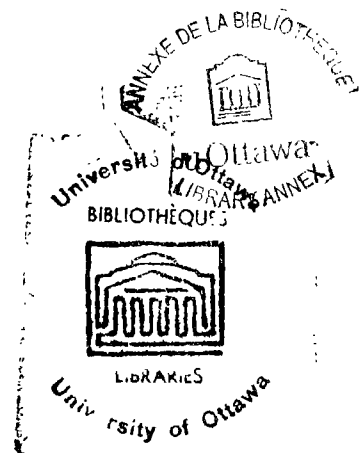


A DESCRIPTIVE STUDY OF THE ADJUSTMENT AND  
SOCIAL COMPETENCY OF ADOLESCENTS  
OF BORDERLINE MENTALITY  
LIVING IN FOSTER HOMES

by C. Graeme Spence

Dissertation presented to the School of  
Psychology and Education of the  
University of Ottawa as partial  
fulfillment of the requirements  
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Philosophy.

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## CURRICULUM STUDIORUM

C. Graeme Spence was born October 5, 1928 in Ottawa, Ontario. He received the Bachelor of Arts degree from Carleton University, Ottawa in 1951. He received the Master of Social Service degree from the Graduate Department of Social Economy and Social Research, Bryn Mawr College, Bryn Mawr, Pennsylvania in 1953. The title of his thesis was: Measuring Movement in Premarital Counseling.

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## INTRODUCTION

This report presents the findings from a study of the development of adolescents of borderline mental ability. These adolescents were living in foster homes under the care and supervision of the Children's Aid and Infants' Homes of Toronto. The investigation was focused upon examining the association which existed between the nature of the foster parent-child relationship and the adjustment of the subjects. Although all the subjects were of borderline ability, the supervising social workers had noted that the subjects varied widely in social competency or maturity. Foster parent behaviour was scrutinized to ascertain whether there was any association between parental behaviour and acceleration or depression of the development of social competency. It was hoped, as a result of the study, that foster home placements could be more carefully selected and supervised.

This report is introduced by a discussion of descriptive research which serves as a frame of reference against which the aims of the study are outlined. A review of previous research in the field and a statement of the research problem complete the first chapter. The second chapter, "The Research Design," describes the research

setting, the criteria guiding the selection of subjects, the sources of data, and the method of analysis. A description of the family backgrounds of the subjects and the reasons why they were made wards is presented in the third chapter. The following three chapters are devoted to an analysis of the data from the psychological tests and the narrative case records.

The final chapter, "Conclusion," presents a resume of the findings and returns the reader to the statement of the main proposition of the thesis discussed in the first chapter.

The "Bibliography" is comprised of an annotated list of sources helpful to the understanding and further study of the topic. Five appendices are included: a section for supplementary tables, three illustrative case histories, a specimen set of the Fels Parent Behaviour Rating Scales, a copy of the Case Analysis Schedule, and an abstract of the thesis.

In order to aid the reader, the introductory paragraph of each chapter outlines the sectional divisions of the material to be discussed. Each chapter is concluded by a summary.

## CHAPTER I

### THE STATEMENT OF THE PROBLEM

This project is a descriptive study of the development and adjustment of teenagers of borderline mental ability being reared in foster homes supervised by the Children's Aid and Infants' Homes of Toronto. This study does not propose to follow an experimental approach with the complexities of comparison groups and controlled variables. Its aim, as a descriptive study, is to collect selected facts in an orderly, objective, and accurate manner and to interpret these facts adequately and impartially.

The nature of descriptive research is discussed briefly in the first section of this chapter. The general problem area is surveyed in the second section. A review of the literature, in the third section, enables certain aspects of the problem area to be isolated and selected for study. The investigation of these aspects is guided by the formulation of specific research questions in the fourth section.

#### 1. Descriptive Research

The function of descriptive research is that of assessing the characteristics of a given situation. In

contrast, an experimental approach has the function of testing hypotheses. In discussing types of research approaches, Jahoda, Deutsch, and Cook define the nature of an experimental approach as "a way of organizing the collection of evidence so as to permit one to make inferences about the tenability of a hypothesis."<sup>1</sup> They say, "an inquiry is 'experimental' only to the extent that its procedures conform to certain logical models which make it possible to draw logically strict inferences from the data as to the acceptability of hypotheses."

In comparison to these exalted aims of an experimental design, the function of descriptive research appears most prosaic and mundane. Descriptive research, however, is far from being without value. It has much to contribute at the very frontiers of knowledge. In many instances, the hypotheses, so essential to experimental studies, can be formulated only after descriptive studies of a pilot nature have explored the area. As Jahoda, Deutsch, and Cook have added, "the discovery of general relationships proceeds most fruitfully when there are at hand many

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<sup>1</sup>Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations with Special Reference to Prejudice, New York, Dryden Press, 1951, p. 58-59.

'facts' which have been described, classified, and correlated with one another."<sup>2</sup>

Although descriptive studies may not permit one to make inferences about the tenability of hypotheses, these studies can still ask and answer questions. Moreover, the interpretation of the facts gathered can support or deny certain statements or propositions. The statement of these propositions directs the attention of the research worker to collect only facts relative to the aspects of the situation being studied. All too frequently, poorly executed descriptive research has resulted in an undisciplined treasure hunt of irrelevant facts in an unstudied area. The questions and propositions which the researcher formulates from the existing knowledge of the situation, even though this knowledge might be meager, define the boundaries of the study and enable him to discern what facts are relative.

The present study was guided by one major proposition and a great number of specific questions seeking collaborative information of a descriptive nature. The proposition was formulated from the knowledge which existed in this area. This knowledge was gleaned from discussions with experienced practitioners, an analysis of insight-

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<sup>2</sup>Ibid., p. 58.

stimulating cases, and from a review of the literature.

## 2. The Problem Area

Upon interviewing selected social workers supervising adolescent borderline defective it became obvious that "adjustment" was a key concept for them. They were concerned with the adaptation of the subjects to their total environment--not only to the foster home situation. They were, of course, deeply concerned with the influence which the dynamics of the foster home setting might have upon the teenager's total adjustment. After all, the foster home setting in many respects was a "controlled variable," being selected and supervised closely by the social workers.

The present study group was limited to adolescents of borderline ability for specific reasons. Research focused upon the development and care of retarded children under the care of the Children's Aid and Infants' Homes of Toronto was approved by the Agency's Research Committee to be carried on with three study populations. First, there was a group of children under six years of age who were grossly defective. While a large number of these children had been certified and were awaiting admission to an Ontario Hospital School, they continued to live in foster homes for lengthy periods. At the time of the

execution of the present study, research on the grossly retarded was being planned by the Agency with the financial sponsorship of the Junior League of Toronto.

The second research group consisted of children who were between six and twelve years of age. Thirty-eight of these children were studied in 1953 to ascertain their patterns of adjustment in their foster home placements, and at school.<sup>3</sup> The intellectual ability of this study population ranged from high-grade moron to borderline. Neville's project was designed so that data were collected from the children's child care case records, selected foster home records, and interviews with some of the child care social workers who were supervising the children under study. No psychological tests were administered.

The third group of retarded children designated for study by the Research Committee consisted of teenagers who were of borderline ability. The present investigation studied this group. The examination of this third group was prompted by the concern of the child care social workers. They recognized that some of these children were presenting a relatively high proportion of problems. They also thought they detected a wide variation in the

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<sup>3</sup>Floyd Neville, Foster Home Placement for Intellectually Retarded Children, unpublished Master's thesis, School of Social Work, St. Patrick's College, 1953, iii-78 p.

social competency of these children although psychometric examination placed them all in one category of mental ability. They suspected that the type of relationship which existed between the foster parents and the children might in some way be associated with this acceleration or retardation of social maturity.

The research worker called a meeting of the thirty social workers supervising children of borderline ability so that he could utilize their experience and knowledge in focusing the research problem. From the discussion which ensued, it became obvious that the workers wanted to know what association existed between the forces and attitudes of the foster home setting and the total adjustment of the teenagers. It was hoped that as a result of the study, foster home placements could be more carefully selected and supervised. If this were possible, the problems of behavioural immaturity which were confronting the child care caseworkers might not be unknowingly reproduced with each succeeding younger age group.

### 3. Review of the Literature

In introducing a review of the literature, one might say that there are very few studies focused specifically upon borderline defective adolescents but a great

number of studies of fringe importance. The need for research on the borderline defective was recognized at an early date. In 1917 Fernald suggested that cases of borderline deficiency be studied from ten different vantage points such as family history, school history, moral reactions, and economic efficiency.<sup>4</sup> In 1937 Cyril Burt attempted a comprehensive description of the backward and dull child.<sup>5</sup> His book was based upon a survey conducted in the London, England school system. He addressed his work to teachers with the hope of helping them to recognize backwardness. He was primarily concerned with the special academic needs of these children.

In 1938 Murphy conducted a rather inadequate study of the social adjustment of children of borderline mentality.<sup>6</sup> This pilot study, however, did recognize that dire stress was frequently placed upon the borderline defective when he reached an age during late adolescence when physical maturity would lead one to expect social competency. Like the social workers in the present study,

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<sup>4</sup>Walter E. Fernald, "Standardized Fields of Inquiry for Clinical Studies of Borderline Defectives," Mental Hygiene, Vol. 1, No. 2, April 1917, p. 211-234.

<sup>5</sup>Cyril Burt, The Backward Child, New York, Appleton-Century, 1937, xx-694 p.

<sup>6</sup>Miles Murphy, "The Social Adjustment of the Exceptional Child of Borderline Mentality," Journal of Consulting Psychology, Vol. 2, No. 6, November-December 1938, p. 169-175.

he found a wide fluctuation in social competency bearing little relationship to physical maturity.

Rich went one step further and outlined some of the special difficulties at home and in school which were faced by the retarded child.<sup>7</sup> He also was deeply concerned about the lack of understanding of the special needs evidenced in the paucity of training facilities for these teenagers who stand midway between the normal and the feebleminded.

Whitney, in a forceful article, recognized the true pathos of borderline deficiency.<sup>8</sup> Like Rich, he recognized the lack of facilities for training. He also pointed out the difficulties of being neither normal nor feeble-minded. The borderline defective cannot be considered as normal, although under favourable conditions he may function within normal limits. Yet he has what Whitney called certain inherent trait characteristics which definitely place him, as far as these characteristics are concerned, in the mental defective category.

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<sup>7</sup>Gilbert J. Rich, "The Borderline Defective in the Community," American Journal of Mental Deficiency, Vol. 46, No. 2, October 1941, p. 262-267.

<sup>8</sup>E. Arthur Whitney, "A Pathetic Type--the Borderline Defective," Journal of Child Psychiatry, Vol. 2, Sec. 2, 1951, p. 176-186.

A great deal of the more general literature in this area has been devoted to attempts at diagnosing and classifying mental deficiency. Dr. Doll has eschewed a diagnosis of mental deficiency based solely upon a level of intelligence, as measured by intelligence tests.<sup>9</sup> He believes that the degree of an individual's social adequacy, as reflected by a measure of social maturity, should be the basis for diagnosis. He tenders the opinion that social competency is associated with the adaptive potentiality of the individual.

In attempting to classify mental deficiency, Strauss has recognized two major etiological types-- exogenous and endogenous mental deficiency.<sup>10</sup> "Exogenous" applies to retardation which is thought to be the result of brain damage as might happen from birth injury or illness. In contrast, when there is not evidence of brain damage but the child comes from a family strain of

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<sup>9</sup>Edgar A. Doll, "The Social Basis of Mental Diagnosis," The Journal of Applied Psychology, Vol. 24, No. 2, April 1940, p. 160-169.

-----, "Social Age as a Basis for Classification and Training," American Journal of Mental Deficiency, Vol. 47, No. 1, July 1942, p. 49-57.

<sup>10</sup>A. A. Strauss, "Typology in Mental Deficiency, Its Clinical, Psychological, and Educational Implications," The Journal of Psycho-asthenics, Vol. 44, No. 1, June 1939, P. 85-90.

limited intelligence his deficiency is termed "endogenous." Of course, it is acknowledged that brain injury and a family background of limited intelligence may both be present so that a mixed category is also included in the classification.

These two major etiological types have been called by various names over the years. Tredgold, in his pioneer classification termed exogenous deficiency "primary amentia" while he called endogenous deficiency "secondary amentia."<sup>11</sup> Recently, Sarason coined the term "garden-variety mental deficiency" to designate endogenous deficiency.<sup>12</sup>

Strauss mentions two alternative explanations for the cause of endogenous deficiency. The first explanation is exemplified by Dr. Edgar Doll's definition of the endogenous type as a "hereditary transmission of psychobiological insufficiency."<sup>13</sup> Strauss considers endogenous deficiency synonymous with the Rosanoff-

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<sup>11</sup>A. F. Tredgold and R. F. Tredgold, A Text-book of Mental Deficiency, Baltimore, Williams and Wilkins, 1952, p. 20-59.

<sup>12</sup>Seymour B. Sarason, Psychological Problems in Mental Deficiency, New York, Harper, 1949, x-366 p.

<sup>13</sup>Edgar A. Doll, "The Essentials of an Inclusive Concept of Mental Deficiency," American Journal of Mental Deficiency, Vol. 46, No. 2, October 1941, p. 217.

pregerminal type. He reports of European studies which concluded that the transmission of the characteristic followed the Mendelian ratio for recessive traits.

The second explanation is that endogenous mental retardation is the result of a form of psycho-social deprivation. It is a non-inherited depression of mental level through the lack of environmental stimulation. This explanation is the one which has caught the imagination of social workers in the area of child welfare. There have been several studies conducted in North America which concluded that there is an association between retardation and the lack of stimulation during the early formative years of infancy and childhood.<sup>14</sup>

A few studies have been focused specifically upon the increase in intelligence quotients after the home environments of children have been changed. These studies have been conducted in the area of child welfare

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<sup>14</sup>William Goldfarb, "Psychological Privation in Infancy and Subsequent Adjustment," American Journal of Orthopsychiatry, Vol. 15, No.2, April 1945, p. 247-255.

Margaret A. Ribble, The Rights of Infants, Early Psychological Needs and Their Satisfaction, New York, Columbia University, 1943, x-118 p.

Rene A. Spitz, "Psychiatric Therapy in Infancy," American Journal of Orthopsychiatry, Vol. 20, No. 3, July 1950, p. 625-633.

where children, for their protection, have had to be removed from deleterious home situations and placed in substitute homes.

Skeels studied 147 such children placed in foster homes under six months of age.<sup>15</sup> He noted that the socio-economic level of the foster parents' homes was much above that of the natural parents' homes. The mental level of the subjects, he later noted, was much higher than would have been expected for children coming from the educational, socio-economic, and occupational level represented by the biological parents. A zero correlation was obtained between the children's intelligence quotients and the true mothers' intelligence quotients.

Skodak's provocative studies also investigated the relationship between intellectual and social incompetency and a variety of psychological-economic-cultural factors on the other.<sup>16</sup> Unfortunately her study population was limited to only sixteen children. These children had been placed in foster homes by the time they were six

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<sup>15</sup>Harold M. Skeels, "Mental Development of Children in Foster Homes," Journal of Consulting Psychology, Vol. 2, No. 2, March-April 1938, p. 33-43.

<sup>16</sup>M. Skodak, "Intellectual Growth of Children in Foster Homes," in R. G. Barker, J. Kounin, and H. Wright (eds), Child Behavior and Development, New York, McGraw-Hill, 1943, viii-652 p.

months old. At five years of age the mean of their intelligence quotients was surprisingly high, 108, although all of their mothers had been adjudged feebleminded.

Cupchik also has noted an increase in intelligence quotients after children had been placed in adoptive homes.<sup>17</sup> She concluded that there were environmental factors associated with retardation and acceleration of mental development.

As well as observing a relationship between home environment and mental development, other studies particularly relevant to the present study noted an association between the nature of the parental relationship and the retarded child's degree of adjustment. Kinder and Rutherford in their pioneer study in 1927 concluded that the child's family relations must be considered as an important contributing factor in any study of the social adaptation of retarded children.<sup>18</sup> Heilman stressed the close association between the attitudes of the parents

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<sup>17</sup>Zelda Cupchik, A Study of Growth of Intellectually Retarded Dependent Children, unpublished Master's thesis, School of Social Work, McGill University, 1953, v-82 p.

<sup>18</sup>Elaine F. Kinder and Elizabeth J. Rutherford, "Social Adjustment of Retarded Children, A Follow-up Study from January to June, 1926, of Retarded children Seen in the Henry Phipps Psychiatric Dispensary Between January and June, 1921," Mental Hygiene, Vol. 11, No. 4, October 1927, p. 811-833.

toward retardation and their child's own degree of self-acceptance.<sup>19</sup> Grebler studied the impact which the parents' attitudes have upon the actual development of the child.<sup>20</sup> She emphasized the importance of parental acceptance. Thorne and Andrews in their noteworthy study outlined the devastating effect which parental and social rejection have for the retarded child.<sup>21</sup> They believe that mental defectives are characterized by their craving for affection and also their inability to defend themselves against rejecting attitudes. When denied love and social acceptance, they believed that the retarded child is seriously threatened and that undesirable personality reactions are apt to develop in the retardate's futile attempts to adjust to a threatening environment.

The wide variation in parental attitudes have been

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<sup>19</sup>Ann Elizabeth Heilman, "Parental Adjustment to the Dull Handicapped Child," American Journal of Mental Deficiency, Vol. 54, No. 4, April 1950, p. 556-562.

<sup>20</sup>Anne Marie Grebler, "Parental Attitudes Toward Mentally Retarded Children," American Journal of Mental Deficiency, Vol. 56, No. 3, January 1952, p. 475-483.

<sup>21</sup>Federick C. Thorne and Jean Stewart Andrews, "Unworthy Parental Attitudes Toward Mental Defectives," American Journal of Mental Deficiency, Vol. 50, No. 3, January 1946, p. 411-418.

noted by many writers.<sup>22</sup> There are also numerous articles written about the need for counselling parents of retarded children because of the importance which these attitudes have for the development of the child.<sup>23</sup>

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<sup>22</sup>Dan Boyd, "The Three Stages in the Growth of a Parent of a Mentally Retarded Child," American Journal of Mental Deficiency, Vol. 55, No. 4, April 1951, p. 608-611.

