of their acceptance in society depends on how well these skills are established.

There are two methods of programming. They are under-programming and over-programming. Under-programming fails to consider the fact that the patients need structure. They are "incapable of utilizing large amounts of time adequately" (John W. Fanning, 1985). If the patients don't have enough structure they will become frustrated and could resort to anti-social or self-abusive behavior.

Over-programming could lead to over-dependence of staff. This could prevent the individual from reaching his/her full potential. It could also lead to boredom. This identification of preference locates which road to channel their skills towards the job best suited for them.

There are many adjustments that people with mental retardation have to face. The following skill areas represent the skills that must be acquired by people with mental retardation: Social, Daily Living, Behavior Modification, Recreational and Leisure Activities, Occupational Training, and Communication.

Social Skills

Adults with mental retardation have been known to have friendly relations in group settings. Many of the subjects spend their day at workshops working with the people with whom they reside.

Although these adults with mental retardation prefer the group home setting as opposed to the institution, one of their complaints is not having enough friends. This could be due to poor self-concept on their part or because they may not have the opportunity to meet others. They feel the need to conspire in order to assert their independence. This diminishes boredom and loneliness. To help increase social skills, the subject is asked to be a leader with who might be in charge of making announcements or recognizing a peer who is interested in sharing an experience. This is often done so the subject feels at ease. Often the best way for a subject to feel good about himself is to help another. In a group home nothing is too personal. Here the word is acceptance. They do not judge each other.

Daily Living Skills

The Mentally Disabled who live in group living facilities have become secure with their routines. All of the residents of these group living facilities need to be able to carry out the following skills:

- A. Feeds self
- B. Dresses self
- C. Practices Good Personal Hygiene. (Example: brushes teeth, combs hair, showers, clean clothing, toilet habits.)
- D. Household tasks. (Example: Shopping and budgeting for food, cleaning the house, preparing meals, gathering trash, setting a table, doing the laundry, answering the telephone, making their bed)
- E. Transportation skills: (Example: read bus schedule, ability to phone for a cab, having correct change for a bus, allowing proper time for travel.)

A. To touch base on each skill area I will emphasize on each of the above. The first skill is "feeds self." The resident must be able to feed him or herself. He/She needs to appropriately use his utensils and napkins. He/She must not talk with food in his/her mouth and keep the food on his/her plate. If he/she is not able to feed him/herself due to a disability, then someone must tend to his/her immediate needs.

B. Each subject must dress him/herself. This includes selecting their own clothing for the day. They are to see to it that the clothing they wear is properly ironed and mended. They need to be color coordinated. The residents also need to tie their own laces and/or velcro their own shoes. They need to be presentable when finished.

C. Practicing good personal hygiene is the third skill. All residents would need to own combs, toothbrushes, razors, and brushes. They would also be reminded that the above items were not to be shared. They would need to run bath water and/or shower so not to scald themselves. Proper drying of the body and hair would also need to be demonstrated along with proper toileting habits.

D. Household tasks such as food shopping and preparing the meals are required. Working with money is usually equated with buying items. (Food, cigarettes, etc.) Answering the telephone and trash removal should be weekly chores.

E. Transportation can be an easy skill to master. The group living facilities usually provide a van. Bus schedules or taxi services are available. Time involved in traveling to predesignated destinations should be premeditated.

Recreation and Leisure

Free time should be structured and monitored. Unstructured free time could raise aggressive behavior and frustration levels.

Occupational Training

While institutionalized, residents were drilled daily utilizing skills needed to perform in the work force. Some of the objectives taught were counting nuts and bolts, counting pens/pencils, coordinating specific colors, sizes, and shapes of given objects, sweeping, washing floors, collecting trash, gardening, raking leaves, washing windows, laundering, and recycling.

Income can be based on piece work, hourly wage, or salary.

Communication Skills

"Non retarded subjects have difficulty communicating with the mentally retarded. Even if they are not understood, most individuals will not ask them to repeat themselves. Most often the mentally retarded have answers to questions they have yet to ask" (Elias Katz, 1988). Support staff needs to truly convey a complete dialogue. Residents can feel frustration when questions are not answered clearly by the staff. It can cause anxiety and anger due to the inferior feelings the residents can receive by not being understood. Staff needs to take the time to genuinely comprehend the needs and desires of the mentally disabled. The lower functioning or nonverbal individuals may need to use symbols. Individuals with speech defects should meet at least once a week for speech therapy.

Successful Steps Towards Employment

Before a worker with disabilities begins employment, a supervisor must focus on the skills needed to perform a job effectively. The major work areas in which various job tasks are performed must be identified. An analytic approach is used for identifying and sequencing job duties, establishing a work routine, and designing appropriate training and support methods.

Sequencing Job Duties

The supervisor should work the job for one day before introducing the worker to the position. While performing the job, the supervisor should note major duties and approximate times required to perform each task. The sequence of the job duties is recorded so a routine can be established.

Job Duty Analysis

Once the sequence of major job duties has been established, the next step is to analyze the specific skills required to perform each major job duty successfully. Here, the supervisor must identify, isolate, and describe each job skill that the employee will be required to perform, including any special tools or machinery to be used. The information should be recorded on a type of job duty analysis form. This enables the

supervisor to incorporate information from interviews from the employer, from analyzing the work environment, from sequencing the job duties, and from personally performing the job duties.

The following is an example of the guidelines for job duty analysis:

Identify only those job skills that can be observed and measured.

Include only those observable skills a worker must perform in order to master the job task.

Break each job task into the sequential steps required to successfully perform the task.

Include all necessary machinery and tools.

Concentrate on the job task that is being analyzed rather than the worker who will master it.

Talk with coworkers to learn tricks of the trade.

Field test the job task analysis by observing a coworker completing the task.

Determine the most efficient procedure to complete a task.

Be concerned with reducing unnecessary worker movement when completing the task.

Have the final job task analysis approved by the employer/supervisor.

Give the employer a copy for his/her records.

Identifying Natural Supports

Natural supports are those formal and informal mechanisms existing in a work environment. They can be drawn upon to increase and to sustain an employee's performance through approval of worker achievements. Every employment setting is unique and provides some level of support for workers. Formal supports may include employee assistance programs, employee associations, and supervision. Informal supports may include help with work, job duty interdependence, directional cues, and coworker support. Along with analyzing the job duties the supervisor must examine the physical and social characteristics of the employment settings to identify the variety and intensity of supports existing within a specific work place. (Barcus et al., 1987; Moon et al., 1986)

Employee Assistance Programs

These are designed as support for employees in resolving personal and family issues.

Employee Associations

Some companies offer employee associations to which several employees belong.

Supervision

The supervisor should identify the intensity of the manager to the worker's job environment and frequency of interaction with the worker in that specific work area.

Help with Work / Job Duty Interdependence

Job duties performed by a worker within a work place may dictate interdependency with other employees within the work site.

Directional Cues

A directional cue is a written or pictorial instruction or label posted within the work site. These directional cues may instruct an employee on a step-by-step operation of a piece of equipment or safety procedures.

Coworker Support

This is the relationship that forms between coworkers. Interactions between employees include joking, assisting with work, breaks or lunch, discussing personal life, giving or asking for advice, and teaching or demonstrating work tasks.

Natural Reinforcers

The ultimate reinforcers at a job site are those that occur naturally in the work environment. For example pay check, coworker praise, supervisor/manager praise, positive written evaluations, pay raises and/or bonuses, and parental/guardian/spousal praise.

Task Analyzing Job Duties

At this point, the supervisor has identified the specific major job duties in which training will begin. Next, he/she must break the specific job duty into teachable components. "A written task analysis of a job duty begins with the first step performed and lists all steps in sequence through the last step performed" (Flynn, R., Berck, P., Lapan, S., 1984).

The following are guidelines for job duty task analysis:

"Observe coworkers performing the job duty. As they perform the job duty, identify each step completed.

Record each step in sequence on a task analysis recording sheet.

Use this task analysis to perform the job yourself.

Determine if all required steps have been identified accurately for efficient performance of the duty.

Revise the job analysis by adding or deleting steps based on your performance of the job.

Observe a coworker performing the task while following the task analysis that has been developed" (Flynn, R., Berck, P., Lapan, S., 1984).

Revise as needed.

Summary

The initial component of job site training requires the supervisor to analyze the skills necessary to perform the job, identify natural supports and reinforcement available, and identify the job requirements. The supervisor is expected to work along side the new employee for his/her first entire work day. The supervisor may need to work before and after the scheduled job hours providing extra training for the worker. Job skill analysis will be complete when the worker has become familiar with the general expectations of the job and can independently function. Monitoring the worker's progress on the job may determine any modifications needed. Formal and informal techniques for performance evaluation should be used. Evaluations should accent strengths and offer encouragement in areas of weakness.

Employment

Through educating the mentally disabled in the institutional setting, they became gainfully employed. As a result of working, they are entitled to benefits such as receiving support, fair wages and benefits, protection under federal labor laws, job advancement, job changes, and always maintaining their dignity. The more skills they had obtained made them more valuable in the work force.

Another study led by Dr. Feinold (1984), surveyed 470 males residing in the community. 13 of these men had married. As a result, 12 children were born and considered normal. Occupations earned were elevator men, laborers, factory hands, farm helpers, soda clerks, painters, bakers, machinists, and 2 of the men stayed home to raise their child. There was little to no behavioral problems and supervision was kept to a minimum.

This study proved that the mentally challenged stabilized with their jobs and felt respectable to work on their own.

A 4 year follow up study of training in an institutional setting was conducted on de-institutionalized adults in New York City in 1985. The study included 218 boys and 182 girls for a total of 400 participants. All but 10 were living at home again or in their own home if they were married. 36 1/2 percent of the home conditions were

good, 42 1/2 percent were fair, 19 percent poor, and 2 percent were unknown. A total of 259 (162 boys and 97 girls), or 64 percent, were employed and earning money. Others, unemployed at the time of the follow up study had proved to be able to hold jobs. So 83 percent or 334 boys and girls were employable. 1 percent had been re-committed to institutions and 1 boy who was in prison was later released and sent home to live. This study also proved that given the correct education and structure, these special individuals, given the opportunity, can be productive.

In Detroit, 1985, a group of 121 men and women left institutions and studied in 1993. Of 95 men, 27 percent were in unskilled jobs, 34 percent were in service skilled jobs, 16 percent were in skilled jobs, 15 percent were in military service or miscellaneous jobs, and 8 percent were unemployed. Of 29 women, 14 percent were in skilled jobs, 58 percent were doing housework. 75 percent held their positions for over 3 years, some as long as 8 years. Only 4 of the entire group (3 percent) received welfare assistance.

Don Charles conducted a long-term study. This was a follow up of 206 mentally deficient individuals in Lincoln, Nebraska. The average age of the group was 42 years. 151 of them had excellent employment records. 83 percent had been self-supporting part of the time and most were regularly employed.

