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ABSTRACT

This project studied the effectiveness of an evaluation and prevocational conditioning course for young adult mentally retarded females. A group of 171 women aged 16 to 21, with IQ's in the 50 to 75 range, were housed in a multiple disability center. The eight-week program centered around activities related to domestic and homemaking employment, including instruction in daily living, domestic arts, and productive work activities. Directed toward enabling the women served to obtain employment, the project involved: (1) casefinding; (2) pre-admission processing; (3) evaluation and a course in prevocational conditioning; (4) followup services; (5) research and program development; (6) public relations; (7) staff development; and (8) advice and consultation. Twenty-five per cent of the women withdrew prior to completion of the course. Data on 59 rehabilitated clients show 41 per cent placed in the competitive labor market and 59 per cent placed as homemakers or unpaid family workers. The number of clients successfully served and rehabilitated through this project indicates a more hopeful picture for clients previously considered incapable of rehabilitation.
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SOME ASPECTS OF SEXUAL INTEGRATION OF MENTALLY RETARDED FEMALES
IN A MULTIPLE DISABILITY REHABILITATION CENTER¹US DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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Introduction

"Out of the Shadows," A Program of Evaluation and Prevocational Training for Mentally Retarded Young Adult Females, was approved by the Vocational Rehabilitation Administration on May 1, 1962. The sponsoring organization for the Project was the West Virginia Division of Vocational Rehabilitation (hereinafter referred to as the Division or DVR). The Project was located at a facility of the Division, the West Virginia Rehabilitation Center, at Institute, 3.5 miles from the State's capitol city of Charleston. This Project was established to provide experience and findings for planning further development of the state-wide program of services for the mentally retarded.

¹This research was supported by the U. S. Vocational Rehabilitation Administration Grant RD-957, and the West Virginia Vocational Rehabilitation Division, Charleston, West Virginia. The author wishes to express appreciation to Dr. F. Ray Power, Director, West Virginia Vocational Rehabilitation Division and Superintendent William G. Winchell, West Virginia Rehabilitation Center for their cooperation in the conduct of this study.

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On February 15, 1962, the West Virginia Vocational Rehabilitation Division completed Project RD-537, "Development of a State-Wide Program of Vocational Rehabilitation for the Mentally Retarded," which was an initial phase, or fact-finding and planning phase, of a multi-phase project. Project 957 was based upon the experience and findings of this original project.

Purpose and Rationals

The West Virginia Vocational Rehabilitation Division completed Project RD 537 (1962) which involved a survey of the literature; a survey of resources within the state; and the study of various questions including the nature of mental retardation, the needs of the mentally retarded, and means of meeting these needs. Therefore, the present study may logically be regarded as Phase II of the multi-phase project. In Phase II an attempt was made to translate into action findings of the first phase. Phase II provided the division with experience and findings for planning further development of the state-wide program. It is anticipated that future expansion will follow the pattern set in Phase II and will involve the development of similar programs for other homogeneous groups of the mentally retarded.

The primary purpose and objectives of the Project were as follows:

- (1) evaluation and prevocational conditioning for mentally retarded girls directed toward a goal of employment. (an eight-

weeks' residential course at the West Virginia Rehabilitation Center.)

(2) to provide personal, social, and job adjustment evaluation and training according to individual needs.

(3) to develop attitudes, skills, and work habits to the highest potential, so they may become as productive, useful, and participating members of society as possible.

(4) to study the effectiveness of a program of Domestic Arts (Homemaking) evaluation-adjustment training preparing mentally retarded girls for employment.

(5) to develop within the community a better understanding and acceptance of the mentally retarded.

(6) to develop a usable and functional curriculum that can be adopted by other rehabilitation centers and special education programs.