Leo Kanner, "Parents' Feelings About Retarded Children," American Journal of Mental Deficiency, Vol. 57, No. 3, January 1953, p. 375-383.

Leonard Rosen, "Selected Aspects in the Development of the Mother's Understanding of Her Mentally Retarded Child," American Journal of Mental Deficiency, Vol. 59, No. 3, January 1955, p. 522-528.

<sup>23</sup>Frank R. Giliberty, "The Role of the Social Worker," American Journal of Mental Deficiency, Vol. 55, No. 3, January 1951, p. 418-421.

Howard R. Kelman, "Parent Guidance in a Clinic for Mentally Retarded Children," Social Casework, Vol. 34, No. 10, December 1953, p. 441-447.

-----, "Some Problems in Casework with Parents of Mentally Retarded Children," American Journal of Mental Deficiency, Vol. 61, No. 3, January 1957, p. 595-598.

Cleo E. Popp, Vivien Ingram, and Paul H. Jordan, "Helping Parents Understand Their Mentally Handicapped Child," American Journal of Mental Deficiency, Vol. 58, No. 4, April 1954, p. 530-534.

Bernhard Scher, "Help to Parents: An Integral Part of Service to the Retarded Child," American Journal of Mental Deficiency, Vol. 60, No. 1, July 1955, p. 169-175.

In all of these articles dealing with parental attitudes, no one investigated just how important were the attitudes of foster parents who were rearing borderline defectives. It was possible that foster parents might not have the difficulty in accepting retardation which was experienced by natural parents. Not being biologically related to the children, foster parents might be more objective. Feelings of shame, guilt and basic inferiority frequently coloured the biological parents' attitudes toward the retardate. These feelings might not be operative for the foster parent. If on the other hand, foster parents could not accept a child being retarded they could ask that the Agency remove the child, an action which was not open to natural parents except through institutional placement.

#### 4. The Research Problem

As has been said above, the present study was guided by one major proposition and numerous specific questions seeking collaborative information of a descriptive nature. The formulation of the major proposition was greatly influenced by the findings of the studies which had been reviewed. This proposition was stated as follows: there is a significant association between

the nature of the foster parent-child relationship for adolescent borderline defectives and (1) their total adjustment and (2) their level of social maturity.

This statement of the major research problem determined what aspects of the problem area would be studied. First, an estimate of the subjects' total adjustment had to be obtained. There were thought to be advantages in procuring not only an objective appraisal of their adjustment but also a subjective evaluation made by the subjects themselves. Misperceptions might be recognized through a comparison of the two ratings. The subjective evaluation of adjustment was obtained from the administration of an adjustment inventory--The Mental Health Analysis.<sup>24</sup> The second appraisal, which was made by the researcher, was based upon the information in the case records kept on each subject by the social workers. These ratings were based upon the subjects' freedom from problems, their adaptation to their foster home settings, the adequacy of their social relationships, and their progress at school or at work.

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<sup>24</sup>Louis P. Thorpe, Willis W. Clark, and Earnest W. Tiegs, Manual of Directions, Mental Health Analysis, Elementary Series, Los Angeles, California Test Bureau, 1946, 16 p.

A battery of rating scales, the Fels Parent Behaviour Rating Scales,<sup>25</sup> was employed to study the dynamics of the subjects' relationship with their foster parents. Social competency was measured by the Vineland Scale of Social Maturity.<sup>26</sup> These psychological tests and rating scales are discussed in detail in the next chapter under the section heading "Sources of Data."

One general proposition did not give enough direction in a descriptive study of this scope; detailed specific questions were needed to keep the collection of data organized and within limits. As Father Shevenell has written, "lurking in this method is the danger of being crushed by the mass of accumulation, of getting lost in an endless maze of details."<sup>27</sup> Facets and even shadows of the research problem were phrased as questions. An effort was made that only data which were related to a stated question would be collected. By this

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<sup>25</sup>Alfred L. Baldwin, Joan Kalhorn, and Fay Huffman Breese, "The Appraisal of Parent Behavior," Psychological Monographs, General and Applied, Vol. 63, No. 4, 1949, viii-85 p.

<sup>26</sup>Edgar A. Doll, The Measurement of Social Competency, A Manual for the Vineland Social Maturity Scale, Minneapolis, Educational Publishers, 1953, xviii-664 p.

<sup>27</sup>R.-H. Shevenell, Recherches et theses, Research and Theses, une nouvelle methodologie, Ottawa, University Press, 1952, p. 12.

procedure, all the data collected were integrated with the general research problem.

These questions, which were formulated to act as guides for the collection of data, were classified by two categories. The first category included questions about the inter-relationship which existed for the psychological tests and rating scales. The second category included questions about the characteristics of the subjects and their foster home placements. The following questions were classified under the first category:

1. Was there a greater range of social quotients obtained from the administration of the Vineland Scale to the subjects than of intelligence quotients?
2. Did the subjects with higher intelligence quotients see themselves as better off in terms of adjustment as assessed by the Mental Health Analysis?
3. Did the subjects, whom others assessed on the Vineland Scale as functioning at a socially more competent level, see themselves as being better off in terms of adjustment as indicated by the Mental Health Analysis?
4. Was there a significant association between the nature of the foster parent-child relationship as evaluated by the Fels Parent Behaviour Rating Scales and fluctuations of (1) intelligence quotients, (2) social quotients, (3) the scores of the Mental Health Analysis?
5. Was there any association between the ratings of adjustment based upon the case record material and (1) the foster parents'

acceptance of the subjects' retardation;  
(2) fluctuations of social quotients;  
(3) the nature of the foster parent-child  
relationship?

6. Was there any association between the ratings of adjustment based upon the case record material and the scores on the self-administered Mental Health Analysis?

Questions concerning the characteristics of the subjects, which were classified under the second category, were marshalled under seven headings as follows:

#### Family Background

1. What was the nature of the family situation which necessitated wardship action?
2. How stable were these families?
3. How many of the subjects had been born out of wedlock?
4. What was the level of mental ability of the parents?
5. What was the educational attainment of the parents?
6. What type of occupations did the parents have?
7. What incidence was recorded in the family histories of institutional commitment of the subjects' parents for mental deficiency, mental illness, or criminal offenses?

#### Foster Home History

1. How old were the subjects when admitted to care?
2. How many years had they spent in care?

3. How many foster home placements did they have during their time in care?
4. How many years had they spent in their last foster home?
5. What use was made of institutional placements for these subjects during their time in care?
6. What indications of retardation did the foster parents recognize in the subjects when they were young?
7. What attitudes toward retardation did the foster parents hold?

#### Use of Psychological and Psychiatric Services

1. How many times had the subjects been tested by the Agency psychologists.
2. What fluctuations of intelligence quotients were noted for subjects who had been re-tested?
3. Did testing when the subjects were infants indicate subnormal intelligence?
4. What use was made of the Agency's psychiatric consultation service for these subjects?
5. What diagnostic or treatment services of a psychiatric or psychological nature were used outside of the Agency?

#### History of Problems

1. What type of problems did the subjects present during the period they were in care?
2. What problems were being presented at the time of the study?

#### Educational Training and Attainment

1. At what age did these children start to school?

2. How far did their ability carry them in the regular grades?
3. How many were transferred to opportunity classes or to junior vocational schools?
4. What were the children's prevailing attitudes toward their school experiences?
5. Did the children who were able to keep pace in school with their peers, tend to be the subjects who expressed the most positive attitudes toward school?
6. What attitudes toward school did the subjects have who were promoted to remain with their age group even though unable to do the work?

#### Employment Experiences

1. How many subjects had had part-time jobs while attending school?
2. What type of part-time jobs were they able to handle.
3. How many subjects were self-supporting?
4. At what age did they become self-supporting?
5. What type of jobs could they do on a full-time basis?
6. How stable were their employment records?

#### Summary

The first section of this chapter dealt with a discussion of descriptive research. It was noted that the present study was essentially descriptive in nature rather than experimental. The general problem area was

surveyed in the second section. From discussion with the social workers and a review of the literature, the problem area was reduced to a set of inter-related research questions. The main proposition of the thesis was formulated as follows: there is a significant association between the nature of the foster parent-child relationship for adolescent borderline defectives and (1) their total adjustment and (2) their level of social maturity.

## CHAPTER II

### THE RESEARCH DESIGN

Four questions are answered in this chapter:

(1) what was the research setting; (2) what subjects were selected for study; (3) what sources of data were tapped in studying these subjects; (4) how were the data analyzed. One section of the chapter is devoted to answering each question. The first section discusses the Children's Aid and Infants' Homes of Toronto where the study was made. The second section outlines the five criteria employed in selecting subjects for the study group. The sources of data are explained in detail in the third section. These sources included three psychological tests and a battery of rating scales assessing the dynamics of the foster parent-child relationship. The analysis of the case histories provided the third source of data. The last section of the chapter contains an introductory statement of the manner in which the data were analyzed. More detailed discussions of the methods of analysis preface all the analytic sections throughout the text below. It was felt, however, that an outline of the research design would be incomplete without a succinct statement on the method of analysis.

### 1. The Research Setting

The study population was drawn from the children under the supervision of the Children's Aid and Infants' Homes of Toronto. This social agency cares for more dependent children than any other Children's Aid Society or similar agency in Canada. In December 1955, it was caring for 2084 children.<sup>1</sup> There was an advantage in securing the total study group from one agency. A degree of conformity was assured in the handling of foster home placements which would not have been found even if the subjects had been selected from various child caring agencies within the same city.

Function of the Children's Aid and Infants' Homes.--  
In the broadest sense, the function of any Ontario Children's Aid Society can be described as follows:

The Children's Aid Society is a voluntary agency organized to develop generally child welfare in the community. The Society has a special function to give protection and, whenever possible, care to neglected, abandoned or sometimes delinquent children. Wherever possible it endeavours to provide an opportunity for the normal life and spiritual growth of the child who, for some

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<sup>1</sup>Figures from the Society's December, 1955 statistical report prepared for the Provincial Government.

reason or other, is denied these natural rights.<sup>2</sup>

The Children's Aid and Infants' Homes of Toronto<sup>3</sup> is the only agency providing public child welfare protection and adoption services to non-Roman Catholic families within the City of Toronto. The Agency's aim is to protect children through counselling parents with problems where neglect of their children is potential or apparent. In situations when there is no alternative but to separate children from their own parents, guardianship action is taken either under the provisions of "The Child Welfare Act, 1954,"<sup>4</sup> or through planned voluntary admissions. The Society also assists unmarried parents to plan carefully and thoughtfully for themselves and their babies. The regnant aim of the Agency is to strengthen family life so as to enable children to remain in, or to return to their own homes; failing to attain this goal, it seeks to re-establish the children in the community in adoption or foster families.

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<sup>2</sup>Ontario Association of Children Aid Societies, A Handbook for Director, Committee Members and Canvassers of a Children's Aid Society, Brantford, 1947, p. 1.

<sup>3</sup>In 1956 the name of the Children's Aid and Infants' Homes of Toronto was changed to the Children's Aid Society of Metropolitan Toronto.

<sup>4</sup>Ontario, "The Child Welfare Act, 1954," Statutes of Ontario, 3 Eliz. II, Chapter 8.

The Children's Aid and Infants' Homes of Toronto was created in 1951 by the merger of the former Infants' Homes of Toronto, formed in 1875, and the Children's Aid Society of Toronto, formed in 1891. The Infants' Homes had been a private Protestant social agency which provided care for unmarried mothers and their children through institutional and foster home placement. The Infants' Homes also had admitted to their care children under the age of four years who had had to be removed from their families. If it had been necessary for the child to remain in care after four years of age, his supervision used to be transferred to the Children's Aid Society. The purpose of the merger of the two agencies was to avoid overlapping and duplication of services and to provide a more effective and economical service to the community.

Under "The Child Welfare Act, 1954," the Children's Aid and Infants' Homes receives the authority to investigate complaints that children are being neglected. If there is evidence that a child is being neglected, under the terms of the Act, the Agency has the right to remove the child from his home, with or without the parents' consent. In order to assume either temporary or permanent guardianship of the child, the Agency has to present evidence before the Court within ten days of the child's apprehension. The Court has to determine whether the request

for guardianship submitted by the Society is justified by the evidence presented.

Under the 1954 Act, it is possible for a child to be made a temporary ward for a total period of not more than twenty-four months.<sup>5</sup> Upon reviewing a case at the end of this probationary period, if the family situation has not improved the child usually is made a permanent ward.

When permanent guardianship is transferred from the natural parents to the Agency, the Society assumes all the rights and duties of a parent for the child while the natural parents relinquish all rights except their duty to contribute, to the best of their ability, toward the support of the child. Under the 1954 Act, the Agency is responsible for the child until he reaches eighteen years of age, unless guardianship is again transferred, as in the case when a child is committed to an Ontario Training School or to an Ontario Hospital School.

The outstanding characteristic of Canadian child welfare services during the last decade has been the increased emphasis upon preventive aspects of the protective services. This development reflects the recognition of

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<sup>5</sup>Ibid., Chapter 8, Section 16, Clause 13.

the importance of the natural family unit, the value of keeping children in their own homes, and the alarmingly large number of children being admitted to care. The dispossession of the natural parents' inherent right to the guardianship of their children is frankly recognized as one of the most serious legal acts in the entire realm of civil rights. Child protection agencies have become constantly vigilant in distinguishing, and in having the community distinguish between parental neglect of their children, on the one hand, and the absence of basic material needs, on the other. It is realized that the lack of these needs, whether they are for economic resources or for housing, should be met in other ways than by removing the children from the family as had frequently been the solution in the past decades.

Agency Care of Wards.-- The Child Care Department of the Agency assumes the responsibility for supervising the care of the children whose guardianship has been transferred to the Society. The majority of these children are placed in foster homes. In December 1955 there were 2084 children under the supervision of the Children's Aid and Infants' Homes of Toronto. Seventy-two per cent, or 1492 of these children were placed in paid foster homes.<sup>6</sup>

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<sup>6</sup>Figures from the Society's December, 1955 statistical report prepared for the Provincial Government.

The remainder were in institutions or in free foster homes. When a child was placed on regular foster boarding home care, the Society paid the foster parents for the child's room and board. The Society paid medical and dental expenses and clothed the children. It also provided psychological and psychiatric services for the children.<sup>7</sup> At the time of the study, the Society employed four psychologists, two responsible for older children and two for infants. A psychiatrist was also engaged on a part-time basis for consultation and diagnostic interviews with the children.

A discussion of the research setting would not be complete without a comment upon the special complexion which a social agency setting gives to the research process being conducted by a psychologist. McVicker Hunt has evidenced a keen discernment of the subtleties involved in carrying on an inter-disciplinary research project. In an address to a professional association, he diplomatically related his personal experiences.<sup>8</sup> In this little homily,

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<sup>7</sup>For a comprehensive description of the organization and function of the various services provided by the Agency vide The Municipality of Metropolitan Toronto, Report Upon a Proposed Realignment of the Jurisdiction of the Children's Aid Societies Operating Within the Metropolitan Toronto Area, Toronto, 1956, xxiv-383 p.

<sup>8</sup>J. McV. Hunt, "A Social Agency as a Setting for Research--The Institute of Welfare Research," Journal of Consulting Psychology, Vol. 13, No. 2, April 1949, p. 69-81.

he affectionately likens the psychologist engaged in research in a social agency to a missionary in the land of the social worker. For purposes of contrast, he portrays the research worker in a laboratory or clinic setting as being able to work effectively as a "lone-wolf,"; not so in a social agency setting. Hunt points out that the social workers immediately feel "researched upon" if they are not kept informed step-by-step throughout the evolving research process.

In order to undertake the present project the continued co-operation of several caseworkers was required. Many times it was necessary to interpret and re-interpret which inclusion in the study group would involve for children whom they were supervising. Concern and mistrust were expressed particularly around the testing program. There was also the problem of maintaining, over the extended period needed to complete the study, the confidence and trust of workers whose acquaintance with research was minimal. Unless kept reminded that the processing of the data was a tedious and time-consuming stage, many of the workers showed little understanding of why the findings could not be presented immediately after all the children had been tested.

## 2. Criteria for the Selection of Subjects

The selection of the study population was guided

by five criteria. First, the children were to be of borderline ability (intelligence quotients of seventy to eighty) as rated on the Revised Stanford-Binet, Form M. The second criterion limited the study group to subjects who had been born by December 31, 1943. Consequently, all the subjects were teenagers. Previous research, as mentioned above, had been carried out on a complementary pre-adolescent group.<sup>9</sup> The third and fourth criteria stipulated that the subjects, in order to be chosen, had to be permanent wards of the Children's Aid and Infants' Homes of Toronto and to be under its direct supervision. At first, it was planned to study both temporary and permanent wards. Since there were so few temporary wards of borderline ability in this age range, it was decided to exclude them entirely. This decision was supported when it was discovered that most of these temporary wards had not been in foster homes for a significant period of time. It appeared, when studying the status of the children, that if they had been in care for any length of time, they had become permanent wards, especially by the time they had reached adolescence. The few children whose supervision had been transferred from the Children's Aid and Infants'

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<sup>9</sup>Floyd Neville, Foster Home Placement for Intellectually Retarded Children, unpublished Master's thesis, St. Patrick's College, 1953, iii-78 p.

Homes to another agency were also excluded. Much of the data to be collected for the subjects could not be obtained for children who were being supervised, for example, by an out-of-town Children's Aid Society.

The fifth criterion stated that the teenagers were to be living with foster families rather than in institutions. The interplay of foster parent-child dynamics could obviously not be studied if the children were not living in foster homes.