Institutionalized children show favorable results of exceptional training. A sampling study of 2,640 trainable residents in New York City was reported by Dr. Gerhart Saenger. The age range was from 17 to 40 years of age. It was found that 1,742 were living in the community, 686 went back to the institutions after residing in the group living facilities, and 212 had either died or couldn't be traced. These studies of institutional instruction to the mentally deficient definitely indicate that the large majority are able to take their places in community life with no sense of social burden.

Through a series of studies involving a variety of samples and circumstances, there appears to be a growing consensus for including the broad dimensions of leisure participation, social relationships, family relationships, and contacts to characterize the adaptation of the mentally retarded individual in the community.

The results of one study "demonstrates the promise of efforts to unravel the complexity of personal competence and community adjustments through studies that use multi-dimensional outcome measures with a variety of samples in different environment" (R. H. Bruininks, 1991).

What is needed is to find a way to improve instruments to explore the performance and adaptation of the mentally disabled. We need to be able to reduce the hundreds of indications to a few broader measures. Using such materials can lead to a better evaluation to help assess the outcome of the survey program. "A number of

similarities exist between the community adjustment dimensions found in the current study and in those of Halpern, Nave, Close, and Nelson (1986), and McGrew, Bruininks, Thurlow, and Lewis (1992), using different samples in different living circumstances. Some differences are also apparent. Such differences may derive from coverage and characteristics of instruments, sampling differences, statistical procedures, and the effects of opportunities for varying degrees of participation and experience among sample members. Furthermore, future studies should be expanded to investigate predictive relationships between dimensions of personal competence and other important variables that reflect contextual factors and levels of support as they relate to adjustment in the community" (Bruninks, 1992).

Summary

In conclusion, research has proved that training, while institutionalized, produces employable, productive employees.

Summary of The Review of Literature

Due to our changing times independence of the mentally retarded adult had been enhanced through research and experimentation. Integration of supportive staff, new work environments, and frequent programming equals a higher functioning, independent person with a higher self-concept.

Procedure

Chapter III

There were two group living facilities involved in my research. They will be identified as "Group Living Facility A" and "Group Living Facility B". Group Living Facility A is located in Haddon Heights, New Jersey. Group Living Facility B is located in Mount Laurel, New Jersey. Due to the legalities of the way I received my information, I can not reveal the true names of the group living facilities, the names of the staff who participated, or the names of the subjects.

Group Living Facility A - Description of facility

I pulled into the driveway of the 2 story house which was surrounded by a large yard with a fence. The exterior of the house was stone and wood. The interior of this house had white walls with dark brown carpet. There were 5 bedrooms (3 up stairs and 2 down stairs). In each room were 2 beds, 2 bureaus, 1 large oval mirror, window, and 1 closet. Next to the formal dining area was a large kitchen with a laundry area. There was one full bathroom up stairs and 1/2 bath down stairs. There was adequate heating and cooling when needed. The private staff room was located off the back of the kitchen. The wheelchair ramp was located through the kitchen in the rear of the house.

Group Living Facility A - Description of Subjects

In Group Living Facility A, Subject 1, referred to as H., with an intelligence quotient (I.Q.) of 68, was born on February 19, 1932. He was a 62 year old Caucasian. He stood 4'8" and weighed 115 pounds. His parents were deceased and he had an older sister who was 64 years old, but in poor health. His medical conditions consisted of Down Syndrome and sleep apnea. He had a heart attack in 1990 and wore eyeglasses. His personality traits were moodiness, happy-go-lucky, and bossy. He initiated teasing but became upset when teased. He was also non-aggressive, self sufficient, and at times difficult to understand. He liked to cook, make hook rugs, and complete puzzles. He had been institutionalized for 12 years and lived in 2 institutes. For 13 years he lived in this present group living facility. He worked at the Sheltered Workshop where he was paid per quantity. Between the hours of 9:00a.m. and 3:00p.m. he tied hangers together for Macy's.

Subject 2, referred to as R., with an I.Q. of 66, was born October 16, 1953. He was Caucasian and 41 years of age. He stood at 5'5" and weighed 135 pounds. His mother was deceased and his father was 63 years old. He visited monthly. He had two sisters who were 30 and 32 years of age. Both were non visitors to the facility.

Subject R had eyeglasses which he refused to wear and was an adult with mild mental retardation. He was a non-smoker. He was loud, argumentative with the staff and fought when it was time to do chores. He usually got along with his peers. He was

easily upset when yelled at. However, he was self sufficient. His hobbies were watching television, tracing pictures, watching horror movies, play acting like a werewolf and Dracula. He enjoyed the weight machine and the tread mill bike. He had been institutionalized for 15 years and lived in 2 institutes. For the past 13 years he lived in his present group living facility. His employment was with Camden County doing maintenance work (clean up) at \$100.00 per week.

Subject 3, referred to as J., and had an I.Q. of 65, was born on June 6, 1957. He was Caucasian who was 38 years old. He stood 5'6" and weighed 105 pounds. His mother was 60 years old and visited bi-monthly. His 70 year old step-father visited bi-monthly with his mother. His father was deceased. He was occasionally visited by his 36 year old brother, 35 year old sister-in-law, and 10 year old nephew. Subject J was on Dilantin for seizures, had frequent nose bleeds and was also an adult with mild mental retardation. He was a non-smoker and had a lazy eye. He was friendly, outgoing, helpful and encouraged others to talk and play. Television and any outdoor sports were some of his hobbies as well as assisting the staff and doing puzzles. The total years he had been in an institution was unknown, however, the last 13 years had been spent in the present group living facility. Subject J attended the Sheltered Workshop where he tied hangers together for Macy's and was paid per quantity between the hours of 9:00am and 3:00pm.

Subject 4, referred to as P., with an I.Q. of 68, was born on August 24, 1951. He was Caucasian and was 43 years of age. He stood 5'3 1/2" and weighed 141 pounds. The subject's parents were unknown because he had been given up at birth and became a ward of the state. He was legally blind in his left eye and wore glasses for his right eye. He had Eczema and Down Syndrome. Subject P was easily frightened, very obedient, and never loud. His only hobbies were watching television and finger painting. He had been institutionalized his entire life. He had lived in 3 institutes, but had spent the last 13 years in the present group living facility. He was employed by McDonald's where he swept, mopped floors, and removed trash.

Subject 5 was referred to as B. He had an I.Q. of 63 and was born on December 26, 1943. He was Caucasian and 52 years old. He stood 5'10" and weighed 162 pounds. Both of his parents were recently deceased. His older brother was 63 years old, but was ill and did not visit. His younger brother was a 49 year old drug user who also did not visit. Subject B had Erysipelas and was also an adult with mental retardation. He wore glasses, dentures and was a non-smoker. He had tantrums and wanted to be first. He was not a team player and often became involved in fights. His hobbies were watching television, looking at magazines and playing with toy cars and trucks. He had been institutionalized for 4 years prior to spending the past 13 years in the present group living facility. Subject B was not working at the time of my research.

Subject 6 was referred to as W., with an I.Q. of 66. He was born on September 16, 1964. He was of a mixed race and was 31 years old. He stood 5'5" and weighed 124 pounds. Subject W's mother left him when he was 10 years old and his step-father was in prison. He was raised by his grandmother who visited infrequently. He had Chronic Bronchitis and suffered from Migraines for which he took Sansert. He was a non-smoker who had mild mental retardation. Subject W was very social, although he was leery of new staff and tended to become anxious. He had been institutionalized in 2 institutes for the 11 years before he entered the present group living facility 13 years ago. He was employed at the Sheltered Work-shop.

Group Living Facility B - Description of facility

The large, 2 story brick house sat on a corner lot. The interior was in shades of white and pale blues with a steel colored carpet. There was adequate heating and cooling through the 4 up stairs bedrooms. There were 2 beds, 2 small bureaus, 1 large closet, and a window in each room. There was 1 full bathroom, both up stairs and down. One of the two televisions was located in the living room which was next to the dining area. The second television was in the den. The den was used as a library and for leisure crafts. The laundry area and staff room were located in a finished basement. A ramp at the side of the house was attached to the small kitchen.

Group Living Facility B - Description of Subjects

Subject 1, referred to as R.D., with an I.Q. of 66, was born on January 28, 1957. He was a 38 year old Caucasian who stood 5'9" and weighed 210 pounds. His parents were 60 and 61 years old and in good health. His sister was 34 years old and his 2 brothers were 31 and 40 years old. They all visited frequently and the subject went on day trips with them. The subject wore glasses for far-sightedness. He suffered from phobias, palpitations and ulcers. He was medicated with Busar and Tagament. The subject was an adult with mild mental retardation. He was aggressive, loud irrational, panicky and became upset quickly. His hobbies included all outdoor activities and he enjoyed reading magazines. He had been institutionalized for 19 years living in 2

institutes prior to his last 3 years in the present group living facility. The subject was temporarily out of work.

Subject 2, referred to as K.M., with an I.Q. of 67, was born on October 21, 1970. He was Caucasian and 25 years old. He stood 6'1 1/2" and weighed 195 pounds. His mother was 40 years old and visited weekly. K.M. had a heart murmur, suffered from a thyroid condition, and took synthetic thyroid medicine daily. He was an adult with mild mental retardation. He was also a smoker. He was friendly, helpful, and very affectionate. He enjoyed painting, coloring and stuffed animals. He was institutionalized for 10 years prior to the last 2 years in the present group living facility. K.M. was employed at the Sheltered Work-shop. He spent his day packaging colored pencils.

Subject 3, referred to as J.A., with an I.Q. of 67, was born on March 14, 1956. He was Hispanic, 39 years old, stood 5'6", and weighed 140 pounds. J.A.'s mother was deceased and his father was 63 years old. His father lived out of the area and only visited on holidays. His brother was also deceased. The subject suffered from a hearing loss in his left ear and a speech barrier due to English as his second language (ESL). He was an adult with mild mental retardation and a non-smoker. He was quiet, soft spoken, and a follower. His hobbies were television and children's books. He had been institutionalized for 22 years having lived in 3 institutes prior to the last 5

years in the present group living facility. He was employed by the Sheltered Workshop assembling pens.

Subject 4, referred to as R.Z., with an I.Q. of 67, was born on January 19, 1952. He was African American. He was 43 years of age, stood 5'5", and weighed 135 pounds. R.Z.'s mother was 61 years old and visited frequently. His father was unknown. His step-father was 68 years old, but was not accepted by R.Z. The subject had two sisters; one was 38 years old and in prison and the second was 36 years old and homeless. Her whereabouts were unknown. R.Z. had 2 step-sisters; one was 48 years old and lived out of state. The other was 49 and was unwelcome. He wore glasses and had partial dentures. He suffered from a Hiatus hernia and was an adult with mild mental retardation. The subject often had mood swings and could be very pleasant or very distraught. He liked dolls. Other than the 11 years in the present group living facility, his years institutionalized were unknown. R.Z. worked at the Sheltered Workshop where he was part of the clean up crew.