The Evaluation and Prevocational Conditioning Course (hereinafter referred to as the EPVC Course), was an evaluation-adjustment course, consisting of eight-weeks' residence at the West Virginia Rehabilitation Center, Institute, West Virginia. It was built around activities related to domestic and homemaking employment. The course included instruction in activities of daily living, domestic arts, and actual productive work activities (such as maintenance of own living quarters and personal effects, laundry activities, including ironing.) Evaluation-adjustment training occurred within the homemaking classroom as well as in those activities which took place in the girls' living quarters.

The EPVC Course enabled the staff to identify and evaluate interest, aptitudes, and skills; to teach constructive work attitudes, habits, and good manners; to teach good habits of personal hygiene, grooming and dress; to teach effective social techniques, and to foster wholesome social relationships and opportunity for achievement.

= Some of the long-range objectives applicable to the EPVC Course included: (1) to serve as a medium for evaluation and prevocational conditioning, (2) to offer some vocational training, (3) to gain experience in the area of education or rehabilitation for daily living, (4) to serve as a nucleus of a total program of vocational rehabilitation services including casefinding, evaluation, preparation for employment, job placement, and public relations, (5) to develop a well-defined course of study and daily schedules, (6) to make extensive use of audio-visual aids in teaching, (7) to determine the effectiveness of various motivation devices, including monetary remuneration for piece-work production, friendly competition, and awards for achievement, (Each client receives a certificate upon completion of the program.) (8) to engage the clients in realistic work activities, and (9) to serve as a laboratory for research and demonstration and as a training ground for staff development.

Specific objectives which were important for individual clients were in the personal and social adjustment areas, and with this in mind the following areas were stressed: (1) being

at work on time, (2) coming to class every work day, (3) completing assigned tasks, (4) wearing appropriate clothing, (5) learning to ride public transportation, (6) display of proper respect for peers and supervisors, (7) budgeting money, (8) following directions, (9) general housekeeping, (10) socialization, (11) learning to tell time, count, read rulers, scales, (12) Kitchen activities, (13) simple sewing, (14) general laundry activities, (15) personal grooming, (16) rehabilitation for activities of daily living, (17) doing quality work, and (18) increasing speed.

Method

The Project method was intended to demonstrate the effectiveness of a special program for casefinding, evaluation, prevocational conditioning, and related rehabilitation services for lower educable mentally retarded young adult females directed toward enabling them to obtain employment. The following is an outline of the program: (1) casefinding; (2) pre-admission processing; (3) evaluation and prevocational conditioning course; (4) follow-up services (physical restoration, training, job placement, and related vocational rehabilitation services); (5) research and program development; (6) public relations; (7) staff development; and (8) advice and consultation.

Casefinding was felt to be an important aspect of the Project. The Project Director working with Division of Vocational Rehabilitation

field staff throughout the State was able to intensify referrals from schools, child welfare, special education, mental hospitals, parent groups, et cetera. This has come about primarily, in the public's becoming better informed, as well as a better understanding of the Project purposes and goals.

The Project was involved considerably in developing new techniques for casefinding; identifying needs of various groups of mentally retarded persons, with efforts to meet those needs; surveying problems relating to job placement; and identifying the incidence of retardation in relationship to the general population. Guides and rating scales were developed, as well as social history summaries and medical history summaries. (Available from author on request)

Throughout the Course of the Project an extensive program of public relations was carried out. Objectives of this program were aimed at helping the public to understand mental retardation and to accept the mentally retarded as full-fledged and deserving members of the community. The following were examples of public relations activities; (1) presentation of programs before civic clubs, parent groups, parent-teachers associations, and other community organizations. (A brochure has been developed for use in this activity.); (2) visits by parents and community groups to the rehabilitation facility; (3) arranging for civic clubs, women's clubs, church circles, and other groups to sponsor activities and projects for the benefit of the clients and the facility; and (4) newspaper releases.

This Project personally involved a majority of the Division's staff including members of the field counseling staff, members of the supervisory staff, members of the Center staff, and others. The Project was concrete in that it involved a physical facility, a structured program, and classes of clients. The latter point was important in that, heretofore, Vocational Rehabilitation Personnel had restricted their work with the mentally retarded to individuals and had not had the opportunity to see them function as members of peer groups.