### 3. Sources of Data

The data for this study were collected from three types of sources. First of all, there were the findings from the psychological tests which were administered. These tests included the Revised Stanford-Binet,<sup>10</sup> the Mental Health Analysis,<sup>11</sup> and the Vineland Scale of Social Maturity.<sup>12</sup> The second source of data was a battery of rating

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<sup>10</sup> Lewis M. Terman and Maud A. Merrill, Measuring Intelligence, A Guide to the Administration of the New Revised Stanford-Binet Tests of Intelligence, Houghton Mifflin, Boston, 1937, xiv-461 p.

<sup>11</sup> Louis P. Thorpe, Willis W. Clark, Ernest W. Tiegs, Manual of Directions, Mental Health Analysis, Elementary Series, Los Angeles, California Test Bureau, 1946, 16 p.

<sup>12</sup> Edgar A. Doll, The Measurement of Social Competence, A Manual for the Vineland Social Maturity Scale, Minneapolis, Educational Publishers, 1953, xvii-664 p.

scales which evaluated various characteristics of the relationship which existed between the foster parents and the child in their care. These scales were called the Fels Parent Behaviour Rating Scales.<sup>13</sup> The third source of data resulted from the analysis of the voluminous, narrative case records which the Agency kept on each child's development.

The Revised Stanford-Binet Tests of Intelligence.--  
The Revised Stanford-Binet was used to select for the study population only those children who were of borderline ability. It was routine practice for every child to be given a psychometric examination after admission to the Agency's care. In general, it appeared that the children comprising the study group had been re-tested every four or five years. These examinations were requested by the social workers who felt that a re-evaluation would be helpful in their work with the children.

The files kept by the Agency's psychological Department were searched to identify all children who in the past ten years had been classified as borderline. This list was then circulated to the more than thirty child care

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<sup>13</sup> Alfred L. Baldwin, Joan Kalhorn, and Fay Huffman Breese, "The Appraisal of Parent Behavior," Psychological Monographs, General and Applied, Vol. 63, No. 4, 1949, 85 p.

social workers employed by the Agency at the time of the study. They checked this list against their own files of all the children whom they were personally supervising. Names of children were added if there was the slightest indication that they might be included in the study population.

Stanford-Binet's were administered to sixty-two children. Of the children tested, forty-four met the study population's criterion of borderline intellectual ability. All but one of these children were tested at the Agency. In the one exception, the research worker went to the foster home because its remoteness prevented the child being brought into the city. Whenever possible appointments for children living outside the city were arranged to coincide with Agency medical appointments, shopping trips, or other excursions into town.

The Mental Health Analysis.-- The 1949 Mental Health Analysis, Elementary Series was used as a personality inventory to collect systematically information on the child's perception of his own situation. It was designed by the same authors as the California Test of Personality but contained many refinements and improvements over this older instrument. The Mental Health Analysis is

a yes-no questionnaire consisting of two hundred items alleging to evaluate assets and liabilities of the testee's personality development in terms of mental health.

There are ten areas each covered by twenty questions. These ten areas are subdivisions of two main categories--liabilities and assets to good mental health. The liabilities include questions estimating behavioural immaturity, emotional instability, feelings of inadequacy, feelings of physical defects, and nervous manifestations. The assets include enquires yielding information about the testee's ability to form close personal relationships, the degree of his interpersonal skills, social participation, satisfaction from work and recreation, and the adequacy of his outlook and goals. Questions in each category are scattered throughout the test booklet so that the testee will not perceive a pattern of correct responses. Attention had been paid to the phrasing of the questions, so that they would elicit individual opinions rather than stereotyped responses. Effort had been made so that the meaning behind the questions would be disguised in order to penetrate the superficial ego-involvements of the subject.

Ten scores were obtained, one for each of the subtests. The raw scores were transferred to percentile rank by aid of a conversion table of percentile norms included in the

Manual of Directions.<sup>14</sup> These norms had been obtained by the authors of the test as a result of the administration of the inventory to approximately one thousand pupils. Besides the scores on each of the ten subtests there were also composite scores. There was a score for liabilities, representing all the individual sections under liabilities. Similarly, there was a companion score for assets. Thirdly, there was a total score which was a composite of the liabilities and assets scores. Unlike a financial statement where a balance between liabilities and assets must exist, a high assets score did not offset a low liabilities score. Each of these scores did not have a separate existence; both scores were different facets of the same situation. Therefore, to rank high on the inventory's total score, a subject had to receive high scores on the sections dealing with both assets and freedom from liabilities. All scores were expressed in terms of percentile rank.

There are four comparable editions of the inventory. It was designed to be used with subjects ranging from grade four pupils to adults. The Elementary Series was selected because it had been worded for testing children in grades four through eight. In choosing an inventory which might be used with retarded children, it was essential to find an

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<sup>14</sup>Louis P. Thorpe, Willis W. Clark, Ernest W. Tiegs, Manual of Directions, Mental Health Analysis, Elementary Series, Los Angeles, California Test Bureau, 1946, 16 p.

instrument whose questions were phrased in the simplest words. The vocabulary used in the Mental Health Analysis inventory had been evaluated by its authors by means of the Lewerenz Vocabulary Grade Placement Formula to avoid reading difficulties.

The Mental Health Analysis was administered when the children were given the intelligence test, Although a few children found the inventory rather long, most of them answered the questions quite willingly. They did not appear to have difficulty in comprehending the questions although a few words like "traits" were above the level of their vocabulary. In the case of one child who had a block to reading, the examiner read the questions aloud while the child answered them on his own form, out of sight of the examiner. This procedure was adopted so that the child would feel as free as possible to answer the way he wanted to, without feeling his answers were being scrutinized.

The Richardson-Kuder reliability coefficients for this inventory based on nine hundred and eighty cases was given as .954 for the total score, .924 for the liabilities score, and .906 for the assets score.<sup>15</sup> These coefficients were considered very high especially considering that the inventory questions were thought to tap feelings and attitudes

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<sup>15</sup>Ibid., p. 4.

which were sensitive to changes resulting from new experiences. No reliability coefficients were given for the individual ten scores.

The validity of this inventory appeared to be based largely upon the consensus of experts. It was disappointing that comments about validity rested shakily upon a discussion of the selection of items and the cleverness in disguising the true nature of the queries. One might justifiably criticize the a priori proclamation that the ten categories around which the inventory was built were crucial dimensions of mental hygiene, recognized by experts in the field.

Taking cognizance of these shortcomings in validation, it was decided that the inventory would be useful if used primarily to indicate the way the children saw themselves. Whether the way the subjects saw themselves coincided with the way others saw them was examined by a comparison of Mental Health Analysis scores and evaluations of the children furnished by other sources such as the rating scales and the case records.

The Vineland Scale of Social Maturity.-- The Vineland Scale of Social Maturity was used to measure the level of social competency which the children had attained. By social competency, Edgar Doll, author of the scale, meant "the functional ability of the human organism

for exercising personal independence and social responsibility."<sup>16</sup>

The Vineland Scale was not a test, a rating scale, nor a questionnaire. It was an objective schedule of developmental behaviour which had been standardized normatively. The scale, which was both a point-scale and an age-scale, consisted of a series of 117 items of performance. These 117 behavioural observations were classified under the following six categories of adequacy: self-help, locomotion, occupation, communication, self-direction, and socialization.

Unlike most psychological tests, the presence of the subject was not required for the administration of the Scale. The Scale was customarily scored through interrogation of someone who had an accurate and comprehensive knowledge of the subject's daily behaviour. In most instances, the persons interviewed were the foster mothers. In the case of eight wards who were self-supporting, they were personally interrogated, in accordance with Doll's instructions for the self-informing examination. In these situations, the technique of multiple informants was used whereby the child's social worker was also interviewed to correct the possibility of the child either under- or over-rating himself. Social workers were also interviewed with regard to their knowledge

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<sup>16</sup>Edgar A. Doll, The Measurement of Social Competence, A Manual for the Vineland Social Maturity Scale, Minneapolis, Educational Publishers, 1953, p. 10.

of the child's day-by-day behaviour in situations when the examiner felt that the foster parent was not conveying a representative picture of the child's habitual level of performance. In a few instances it was felt that a foster mother did not present a true picture of the child in her care. Not being able to accept her child's retardation, it was felt that she tried to minimize it during the interview. This situation was characteristic of foster mothers who felt that the child's retardation was a reflection upon their adequacy as a foster parent.

At first appearance, it might seem that the Mental Health Analysis, assets score, would duplicate to some extent the findings of the Vineland Scale. The Mental Health Analysis, however, yielded information on the child's perception of his own situation while the Vineland Scale was based upon his actual level of performance as judged by others in close association with him.

The final score on the point scale of the Vineland Scale was derived from the summation of the number of the 117 behavioural items passed. A point score was converted into a social age score by means of a conversion table included in the Manual.<sup>17</sup> The social quotient was computed by the customary technique of dividing the subject's social

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<sup>17</sup>Ibid., p. 290.

age by his chronological age and multiplying the quotient by one hundred.

Items could be scored plus, minus, or plus-minus. Half item credit was given to plus-minus scores which indicated that the ability being assessed was either just emerging or was of a transitory nature. It was possible to use three other scores. The score, plus F, meant the child would ordinarily be able to accomplish the task but that under certain conditions there might be temporary failure. None of the children in the population received a plus F score. If there was no opportunity available for the child to routinely perform the behavioural item being considered, a "plus or minus no opportunity" score might be used. Whether the child received a plus or a minus on this score was determined by his actual performance on the rare occasions when an opportunity was availed to the child.

Standardization data had been obtained from the administration of the Scale to 620 subjects ranging in age, from new-born infants to adults thirty-one years old. The normative subjects although drawn from one geographic region in New Jersey included individuals of several national origins. They included an equal number of members of both sexes. Reliability studies which were made by the test-retest method yielded high correlation coefficients. When a sample of 250 subjects from the normative standardization population

was re-examined after a lapse of less than two years a coefficient of .976 was obtained.<sup>18</sup> Other reliability studies run with 125 and 144 subjects yielded coefficients of .92 and .94 respectively.

One of the serious criticism raised against the use of the Vineland Scale when it was first put on the market was the fact that scoring was highly subjective. The early reviews in Buros' The Third Mental Measurements Yearbook criticized the fact that the examiner was left too much on his own to interpret whether the subject's behaviour met the requirements of the Scale items.<sup>19</sup> With the publication of Doll's more comprehensive manual in 1953, a great deal more discussion was devoted to the interpretation of the Scale items.<sup>20</sup> These descriptions were constantly consulted when the Scale was administered to the present study population.

Before using the Scale the research worker was careful to establish a constructive working relationship with the foster parents. Rapport was furthered by the acknowledgment of specific instances of good work which the foster parents had accomplished with the children. The avid interest of the foster parents in the development and adjustment of their children was captured and associated with the aims of

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<sup>18</sup> Ibid., p. 429.

<sup>19</sup> Oscar Krisen Buros, The Third Mental Measurements Yearbook, New Brunswick, Rutgers University, 1949, p. 107-109.

<sup>20</sup> Edgar A. Doll, op. cit.

this research project. A great deal of support was given throughout the interviewing periods especially at the point when the child's retardation was becoming evident on items easily accomplished by normal children of his age.

The Fels Parent Behaviour Rating Scales.-- As well as the type of information derived from psychometric examination, data were desired pertaining to the nature and dynamics of the foster parent-child relationship. This material could have been obtained either through unstructured discussion with the social workers who were periodically visiting the foster homes or by the use of one or more of the several evaluative tools of structured interrogation. The latter method was preferred because the data could be collected more systematically. Another advantage was that the situations of the children could be compared more easily when there was an objective standard.

A series of rating scales was selected--the Fels Parent Behaviour Rating Scales.<sup>21</sup> These scales were designed at Antioch College's Samuel S. Fels Research Institute for the Study of Human Development. The Battery consisted of thirty scales. They were used in an attempt to measure such components and characteristics of the foster parent-child

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<sup>21</sup> Alfred L. Baldwin, op. cit.

relationships as the warmth and protectiveness of the relationship, the intellectual objectivity of the foster parents' attitudes to the child of borderline ability, the measures of control and guidance which the foster parents employed, and similar facets of the parent-child relationship.<sup>22</sup>

The Fels scales were all linear rating scales calibrated in descriptive terms. Each of the thirty scales was printed on a separate sheet. A battery, therefore, consisted of thirty sheets. There was enough room on each sheet for the scale to be repeated five times so that five children could be rated with each set of thirty sheets. The procedure of rating in groups of five not only speeded the process but also enabled the raters to make a child-to-child comparison in arriving at their ratings. Children living in the same foster homes were rated separately. Since the relationship of two children with the same foster parents never would be identical, independent ratings on the scales were necessary.

The scales were scored by the raters making an "X" on the rating line at or near the point which best described the foster parents' behaviour towards the child. The scales could be marked any place along the line; the X's did not

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<sup>22</sup>See Appendix 3.

have to be placed opposite a que mark and its descriptive passage.

The ratings were estimates of the impact of the parents' behaviour on the child. Parental behaviour perceived by the observer might be different from the child's perception of the same behaviour. Attention was given in making the ratings to take into account how much of the behaviour which the workers observed was evident to the child and how he interpreted it. The impact rated then could be described as the characteristics of the parents' behaviour which were apparent to the child.

The Fels Scales were originally designed to be used by research workers who would have visited the family and observed the child in the family constellation. After the second visit the researcher would score the scales. Before employing the Fels Scales in the present study, the question was raised as to who would mark the scales, the research worker or the social workers. It would have been a very timely procedure for the research worker to visit all the foster homes for two periods of observation; many of the homes were in the country and some as far away as fifty miles. If the researcher were to mark the scales, his decisions would have been made on a much shorter period of observation than that of the social workers. On the other hand, there were twenty-

four social workers involved and the researcher feared that there might be some variation in comprehension of the scales which would influence their reliability and validity, even though studies conducted at Antioch College might negate this possibility.

From the reliability studies at the Fels Institute, a median coefficient of correlation of .73 was found when the ratings of one individual were compared six months later with his earlier ratings of approximately one hundred parent-child situations.<sup>23</sup> When the rating of two workers who had scored the scales from independent visits to the home were compared, a median coefficient of correlation of .61 was obtained. This coefficient was raised to .73 when the two raters made separate ratings but based upon the same period of observation in the home. Strength was given to the belief that there was a common basis of judgment when the means and standard deviations calculated from the raw scores were sufficiently similar among different raters.

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<sup>23</sup>Alfred L. Baldwin, Joan Kalhorn, Fay Huffman Breese, "The Appraisal of Parent Behavior," Psychological Monographs General and Applied, Vol. 63, No. 4, 1949, p. 18-26.

In at least one pilot study, conference judgments assessing qualitative material were found to have greater reliability than judgments made by a single person.<sup>24</sup> Utilizing the experience gained from this previous project, it was decided that the scales would be scored by conference decisions made by the researcher and the social worker. The research worker had seen the children when he administered the Stanford-Binet tests and the Mental Health Analyses. In preparation for these ratings, he familiarized himself with the social workers' case records describing the child's situation. He had previously seen most of the children in their foster homes when he went to administer the Vineland Scale of Social Maturity. The social workers in formulating their ratings usually drew upon a very long period of observation of the child in the foster home, in contrast to the two visits prescribed by the authors of the scales. The social workers' evaluations were based upon a great depth of understanding and insight accruing from the intimacy of their working relationship with the foster parents and children.

Each of the twenty-four social workers met individ-

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<sup>24</sup>Malcolm G. Preston, Emily Hartshorne Mudd, William L. Peltz, and Hazel B. Froscher, "An Experimental Study of a Method for Abstracting the Content of Social Case Records," Journal of Abnormal and Social Psychology, Vol. 45, No. 4, October 1950, p. 628-646.

ually with the research worker to evaluate, in terms of the scales, each child supervised by them which was included in the study population. The research worker read and explained in a standardized manner the scales to each worker in turn. This practice was followed in an attempt to insure that all the social workers took the same meaning from the scales. The research worker saw his primary function in the conferences as a control so that the scales would be used to measure the same things for each of the children even though there were a number of social workers involved in making the ratings. After thorough discussion of a scale and the foster parent-child relationship, the researcher and the social worker would agree how the scale was to be marked. Disagreement of opinion was handled by a review of the child's case record and further discussion of the child's performance during the testing periods until an unanimous agreement was reached.

Of the forty-four children in the study population, forty were rated on the Fels Scales. Four wards were not rated; they were self-supporting and were living in boarding houses rather than in bona fides foster homes. All toll, a total of twelve hundred scales were marked.

Each linear rating scale was constructed to be ninety millimeters long. In the Fels research projects

it had been found convenient to make the range of raw scores from ten to ninety-nine. Scoring was done by placing a millimeter ruler so that point 9.5 on the ruler came at the bottom on the Fels Scale. The top of the rating scale terminated at 99.5. By following this practice all the raw scores were two digit numbers which was convenient for later computations. The numerical position on the millimeter rule which corresponded spatially to the check mark on the Fels Scale was used as the raw score.

It may be questioned whether a ninety-point scale represented an unnecessary refinement of the ratings. Studies at the Fels Institute indicated that a coarser categorization of the scores resulted in a loss of information.<sup>25</sup> Although the ninety-point scale was employed at the initial stage of marking and scoring the scales, the scores, later in processing, were reduced to only three categories-- above the mean, at the mean, and below the mean of the ratings on each scale.

It had been found that the norms which were formulated from different series of ratings varied in relation to the type of situation in which the scales were used. Because the situation in which the scales were employed in

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<sup>25</sup> Alfred L. Baldwin et al., op cit., p. 35

H. Champney and H. Marshall, "Optimal Refinement of the Rating Scale," Journal of Applied Psychology, Vol. 23, No. 3, June 1939, p. 323-331.

the present study was different from any studies heretofore, new norms had to be computed. Norms for the present round of ratings of the forty individuals were calculated by finding for each of the thirty scales their mean and standard deviation. The raw scores were then translated into equivalent normal curve scores, or T-scores. It was held that the conversion to T-scores permitted comparisons of the scales despite the fact that each scale might employ different original units of measurements. The T-scores were actually standard scores in a normal distribution multiplied by ten and referred to an arbitrary reference point below the mean in order to avoid negative signs. The fixed mean of the T-scores was fifty and the standard deviation, ten. T-scores, unlike percentiles, were equal over the scale. Standard scores would have had the same form of distribution as the original scores and would have been simply original scores expressed in sigma units. T-scores, in contrast, represented equivalent scores in a normal distribution.