Subject 5, referred to as B.H., with an I.Q. of 68, was born on June 10, 1952. He was a 43 year old Caucasian. He stood 5'5 1/2" and weighed 165 pounds. B.H.'s father was 73 years old and in a nursing home with Alzheimer. His mother was murdered. He was visited by his maternal aunt. B.H. was a diabetic (insulin injections) and suffered from depression. He was a non-smoker and was an adult with mild mental retardation. He was quiet, depressed, and shadowed the staff. He assisted staff,

cleaned up, and enjoyed television. B.H. was previously institutionalized for 33 years in two institutes. He had been in the present group living facility for the past 6 years. He was employed by the Sheltered Work-shop where he assembled pens.

Instrument

The Inventory for Client and Agency Planning (ICAP) response booklet was used when the subjects entered Group Living Facility A 13 years ago. The domains were equivalent to those used in the Vineland Adaptive Behavior Scales test. This test was also used for the initial acceptance into Group Living Facility B.

The ICAP was the instrument utilized for attaining raw scores of initial functioning levels. This survey booklet consisted of 16 pages. A number scale was used to rate each subject. A "0" score meant "never" or "rarely". A "1" score meant "does, but not well". A "2" score meant "does fairly well". A "3" score meant "does very well".

The items were divided into 10 domains. Only 4 domains were used. Letter D, adaptive behavior pages 4-7, were solely used to compare entry level scores to present day scores.

The Vineland Adaptive Behavior Scales: Classroom Edition, (Vineland) was the other instrument utilized in gaining my information. This test was presently the best means of measuring impairment in adaptive behavior levels. This questionnaire booklet consisted of 15 pages. A number scale was used to rate each subject. A "0" score meant "no" or "never." A "1" score meant "sometimes" or "partially." A "2" score meant "yes" or "usually."

"The items were divided into four domains, each domain contained two or three subdomains" (Vineland). The four main domains were Communication, Daily Living Skills, Socialization, and Motor Skills. The subdomains were as follows:

Receptive

This area consisted of what the subject was able to comprehend. There were 10 questions in this section.

Expressive

This area consisted of the verbal abilities the subject had mastered. There were 29 questions in this section.

Written

This area consisted of what the subject's capabilities were in the reading and writing skill areas. There were 24 questions in this area.

Personal

This area consisted of how the subject ate, dressed, and practiced personal hygiene.

There were 36 questions in this area.

Domestic

This area consisted of knowledge in their performance with tasks. There were 21 questions in this area.

Community

This area consisted of their ability to utilize the skills in the areas of time, money, and telephone usage. There were 42 questions in this area.

Interpersonal Relationships

This area consisted of their interactions with others. There were 17 questions in this area.

Play and Leisure

This area consisted of their use of free time. There were 18 questions in this area.

Coping

This area consisted of how the subject demonstrated responsibility and sensitivity toward others. There were 18 questions in this area.

Gross Motor

This area showed how the subject used his arms and legs for movement and coordination. There were 16 questions in this area.

Fine Motor

This area showed how the subject used his hands and fingers to manipulate objects. There were 13 questions in this area.

Each subject was rated by each staff member having used the scales previously mentioned.

There were two categories of performance; "Observed Performance" and "Estimated Performance."

Observed Performance was equivalent to the first hand knowledge of the activity described in the item. The Estimated Performance equaled a hypothesis of the subject's performance for each item.

In my research, I obtained my data through the use of the Observed Performance column. All interviewed staff had first hand knowledge of each of the subject's performance.

Procedure

I contacted 4 different group homes. They were New Lisbon Developmental Center (NLDC), Bancroft, Group Living Facility A, and Group Living Facility B.

NLDC wanted a proposal submitted of intended research. This proposal was to be sent to Trenton, New Jersey for approval. Upon acceptance from Trenton, the proposal needed to be returned to NLDC for further approval. This course of action would have taken 6 to 8 weeks at the minimum. My contact was Mr. Randall Rumble.

The above procedure was similar for the Bancroft Institute. My contact was Mr. Michael Grin.

Upon request, I was able to initiate interviewing at Group Living Facility A and Group Living Facility B. Their eagerness to accept my role was due, in part, to the personal connections I had in each of the group homes. Therefore, I chose the latter procedure.

Group Living Facility A

My first attempt to collect information from Group Living Facility A was on Friday, December 9, 1994 at 5:00p.m. Due to the shift change and preparation of the evening

meal, my visit was short. I had the opportunity to meet with the p.m. staff and a quick introduction to 4 of the 6 residents.

On Saturday, December 10, I returned to Group Living Facility A approximately 10:30a.m. I was able to accumulate data from the following staff members after lunch.

T.F., 61 years old, was a direct care worker for 12 years. K., 23 years old, was a direct care worker for 3 months. F.P., 40 years old, was a direct care worker for 4 months.

On Monday, December 12, about 6:45p.m. I returned to Group Living Facility A and met with the remaining subjects. I also had the pleasure of interviewing 2 more staff members. They were J.M., 23 years old and employed at Group Living Facility A for 5 years and P.S., 36 years old and also employed at the facility for 5 1/2 years. At that time I was given a tour of the premises and finished my findings about 11:00p.m.

On Friday, December 16, I returned to finalize my data and interview my last staff member, A.H., 31 years old who was employed there as well for 4 years.

On Saturday, December 17, at approximately 2:30p.m., I returned with a fruit basket to show my appreciation to the staff. They all wished me well. All in all, this was a pleasant experience for me.

Group Living Facility B

I had a prearranged appointment to visit Group Living Facility B on January 16, 1995. I arrived at 11:30a.m. I was lucky enough to meet all 5 residents as they were leaving to go out to breakfast. Subject 2, K.M., approached me and shook my hand. He introduced himself to me. At this time the staff gave me the opportunity to "make myself at home" (A.P.). I toured the house and acquired data.

Only 2 out of 5 direct care workers were available for interviewing. To save time, I surveyed them simultaneously. I questioned them and they, having used the test scale, replied. The staff members were E.S.G., 30 years old; 2 years employed at Group Living Facility B and A.P., 35 years old; 6 years employed at the same location. Upon my departure at 4:00p.m., the residents had still not returned.

On Sunday the 22nd of January, I returned to a house full of people about 1:15p.m. At this time I was able to spend time observing the residents first hand. Two out of the three remaining staff members volunteered to complete the survey. They were L.V., 50 years old; 10 years employed there and J.M., 41 years old; 5 years employed there as well. B.B., 34 years old; 2 1/2 years employed at the facility, chose not to do the survey. She was not very helpful. She appeared to be like this about everything and everyone.

The following Saturday, I had a floral arrangement sent to the group home with my thanks.

Analysis

Through having reproduced the Vineland, I had all the information individualized.

This method guaranteed easy access to avoid any data mishaps.

Each subject's scores were individually totalled per subdomain. The subdomain totals were summed and placed under the heading of each main area.

The main areas (Domain) scores were accumulated. All staff scores were averaged.

These scores showed progress in the skill areas.

In my studies I had found that there were slight variations in managing the residents behavior. Group Living Facility A used charts to show growth of acceptable behavior for each subject. The charts were posted in the kitchen area. The following initials identify the subjects who were monitored and benefitted through this reward system. R. and B. The behavior modification system for Subject R. was for arguing with staff, maintaining responsibility in his daily chores, and controlling his outbursts. Rewards for accomplishing these goals were the privileges of watching a horror movie or extra television time. The behavior modification system for Subject B was controlling his

temper tantrums, fighting, and working well with others. Rewards for obtaining these goals were to honor him with leadership of the group on outings and having a later bedtime. Group Living Facility B exhibited individual charts which were posted on the outside of each of their bedroom doors. The following residents were monitored daily, R.D. and R.Z. Subject R.D. was positively rewarded when he displayed self control and spoke quietly, which was not often, when upset. His reward was increased outdoor play and assisted staff during game time. Subject R.Z. had severe mood swings, which caused aggressiveness and self-infliction. He was positively reinforced through allowing him quiet time in his room with his dolls and primary reinforcers (snacks).

I found it to be a cop-out when the staff sat them in front of the television for long periods of time. Staff had to initiate board games and card games. The residents looked through magazines or went out for walks. Some liked to paint, draw, and color. Some of the recreational fulfillments were acting like a werewolf or pretending to be Dracula. Completing puzzles, making hook rugs, playing with dolls, assisting staff with household chores, participating in board games, listening to the radio, and outdoor socializing were several leisure activities enjoyed by one and all.

Data Analysis

Chapter IV

My hypothesis was to identify skills that were gained, lost, or maintained by each subject when they left the institution and entered the group home setting. That was based on 9 out of 11 residents who were employed in the work force. All residents received training in the institutes before leaving.

Due to the numerous items in the Vineland, I based my information on the averages of the domains and subdomains of each subject in Group Living Facility B. The survey data that I collected correlated with the direct care workers' ratings of the subjects' capabilities. However, in Group Living Facility A, the compared domains were characterized as: I) Communication and Socialization, II) Personal/Daily Living, III) Community Living, and IV) Motor since the same test was not administered upon entry as well as for my research. To better comprehend each subject's abilities, I included individual graphs (attached to the individual profiles).

The dispersal range was from 0 to 2. Zero equals "never", one equals "sometimes", and two equals "yes".

Group Living Facility A

Subject H. had improved in 2 of the 4 domain areas; Communication and Socialization as well as his Community Living. These skill areas demonstrated a dramatic increase. This could have been due to having lived in this group home for 13 years. However,

he was getting older and some of his Motor skills and Personal Daily Living skills were slowly decreasing. The total percentage increase in the 4 domains was 24.

R. had shown growth in all 4 domain areas. Although he became argumentative at times, the behavior modification reward system of extra television time, etc., proved successful. Having lived in this Group Living Facility for 13 years and having earned \$100.00 per week kept up R.'s self esteem. R.'s total percentage gain was 17.5.

Subject 3, J., had made minimal gains over his 13 year span in this Group Living Facility. Probably due to past seizure activity and medication intake, his skills had not gainfully developed. However, all 4 domains had shown an increase. J.'s total averaged percentage increment was 15.

All 4 domain areas were improved for subject P. His employment with McDonald's and 13 years of so-called "independence" had shown ample growth with each skill area. His visual disability did not seem to hinder his performance. 17.25 was P.'s averaged total gain.

Through the use of effective behavior modification, B. had improved in all 4 domain areas. Despite his tantrums and "butting heads" with peers, B. still gained in the skill areas. His lowest increase in the domain of Motor skills could be due to not being

employed at the time interviewing took place. 14.75 was the total averaged percentage gained.

The final subject in Group Living Facility A also proved to have growth in all 4 areas. W.'s lowest increase score was in the Personal / Daily Living skills domain. His minimal spurt could be due to his grandmother's methods or teachings of his personal care when he lived with her. His employment at the Sheltered Work-shop assisted in the percentage increase with his Community Living skills. W.'s hard earned total averaged increase was 8.25.