The EPVC Course required participation of several professional persons working as a team. To a considerable extent this team utilized EPVC activities as the basis of reference for evaluation.

Application Procedure

- 1 Screening and preparation of clients for admission to the Project and the Center was handled by field counselors in collaboration with the Project Director. The Project Director was available for psychological evaluation of clients as indicated, and in such areas of the state where psychological services are difficult to obtain.
- * The field counselor and the Project Director were responsible for pre-admission counseling interviews with the client and her parents, or other persons serving in lieu of parents.

The minimal requirements for Project 957 clients were essentially the same as other cases sent to the Center and included medical, social, vocational, and psychological data as well as application for admission,

medical information supplement, determination of economic need, school records, and rehabilitation plans. The information provided by these records is used by the Admissions Committee to make a decision on the application.

Criteria for Admission

The Admissions Committee was composed of the Project Director, Center Superintendent, Center Assistant Superintendent, Medical Consultant, Technical Counselor, and Social Worker. The general criteria included:

- (1) single females between the ages of 16 and 21.
- (2) primary diagnosis of mental retardation. I.Q. in the approximate range of 50 - 75.
- (3) expectation that the person selected would benefit from a comprehensive program of diagnostic and prevocational services.

These criteria represented a minimum of restrictions and were flexible so that a broad sampling of the mentally retarded female population in West Virginia could be obtained.

The Subjects

The population of Project 957 was composed of clients which DeMichael (1961) classified as the Deferred placeable group and the sheltered employable group of mentally retarded. In the words of DeMichael: "The deferred placeable group are young adults in need of additional services beyond those offered by the school. They need further preparation and assistance, such as prevocational and

Vocational experiences, physical or psychiatric evaluation, treatment, on-the-job training, counseling, or personal-adjustment training, before they may be placed in competitive employment. The sheltered employable group are young adults who are capable of partial self-support in the carefully supervised environment of a sheltered workshop, after preparation services beyond school (1961)."

The data in this study was concerned with one-hundred and seventy-one educable mentally retarded females served by Project 957, the West Virginia DVR, and the West Virginia Rehabilitation Center from June 1, 1962, to December 31, 1964. Sixteen girls are presently enrolled in the EPVC Course and 19 will enter this course on April 28, 1965, but are not included in the present study. Discussion here will give an analysis of the traits and characteristics of the 171 cases served or the first twelve groups of the sample. At the termination of the Project on June 30, 1965, fourteen groups or 206 clients will have been actively served within the scope of the Project purposes and goals.

Statistical analysis reveals that the major number (21 per cent) of referrals to DVR came from Child Welfare Workers throughout West Virginia. Public school, special education, and state mental hospitals rank number two, three, and four, respectively. Thirty-seven or 67 per cent of West Virginia's 55 counties were represented within this group, while 39 of the Division's 50 counselors, or 78 per cent have been actively involved with Project activities. More

positive cooperation from all sources occurred, as the Project was able to demonstrate the strengths and assets the mentally retarded were able to offer. Good cooperation occurred from all major referral sources and the success of many of these clients can be attributed to the services provided by special education, Child Welfare services, rehabilitation centers in state mental hospitals, parents, and others. Without this cooperation and continuity of services, fewer mentally retarded girls would have profited from Project efforts.

Secondary Disabilities of Subjects.

- It is noted that severe emotional problems were much greater than other disabilities for this group of mentally retarded females, with speech defects, visual defects, epilepsy, obesity, ranking two, three, four, and five respectively. It is observed these five groups comprise over 65 per cent of the secondary disabilities identified with these 171 clients. Evidence elicited here supports past findings, indicating that the mentally retarded may have more secondary problems than the average population. This fact needs to be considered by rehabilitation personnel in their rehabilitation efforts on behalf of the mentally retarded. Although these secondary disabilities may be more prevalent with the mentally retarded, further evidence within this study does not give support that the retarded are being served, proportionately, with comprehensive rehabilitation services, in relationship to other disability groups.