After the twelve hundred raw scores from the scales had been converted into T-scores, they were transcribed to a parent behaviour rating scale profile chart.<sup>26</sup> The scores for each child were collated on a separate profile

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<sup>26</sup>See Appendix 3.

chart. The numerical order of the scales in this profile chart was rearranged so that variables which had been found by previous research at the Fels Institute to be inter-related were placed together.

Case Analysis of the Narrative Records.-- In addition to the data available through the administration of tests and rating scales, it was recognized that a storehouse of information existed in the case records of these children. A record had been kept for each child since his admission into care. They included the social workers' narrative summarizing all facets of their work with the child. The records also included psychological reports and summaries for case conferences or other purposes. Recording pertaining to the child's family situation prior to the child's record, as in the case of children of unmarried mothers.

It was decided to analyze these records by means of a schedule. Data contained in the records were to be collated systematically by means of this schedule which was a list of topics and questions. Abstraction of case records by content analysis had already been considered by many people in the field and had been found in previous

studies to be a reliable method of handling qualitative material.<sup>27</sup>

The Case Analysis Schedule was constructed after a review of the types of schedules which had been used in previous research projects.<sup>28</sup> These schedules ranged all the way from simple lists of questions, to be answered by the researcher from reading the records, to complex schedules with precoded multi-dimensionally classified items. While the former type only called for a transfer of selected descriptive facts from the records to the schedule, the

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<sup>27</sup>Gordon W. Allport, The Use of Personal Documents in Psychological Science, New York, Social Science Research Council, 1942, 210 p.

J. Dollard and O. H. Mowrer, "A Method of Measuring Tension in Written Documents," Journal of Abnormal and Social Psychology, Vol. 42, No. 1, January 1947, p. 3-32.

L. Gottschack, C. Kluckhohn and R. Angell, The Use of Personal Documents in History, Anthropology and Sociology, New York, Social Science Research Council, 1945, 243 p.

Hilde Landenberger Hochwald, "The Use of Case Records in Research," Social Casework, Vol. 33, No. 2, February 1952, p. 71-76.

Ruth Lehrer, An Approach to the Systematic Analysis of Case History Material, Unpublished Doctor's dissertation, Western Reserve University, 1950, vi-134 p.

Malcolm G. Preston et al., op. cit.

<sup>28</sup>See Appendix 4.

latter type frequently called for evaluations to be made based upon these facts. The degree of movement of the clients in the counselling process was an example of the type of evaluations sometimes made. It had been found that the reliability of evaluations of this type tended to be somewhat questionable if made by one person rather than by conference judgment.<sup>29</sup> Since the burden of reading the case records and meeting with the research worker for conference judgments was too time consuming for the social workers to be allowed to participate, the former type of schedule was adopted.

Five cases were read which were thought to be representative of the records of children in the study population. Notation was made on individual index cards of each type of information contained in the narratives which was thought of value in relation to the aims of the present study. After scores of these cards had been marked, they were sorted under headings which emerged from the data on the cards.

A nineteen page schedule was constructed which was used to collect data abstracted from the records.<sup>30</sup> Data were marshalled under ten headings. These headings included identifying data, family background, physical development,

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<sup>29</sup>Malcolm G. Preston et al., op. cit.

<sup>30</sup>See Appendix 4.

psychological history, history of problems presented by the child, placement history, foster home history, institutional placements, school history, and employment history.

The case records of all of the forty-four children were analyzed. When the child's record did not include a report of the work done with the family prior to the admission of the child into the custody of the Agency, the family records kept by the Protection Department were read.

#### 4. Method of Analysis

The varied sources and types of data made the method of analysis rather intricate. Even so, a conscious effort was made to keep the analytic process as simple as possible. When the data could be analyzed in more than one way, the simplest method was always selected.

For the most part, descriptive techniques were employed throughout. When feasible, it was planned that the content abstracted from the case records would be classified and presented tabularly. Characteristics of the study population such as age, sex, length of time in care, number of foster home placements, and similar facts were well adapted to a "nose counting" type of descriptive analysis. The data transferred to the Case Analysis Schedule which

were of a more qualitative nature, such as the foster parents' attitudes toward retardation, were to be classified in a manner which had been termed "qualitative coding"<sup>31</sup> and, then, also presented tabularly.

An assessment of each subject's total adjustment was to be made. These estimates were to be based upon the content of the case records. The fact that they were to be made by one person was a recognized possible limitation. The adjustment ratings were, however, to be cross-tabulated with the classified case record material to provide the evidence to substantiate the claim of an empirical basis for the ratings. Actual case summaries were also to be appended to be used as anchoring illustrations of the adjustment ratings.

The relationships between the psychological test findings were to be studied as the six research questions enumerated in the previous chapter indicated. A product moment coefficient of correlation was to be computed to ascertain the relationship between intelligence quotients and social quotients. It was planned to study the correlation of the Mental Health Analysis scores with the social

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<sup>31</sup>William J. Goode and Paul K. Hatt, Methods in Social Research, New York, McGraw-Hill, 1952, p. 320-325.

and intelligence quotients.

The handling of the Fels Scales was a major problem. After reviewing in the literature the manner in which they had previously been analyzed, it was decided to follow the procedure developed at the Samuel S. Fels Research Institute. This method was called "cluster analysis."<sup>32</sup> It simply meant that those of the thirty scales which were inter-related were grouped together. Product moment coefficients of correlation were to be computed when each of the scales was studied for its relationship to the remaining twenty-nine scales. From the resulting table of inter-correlations, scales which were significantly related to each other were to be combined to form a cluster.

It was planned to study the association between the Fels ratings and the psychological test findings. The association between the Mental Health Analysis scores and the Fels cluster ratings was to be examined by contingency studies. To enquire whether there were any significant associations between social or intelligence quotients and the Fels clusters, a series of computations was to be made for the significance of differences between means. The subjects were to be classified by the Fels cluster ratings

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<sup>32</sup>A detailed discussion of cluster analysis is presented in Chapter IV under the section "Processing of the Fels Scales."

and, then, the mean social and intelligence quotients were to be calculated for each subgroup. These subgroup means were compared with the mean for the total group.

The data from the psychological tests and rating scales were integrated with the data from the case records when the former were compared with the adjustment ratings. The mean social and intelligence quotients for each adjustment rating were, in turn, compared with the means of the other two adjustment ratings for significant differences. Because the cell frequencies were small when the Mental Health Analysis scores were cross-classified with the adjustment ratings, chi square could not be computed in the usual manner. A nonparametric technique was sought; Fisher's Exact Probability Test was selected. This test was also to be used to analyze the association between the adjustment ratings and the Fels cluster ratings.

#### Summary

A brief statement was given in this chapter of the setting in which the research project took place. The transfer of a child's guardianship from his parents to the Children's Aid and Infants' Homes was explained in terms of the provisions of "The Child Welfare Act, 1954." The foster home program was discussed since all the subjects,

as well as over seventy per cent of the total number of dependent children under the supervision of the Society, were cared for by foster parents.

The second section of the chapter dealt with the criteria for selecting subjects for the study group. There were five qualifications used in the selection of subjects. In order to be chosen, subjects, first of all, had to be of borderline ability; secondly, to be permanent wards; thirdly, to be under the direct supervision of the Children's Aid and Infants' Homes of Toronto; fourthly, to be twelve years or over; and fifthly, to be living with foster families and not in institutions.

The third section of the chapter dealt with the sources of data which, in turn, were classified under three major categories. First, there were the findings from psychometric examinations. These findings included assessment of intelligence through the use of the Revised Stanford-Binet. The Mental Health Analysis, Elementary Series was employed to obtain some picture of the way these children saw themselves in terms of their social and personal development. The Vineland Scale of Social Maturity provided an objective evaluation of the level of personal independence and social responsibility which the children had actually attained.

The second major source of data was the Fels Parent Behaviour Rating Scales. This battery of thirty scales yielded information on the nature and dynamics of the foster parent-child relationship. The third source was the analysis of the case records to screen out the wealth of descriptive data on the child's situation, not only at the time the study was made, but also on his development over the years since he came into the care of the Agency.

A brief statement of the method of analysis comprised the fourth section of the chapter. It was noted that more detailed discussions of the methods of analysis were to preface all the analytic sections throughout the text. An attempt was made to keep the analytic process as simple as possible. Descriptive techniques were employed whenever practicable. It was planned that coefficients of correlation were to be computed when studying the relationship between the psychological test findings. Association between these test findings and the rating scales was to be studied by contingency, significance of differences between means, or Fisher's Exact Probability Test.

## CHAPTER III

### THE STUDY POPULATION

This chapter deals with the primary identifying characteristics of the forty-four teenagers comprising the study group. The information was originally transferred from the service forms and the face sheets in each child's record. The family histories were also consulted for information about the children's parents. These data were recorded in the Case Analysis Schedule. The great bulk of the data collated on the Schedules, however, will be analyzed in Chapter V.

There are four sub-divisions of this chapter. First of all, the study population is placed in the total group of children being cared for by the Society. Then, the age distribution and the legal status of the subjects are discussed. The reason why the children in the study group came into care is explained in the second division. The third section describes the family backgrounds of the subjects. The fourth and concluding section reviews the number and length of foster home placements which the subjects had and the use made of temporary institutional placements.

Measures of central tendency and dispersion are stated throughout the chapter. The frequency distributions

from which the more important measures have been computed are included. To facilitate reading, these distributions have been relegated to the section containing auxiliary tables in the appendix.

The Subjects.-- Forty-four children met the requirements for inclusion in the study population. Of the 2084 children in care in December 1955, 1611 were permanent wards.<sup>1</sup> Of these permanent wards, 714 were twelve or more years of age. Forty-four of these 714 permanent wards had borderline mental ability and met the other criteria to be included in the study population. Twenty-four of these children were girls while the remaining twenty were boys. Fifty-seven per cent, or twenty-five of the children came from legal marital unions. Forty-three per cent, or nineteen were illegitimate.

Sixty-six per cent, or twenty-nine of the subjects were living in foster homes where their board was paid by the Agency. These children were attending school. They were completely financially dependent upon the Society. Thirty-four per cent or fifteen subjects were self-supporting although still under the supervision of the Agency. These fifteen subjects were all over sixteen years of age. They

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<sup>1</sup> Figures are from the Society's monthly statistical report prepared for the Provincial Government.

were working and paying their own room and board. It was interesting to note that many of these older subjects had remained with the families which the Society had placed them on boarding home care.

The mean age of the subjects was 15.16 years with a standard deviation of 2.13 years and a range of twelve to nineteen years.<sup>2</sup> The "Child Welfare Act, 1954,"<sup>3</sup> which came into force on January 1, 1955, stated that the guardianship by a Children's Aid Society terminated when a ward reached majority at eighteen years of age. The Children's Aid and Infants' Homes of Toronto, however, was still supervising some children above this age in 1955. Under the previous "Children's Protection Act,"<sup>4</sup> guardianship was not terminated until the child reached twenty-one years of age. As a result, 1955 was a transition year during which the Agency was supervising some children who had already reached majority under the new Act. An extended period of time was necessary to work out the plans for termination of Agency supervision with some of these children who were handicapped by their retardation.

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<sup>2</sup>See Appendix 1, Table XXXV, for frequency distribution.

<sup>3</sup>Ontario, "The Child Welfare Act, 1954," Statutes of Ontario, 3 Eliz. II, Chapter 8, Section 16, Clause 16.

<sup>4</sup>-----, "The Children's Protection Act," The Revised Statutes of Ontario, 1950, 14 Geo. VI, Chapter 53, Section 13, Clause 1.

Reason for Wardship Action.-- Table I enumerated the reasons why these children were taken into care. In twenty-six instances, or fifty-nine per cent of the cases, the parents, frequently unmarried mothers and widowers, requested the Agency to place their children in foster or adoption homes. In eighteen situations, or forty-one per cent of the cases, the children were apprehended against the parents' wishes because of inadequate care jeopardizing the child's life and welfare. Four of the subjects became wards after they were deserted by their parents.

Family Background.-- The family backgrounds of all of these children were consistently marginal. As was mentioned, only twenty-five of the subjects had come from families where there was even a legal marriage. Of the nineteen unmarried mothers, thirteen had had only one child born out of wedlock. The remaining six mothers had had from two to four children out of wedlock. One of these six women had lived in a common-law union with the father of the child for a short period of time.

Even the twenty-five legal unions were none too stable. Only one family unit was reported as financially stable. The remaining families were subsisting on marginal incomes because of periodic unemployment, illness, mismanagement of money, debts, gambling, or drinking.

Table I. - Reasons Why the Forty-four Subjects Were Made Wards.

Reason for Wardship Action	Total	Nature of Admission	
		Appre- hension	Parental Request
Children of married parents:	25	14	11
Parental neglect	10	10	..
Father dead, divorced, or deserted; mother unable to care for child alone	7	1	6
Mother dead, divorced, or deserted; father unable to care for child alone	6	1	5
Child deserted by both parents	2	2	..
Children of unmarried mothers:	19	4	15
Unmarried mother living in the community unable to ad- equately care for her child	11	..	11
Unmarried mother living in an institution unable to care for her child	4	..	4
Child deserted by mother	2	2	..
Maternal neglect	2	2	..
Total	44	18	26

The twenty-five families with legitimate children had a mean number of children of 5.12. The standard deviation was 2.81. The range ran from a family with only one child to a family with fourteen children.

There was a considerable breadth of scatter in the ages of the parents, as was indicated by the rather large values for the standard deviations shown in Table II. Caution must be exercised when interpreting the findings represented in this table since the records were not complete for all of the parents. As a result, the measures of central tendency and of dispersion were not based on the parents of the entire study group. The column headed "N" indicated the number of parents from which the values were computed. From the table, it was noted that the average age of the mothers when they were married was five years younger than their husbands. The mean ages of the fathers and the putative fathers, when the children were born, were remarkably similar and higher than one might have thought. Both mean ages were in the early thirties. The unmarried mothers were much younger when their children were born than the married mothers as one might have suspected.

The low educational attainment of the parents of the subjects was illustrated in Table III. The information regarding the educational attainment of putative fathers

Table II. - Mean Ages of Parents When Married, When the Subjects Were Born, and When the Subjects Were Admitted to Care.

Temporal Reference Points	Mean	S.D. <sup>a</sup>	N <sup>b</sup>	I.D. <sup>c</sup>
Age of father when married	26.21	7.29	19	6
Age of mother when married	21.00	3.26	20	5
Age of father when subject born	32.71	5.91	21	4
Age of putative father when subject was born	31.37	9.17	8	11
Age of unmarried mother when subject was born	23.11	6.09	18	1
Age of married mother when subject was born	27.00	5.73	22	3
Age of father when child was taken into care	36.25	6.65	21	4
Age of married mother when child was taken into care	33.82	8.00	22	3
Age of unmarried mother when child was taken into care	24.77	7.25	18	1

<sup>a</sup>Standard deviations.

<sup>b</sup>Number of parents from whom values were computed.

<sup>c</sup>Number of records in which there was insufficient data.

Table III. - Educational Attainment of  
the Subjects' Parents.

School Level Reached	Fathers and Putative Fathers	Mothers
No schooling	..	3
Elementary schooling only	24	26
Elementary schooling and vocational training	2	7
Some secondary schooling	3	3
Some secondary schooling and normal school training	..	1
Insufficient data	15	4
Total	44	44

was seldom complete in the records. As a result, the insufficient data category for men was so large. From the records which were complete, only nine per cent of the parents of these children who had had any secondary schooling. Three mothers had had no schooling whatsoever. In two of these cases the mothers, as children, had lived in isolated regions up North where there were no school facilities. In the third case, the mother was grossly mentally defective. The term, "vocational training," meant that a parent had attended a junior vocational school such as the Jarvis Street School for Boys. These schools provided trade training for mentally restricted children. Unlike a technical high school, it was not necessary for the pupil to have graduated from elementary school before being admitted to a junior vocational school.

It was difficult to get an accurate and complete estimate of the mental abilities of the parents. Reports of intelligence tests were recorded for twenty-six mothers. The distribution of these scores was illustrated in Table IV. Caution must be exercised to avoid interpreting the results for these twenty-six mothers to represent the mental ability of the total group of the forty-four mothers. It was quite possible that only the more obviously retarded mothers were singled out for testing, in order to diagnose the degree of retardation which was suspected by the social

Table IV. - Distribution of the Intelligence Quotients of Twenty-six of the Subjects' Mothers Who Had Been Rated with the Revised Stanford-Binet.

Classification of Ability	Range of I.Q.'s	Frequency
Imbecile	20 - 49	2
Moron	50 - 69	11
Borderline	70 - 79	8
Dull	80 - 89	3
Normal	90 - 110	2
Total		26

workers.

Throughout the records, however, there were frequent estimates of the mental capacities of the parents made by the social workers. The distribution of these estimates reflected the diagnostic ratings of the twenty-six mothers except that the modal class was the borderline category. On the whole, it appeared that the parents of the subjects tended, like their offspring, to be limited in intellectual ability. A review of the medical records of the subjects revealed that there had not been any reference to birth injury or brain damage. On the other hand, the limited intellectual ability of their parents supported the classification of the subjects' retardation as being of an endogenous nature.

Table V noted the occurrence in the records of the families of reference to mental illness of either parents, institutional placement for training and any record of incarcerations. Mental illness was reported in the immediate families of eighteen per cent of the study population. The eight specific references were made to psychotic states which required hospital care for the parent. Five parents had been in the Ontario Hospital School at Orillia or in a similar institution. The five fathers who were imprisoned had been convicted of such things as armed robbery, theft, assault, and disorderly conduct. Two mothers had been committed to the

Table V. - Recorded Reports in the Family Histories of Institutional Commitment of the Subjects' Parents for Mental Illness, Mental Deficiency, or Criminal Offenses.