Group Living Facility B

R.D. had an increased score in the subdomain skill areas. Though the differences were low (1-4), there was still growth, nonetheless. These areas of improvement were Personal and Domestic Care, Interpersonal Relationships, Play and Leisure, as well as his Gross Motor skills. The reason for the growth in the first 3 mentioned may be due to frequent visits by family members who reminded him of his personal responsibilities. Since R.D. enjoyed outdoor recreation, this may be how he kept his Gross Motor skills up to par. He had declined in 3 skill areas. They were Expression, Community, and Fine Motor skills. These declines could possibly have been due to his being temporarily out of work. R.D. had difficulty coping with unstructured activities. That appeared to generate panic attacks. It was my perception, according to

the scores, that his quick, irrational thinking prevented him from communicating properly. R.D. had neither gained nor lost in the following 3 skill areas. Receptive and Written Communication skills as well as his Coping skills. Possibly, due to the previously mentioned panic attacks, his coping / receptive skills may not have progressed as other skill areas. The final averaged total of growth with R.D. was 10.8.

K.M. had drastically developed his skill areas in the 2 years he resided in this group facility. This could be due to his youth and enthusiasm for residing in a group living facility. He improved in 10 subdomain skill areas. It appears that this happy, affectionate individual has youth on his side as well as his state of mind. There was neither gain nor loss in the personal subdomain skill area. Since his average scores were high at both times of interviewing, no difference was recognized. I have no solid grounds for the score of -1 in the category of Interpersonal Relationships. It could have been a bad day for interviewing. K.M.'s grand averaged total was 35.2.

J.A., Subject 3, also displayed improvement in the following 7 subdomain areas:

Written, Personal, Domestic, Community, Coping, Gross, and Fine Motor skills. His writing score could have been increased from writing multiple letters to his father. He tried extra hard to keep his personal area and himself neat and organized. J.A. was employed at the work-shop and was familiar with his surroundings. Due to his 27 years in institutions / group living facilities, he worked well with others and ignored potential problems. This could be why his Coping skills score was so high. I would

have thought his Motor skills score would have been higher because he wrote letters frequently and assembled pens on the job.

J.A. decreased in Receptive Communication as well as Interpersonal Relationships probably due to his loss of hearing in his left ear. A score of "0" was received for the skill areas of Expression and Play and Leisure. This may be due to his lack of high energy and watching a lot of television. However, an averaged score of 17.8 was earned.

R.Z. was the only subject in this facility that either remained at an equal average of 16 or gained in every domain skill area. I feel that his Play and Leisure skill remained consistent due to his obsession with dolls. Otherwise he had shown progress of a whopping averaged total in all 4 domains of 37.4.

B.H. has shown improvement in 6 subdomain skill areas. The 3 subdomains under Daily Living skills, along with his Coping skills probably increased due to his closeness with staff and his always aiming to please. I feel that for the most part, he appeared to be adjusted to his father's placement in a nursing home and the loss of his mother. Conceivably, due to employment and constantly aiding staff, his 2 Motor skill areas had shown improvement as well. B.H. did not associate himself with his peers too often. Therefore, Interpersonal Relationships and his Play and Leisure had decreased. Also, due to the above mentioned, his scores of "0" for all 3 subdomain

areas under Communication skills were truly lacking. The averaged increase score was 18.5.

The purpose of the research was not to compare the facilities, but the gain, loss or maintenance of each subject from the time of entry to present.

Table 1
Group Living Facility A

Subject: H

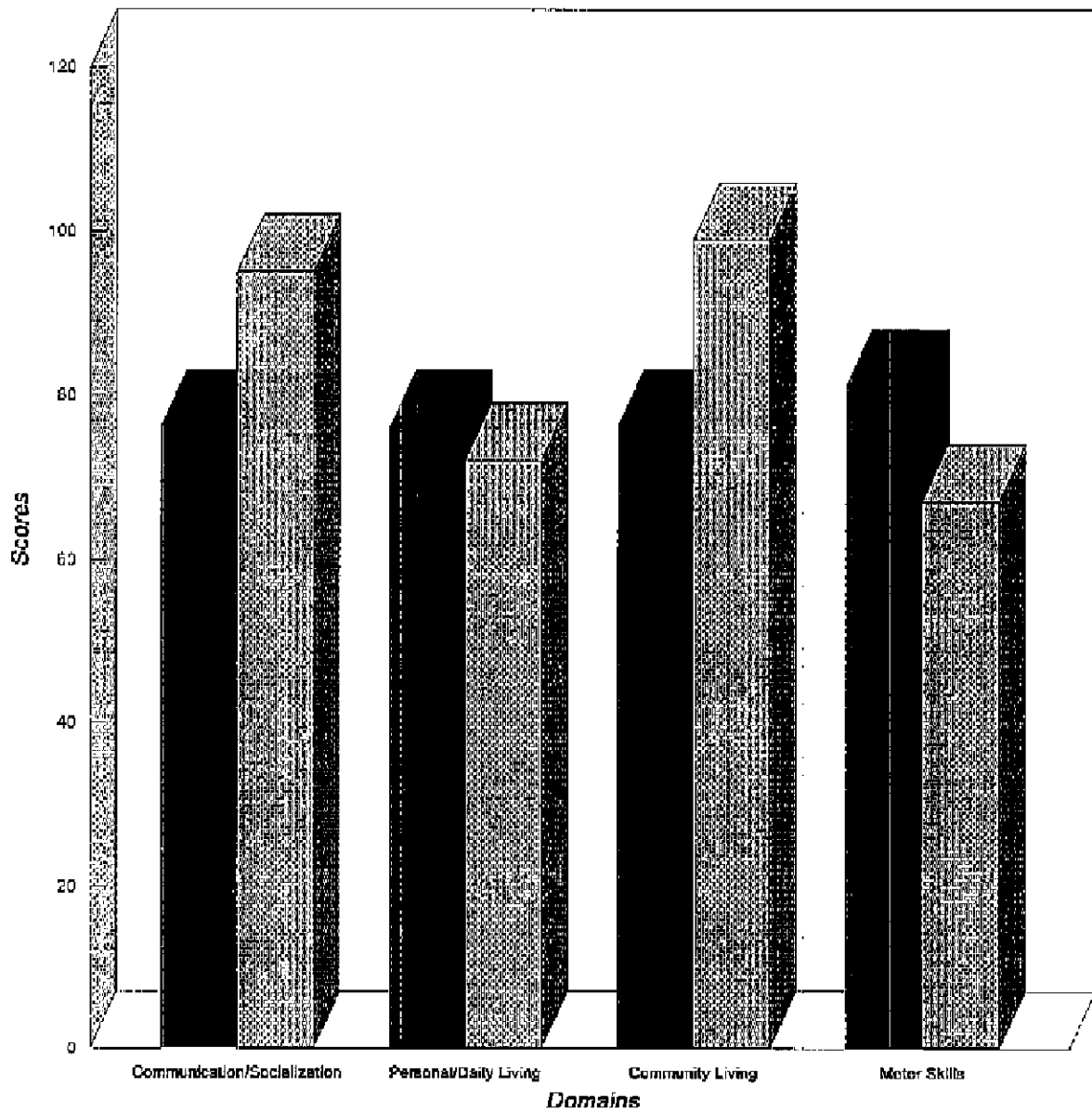
Age: 62

Domain

Percentages

	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Communication and Socialization	76	95	19
Personal / Daily Living	76	72	-4
Community Living	76	99	23
Motor	81	67	-14

Group Living Facility A
Subject: H.



■ Entry ▨ Present

Table 2
Group Living Facility A

Subject:	<u>R</u>	Age:	<u>41</u>
Domain			
Percentages			
	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Communication and Socialization	84	97	13
Personal / Daily Living	79	90	12
Community Living	71	97	26
Motor	72	91	19
Total Averaged Percentages	76.5	93.75	17.5

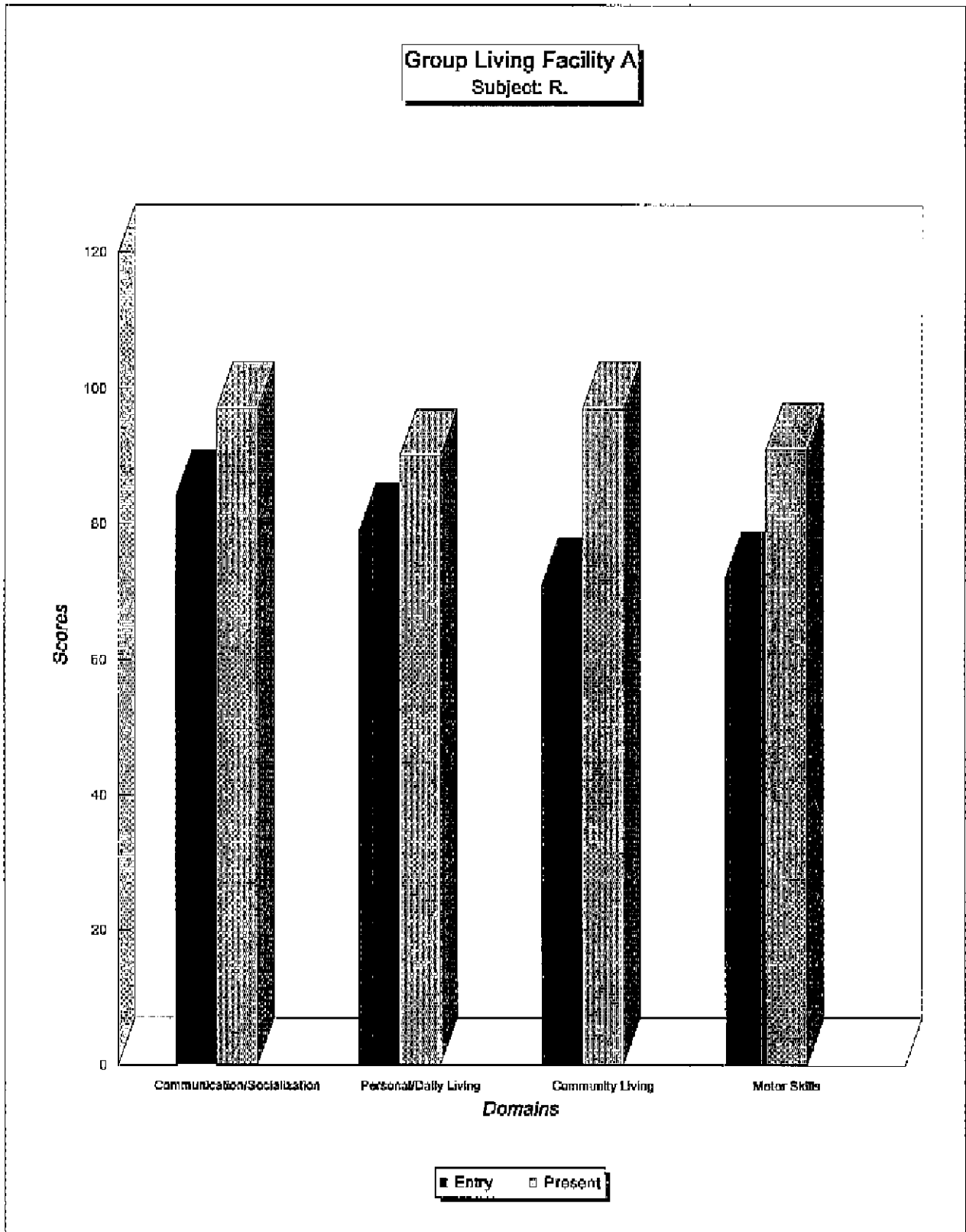


Table 3
Group Living Facility A

Subject:	<u>J</u>	Age:	<u>38</u>
Domain			
Percentages			
		<u>Entry</u>	<u>Present</u>
			<u>+/- Difference</u>
Communication and Socialization	82	83	1
Personal / Daily Living	76	83	7
Community Living	87	89	2
Motor	69	74	5
Total Averaged Percentages	78.5	82.25	15