Results with Discussion²

Population Served. Two hundred and six clients will have been actively served by the termination of the Project, June 30, 1965, and 105 clients were screened out by rehabilitation counselors and Project staff. Sixty-seven per cent of West Virginia's counties were represented within the present sample (171 clients), 64 per cent of the 55 counties were represented within the screened-out group (105), and 57 per cent of the counties presently have clients on the accepted waiting list for Project admittance (35). The Project observed a consistent increase in the number of referrals during the final thirty-one months of operation, primarily as a result of greater understanding of Project purposes and goals by DVR field staff, as well as by a majority of community agencies. Although most referrals came from areas of the State with more advanced special education services, it was felt that this sample was a fair representation of a group of homogeneous educable mentally retarded young adult females.

Figure 1 indicates that the majority (52 per cent) of clients (105) were screened-out for Project services because of employment (14), actively psychotic or severe behavioral problems (16), marriage (11), and previously trained under DVR (11). One of the primary purposes of the Project was to serve as many clients as possible; therefore no clients were screened-out after the case had been reviewed by the Admissions Committee, unless the clients were actively psychotic. The majority of cases were screened out by DVR field staff and the

²The facilities of the Data Processing and Statistical Section of W. Va. DVR were most helpful in this Project. The Project Director wishes to express appreciation to Charles A. Lemkuhl, William Lamb, and Gary C. Palmer (Director of Research) for their invaluable assistance in the statistical analysis of the data.

Project Director during pre-admission counseling activities, and the case itself was not presented to the Project Admissions Committee for review. A majority of these screened out clients received DVR services such as client and parental counseling, diagnosis and evaluation (including psychological testing), client referral to other appropriate agencies, training, placement, and follow-up services.

Client Factors. The population consisted of 171 mentally retarded young adult females whose intelligence quotient on a Stanford-Binet or Wechsler individual intelligence test, used in conjunction with other instruments found to be effective by the Project Staff, indicated the level of intelligence to be within the educable range of mental retardation as defined by the West Virginia State Plan. A second criterion was that the girl be within the chronological age range of 16 - 21 and single. This age range was changed to 16 - 33 after the initial year to permit more flexibility, since the mental age was found to be more significant in grouping than chronological age. A third criterion was that the person selected would benefit from a comprehensive program of diagnostic and prevocational services.

The longitudinal nature of this investigation necessitated the collection and analysis of numerous kinds of data. Data was collected through surveys, interviews, curriculum planning, questionnaires, evaluative procedures, written reports, field work by the Social Worker and Project Director with many agencies and professional personnel, public relations, and weekly staff meetings.

The average client can be described as a 19 year old single female at the time of Project acceptance, with a mean education of 7 years. Table 1 indicates that an average of 10.8 months elapsed from the time of referral to DVR and Project acceptance for the 171 clients. This divergence in time decreased as the Project served more clients and became better known throughout the State of West Virginia. Table 2 points out that DVR field staff accepted the majority of Project clients within four months after referral. This is encouraging as other evidence indicates that the mentally retarded generally move very slowly through the rehabilitation process for various reasons. One reason is the limited amount of facilities and staff to work with this disability group.

Only 33 per cent of this sample had the benefit of special education training (57), (See Table 3). Table 4 reports the mean years of school attended and mean grade completed for the 12 groups, with no major significant differences between groups. The overall results would seem to indicate that several clients were socially promoted and remained in regular classroom settings, but could have derived more benefits from special education training had this been available.

Other client factors indicate that although 95 per cent of the sample had one or more brothers or sisters, only 29 per cent of the group had one or more siblings who were affected by mental retardation. The majority of the 171 clients were the second born child (32 per cent)

or the first born child (29 per cent) of several siblings.