Type of Institutional Commitment	Fathers and Putative Fathers	Mothers
Ontario Hospital because of Mental illness	2	6
Ontario Hospital School because of retardation	1	4
Gaol or prison	5	3

Table VI. - Classification of the Occupations Recorded for the Subjects' Parents.

Type of work	Fathers and Putative Fathers	Mothers <sup>a</sup>
Unskilled	12	24
Semi-skilled	14	7
Skilled	9	1
Permanently unemployable	1	..
Student	1	1
Never worked outside the home	..	6
Insufficient data	7	5
Total	44	44

<sup>a</sup>Before and after marriage.

Mercer Reformatory for incorrigibility and vagrancy. Another mother had been placed in gaol for theft and drunkenness.

The occupations of the parents were classified in Table VI. Sixty-five per cent of the parents were employed in unskilled or semi-skilled jobs. The "unskilled" category covered labouring and janitorial jobs. The "semi-skilled" category included delivery men, railway porters, factory workers, and simple clerical workers. The "skilled" category included such trades as lathe operator, baker, carpenter, photographer, printer, and painter.

Placement History.-- The mean age at which the subjects were admitted into care was 5.4 years.<sup>5</sup> There was a standard deviation of 4.41 years. The range ran all the way from just shortly after birth to one child who was admitted when she was fifteen years of age. The majority of the children were admitted between birth and nine years of age.

The children spent a mean of 10.02 years in care. The standard deviation was 4.45 years and the range was from three to nineteen years.<sup>6</sup>

The mean number of foster home placements which the children had while under the supervision of the Society,

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<sup>5</sup>See Appendix 1, Table XXXVI, for frequency distribution.

<sup>6</sup>See Appendix 1, Table XXXVII for frequency distribution.

was 3.45 foster homes.<sup>7</sup> Although the range was very wide, running from only one foster home placement to fourteen, the low standard deviation of 2.69 indicated that the majority of the children had five or less placements while in care. Since the frequency distribution contained an extreme value which had a disproportionate affect upon the mean, the median was also calculated. The median number of foster home placements which the child had was 2.66 homes.

Since the Fels Parent Behaviour Rating Scales were to be used, it was of interest to calculate the length of time which the children had been in their last foster homes.

The Fels Scales were rated for only forty of the subjects. Four wards were not rated; they were self-supporting and were living in rooming houses rather than in bona fides foster homes. Of the forty subjects, the mean number of years in their last foster home was 7.35 years.<sup>8</sup> The standard deviation was 4.94.

Five children had had temporary institutional placements while in care. The institutions in which these subjects had been placed were predominately residences, in some instances, especially geared for the care and rehabilitation of mentally retarded young men or women.

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<sup>7</sup>See Appendix 1, Table XXXVIII for frequency distribution.

<sup>8</sup>See Appendix 1, Table XXXIX for frequency distribution.

They included Lorimer Lodge, Ingles House, The Working Boys' Home, the Salvation Army Girls' Receiving Home, the Salvation Army Children's Home, and Ross Cottage.<sup>9</sup>

An Agency-run institution was more frequently used for brief periods of care and observation, usually prior to re-placement in a new foster home. Nineteen subjects had been placed in this Shelter while awaiting foster home placement. The median number of months spent in the Shelter was 2.1 months.<sup>10</sup> The range was from less than half a month to twelve months. Two subjects lived at the Shelter for several months one winter while they were attending a junior vocational school. They were not placed in a foster home in the city during this period because of the strong ties which they had with their foster families living in the country.

#### Summary

In surveying the primary identifying characteristics of the study population, consisting of forty-four

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<sup>9</sup>For a description of the structure and function of Ross Cottage see: E. P. Lewis and A. Mildred Jeffrey, "Ross Cottage--A Special Foster Home," American Journal of Mental Deficiency, Vol. 49, No. 3, January 1945, p. 377-382.

<sup>10</sup>See Appendix 1, p. 233 for frequency distribution.

subjects, it was noted that the average age was fifteen years and two months. The range was from twelve to nineteen years. Twenty-nine of the subjects were attending school while the remaining fifteen were gainfully employed and financially maintaining themselves. The various reasons were examined why the children were made wards; these findings were presented in tabular form. Forty-one per cent of the subjects had been apprehended and taken into care because of parental neglect. Fifty-nine per cent of the children were admitted to care on the request of their parents because of their inability to look after them adequately.

The average age at admittance to care was five years and five months. The subjects had spent a mean of ten years in care during which time they had had an average of three foster homes. The forty subjects who were rated on the Fels Scales had spent a mean of seven years and four months in their last foster homes. The agency-run Shelter was used for temporary care of nineteen of the subjects between foster home placements.

The family backgrounds of most of these children were scarred by emotional insecurity and financial instability. Mental retardation and limited schooling were almost universal characteristics of the parents. Sixty-five per

cent of the parents were employed in unskilled or semi-skilled jobs. In the immediate family backgrounds there was a sprinkling of instances of both mental illness and incarcerations. Forty-three per cent of the subjects had been born out of wedlock, and so from the first moment of life were deprived of the limited security which even the very marginal family units had offered the other subjects.

## CHAPTER IV

### ANALYSIS OF PSYCHOLOGICAL DATA

The analysis of the data in this study is divided into three sections. First, in this chapter, there is the study of the relationship and association between the data collected from the psychological tests and rating scales. Secondly, the analysis of data collected from the detailed examination of the case records is presented in the next chapter. Thirdly, both sets of data are compared for associations between the findings of the psychological tests and the adjustment ratings which are derived from the case record material. Chapter VI contains this third section, the integrative analysis.

This chapter is devoted to the first of these three sections. It investigates the extent of the relationship between intelligence, social maturity, and the subjects' self-assessment of mental health. The ratings from the Fels Scales are processed and reduced by cluster analysis to five major constellations of scales. The associations are then studied among intelligence, social maturity, the Mental Health Analysis scores, and the dynamics of the foster parent-child relationship which are revealed by these clusters.

### 1. Relationship Among the Psychometric Scores

The first step in analyzing the data collected was to ascertain whether any relationship existed between the three scores obtained from the psychological tests--the Standord-Binet, the Vineland Scale, and the Mental Health Analysis.

The mean of the intelligence quotients received by the forty-four subjects on the Stanford-Binet was 75.86 with a standard deviation of 3.26 and a range of seventy to eighty.<sup>1</sup> The mean of the social quotients received by these same subjects on the Vineland Scale of Social Maturity was 88.48 with a standard deviation of 10.39.<sup>2</sup> Unlike the ten point intelligence quotient range, the range of social quotients ran all the way from sixty-seven to one hundred and eleven. Many of the subjects were within the normal limits of social maturity although of borderline mental ability. A similar discrepancy between mean intelligence quotients and mean social quotients had been previously noted for three other study groups of

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<sup>1</sup>See Appendix 1, Table XLI for frequency distribution.

<sup>2</sup>See Appendix 1, Table XLII for frequency distribution.

adolescents of borderline ability.<sup>3</sup>

This breadth of variation of social competency substantiated empirically the social workers impressions that although the range of mental ability was very narrow for these subjects their variation in social maturity was considerably greater. The present study had been focused upon investigating, first of all, if a greater variation in social competency actually existed. Secondly, if this variation did exist, could a descriptive study focused upon the developmental histories of these children portray the type of environmental situation and foster parent-child relationship which might be associated with this acceleration of social competency.

The frequency distribution of the scores obtained by the forty-four subjects on the Mental Health Analysis inventory did not resemble a normal curve. The line graph in Figure 1 illustrated the bimodal nature of this distribution. The inventory scores dichotomized the study population. Approximately two-thirds of the subjects saw themselves as well off in terms of mental health, while the remaining third believed themselves to have impaired mental health. As a result, the Mental Health Analysis

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<sup>3</sup>Providence K. Gambaro, "Analysis of Vineland Social Maturity Scale," American Journal of Mental Deficiency, Vol. 48, No. 4, April 1944, p. 360.

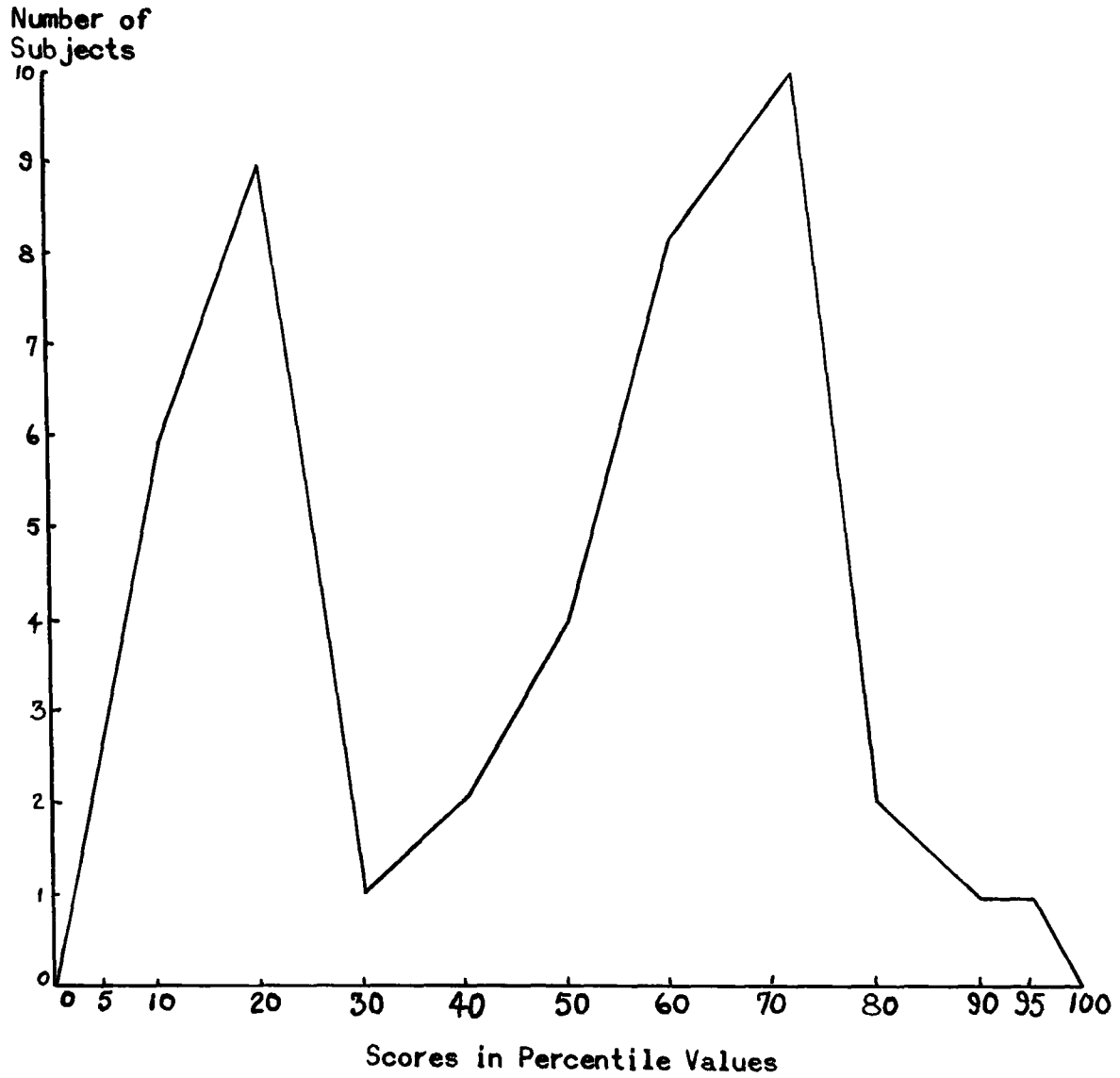


Figure 1. - Frequency Distribution of the Scores Received on the Mental Health Analysis by the Forty-four Study Population Subjects.

distribution was employed statistically as a dichotomized variable when studying the relationship which might exist between the inventory scores, intelligence, and social quotients.

The question was raised whether the subjects who received higher intelligence quotients were also the subjects who received higher social quotients. The product moment coefficient of correlation between high social quotients and high intelligence quotients was calculated by the following formula:

$$r = \frac{\frac{\sum x'y'}{N} - C_x C_y}{\sigma_x \sigma_y}$$

A coefficient of  $.038 \pm .015$  was found. This coefficient, of course, was not found to be significant when compared with the table of levels of significance for correlation coefficients. It was concluded that the difference within the ten intelligence quotient point range of the borderline category did not bear any significant relationship to variations of social quotients in the present study of forty-four adolescents.

The next question raised was whether the subjects who tended to receive high borderline intelligence quotients also rated themselves as better off on the self-administering Mental Health Analysis. It was thought worthwhile,

when studying a group with subnormal intelligence, to examine whether even a slight increase in ability, and presumably concomitant ability to handle one's environment, would be related to one's self-assessment of adjustment.

The array of intelligence quotients became the quantitative variable while the Mental Health Analysis scores were employed as the dichotomized variable in the computation of the bi-serial coefficient of correlation which was computed from the following formula:

$$r_{bis} = \frac{M_p - M_q}{\sigma} \times \frac{pq}{z}$$

The resultant coefficient of  $.138 \pm .115$  was not found to be significant; the critical ratio was 1.2. It was concluded that there was no significant relationship for this study population between high borderline ability and high Mental Health Analysis scores.

The third question of relationship appeared, perhaps, the most interesting. It inquired whether the subjects who were functioning at a socially more competent level saw themselves as being better off in terms of social adjustment and general mental health. A bi-serial correlation was computed using the distribution of social quotients as the quantitative variable and the Mental Health scores as the dichotomized variable. A bi-serial coefficient of

correlation of  $.186 \pm .188$  was derived with a critical ratio of  $.989$ . This coefficient was not significant. It was concluded, then, that the subjects who were being rated on the Vineland Scale as more socially mature did not rate themselves as better off in terms of assets and liabilities of mental health.

Since these three sets of scores, intelligence and social quotients, and Mental Health Analysis scores, were not significantly related to each other, it was next questioned whether there might be an association between them and observable characteristics of the foster parent-child relationship.

Before the psychometric scores could be compared with the ratings on the Fels Scales, these twelve hundred ratings had to be processed and reduced. An alternative method would have been to compare the scores with each of the thirty Fels Scales. Guided by the handling of the Fels Scales in previous studies,<sup>4</sup> it was decided that an attempt would be made to reduce the thirty scales to a few groups or clusters of inter-related scales.

## 2. Processing of the Fels Scales.

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<sup>4</sup>A. L. Baldwin, J. Kalhorn, and F. H. Breese, "Patterns of Parent Behavior," Psychological Monographs, General and Applied, Vol. 58, No. 3, 1945, 75 p.

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The processing of the Fels Scales did not stop with the transfer of data to the profile charts. Now that the ratings of the children could be compared with each other, it was decided to investigate the relationships which might exist between the variables. Each scale was thought to register a facet of the foster parent-child relationship. One principal reaction pattern, however, might have several facets. Consequently, selected facets were compounded by combining inter-related scales to form clusters. These clusters identified the major dynamics of the inter-personal relationship evaluated with the Fels Scales.

The statistical method of cluster analysis was employed for the reduction of the thirty scales. This technique was a modification of syndrome analysis devised by R. N. Sanford and his colleagues.<sup>5</sup> Cluster analysis had previously been used successfully as a method of handling the Fels Scales in studying patterns of parental behaviour.<sup>6</sup> Factor analysis might have been used. It was believed, however, that cluster analysis was better adapted to an analysis of this type of data. The primary value was that

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<sup>5</sup>Sanford, R. N., et al., "Physique, Personality, and Scholarship," Monographs of the Society for Research in Child Development, Vol. 8, No. 34, Washington, National Research Council, 1943, 705 p.

<sup>6</sup>A. L. Baldwin et al., op. cit.

this method allowed a flexibility of interpretation, yet at the same time the findings had an objective foundation.

In brief, cluster analysis was simply a technique for selecting constellations of related variables from a table of inter-correlations. A cluster was defined as a group of variables which were closely related to each other. The scales comprising a cluster were thought to measure some common aspect of parent behaviour.

Although certain clusters had been identified at the Fels Institute,<sup>7</sup> it was decided that the findings from the present project's round of ratings would be analysed to discover what constellations would emerge when the scales were used in a foster home setting. Each one of the thirty scales in the battery was correlated with the remaining twenty-nine scales. There were forty observations on each one of these thirty types of scales. A total of 435 product moment coefficients of correlation were computed. These coefficients which were presented in Table VII were obtained from the following formula:

$$r = \frac{N\sum XY - \sum X * \sum Y}{\sqrt{[N\sum X^2 - (\sum X)^2][N\sum Y^2 - (\sum Y)^2]}}$$

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<sup>7</sup>A. L. Baldwin, J. Kalhorn, and F. H. Breese, "Patterns of Parent Behavior," Psychological Monographs, General and Applied, Vol. 58, No. 3, 1945, 75 p.

Table VII. - Coefficients of Correlation Derived from the Inter-relationship of the Ratings of the Study Population on the Fels Parent Behaviour Rating Scales.