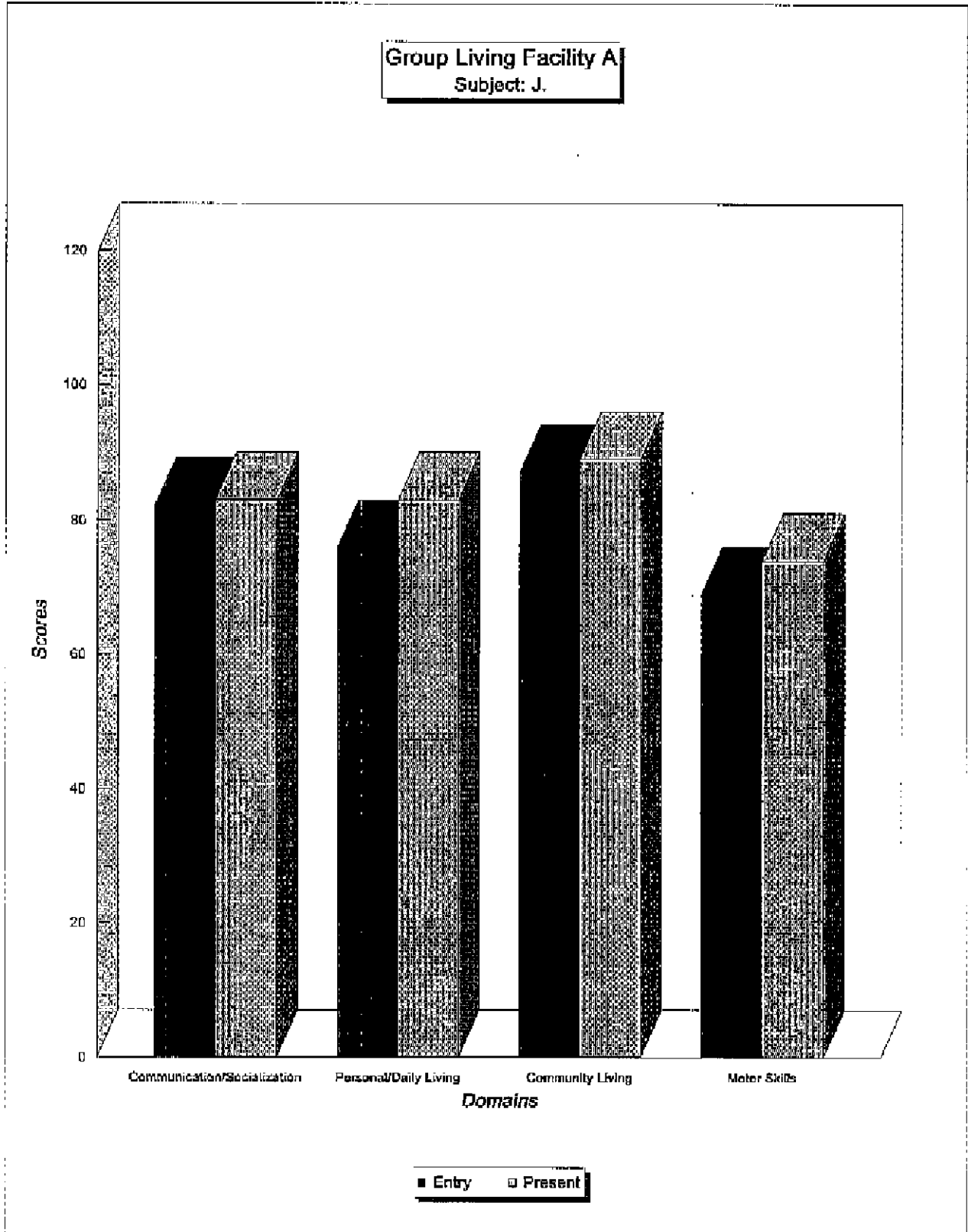


Table 4
Group Living Facility A

Subject:	<u>P</u>	Age:	<u>43</u>
Domain			
Percentages			
	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Communication and Socialization	79	91	12
Personal / Daily Living	76	92	16
Community Living	74	100	26
Motor	72	87	15
Total Averaged Percentages	75.25	92.5	17.25

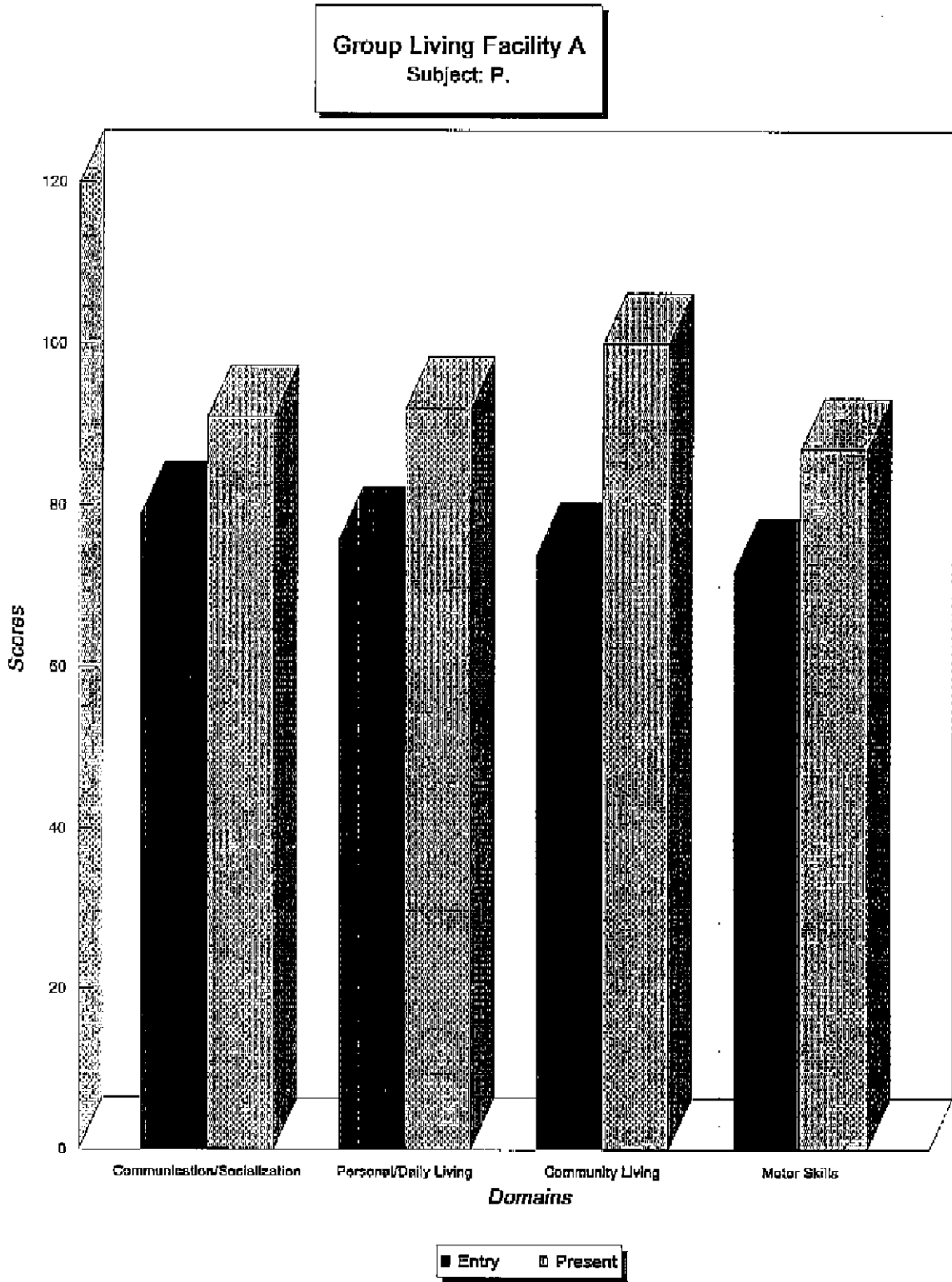


Table 5
Group Living Facility A

Subject: B

Age: 52

Domain
Percentages

	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Communication and Socialization	83	95	19
Personal / Daily Living	76	92	16
Community Living	71	86	15
Motor	72	81	9
Total Averaged Percentages	75.5	88.5	14.75