Only 10 per cent of the sample were allowed Social Security Benefits (17) as disabled adult children. A large majority (93 per cent) had no previous work history prior to Project acceptance, while only one per cent had been working in sheltered workshops for the mentally retarded.

Psychometric Data for Total Sample. Not all clients were administered the same psychological test battery, although eligibility was determined on the basis of either the Wechsler or Stanford-Binet. The mean full scale Wechsler I.Q. for 97 of the 171 clients was 61.49 or middle-grade deficiency. Significant differences were noted between the mean Goodenough scores (56.87) for 147 clients, as compared with the mean Stanford-Binet scores (61.60) for 41 of the clients. The t-test yields a ratio of 2.43, with 186 degrees of freedom, or significance at the .05 level of significance. These differences were also significant between the Wechsler full-scale I.Q. and the Goodenough I.Q.

The mean Vineland Social Maturity Quotient for 149 clients of the sample of 171 was 56 with a standard deviation of 11 and a mean social age of 10.83 at the time of admittance to the Project. Measurements of social growth and development indicated effectiveness of the personal and social adjustment training which occurred in the eight-week EPVC Course. One-hundred and twenty-six of the 171 clients completed the EPVC Course, whereas 45 were terminated by the clients,

family, or Project Staff prior to completion. A second evaluation of the 126 clients completing the EPVC Course with the Vineland Social Maturity Scale indicates positive improvement in social maturity for the total sample.

Most clients (148) were reading, spelling, and performing arithmetic, as measured by the Wide Range Achievement Test, between the third and fourth grade level. This would indicate that most clients within this sample were not functioning academically up to their expected potential and could have profited from further remedial education activities.

The Bender-Gestalt Visual Motor Test as scored by the Hain Method (1964) indicated that 37 per cent of 155 clients had brain damage as reflected by critical scores of 13 or higher. These results are only tentative in nature, and more normative data need to be secured utilizing this scoring technique.

Socio-Economic Factors (Family). Forty-two per cent of both parents were between the ages of 45 and 54, while more than 50 per cent of the client's fathers and mothers had an eighth grade education or less. Fifty-eight per cent of all parents reported an income of less than \$2,000.00 per year and the majority of mothers (56 per cent) were employed as housewives. Fifty-four per cent of the fathers were employed in semi-skilled, unskilled or agricultural occupations.

Fifty-one per cent of the client's came from areas of the State of West Virginia with populations of 2,500 or more, whereas, 49 per

cent resided in areas of 2,499 population or less. Therefore, this sample was fairly evenly distributed between urban and non-urban geographical areas of the State. The majority of all clients were residing with their parents or foster parents (82 per cent) at the time of Project admittance, as opposed to 11 per cent who came from public or private institutions. Only 20 per cent of the parents were affiliated with any type of organized support groups for the mentally retarded, indicating the need for improved public awareness of this problem in West Virginia.

Fifty-seven per cent of all parents were receiving some type of financial support from public funds such as public assistance, Social Security, public institutions, or family and friends, as compared with 43 per cent with private earnings or private insurance. These results in conjunction with family income level indicated that approximately 65 per cent of this group of parents had incomes of less than \$5,000.00 per year per family and would meet the criteria for classification as poverty-stricken as defined by the U. S. Office of Economic Opportunity. These facts tend to support the premise that anything less than a total comprehensive approach to this major problem would be less than adequate.

Disposition of Project Cases. Twenty-five per cent or 45 clients were withdrawn by the family for various reasons or were terminated by the Project Staff prior to completion of the EPVC Course. Seven clients became psychotic after Project admittance and four were returned

to state institutions. Twenty clients were withdrawn by their family, primarily because of parental reluctance to permit their daughters to remain for the eight-week EPVC Course. Many of these parents were fearful and apprehensive as to the amount of supervision which would be given their daughters at the Center. Some were fearful that their daughter might become pregnant. Over-protection and reluctance on the part of parents, therefore, prevented their daughter from becoming more independent. Overall, 75 per cent of all clients admitted to the EPVC Course were able to complete the program as compared, with 25 per cent who failed to complete the course.