		Identifying Numbers of the Fels Parent Behaviour Rating Scales																												
		84	83	82	81	72	71	61	52	51	42	41	33	322	321	318	317	316	315	314	313	312	311	212	211	191	17	16	15	12
Adjustment of home	11	57	44	-48	48	-49	18	63	55	-22	28	21	07	-44	-04	-50	53	50	57	54	-27	-33	-20	23	50	50	18	45	-58	-22
Activeness of home	12	15	-10	35	-21	-08	06	-03	-22	27	-19	-06	07	52	24	25	-02	-15	-20	-15	32	37	09	12	-19	-15	12	25	-15	
Discord in home	15	-54	11	42	-43	-31	16	-47	-44	24	02	18	03	42	23	52	55	4	-37	-22	05	10	37	-09	-36	-48	-11	-34		
Sociability of family	16	30	36	-36	27	29	01	43	36	12	-05	-05	22	-02	-08	-20	43	14	40	35	08	-10	-07	38	35	40	16			
Coordination of house	17	-27	10	-16	39	21	09	12	-07	-18	-13	-15	11	06	-08	10	08	16	27	33	-06	23	07	15	-004	06				
Child-centredness	191	74	43	-26	55	55	25	55	60	12	23	03	07	-33	-24	-26	49	22	52	49	-13	-43	-28	40	43					
Duration of contact	211	68	46	-44	27	47	-07	58	61	-23	54	18	-02	-41	-17	55	48	49	45	48	-64	-40	-15	24						
Intensity of contact	212	19	20	10	34	20	21	26	08	22	20	06	15	-02	-04	08	21	-11	16	29	-03	-24	07							
Restrictiveness	311	-33	-25	-07	-08	-25	28	-11	-11	23	-03	09	03	40	23	06	11	19	-18	-17	14	48								
Enforcement	312	30	-49	-09	-14	-29	-33	-24	-24	04	-33	-19	01	51	21	07	03	-08	-22	-28	44									
Severity	313	-18	-33	17	07	-26	-01	-30	-33	41	-50	-22	27	45	10	28	-12	-31	-29	-39										
Justification	314	64	64	-09	62	54	40	72	42	-13	24	31	25	-33	12	-18	23	40	70											
Democracy of Policy	315	53	58	-37	57	50	17	77	55	10	20	06	10	-29	-04	-39	41	44												
Clarity of Policy	316	44	29	-36	40	42	01	47	50	-32	41	26	18	-20	09	-50	35													
Effectiveness	317	34	17	-53	37	24	-32	56	53	-20	13	-28	002	-15	-36	69														
Disciplinary friction	318	-28	28	61	28	-24	29	-46	-58	45	-37	03	-006	43	23															
Quantity of suggestion	321	-09	04	34	-08	09	13	09	-13	27	08	39	24	37																
Coerciveness of suggestion	322	-35	-34	24	-32	17	-17	-28	-44	38	-29	-09	16																	
Acceleration	33	30	33	-009	15	39	28	26	21	-13	05	09																		
General babying	41	10	32	24	-06	33	42	10	09	-04	58																			
Protectiveness	42	17	45	-17	04	41	36	26	-40	-12																				
Readiness of criticism	51	-15	-14	23	-10	-17	14	-19	-28																					
Direction of criticism	52	63	54	-49	55	58	09	63																						
Readiness of explanation	61	64	57	-28	65	54	12																							
Solicitousness	71	33	44	27	16	37																								
Acceptance	72	75	64	-28	32																									
Understanding	81	68	35	-24																										
Emotionality	82	-28	-11																											
Affectionateness	83	53																												
Rapport	84																													

PSYCHOLOGICAL DATA

It was noted that the correlation coefficients which were found from the present ratings were similar to those reported by the Fels Institute, although somewhat lower in degree.<sup>8</sup> It was felt that higher coefficients might have been obtained had the study population been larger.

The next step was to ascertain how low a coefficient could be in value, and still be significant. In the Fels study,<sup>9</sup> they considered .40 as a minimum inter-correlation when constructing their clusters. When the reliability of the coefficients of correlation was tested against the null hypothesis it was found that a coefficient of .40 was significant at the .02 level. Since it was customary to regard a correlation coefficient as worthy of confidence if it were at least four times its probable error, the probable error of a coefficient of .40 was calculated. It was found that the probable error of a coefficient of .40 was .09 when the number of cases was forty. Hence, reinforcement was given to the confidence which could be placed in coefficients as low as .40.

From the inter-correlations of Table VII, a note was made of all coefficients of  $\pm$  .40 or greater. A list was compiled of these inter-correlations. This list was the

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<sup>8</sup>Ibid., p. 12-13.

<sup>9</sup>Ibid., p. 11.

working basis from which various scales were arranged to form clusters. Five clusters emerged from the data. The mean of these coefficients was computed after the distribution of the coefficients was normalized by transforming the coefficients to z values. The mean coefficient of correlation was, then, found to be .61 with a standard deviation of .14.

The five clusters which emerged consisted of thirty scales. Sixteen scales appeared in only one cluster; seven were incorporated in two clusters. In the judicious combining of scales into clusters the policy was followed of as little duplication as possible. In seven instances it was felt that the inclusion of a scale in two clusters gave different complexions to the two different clusters. One of the prime assets of cluster analysis was this partial freedom of manipulation of the scales in forming constellations. A similar duplication of a few component variables was to be found in the clusters which the Fels Institute had identified.

Three degrees were recorded for each of the five clusters as had been done in the Fels Institute studies. To be rated high on any cluster, the parental relationship would have to be rated above the mean on all, or all but one of the scales comprising the cluster. Similarly, to be rated low, the home would have to be rated below the mean on all, or all but one of the component scales. A middle rating implied that the scores fluctuated around the

Table VIII. - Classification of Forty Foster parent-child Relationships on the Five Clusters of the Fels Scales.

Cluster	Numbers of Component Scales	Cluster Rating	Distribution of subjects
Acceptance-Rejection	1.91, 6.1, 7.2, 8.1, 8.3, 8.4	Accepting	14
		Casual	15
		Rejecting	11
		Total	40
Democratic-Autocratic	1.1, 3.14, 3.15, 3.16, 5.2, 6.1, 8.1	Democratic formulation of policies	14
		Mixed	15
		Autocratic	11
		Total	40
Effectiveness of Regulation Policy	1.1, 1.5, 3.17, 3.18, 5.2, 8.2	Effective policy	14
		Partial effectiveness	14
		Disciplinary problems	12
		Total	40
Laxity-Restraint	2.11, 3.11, 3.12, 3.13, 3.22	Controlling	7
		Moderate	18
		Lax	15
		Total	40
Indulgence-Nonchalance	1.91, 2.11, 4.1, 4.2, 7.1, 7.2	Over-protective	14
		Moderate	20
		Nonchalant	6
		Total	40

means with some scores above and others below. The distribution of the forty subjects rated by the Fels Scales on each of the three degrees of the five clusters was illustrated by Table VIII.

### 3. Five Clusters of Fels Scales.

Figures three to seven illustrated graphically the five clusters which were identified. The inter-connecting lines represented inter-correlations among the scales comprising the clusters.

Cluster One.-- The first cluster consisted of six scales as illustrated in Figure 2. This cluster gauged the amount of warmth and acceptance evidenced in the foster parent-child relationship. All observable evidence was considered which in any way impinged upon the child as acceptance or rejection, no matter how subtle, vague, or indirect. It was not necessarily the foster parents' true feeling, but their expressed attitudes, as a functioning entity in the child's environment which were rated.

High ratings on the scales comprising this cluster reflected a warm, expressive, personal affection which the foster parents had for the child including him in the family's inner circle of loyalty and devotion. The child was an intimate and inseparable partner. He was included in such things as family councils, trips even when it was difficult

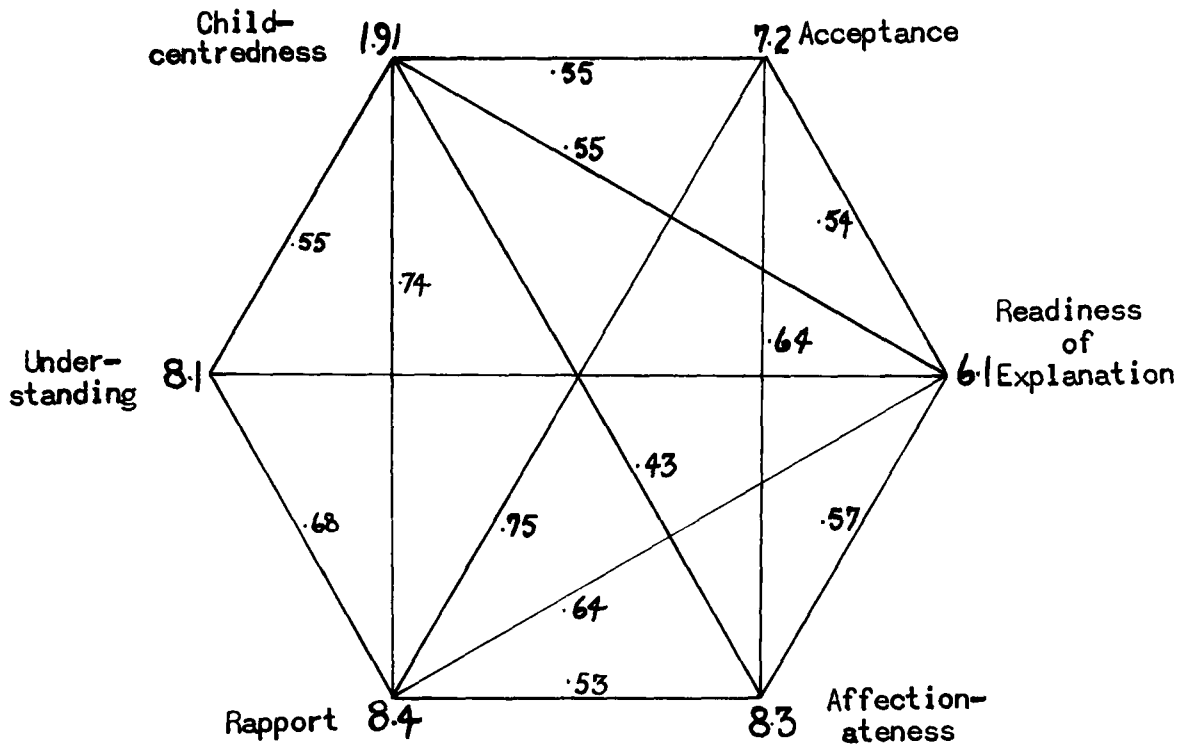


Figure 2. - Degree of Inter-relationship of the Fels Scales Constituting Cluster One, Acceptance-Rejection.

or represented considerable sacrifice. The child, indeed, was considered a "charter member" of the family. The tempo of the household took into consideration the child's limitations. The foster parents showed a deep understanding of the child's abilities, needs, points of view. They saw subtleties of the child's motivation, and manifested an accurate appreciation of the child's interests and degree of maturity.

The psychological relationship was marked by a close rapport between the foster parents and the child. There was mutual understanding, sympathy, confidence, and a sharing of aspirations, intimate thoughts, and feelings. The foster parent-child relationship was also characterized by the willingness of the adults to satisfy the child's curiosity and to stimulate his natural inquisitiveness with willing explanations.

In contrast, low ratings on this first cluster represented rejecting foster parents who resented the child's bid for a place in their primary area of devotion. Exclusion of the child was so frequent that, to the child, the attitude of rejection seemed to predominate even though the parents might have taken acceptance for granted. Although open rejection of the child might not be present, the foster parents' predominant tendency was to avoid, repulse, and exclude the child. The child, as a result, was made to feel unwanted and unacceptable. In these cases there appeared to be a prefatory relationship maintained by a forced interest. There

was little sharing of confidences and aspirations between the child and the foster parents.

There was a marked failure to appreciate the child's limitations and capacities and an inability to meet the child on his own level. The household was organized around the interests and capabilities of other members. The child's curiosity was thwarted by the foster parents practice of discouraging questions with replies such as "I'm too busy," or "you're too young to know."

Mixed ratings on the scales forming this cluster indicated a more casual relationship between the foster parents and child. While these foster parents were not rejecting they were less demonstrative in conveying their acceptance and affection for the child. As Table VIII indicated, fourteen of the forty foster parent-child relationships evaluated were classified as warm and accepting, fifteen as casual, and eleven as rejecting.

Cluster Two.-- The second cluster, portrayed by Figure 3, was a difficult one for which to find a name. It was finally labelled Democratic or Autocratic Formulation of Regulation Policy. Foster parents who received high ratings on this cluster gave the child a voice in determining what standard of conduct he would try to emulate. The foster parents, in fact, frequently endured much inconvenience in giving the child a role in the policy-forming process. The

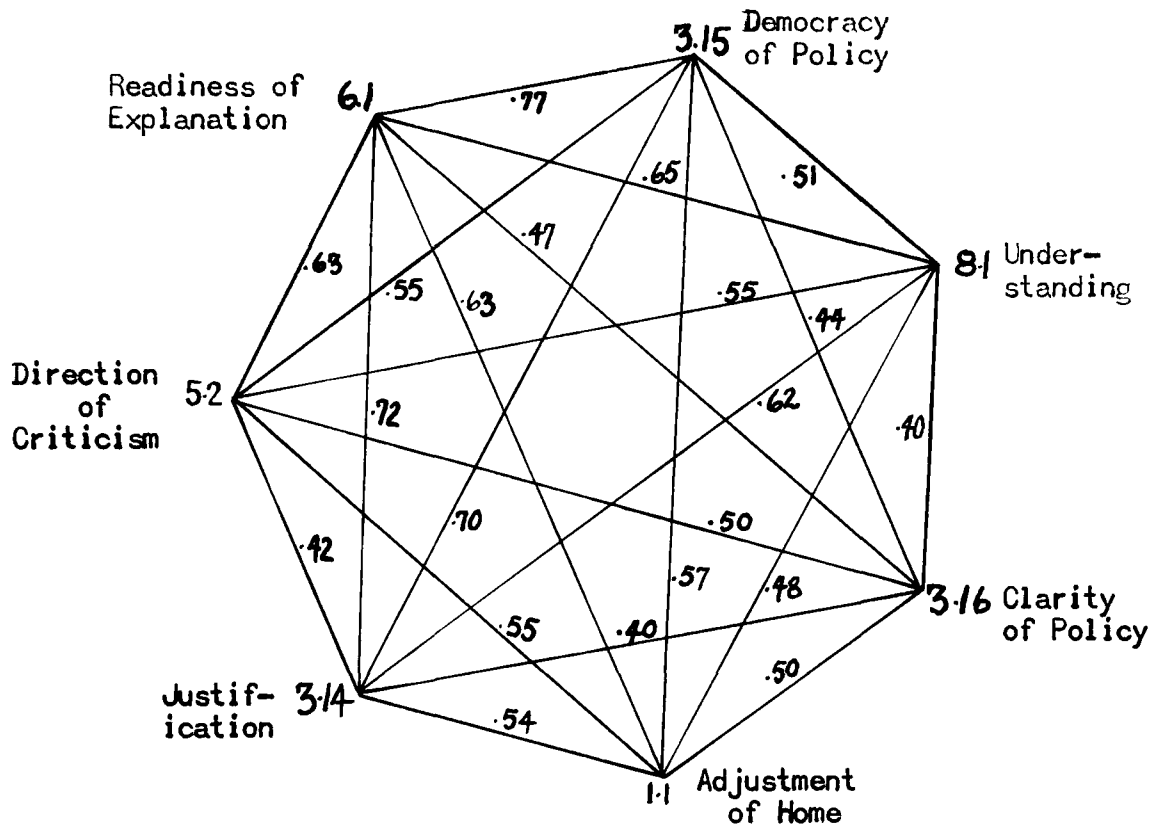


Figure 3. - Degree of Inter-relationship of the Fels Scales Constituting Cluster Two, Democratic-Autocratic Formulation of Regulation Policy.

foster parents went out of their way to show the child the practical reasons behind requirements and suggestions, even when the very task of explanation was difficult.

These foster parents had an accurate and astute appreciation of the child's degree of maturity. They had a good working understanding of the retarded child's limitations and his special needs. They tried to put all discipline on a logical basis, yet, rules were explained so that the child would be able to know what was expected of him and what would happen if he failed to conform.

When the ratings on this cluster were high, the direction of the foster parents' critical reaction to the child's behaviour tended to take the form of praise, approval and acclaim. There was warm, unambiguous praise and commendation toward even rather ordinary behaviour. The foster parents' emphasis was definitely upon support and approval of the child's behaviour. Most disapproval was "sugar-coated" with simultaneous acclaim. It was summed up that the general atmosphere in this type of home was characterized by satisfaction, stability, achievement, and happy adjustment.

In contrast, low ratings on this second cluster were representative of foster parents who set rules of expected behaviour in an arbitrary and autocratic manner. They infrequently consulted the child and did not take into account his wishes when setting up regulations. Discipline was also

handled in a very arbitrary fashion. There was little justification of the rules. The foster parents' standards tended to be so vague or fluctuating that the child had little chance of adjusting. He never knew what to expect. Criticism, which might be verbal, gestural, facial expression or tone of voice, tended towards disapproval and blame rather than support and acclaim. Criticism was frequently not expressed directly to the child but subtly between adults but within the child's range of hearing. The foster parents tended to ignore or belittle praiseworthy behaviour, picking out minor details to criticise disproportionately. The general home atmosphere for the child was one of thwarting, unpleasantness, repression, and insecurity. As was indicated in Table VIII, eleven of the forty foster homes were classified in this category representing an autocratic formulation of policies.