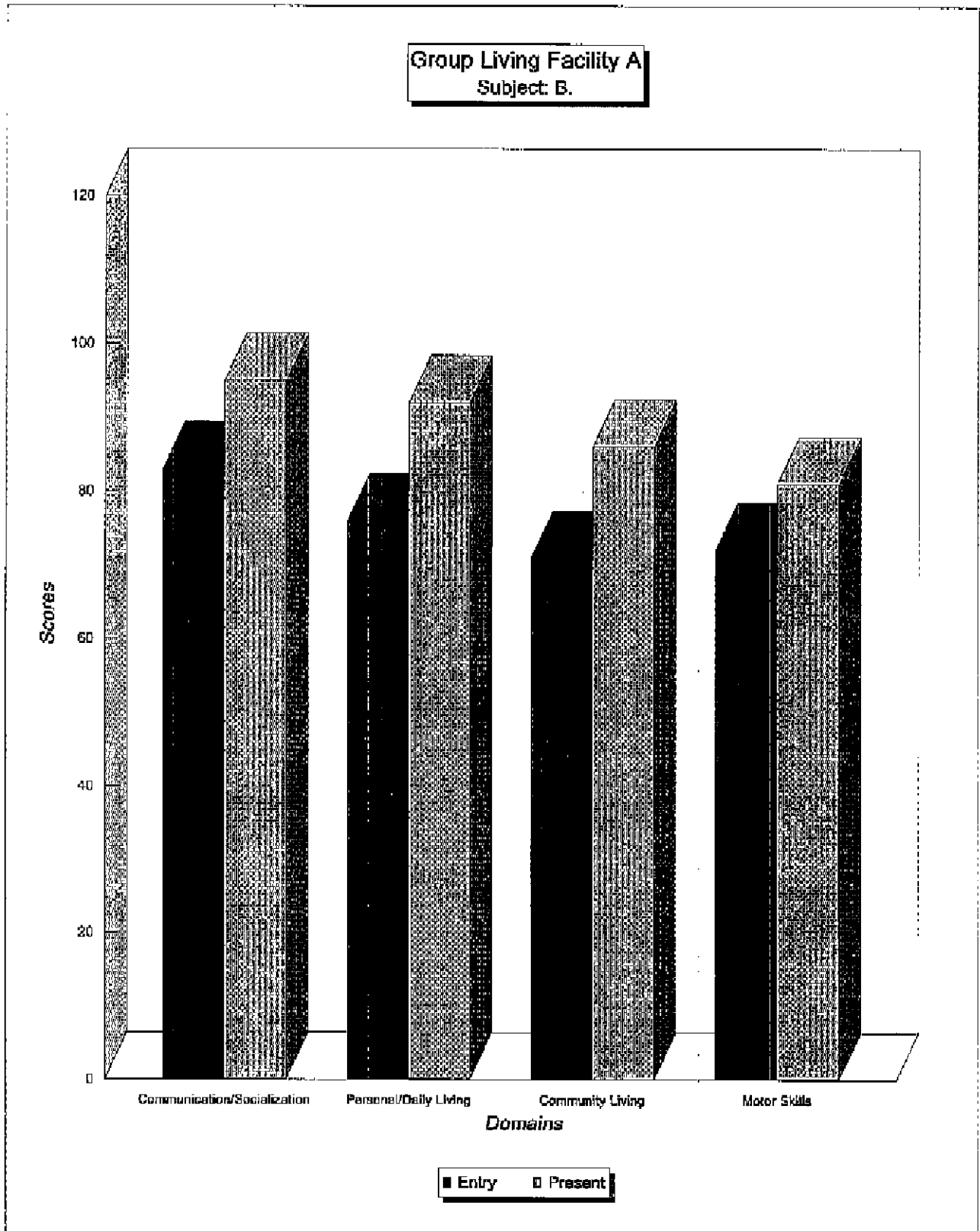


Table 6
Group Living Facility A

Subject: W

Age: 31

Domain

Percentages

	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Communication and Socialization	82	88	6
Personal / Daily Living	86	88	2
Community Living	79	95	16
Motor	72	81	9
Total Averaged Percentages	79.75	88	8.25

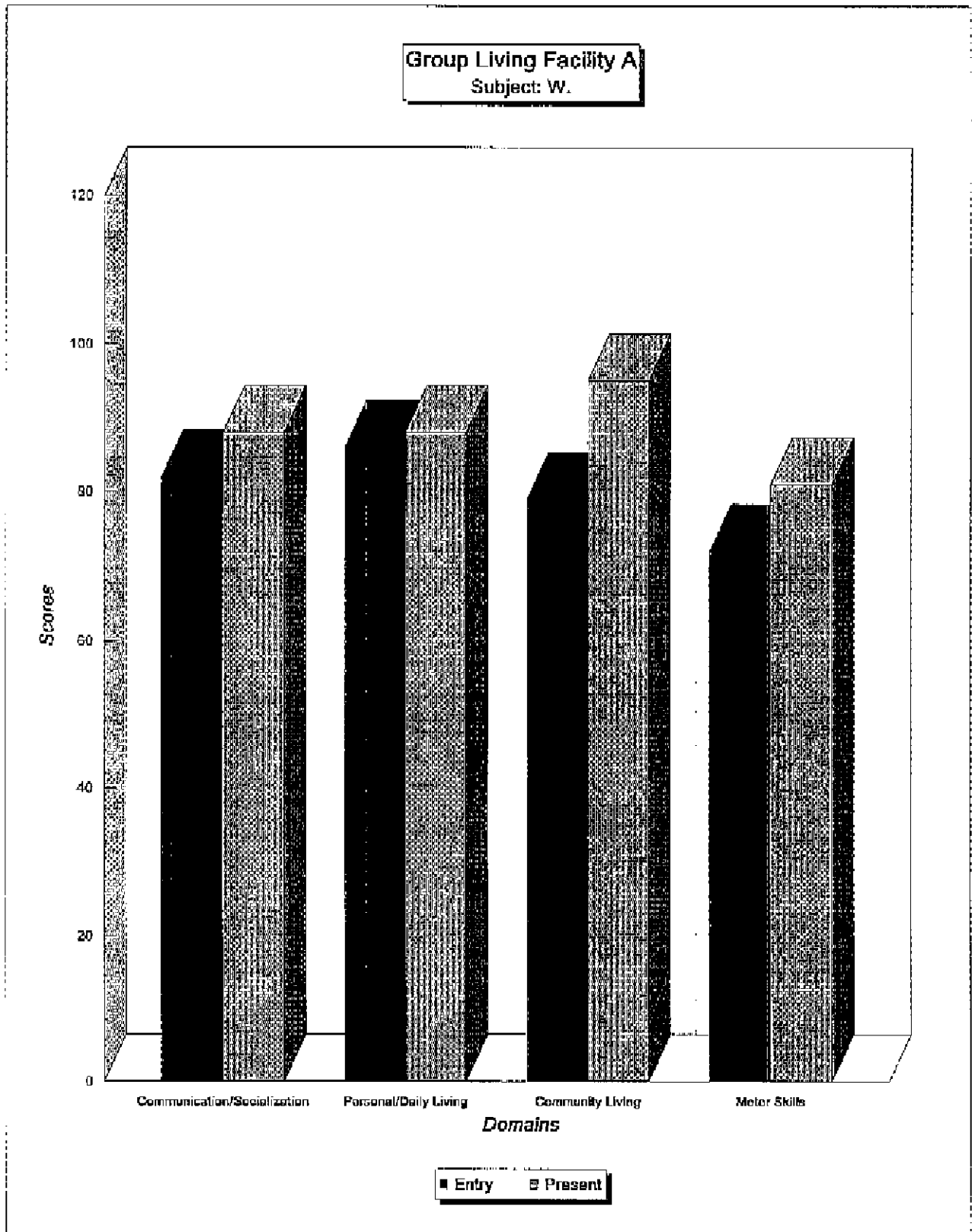


Table 7
Group Living Facility B

Subject:	<u>R.D.</u>	Age:	<u>38</u>
	Domain Subdomain Averages		
	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Receptive	20	20	0
Expression	44	42.8	- 1.2
Written	15	15	0
Communication Skills Total	79	77.8	- 1.2
Personal	59	63	4
Domestic	23	26	3
Community	24	22.5	- 1.5
Daily Living Skills Total	106	111.5	5.5
Interpersonal Relationships	19	22.5	3.5
Play and Leisure	14	16	2
Coping	24	24	0
Socialization Skills Total	57	62.5	5.5
Gross	20.7	22.7	2
Fine	21	20	- 1
Motor Skills Total	41.7	42.7	1
Total of the Averaged Domains	<u>283.7</u>	<u>294.5</u>	<u>10.8</u>

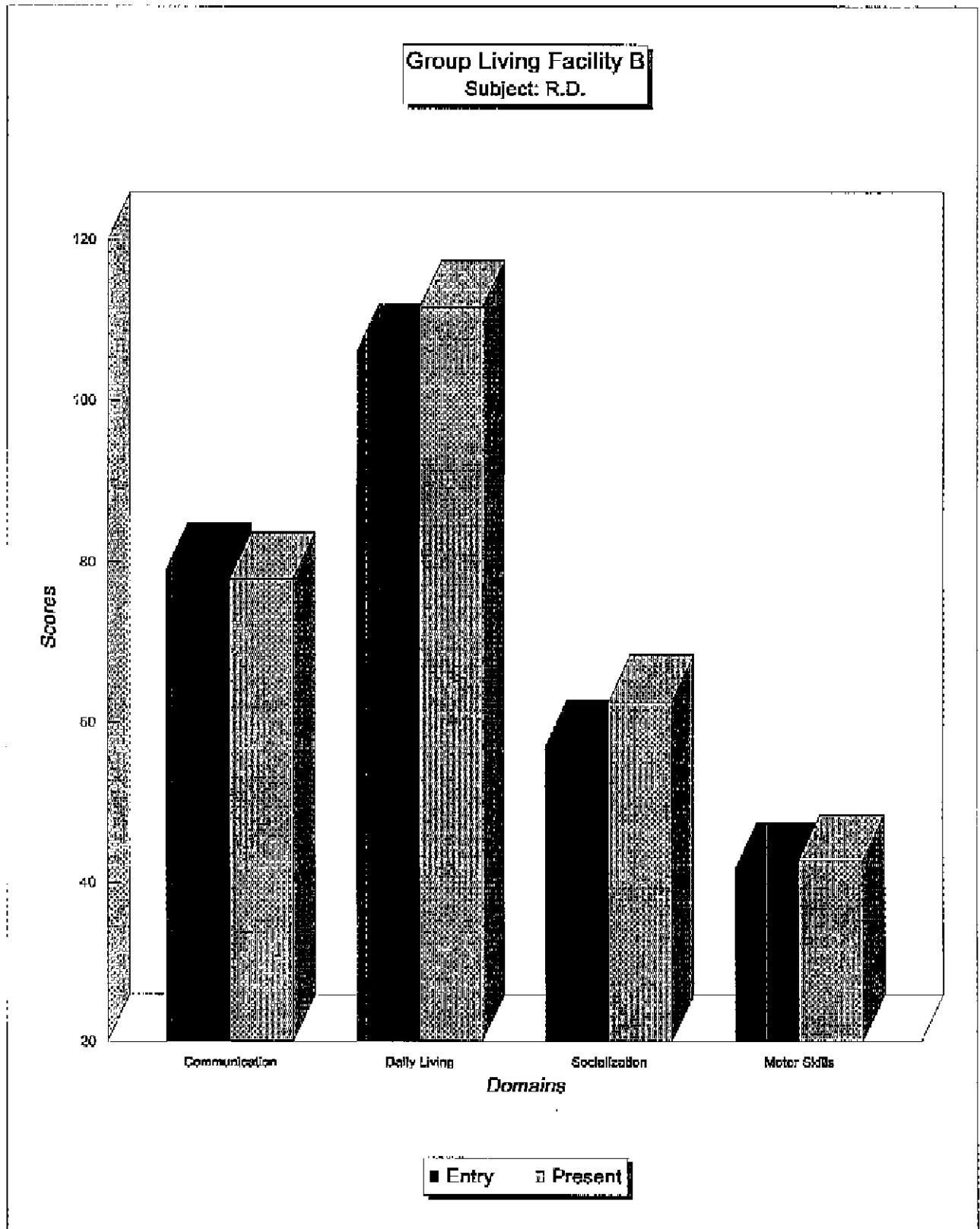


Table 8
Group Living Facility B

Subject:	<u>K.M.</u>	Age:	<u>25</u>
	Domain Subdomain Averages		
	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Receptive	14	18	4
Expression	37	40	3
Written	14	15.5	1.5
Communication Skills Total	65	73.5	8.5
Personal	62	62	0
Domestic	24	26	2
Community	12	24	12
Daily Living Skills Total	98	112	14
Interpersonal Relationships	24	23	-1
Play and Leisure	14.5	19.5	5
Coping	19	24	5
Socialization Skills Total	57.5	66.5	9
Gross	21	22.7	1.7
Fine	18	20	2
Motor Skills Total	39	42.7	3.7
Total of the Averaged Domains	<u>259.5</u>	<u>294.7</u>	<u>35.2</u>