It was the consensus of the Professional Staff that 71 clients could benefit from sheltered workshop programs and that 65 of this number further needed the services of a rehabilitation house and/or hostel. The majority of all clients (121) were seen as being able to profit from further advanced vocational training, including flexible periods of time for personal and social adjustment training. By December 31, 1964, 59 clients or 34 per cent had been placed into competitive or semi-competitive employment, primarily within service occupations.

Forty-six clients of the sample completed further advanced vocational training at the West Virginia Rehabilitation Center, beyond the services of the EPVC Course, and 18 clients are presently engaged in vocational training or awaiting admittance to the Center for training.

Cost. The average total sum spent for the 171 cases was \$512.00. (The average cost of \$512.00 refers only to Project cost, Center cost and purchased case services. It does not include administrative expenditures or other direct services provided by Division Staff personnel such as counseling and guidance, job placement and follow-up. These direct services represent approximately two-thirds of rehabilitation expenditures). The average sum expended for diagnosis and evaluation for 170 clients was \$21.25 with no money spent for one case. The average sum expended for 98 clients requiring surgery or treatment, prosthetic devices, hospitalization, training (other than Rehabilitation Center) and maintenance was \$29.80. The number who required no money for the previously mentioned services was 73 (43 per cent).

Much of the data was analyzed with frequency distribution tables, averages and variances where appropriate. The t-test, chi-square, and correlation analysis were statistical methods used to analyze some of the data. Professional staff judgements were utilized as a team effort and personal judgements about the clients were avoided as much as possible. Some of the data collected in this Project did not lend themselves to involved statistical analyses. Weekly and monthly curriculum reports were evaluated subjectively on content analysis using general concepts for the curriculum.

Parents, Project Staff, and rehabilitation counselors evaluated each client to determine whether she was improved, unimproved, or

regressed, utilizing the same criteria with operational definitions of the traits and characteristics under evaluation.

Table 5 gives a comparison of the different evaluations of the 171 clients, by individual rating groups. There is a close relationship between Project Staff ratings and Rehabilitation Counselor ratings. The Project Staff felt that 132 of the 171 clients, or 79 per cent were improved, whereas, the counselors felt 128 or 76 per cent were improved. Parents, on the other hand, felt 116 of 126 clients or 68 per cent were improved, with 26 per cent of the total not reported.

The present group of clients (N=16) within the EPVC Course were scheduled to remain at the Center for a sixteen-week evaluation period as opposed to the regular eight-week evaluation, in an effort to evaluate what influence the extended time factor might have on the effectiveness of the program. Since the Project Staff feels the results of this study warrant inclusion of this program as an integral part of the State-Federal Rehabilitation Program, this 16 week period versus the eight-week period, should give an opportunity for further intensified evaluation. More emphasis will be given to personal and social adjustment aspects, work tolerance, and remedial education activities.

Data Pertaining to 59 Rehabilitated Clients.

Sixty-five per cent of the causes for the retardation of these 59 girls were attributable to diseases, injuries, and congenital reasons.

Working very closely with the Project Social Worker--who elicited pertinent medical-social history data--the medical Consultant to the Project was able to contribute much to the identification of specific causes for the retardation.

A client who had been provided rehabilitation services which enabled her to become employed for a period of at least 30 days, was considered rehabilitated. This is to emphasize that she had been rehabilitated to the fullest physical, psychological, vocational, and economic level that she was capable of attaining.