Cluster Three.-- The third cluster, the effectiveness of regulation policy, included six scales which were related to each other both positively and negatively, as shown in Figure 4. The scales comprising this cluster rated the degree to which the child's conduct met the standards set by the foster parents. High ratings meant that the child conducted himself in accord with the parents' standards; the foster parents' policy achieved its goal. Disciplinary conflict was exceedingly rare. Either the child conformed docily, or

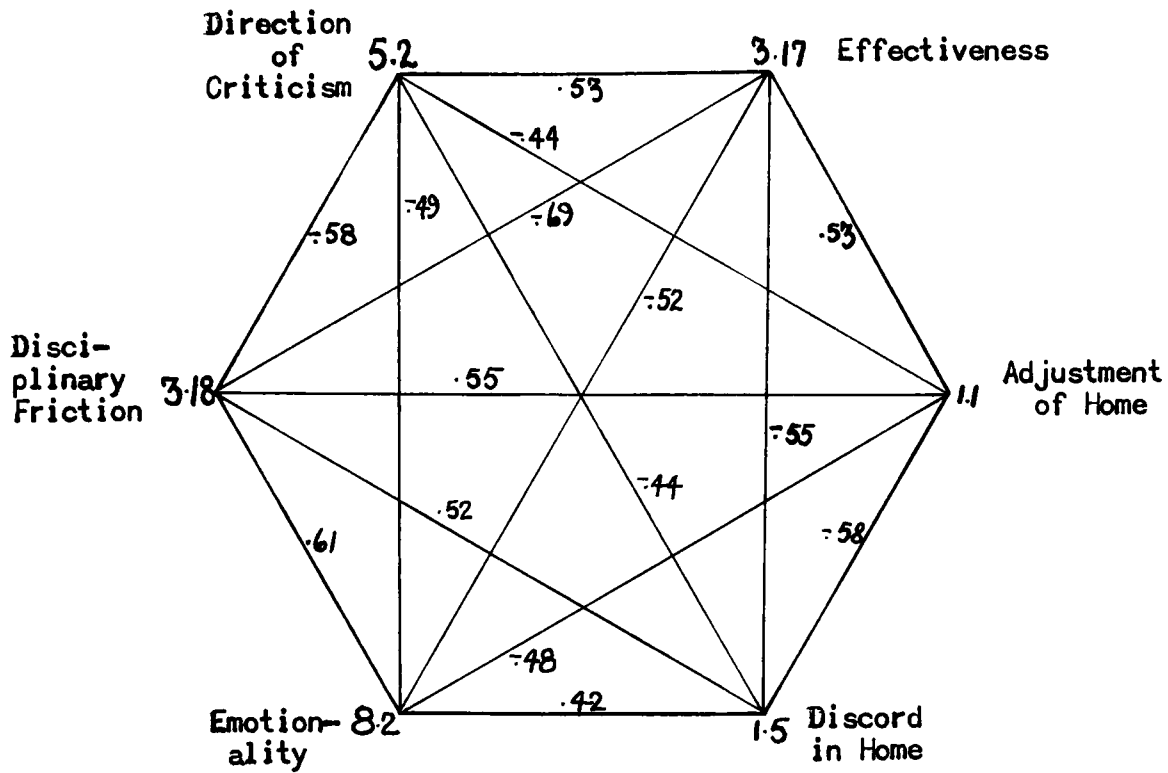


Figure 4. - Degree of Inter-relationship of the Fels Scales Constituting Cluster Three, Effective-Ineffective Regulation Policy.

the foster parents tranquilly permitted lapses. The foster parents' behaviour infrequently showed any sign of disorganization of policy owing to uncontrolled emotional responses to the child's behaviour. The inter-personal relations in the household which rated high on this cluster were typically harmonious, friendly, and agreeable.

Low ratings represented continual disciplinary problems. The child's overt behaviour was entirely at odds with the standards implied in policies of the parents. The relationship between the parents and the child was characterized by continuous wrangling, resistance, and rebellion in regard to the child's conduct. The foster parents' reaction to the child's immature behaviour was highly emotional resulting in irrational distortion of policy. Their feelings predominated over an objective rational approach. These foster parents were constantly giving vent to unbridled emotion in reaction to the child's conduct. The general home atmosphere was marked by unpleasant discord, quarreling, and complaining. Twelve of the forty subjects were classified in this category of low ratings on Cluster Three.

Cluster Four.-- The fourth cluster, consisting of five variables, was concerned with the amount of restraint which the foster parents placed upon the child by rules and penalties. Low ratings on the scales in this cluster meant

that the child had a large measure of freedom, yet still conformed to the foster parents' standards. The children, however, were expected in most cases to conform to only a few basis standards. The foster parents endured considerable annoyance rather than unduly restricting the child's freedom. There was a noted tendency to avoid coercion whenever possible. The laxity of these foster parents was evident in their disregard of obvious misbehaviour. They enforced regulations only when pressed by the strongest motives or the severest circumstances. Their penalties were characteristically mild. Often they seemed too mild to have much motivating power.

High ratings on this cluster represented the other extreme. The standards for the child's conduct set by the foster parents were minutely restrictive beyond reasonable interpretation of either the child's welfare or the family's convenience. Their requirements of the child seemed unnecessarily abundant and exacting. Efforts to control the child took the form of peremptory orders to be obeyed at once, even in trivial matters. In attempting to meet these standards of expected behaviour, the child was highly circumscribed in his behaviour.

Also related to high ratings on this cluster was the tendency for the foster parents to be eternally vigilant to enforce the standards of conduct set up for the child. Rules were enforced strictly whenever violations came to the foster

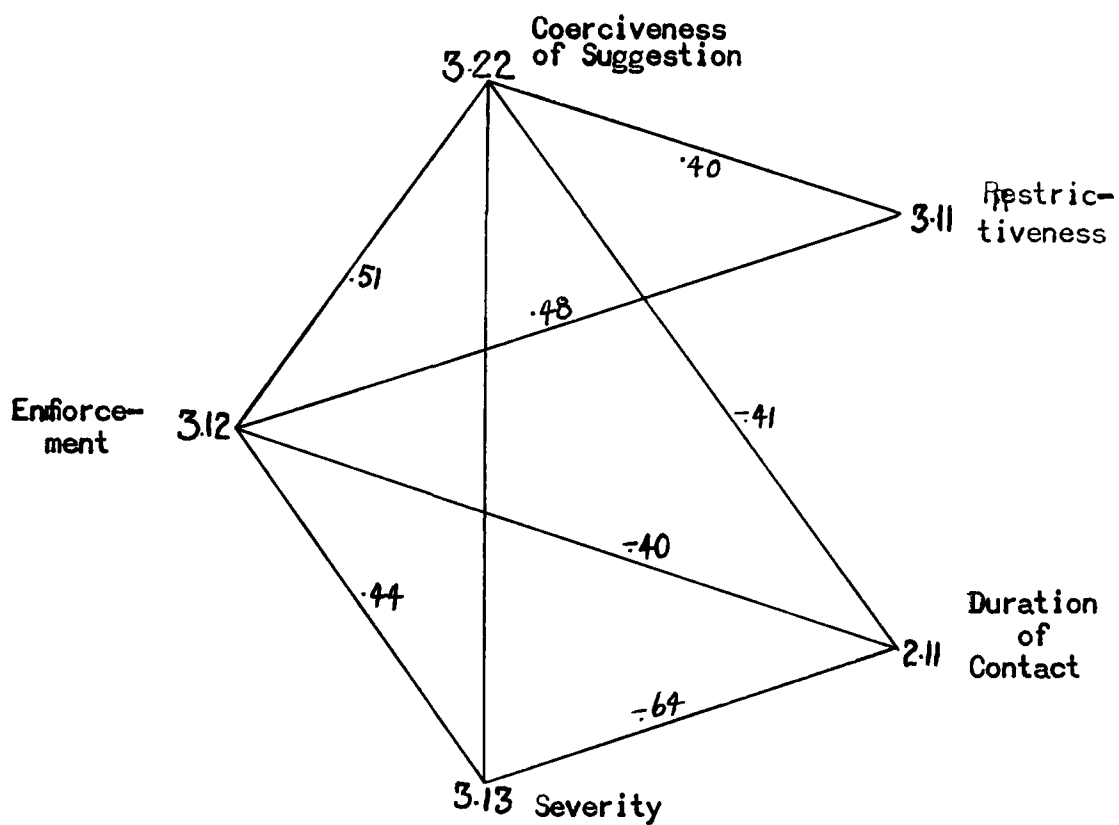


Figure 5. - Degree of Inter-relationship of the Fels Scales Constituting Cluster Four, Laxity-Restraint.

parents' attention. In a few instances the foster parents often "pounced" before lapses occurred. The severe penalties frequently stimulated deep personal resentment on the part of the children. Figure 5 represented Cluster Four.

Cluster Five.-- The fifth cluster, that of indulgence and nonchalance, was represented schematically by Figure 6. Although the degree of inter-relationship among the variables of this cluster was less than in the other four clusters, there was considered enough of a nucleus for it to be formulated as a minor cluster. Scale number 7.1 was included although it was related to only one other scale at the .02 level of confidence. However, this scale was related to three other scales at the .05 level.

The fifth cluster represented a broad variable including protection from physical, material, emotional, mental, and social hazards. A high rating portrayed over-protective foster parents who tended to keep the child unnecessarily sheltered and prevented difficulties from reaching him. They insisted on helping the child in situations where he was quite capable. They seldom let him struggle unsuccessfully. The foster parents tended to display over-concern for the child's well-being and were readily excited to overt anxiety out of proportion to the situation.

Low ratings on this cluster indicated that the foster

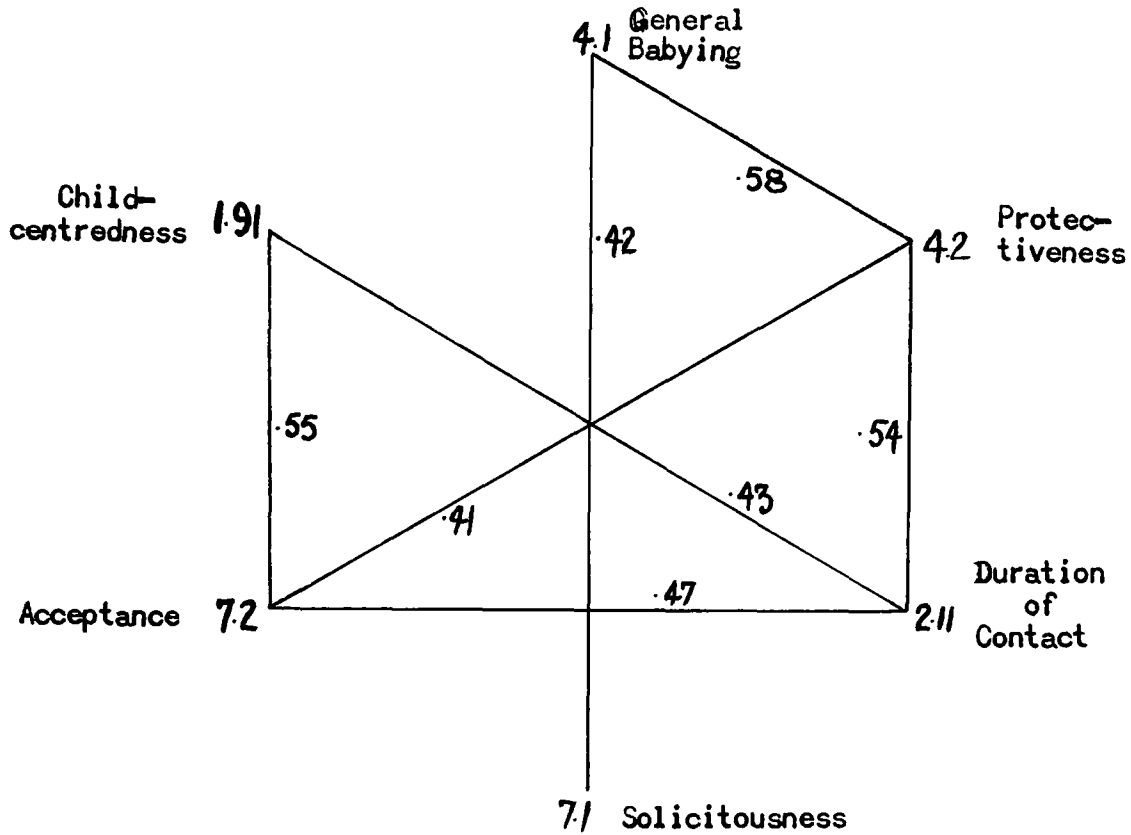


Figure 6. - Degree of Inter-relationship of the Fels Scales Constituting Cluster Five, Indulgence-Nonchalance.

parents tended to expose the child to dangers, perplexities, and difficulties. They withheld aid even in major difficulties and often refused aid when requested. These foster parents were detached and nonchalant. Their lack of concern often gave the appearance of sheer neglectfulness.

#### 4. Association Between Psychometric Scores and the Fels Clusters.

After the Fels Scales were reduced to five clusters the study of association of the psychometric findings with foster parent-child dynamics was resumed.

The question to be answered was whether the observed types of foster parent-child relationships were significantly associated with high or low Mental Health Analysis scores, and fluctuations of the intelligence and social quotients.

The term "significantly associated" meant that a dependency between two conditions existed which could not be attributed to a chance association. Although the study population was not a sample but a finite universe, tests of significance derived from sampling theory were employed. The rationale for their use was obtained from the theory of sampling from a hypothetical universe.

**Sampling from a Hypothetical Universe.--** The concept of sampling from a hypothetical universe is a purely logical

construct.<sup>10</sup> It is utilized in order to be able to use as a standard the amount of variation owing to chance factors expected in statistics of random samples. The magnitude of variation between characteristics of the study population's finite universe was evaluated against this standard. The study of association between the test scores and the Fels Scales might have been done by descriptive statistics. In this case, one would have stated that observed frequencies of high or low Mental Health scores cross-classified with the range of social and intelligence quotients. By being able to study contingency and to test the significance of differences between means, a less cumbersome method of description and evaluation of variation was possible. In order to use these tests of significance, however, it was necessary, in the back of one's mind, to consider the finite study universe as a sample drawn from a much larger hypothetical superuniverse, from which the study's universe was considered to be a random sample. Instead of analysing the observed data of a finite universe by methods of descriptive statistics, then, the methods of inductive statistics were employed to assess the significance of the association between the data.

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<sup>10</sup>Margaret Jarman Hagood and Daniel O. Price, Statistics for Sociologists, New York, Holt, 1952, xii-575, cf. p. 286-294.

Association Between Mental Health Scores and the Fels Ratings.-- In order to facilitate the tabulation and multiple cross-classification of scores on the psychological tests and the ratings on the Fels clusters, these data were coded and transferred to McBee Keysort punch cards. The use of punch cards, unlike tally sheets, preserved the identity of each subject's case number, thus permitting the opportunity to refer back to specific subjects included in any tabulation group. This advantage was later utilized when working on the case analyses.

The association between Mental Health Analysis scores and ratings on the Fels clusters was studied when the data were transferred to five 2 x 3 contingency tables. Since the inventories' distribution was bimodal, this inherent dichotomy of the scores permitted them to be handled as attributes instead of as variables. The forty-four scores were divided into twenty-eight high Mental Health Analysis scores and sixteen low Mental Health scores. These scores were cross-classified with each of the five Fels clusters. Since each cluster had three mutually exclusive degrees these also were considered as attributes. Cross-classification of the data on contingency tables, as illustrated in Table 4, enabled chi square values to

Table IX. - Cross-classification of the Mental Health Analysis Scores with the Fels Cluster Ratings to Study Contingency.

Fels Cluster Ratings	Mental Health Analysis				$\chi^2$ P
	Low <sup>a</sup>		High-		
	f <sub>o</sub> <sup>b</sup>	f <sub>e</sub> <sup>c</sup>	f <sub>o</sub> <sup>b</sup>	f <sub>e</sub> <sup>c</sup>	
Acceptance-rejectance					
Accepting	2	5.6	12	8.4	.
Casual	6	6	9	9	
Rejecting	8	4.4	3	6.6	8.82 (.02)
Democratic-autocratic					
Democratic formulation of policy	1	5.6	13	8.4	
Mixed	10	6	5	9	
Autocratic	5	4.4	6	6.6	11.49 (.01)
Effectiveness of Regulation Policy					
Effective	4	5.6	10	8.4	
Partial effectiveness	5	5.2	8	7.8	
Disciplinary problems	7	5.2	6	7.8	1.81 (.30)
Laxity-restraint					
Lax	6	6.4	10	9.6	
Inconsistent	6	6.8	11	10.2	
Controlling	4	2.8	3	4.2	1.13 (.50)
Indulgence-nonchalance					
Indulgent	3	6	12	9	
Mixed	9	7.6	10	11.4	.10
Nonchalant	4	2.4	2	3.6	4.71 (.05)

<sup>a</sup>Mental Health Analysis percentile scores of thirty and lower.

<sup>b</sup>Observed cell frequencies.

<sup>c</sup>Expected cell frequencies.

be computed using the following formula:

$$\chi^2 = \sum \left[ \frac{(f_o - f_e)^2}{f_e} \right]$$

when  $f_o$  = observed cell frequencies

$f_e$  = expected cell frequencies

A significant association was found between high Mental Health Analysis scores and subjects who were living with warm and accepting foster parents. The chi square value of 8.82 was found, at two degrees of freedom, to be significant at less than the .02 level. A probability of less than .02 was interpreted as meaning that if the data cross-classified were obtained in a random sample, the probability of observing a difference this great or greater between high Mental Health Analysis scores and warm and accepting foster parents, due to chance alone, would be less than twice in one hundred samples drawn. It was concluded, then, that high Mental Health Analysis scores were associated with the teenagers living in warm and accepting foster homes, while there was a dependency between low scores and subjects living with rejecting foster parents.

A significant association was not to be interpreted as meaning that a cause-effect relationship existed between two conditions. The term "association" meant merely that

two conditions were found to be present at the same time. It was not just a chance happening which was apt to disappear if another sample were to be selected and studied.

A significant association was also found between high Mental Health scores and subjects who were living with foster parents who formulated regulation policy in a democratic manner giving the adolescents a voice in the making of the rules which were to regulate their behaviour and conduct. A chi square value of 11.49 was found. This value was significant at the .01 level. Interpretation of this finding meant that the association observed between high Mental Health Analysis scores and the democratic formulation of policy would occur due only to chance, once in a drawing of one hundred samples. It was concluded, therefore, that there was a significant dependency between high Mental Health scores and the democratic formulation of policy. The concomitant dependency was noted between low Mental Health scores and the autocratic formulation of policy by the foster parents.

It was particularly interesting to note this association, especially since Morris had commented that most rights of retarded children as human beings are confiscated and they are deprived of the respect and mastery

of their own simple wishes."<sup>10</sup> She continued, "There are few around them who are aware of their sensitivity to their handicap, as well as their unlimited capacity for all human feelings." Highly relative to Morris's claim, was this findings that there was indeed a significant association between high Mental Health Analysis scores and the preservation of the right of the retarded child to express his opinions concerning rules and regulations.