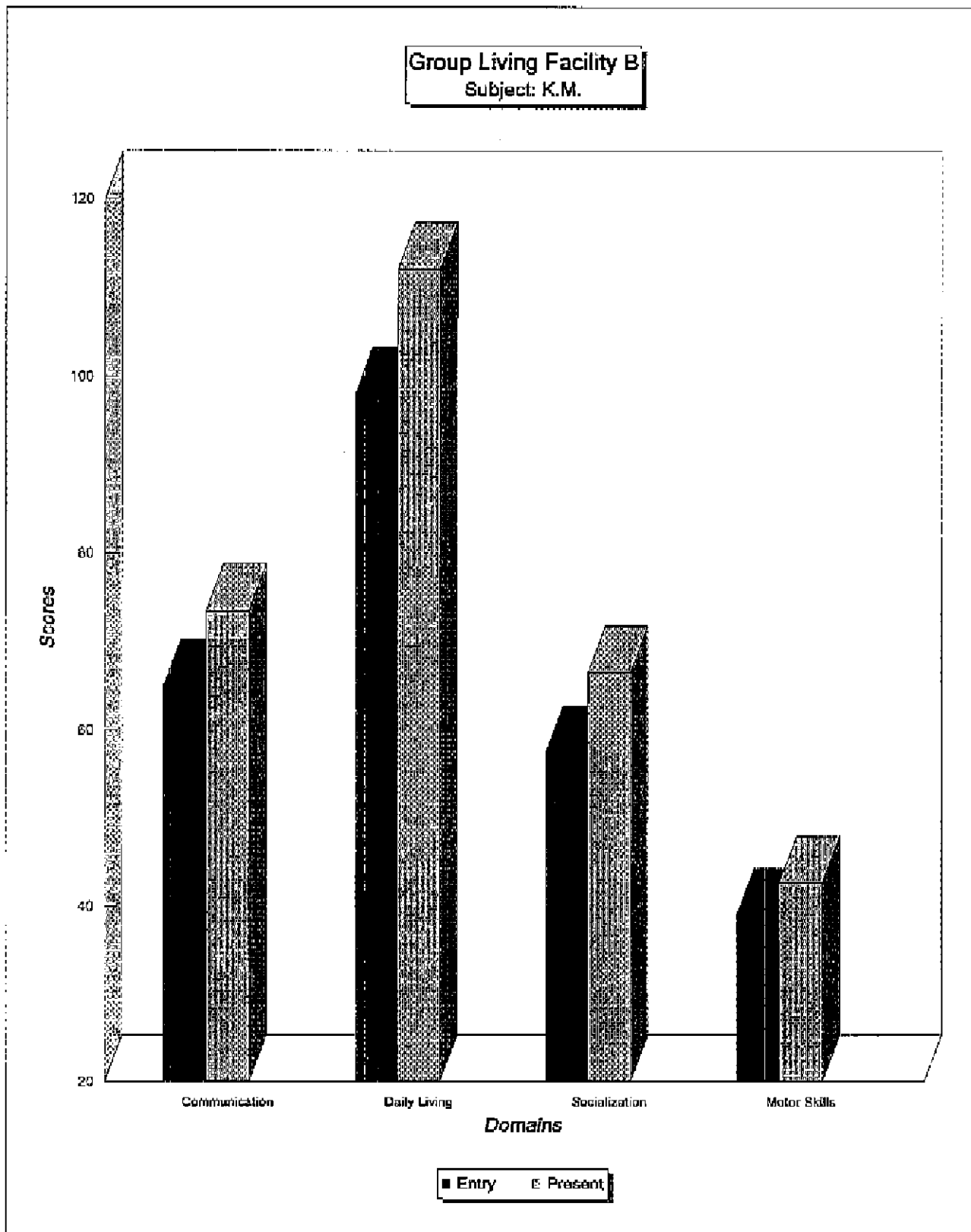


Table 9
Group Living Facility B

Subject:	<u>J.A.</u>	Age:	<u>39</u>
	Domain Subdomain Averages		
	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Receptive	20	18.5	-1.5
Expression	40	40	0
Written	10.5	14.7	4.2
Communication Skills Total	70.5	73.2	2.7
Personal	59	62	3
Domestic	25	26	1
Community	17	23.5	6.5
Daily Living Skills Total	101	111.5	10.5
Interpersonal Relationships	25	24	-1
Play and Leisure	16	16	0
Coping	20	23	3
Socialization Skills Total	61	63	2
Gross	18	20	2
Fine	19	19.6	.6
Motor Skills Total	37	39.6	2.6
Total of the Averaged Domains	<u>269.5</u>	<u>287.3</u>	<u>17.8</u>

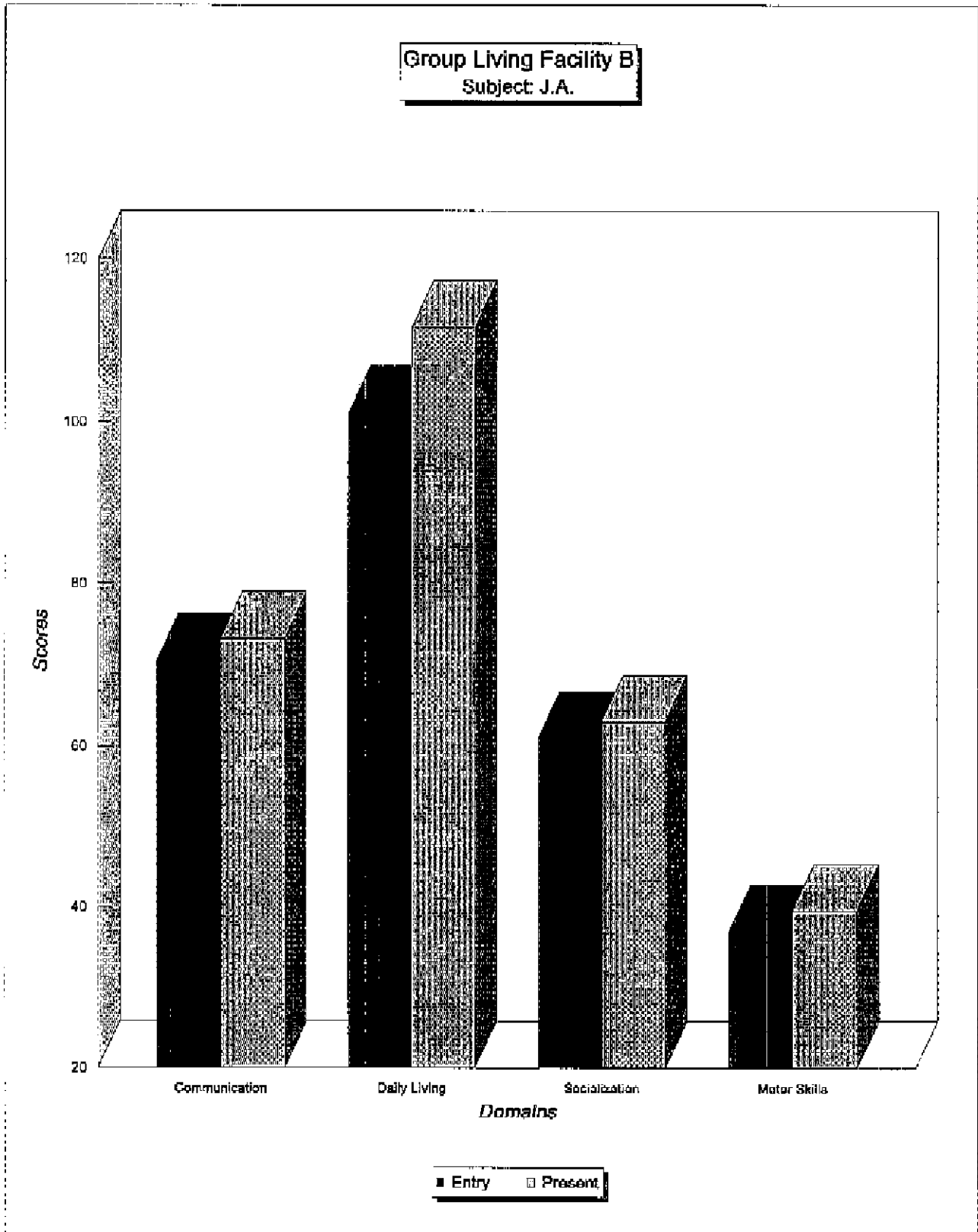


Table 10
Group Living Facility B

Subject:	<u>R.Z.</u>	Age:	<u>43</u>
	Domain Subdomain Averages		
	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Receptive	18	20	2
Expression	39	42	3
Written	11	15	4
Communication Skills Total	68	77	9
Personal	51	60.5	9.5
Domestic	23.5	28	4.5
Community	19	24	5
Daily Living Skills Total	93.5	112.5	19
Interpersonal Relationships	21	23	2
Play and Leisure	16	16	0
Coping	23	24	1
Socialization Skills Total	60	63	3
Gross	20	24.4	4.4
Fine	20	22	2
Motor Skills Total	40	46.4	6.4
Total of the Averaged Domains	<u>261.5</u>	<u>298.9</u>	<u>37.4</u>