Fifty-one per cent of these clients were on the Agency rolls from acceptance to closure for a period of ten to nineteen months versus 9.6 months for all rehabilitants in West Virginia for Fiscal Year 1964. Two special counselors serving the mentally retarded in West Virginia during Fiscal Year 1964 rehabilitated the bulk of their cases in less than nine months. It is encouraging to note that in 85 per cent of the 59 Project cases rehabilitated over a span of three fiscal years, follow-up services were provided for a period of one to four months. Ten per cent were provided follow-up services for a period of five to nine months, and five per cent for a period of 10 to 14 months.

Eighty-six per cent of this sample of mentally retarded girls were not working at acceptance. Of those working, 14 per cent were not in the competitive labor market. At closure, however, 41 per cent were in the competitive labor market, and 59 per cent were placed as

homemakers or unpaid family workers. Six clients, or 10 per cent of this sample were married after the completion of the EPVC Course. Training and post-Project follow-up by the Field Counselor, Project Social Worker, or Project Director indicated these clients were making a good family adjustment. One of the Project goals, was that, hopefully each client would profit from the EPVC Course experience, whether she was placed into competitive employment, married and became a homemaker, or was able to function more effectively in her own home with her parents. Evidence further verifies that the mentally retarded generally find successful work placement in service occupations (39 per cent), and with automation and technology making rapid advances, rehabilitation personnel should intensify their placement efforts for the mentally retarded in service areas.

The average salary was \$15.97 per week for these mentally retarded females, compared to an average of \$33.05 for all rehabilitants in West Virginia for Fiscal Year 1964. The range in salary for the 59 girls was \$5 per week to \$45.00. The \$45.00 per week was earned by a client placed as a sewing machine operator in a garment factory in Pennsylvania. This average figure reflects the fact that 59 per cent of the sample were placed as homemakers or unpaid family workers.

Twenty-four per cent of the total 59 cases were given no training other than training received within the eight week Evaluation and Prevocational Conditioning Course. Forty of the 59 or 67 per cent were trained at the Rehabilitation Center in such areas as sewing,

Housekeeping, laundry, nurses aide, kitchen helper or cooking and baking. Five clients, or 9 per cent, received training in sheltered workshops sponsored by parental groups on behalf of the mentally retarded. Data here seems to indicate that very little training for the mentally retarded is available or being given in West Virginia except at the West Virginia Rehabilitation Center at Institute.

Forty-four per cent of the 59 cases rehabilitated located a job on their own during the rehabilitation process, and 27 per cent returned to their former job. The special placement techniques of DVR were required in 12 per cent of the cases. Clearly, much more emphasis should be on placement with the mentally retarded cases. This is one of the most difficult aspects of working with the retarded and is related to the use of community resources--another weakness in West Virginia. It should be pointed out that these figures may not reflect a completely accurate account of counselor placement efforts, since the counselor is forced to categorize each client into one of five areas at the time of closure. Furthermore, since 59 per cent of the 59 cases rehabilitated were placed as homemakers or unpaid family workers, these cases are also reflected in the figures of clients locating their own jobs or returning to their former jobs. Post-placement needs of the mildly mentally retarded arise when the retarded individual is unable to cope successfully with the routines of daily living, and manifest their adaptive impairment when exposed to occasional, relatively unique problems and life crises. Data

within this study seems to indicate that not enough follow-up contacts were maintained with this group of rehabilitated clients. However, under present legal restrictions, the DVR Agency cannot assume total responsibility for the continuing needs of mentally retarded persons living in the community and working either in competitive or sheltered employment.

Research efforts within the past two or three years have pointed out the need for development in communities of a "fixed point of referral" for the mentally retarded. Such a coordinating community resource would assume responsibility for assuring proper referral of mentally retarded to appropriate agencies as particular needs emerged. Evidence throughout this study has demonstrated this need and this endeavor could provide a single continuing lifetime contact to which retarded persons and their families could turn. Rehabilitation counselors could be instrumental in lending their support and leadership in the development of such undertakings in their respective communities. This type of program would provide the rehabilitation counselor with another resource with procedures for coordination, cooperation, referral, and consultation which presently is not available.