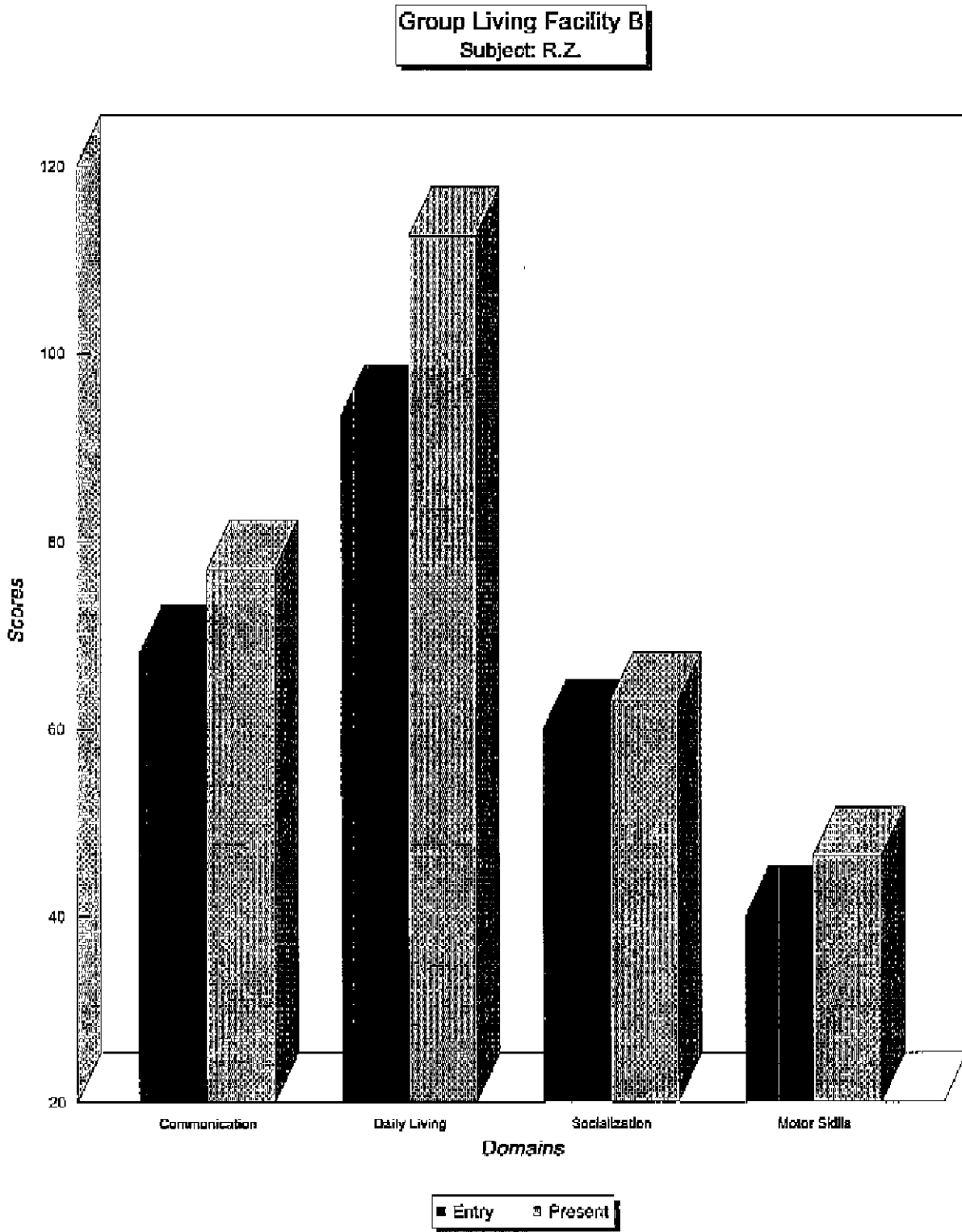
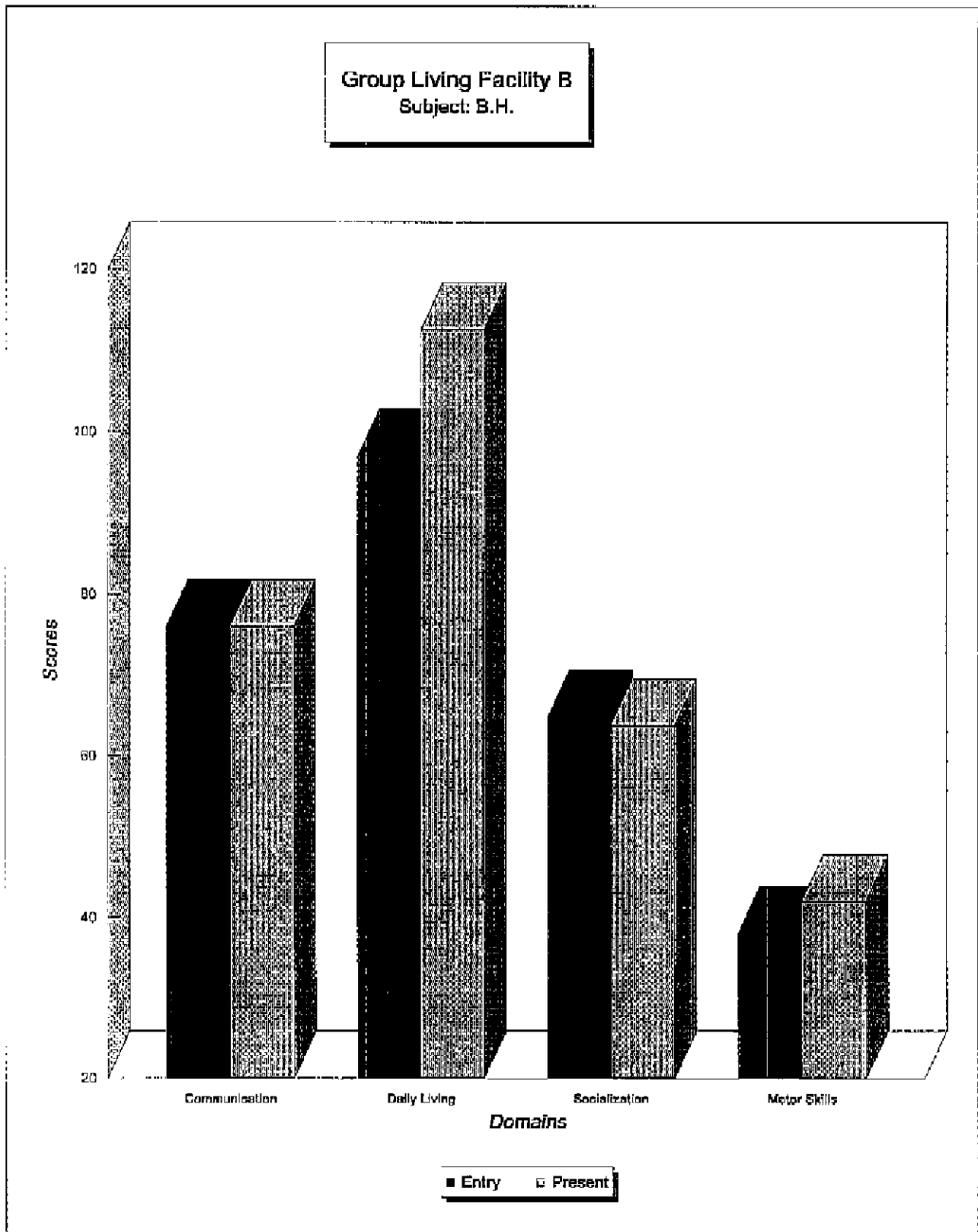


Table 11
Group Living Facility B

Subject:	<u>B.H.</u>	Age:	<u>43</u>
	Domain Subdomain Averages		
	<u>Entry</u>	<u>Present</u>	<u>+/- Difference</u>
Receptive	20	20	0
Expression	40	40	0
Written	16	16	0
Communication Skills Total	76	76	0
Personal	58	61	3
Domestic	21	27	6
Community	18	24.5	6.5
Daily Living Skills Total	97	112.5	15.5
Interpersonal Relationships	24	23.7	-.3
Play and Leisure	18	16	-2
Coping	22.7	24	1.3
Socialization Skills Total	64.7	63.7	1
Gross	20	22	2
Fine	18	20	2
Motor Skills Total	38	42	4
Total of the Averaged Domains	<u>275.7</u>	<u>294.2</u>	<u>18.5</u>



Overall Results

Overall, the averaged percentages for Group Living Facility A exhibited growth in all 4 domain skill areas from the time of entry to date. The averaged Entry percentages ranged for 69 to 87. The averaged Present percentages ranged from 67 to 100. The averaged Difference percentages ranged from 14 to 26. The lowest averaged percent increase was earned by Subject W. with an 8.25 increment. The highest averaged percent gained was Subject H. with a 24 percent increment.

The final totals for Group Living Facility B were also all increased averaged scores from entry date to present. The averaged Entry total scores ranged from 37 to 106. The averaged Present total scores ranged from 39.6 to 112.5. The averaged Difference total scores ranged from -12 to 19. The lowest total of the averaged Entry scores was earned by Subject J.A. The domain was Motor skills. The most increased total of the averaged Entry score was achieved by Subject R.D. in the Daily Living skills domain. The lowest total of the averaged Present score was J.A. in the Motor skills domain once again. The highest score was shared by both Subject R.Z. and Subject B.H. under the same domain of Daily Living skills.

The lowest total of the averaged Difference scores was earned by Subject R.D. in the Communication skills domain. The highest score was earned by R.Z. under the Daily Living skills domain.

Conclusion

Chapter 5

Conclusion

Do the mentally disabled gain, lose, or maintain their skills when leaving the institutional setting and entering the Group Living Facility? My hypothesis was that their skills would have increased through employment.

Through my research of literature, I have concluded that many skills that were taught while institutionalized, were retained by the residents when they entered the Group Living Facility. Jobs were also modified to become more adaptable to the disabled. This increased their job performance as well as their productivity. On the job training, along with continued staff support, assisted the residents to overcome challenges in the work place.

Past research has shown that improper skills were taught while institutionalized. This caused failure to maintain jobs which decreased their self esteem. Due to the emphasis placed on their weaknesses, the mentally disabled had to be redirected to the proper skills which would stabilize them in future employment.

My research implied that continued training in the institution and maintained into the Group Living Facility, should be mandatory. The mentally disabled appeared to flourish with continued instructions. Their knowledge and performance at the work force reinforces a higher level of accomplishments.

Research Limitations

In this particular study, only 2 group living facilities were surveyed. In the occurrence that this research was conducted on a larger scale, I feel the results would have been parallel. Unfortunately, I had to rely solely on the staff's observations. I felt that all staff members honestly evaluated each subject with no bias in forming their opinion.

Future Research

My first recommendation for future research would be to incorporate data from as many group living facilities as possible. This would give one the opportunity to gather more information. In doing this, it would allow one to identify a wider range of disabilities.

A second recommendation would be to vary the age of the subjects as well as the gender.

My third recommendation would be to spend a week living side by side, and get first hand knowledge of their daily living.

My fourth and final recommendation would be to choose 1 subject to research. Gather historical, medical, social, educational, and employment data on this particular subject.

This would give one the opportunity to explore all developmental stages from birth throughout life.

In Summary, my goal was to determine if 11 male adults with mild mental retardation had gained, lost, or maintained skills which were taught to them while institutionalized. I feel that the training, while institutionalized, absolutely assisted with their ultimate personal achievements. The luck / opportunity of having advanced into the Group Living Facility and the prompted option to work, reinforced the fact that these men are genuine, productive citizens within our communities.

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