Summary

This Project sought to study the effectiveness of an evaluation and prevocational conditioning course for young adult mentally retarded girls integrated within a multiple disability rehabilitation center.

Prior to determining the effectiveness of such a program, it was necessary to establish a base of operation to evaluate the problems encountered and the type of curriculum needed. As the Project procedures were followed, these problems became apparent. The importance of such a study can be seen when one sees the limited attempts made in this direction.

This Project has demonstrated the effectiveness of an organized program for the rehabilitation of mentally retarded females. Inasmuch as the mentally retarded can no longer be considered a homogeneous group, a more comprehensive meaningful social and vocational evaluation is a necessary part of the rehabilitation process. The number of clients successfully served and rehabilitated through this project indicate a more hopeful picture for many clients who were previously considered not feasible for rehabilitation services.

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Figure 1
Screened Out Cases (N=105)

Reasons for Screening Out	Number
A. By Field Counselors and Project Staff	
Previously trained	11
Marriage	11
Doubtful feasibility	12
Unable to locate	7
Refusal by parents to admit client to Center for Project services	9
After further investigation, not an MR case	55
Now in training at W. Va. Rehabilitation Center	5
Not interested	2
Attending public school	1
Deceased	0
Employed	
Homemaker	3
Maid	2
Unpaid family worker	2
Babysitter	1
Nurses Aide	1
Domestic Worker	1
Kitchen Helper	2
Laundry Worker	2
B. By Project Staff	
Actively psychotic	10
Behavior problem too severe	8
Testing too high	2
Testing too low	8
Severe multiple physical handicap	0
Total	105

Note: Figure 1 referred to on page 11

Table 1
Comparison of Mean Ages
at Time of Referral to DVR, and Project Acceptance

Group	Number of Cases	Age		Increment
		At Referral	At Project Acceptance	
1	10	19.2	20.6	1.4
2	11	20.3	21.3	1.0
3	13	19.2	20.0	0.8
4	15	19.7	20.6	0.9
5	15	17.9	18.6	0.7
6	14	17.5	18.2	0.7
7	11	19.1	19.7	0.6
8	20	18.7	19.4	0.7
9	16	18.4	19.5	1.1
10	16	17.9	18.8	0.9
11	17	18.0	18.9	0.9
12	13	17.3	18.0	0.7
Total	171	18.5	19.4	0.9

* 10.8 months elapsed from time of referral to DVR and Project acceptance for over-all group of 171 clients.

Table 2
Months from Referral to DVR and Acceptance

Months	Number	Per Cent
0 - 4 months	96	57
5 - 9 months	55	32
10 - 14 months	13	7
15 - 19 months	5	3
more than 19 months	2	1
Total	171	100

Note: Tables 1 and 2 referred to on page 13

Table 3
Special Education Training

Item	Number of Cases	Per Cent
Yes	57	33
No	114	67
Total	171	100

Table 4
Mean Years of School Attended and Mean Grade Completed

Group	Number of Cases	Mean Years Attended	Mean Grade Completed
1	10	8.7	7.8
2	11	7.7	6.5
3	13	8.1	7.5
4	15	7.7	7.4
5	15	7.3	6.5
6	14	7.6	5.6
7	11	7.2	6.6
8	20	8.8	8.1
9	16	8.8	8.3
10	16	8.3	7.8
11	17	7.1	6.1
12	13	7.6	6.3
Total,	171	Grand Mean 7.9	Grand Mean 7.1

Note: Tables 3 and 4 referred to on page 13

Table 5

Comparison of Parental, Project Staff,
and Counselor Evaluation of Change

Rating	<u>Parents</u>		<u>Project Staff</u>		<u>Rehabilitation Counselor</u>	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Improved	116	68	132	79	128	76
Unimproved	9	5	36	19	37	21
Regressed	1	1	3	2	6	3
Not Reported	45	26				
Total	171	100	171	100	171	100

Note: Table 5 referred to on page 19