No significant association was found between Mental Health scores and ratings on the remaining three of the five Fels clusters. It was noted, however, that a probability of less than .10 but more than .05 was obtained when the inventory scores were cross-classified with the ratings on the indulgence-nonchalance cluster. There appeared to be an association between high inventory scores and indulgent foster parents and low scores and nonchalant foster parents. This association fell just below the .05 cut-off level of significance.

No significant association was found between the Mental Health scores and the restraint or laxity of the foster parents. Similarly there was no association between low scores and the presence of continual disciplinary

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<sup>11</sup>Elise F. Morris, Casework Training Needs for Counselling Parents of the Retarded, American Journal of Mental Deficiency, Vol. 59, No. 3, January 1955, p. 513.

problems. The dichotomy of inventory scores was quite independent of the effectiveness of the foster parents' regulation policy, although the scores were associated at a highly significant level to the manner by which this policy was formulated.

Association Between Social Quotients and Fels Ratings.-- In examining the arrays of data before computations began, it was noted that there appeared to be a difference on some of the Fels clusters between the magnitude of the social quotients of the subjects who were self-supporting and those who were still attending school and totally dependent upon their foster parents and the Children's Aid and Infants' Homes of Toronto. In order to ascertain whether these two groups were to be handled separately, it was necessary to find out whether the difference between the social quotients was significant. The means of the social quotients of each group were computed as recorded in Table X. The standard error of the difference between means was calculated by the formula:

$$\hat{\sigma}_{\bar{X}_1 - \bar{X}_2} = \sqrt{\left( \frac{\sum X_1^2 - \frac{(\sum X_1)^2}{N_1}}{N_1 - 1} + \frac{\sum X_2^2 - \frac{(\sum X_2)^2}{N_2}}{N_2 - 1} \right) \left( \frac{N_1 + N_2}{N_1 N_2} \right)}$$

The critical ratio or  $t$  was found as follows:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\hat{\sigma}_{\bar{X}_1 - \bar{X}_2}}$$

The difference between the mean social quotients of the dependent and the self-supporting subjects was not significant at the .05 level. It was noteworthy, however, that it fell just below but, figuratively, within the shadow of this level. Had the study population been larger a significant difference might have been noted at the .05 level.

In testing for significance of differences between mean social quotients and the Fels ratings, three sets of comparisons were made. The first type of comparison was between the mean social quotients of the subjects comprising each of the groups on the Fels cluster ratings compared with the mean social quotients of the total group. The second type separated the self-supporting and the dependent subjects and, then, compared the mean social quotients of each group of subjects on each of the Fels ratings with the mean social quotients of the total group. The third type compared the mean social quotients of the dependent subjects with those of the self-supporting subjects on each of the Fels ratings. An alternative method of analysis might have been a study of the analysis of variance.

Table X. - Significance of Differences Between the Mean Social Quotients for Subjects Who Were Self-supporting and Those Who Were Dependent.

Status	Mean S. Q.	Sigma	Difference Between Means	<sup>a</sup> $\hat{\sigma}_{\bar{x}_1 - \bar{x}_2}$	t Value	Level of Significance
Self supporting	92.27	8.30	5.75	3.12	1.84	(.10).05
Dependent	86.52	10.83				

<sup>a</sup>Standard error of the difference between means.

In the first type of comparison, the mean social quotients of the subjects on each of the fifteen ratings of the Fels clusters was compared with the mean social quotients for the total group. By this type of comparison, one sought, for example, to find out if the subjects living with rejecting foster parents tended to get lower social quotients than the subjects who were not living with rejecting foster parents.

In computing the difference between the mean of a subgroup compared with the mean of a total group which contained that subgroup, cognizance was taken of Dr. McNemar's belief that an allowance should be made for the fact that the two means in a finite universe situation were not based on independent groups.<sup>12</sup> The standard error of the mean of the subgroup was derived from the following formula:

$$\sigma_{M_s} = \frac{\sigma_t}{\sqrt{N_s}} \sqrt{1 - \frac{N_s}{N_t}}$$

The significance of the deviation of  $M_s$ , mean of the subgroup, from  $M_t$ , mean of the total group, was tested by the critical ratio:

$$\frac{M_s - M_t}{\sigma_{M_s}}$$

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<sup>12</sup>cf., Quinn McNemar, Psychological Statistics, New York, Wiley, 1949, p. 87-88.

Of the fifteen comparisons of the first type, none was significant at the .05 level. Three were just below this level of significance and were recorded in Table XI. It was noted that the social quotients tended to be low for subjects who were living with foster parents who were rejecting and nonchalant in their attitudes toward the teenagers. Low social quotients were also associated with foster parents who were inconsistent in their manner of formulating regulations for the subjects. It must be remembered that these associations were of only marginal significance. That is to say, that in almost ten times out of a drawing of one hundred samples, the association which was found would result from chance variations in sampling.

The second type of comparison separated the self-supporting from the dependent subjects. Even though the probability, as shown in Table X, was between the .10 and the .05 level of significance, it was thought worthwhile to investigate the possibility of some significant differences appearing between the mean social quotients received by either the dependent or the self-supporting subjects when compared with the mean social quotient for the total group.

No significant difference was noted when comparing the mean social quotients of the self-supporting subjects

Table XI. - Differences of Borderline Significance Between Subgroup Means of Social Quotients of the Subjects Classified by the Fels Cluster Ratings and the Mean Social Quotient for the Total Group.

Parent Child Relation- ship	Mean S. Q.	Sigma	Differ- ence Between Means	$\sigma_{M_s}^a$	t Value	Level of Signifi- cance
Total group	88.48	10.39				
Rejecting	83.09	11.77	5.39	2.71	1.99	(.10).05
Total group	88.48	10.39				
Nonchalant	81.33	11.59	7.15	3.94	1.81	(.10).05
Total group	88.48	10.39				
Inconsistent formulation of rules	84.20	10.11	4.28	2.17	1.97	(.10).05

<sup>a</sup>Standard error of the mean of the subgroup.

on each of the Fels cluster ratings with the mean social quotient for the total group. However, four significant differences were found, as shown in Table XII, when the mean social quotients of the dependent subjects were compared with the mean social quotient for the total study population. Significantly lowered social quotients were observed for dependent subjects when they were living with foster parents who were not accepting of the limitations of the child of borderline ability. These were the foster parents who in refusing to accept the child's limitations were unable to meet the child on the child's own level. Here, the household was organized around the interests and capabilities of other members. These foster parents subtly showed their resentment for the child's bid for a place in their primary area of devotion. The child as a result was made to feel not only unacceptable but also unwanted.

The second association was between lowered social quotients for dependent subjects and a nonchalant and detached attitude of their foster parents. These foster parents appeared disinterested in guiding the retarded child with his day-to-day problems. They let the children try to figure out their own solutions in difficult situations. Their withholding of aid, even when requested by the child, made them appear neglectful.

Table XII. - Significant Differences Between the Means of Social Quotients for Dependent Subjects Classified by the Fels Cluster Ratings Compared with the Mean Social Quotient for the Total Study Population.

Parent-child Relationship	Mean S. Q.	Sigma	Difference Between Means	$\sigma_{M_s}^a$	t Value	Level of Significance
Total Group	88.48	10.39				
Rejecting	72.40	5.93	16.08	3.99	4.03	<.001
Total Group	88.48	10.39				
Nonchalant	70.33	2.49	18.15	5.78	3.14	<.01
Total group	88.48	10.39				
Controlling	71.66	4.09	16.82	2.89	5.82	<.001
Total group	88.48	10.39				
Inconsistent formulation of rules	81.90	10.30	6.58	2.89	2.27	<.05

<sup>a</sup>Standard error of the mean of the subgroup.

In the third instance, significantly lowered social quotients were observed for dependent subjects when they were living with foster parents who were neither consistently democratic nor autocratic in their methods of setting rules. These foster parents sometimes gave the child a voice in saying what the standards governing his conduct were to be. At other times, they made rules and set penalties in an arbitrary fashion without consulting the child and frequently without taking into account the child's intellectual limitations. Some rules might expect too much from the child, other rules too little. It appeared that if the rules were consistently handed down from the foster parents to the child in an authoritarian fashion, no lowering of social quotients was noticed. If, on the other hand, the foster parents always gave the child a role in the process of making rules, a stage to the ultimate of self-regulation, no significant increase in social quotients was noted either. In contrast, the lowering of the quotients seemed to be associated with situations where the foster parents were inconsistent to the extent that the children were baffled and never knew what to expect and what standards his conduct should meet.

The fourth and last situation in which significantly lowered social quotients were noted was when dependent

children were living with controlling foster parents. In these foster homes the requirements and standards were numerous and restrictive. In attempting to meet these standards of expected behaviour, the child was highly circumscribed in his behaviour. These foster parents were very demanding of the child. They were eternally vigilant to enforce standards set for the child. Although they devoted a great deal of effort to defining regulations and requirements to control the child, and consequently left him no alternative but to act in a socially responsible manner, the child in their care stood out as rating significantly lower in social competency. In contrast, the child whose foster parents gave him a larger measure of freedom encouraging self-regulation, tended to be more socially mature.

In the third type of comparison, the dependent subjects were separated from the self-supporting subjects on each of the Fels cluster ratings. The mean social quotients for each group on each rating were computed. These means were compared. Three significant differences in mean social quotients were found when the dependent and the self-supporting subjects were compared. These three differences were recorded in Table XIII.

It was noted that dependent subjects received lower social quotients than self-supporting teenagers when they

were living with rejecting, nonchalant, or controlling foster parents. The rejecting foster parents in refusing to accept the child's intellectual limitations made him feel both unacceptable and unwanted. The nonchalant parents frequently appeared disinterested in the child's well-being, letting him struggle unsuccessfully with physical, emotional, and social problems. The controlling foster parents, on the other hand, enforced so many standards of expected behaviour that the child was highly circumscribed in his behaviour.

The association between social competency and the nature of the foster parent-child relationship appeared greater for teenagers who were financially dependent upon the Agency which placed them in their foster homes than for the self-supporting subjects who paid their own room and board to their foster families.

Association Between Intelligence Quotients and the Fels Ratings.-- The examination of association between the magnitude of intelligence quotients and the subjects classified on the Fels clusters was conducted in the same manner as for social quotients. Since an almost significant difference was found to exist between the means of the social quotients received by subjects who were self-supporting in comparison to dependent subjects, a similar test was

Table XIII. - Significant Differences Between the Mean Social Quotients of Dependent Subjects Compared with Self-supporting Subjects Classified by the Fels Cluster Ratings.

Status	Parent child Relation- ship	Mean S. Q.	Sigma	Differ- ence Between Means	<sup>a</sup> $\hat{\sigma}_{\bar{x}_1 - \bar{x}_2}$	t Value	Level of Signifi- cance
Dependent	Rejecting	72.40	5.93	19.60	4.46	4.39	<.01
Self-supporting		92.00	7.21				
Dependent	Nonchalant	70.33	2.49	22.00	3.63	6.06	<.01
Self-supporting		92.33	4.49				
Dependent	Controlling	71.66	4.09	21.09	6.08	3.47	<.02
Self-supporting		92.75	8.16				

<sup>a</sup>Standard error of the difference between means.

made in terms of the intelligence quotients. It was found that there was no significant difference between the magnitude of the intelligence quotients received by the dependent subjects in contrast to the self-supporting teenagers. As a result, the two groups were treated as a whole. No significant difference was found to exist between the mean intelligence quotients between subgroups and the total group or between subgroups. The .05 level of confidence was used to determine significance.

#### Summary

This chapter dealt with the study of the relationship and association between the data collected from the psychological tests and the rating scales. The findings, somewhat nude in their statistical expression, were to be clothed in Chapters V and VI, which recorded and compared the data from the analysis of the actual case histories.

There was found to be no relationship between fluctuations of the intelligence quotients of the subjects in the study population and parallel fluctuations of either social quotients or Mental Health Analysis scores. It was noted that there was an intelligence quotient range of only ten points, while the social quotient range was of forty-four points. The social workers' impression that some of these children had attained a normal degree of

social competency for their age, despite borderline mental ability, was supported by the findings of this study.

The analysis of the data was continued to ascertain what types of foster parent relationships existed when the social maturity of the children was retarded or accelerated. By employing tests of significance, the differences were studied between the means of social quotients for various groups. Some foster parent-child dynamics were observed to be associated with a lowering of the social competency of the children.

The findings from this analysis of data were integrated by comparing fluctuations of social quotients, intelligence quotients, and Mental Health scores in relationship to the five Fels clusters. The magnitude of intelligence quotients appeared not to be significantly influenced by the dynamics of the foster parent-child relationship measured by the Fels Parent Behaviour Rating Scales. Fluctuations of social quotients and Mental Health Analysis scores were significantly associated to variations in the foster parent-child relationship.

When the foster parents were warm and affectionate in their manner toward the adolescents and were accepting in their attitudes, all the subjects tended to get high Mental Health Analysis scores. That is to say, these

subjects saw themselves as much better off in terms of mental health and social adjustment. Conversely, all the subjects tended to receive lower social quotients when they were living with rejecting, nonchalant, and controlling foster parents.

When the foster parents did not accept the child with his mental limitations, all subjects received low Mental Health scores. Apparently if the foster parents' attitude was one of depreciation of the child, the child's opinion of himself reflected this disparagement. The strikingly low social quotients for dependent subjects were significantly associated with living with rejecting foster parents. The subjects who were paying their own room and board to their foster parents seemed more immune to parental non-acceptance.

When the foster parents encouraged a democratic formulation of regulations, high Mental Health Analysis scores were noted for all subjects but there was no significant increase in social competency. The adolescents felt much better about having a say in what the rules governing their conduct were to be; there was no companion acceleration of social maturity. By way of contrast, the inconsistent formulation of policy was associated with a lowering of social quotients for dependent, in contrast to, self-supporting subjects. When the foster parents were

autocratic in this area, all subjects rated themselves much lower on the Mental Health Analysis inventory. If the foster parents dictated what the children were to do, the children probably felt less adequate and rated themselves lower on the adjustment inventory. Earlier studies had noted that observed parental behaviour seemed to bear a close relationship to observed child behaviour. Heilman, for example, stated that "the handicapped child's attitudes regarding himself and his handicap are in major part determined by parental reactions toward the child and his disability."<sup>13</sup>

When the foster parents were over-protective, the social quotients were neither significantly higher or lower, but the Mental Health Analysis scores tended to be high. The association, however, was not significant since the probability was less than ten but more than five. When the foster parents were nonchalant, the dependent subjects received lower social quotients. The Mental Health Analysis scores for all the subjects tended to be low, but again not significantly so, with a probability between five and ten.

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<sup>13</sup>Ann Elizabeth Heilman, "Parental Adjustment to the Dull Handicapped Child," American Journal of Mental Deficiency, Vol. 54, No. 4, April 1950, p. 562.

When the amount of restraint placed upon the children was studied, it was found that there was no association between restrictiveness or laxity and high or low Mental Health Analysis scores. Fluctuations of social quotients were associated in only one instance. In this instance, dependent subjects received much lower social quotients if they were living with controlling foster parents. Nevertheless, these subjects did not rate themselves low on the inventory.

Although there was a significant association between the Mental Health scores and the manner of formulating regulations, there was no association between Mental Health Analysis scores and the effectiveness of the regulation policy which was established. There was no significant association between Mental Health Analysis scores and whether or not there were disciplinary problems.

A note of caution was thought necessary in the interpretation of the tests of significance and the study of contingency. When an association was said to exist between two conditions, it was meant that the two conditions were to be present at the same time for the study population. The existence of an association did not mean that there was a cause-effect relationship between the two states. The focus of this descriptive study did not include a study of causal relationships as an experimental

approach might have attempted. It was believed that a descriptive study had to be executed first as a pilot study surveying the situation and stating the associations before this subject matter could even be opened to experimental research.

## CHAPTER V

### THE CASE RECORD ANALYSIS

The great bulk of the data, transferred from the social workers' case records to the Case Analysis Schedules, are analyzed in this chapter. This information was collected on the various items of the Schedules. Some of the data dealing with the subjects' family backgrounds and their foster home placements have been analyzed and reported in Chapter II. The data yet to be analyzed are classified under the following five area headings: psychological evaluation, retardation, schooling, employment, and a classification of the problems which the subjects had presented. These five area headings serve as sub-divisions under the first section of this chapter which is a descriptive analysis of selected characteristics of the study population. The second section of the chapter deals with the problem of assessing the adjustment of these subjects from the evidence in the case records.

Abstracting Data from Records with a Schedule.--  
As mentioned in Chapter III, the review of the literature revealed that there were two main types of schedules which had been used in case study research. The first type consisted of a list of topics used to collate, systematically,

non-evaluative data about the subjects. The second type consisted of more complex schedules which called for the researcher to make evaluative judgments at the time of filling out the schedules. These judgments were based upon the facts contained in the records.

Since the reliability of evaluative judgments made by one individual could be questioned, it had been decided, in the present study, to employ a schedule which would abstract mainly objective, descriptive facts from the records. As mentioned above, previous studies had shown that a schedule could be reliably used by just one individual, if the data collected were limited to descriptive facts. There appeared to be little dissimilarity between the findings of research workers reviewing the same cases when they confined their analysis to questions like the number of foster home placements a child had, the problems recorded, the age at starting to school, and similar factual questions.

The schedule constructed for the present study consisted of items mainly collecting factual information. In the few instances when qualitative material was collected, such as the nature of the subject's adjustment in the foster home placement, the research worker was careful to transfer from the records the actual statements in the recording bearing upon these topics. In analyzing the records at the time of marking the schedules, the worker did not draw

evaluative conclusion, but rather transferred selective qualitative data from the records to the schedules. By classifying these evaluative statements, they were able to be interpreted quantitatively. This process has been termed "qualitative coding."<sup>1</sup>

Case records contain such an avalanche of information that one is apt to overlook their limitations. Some of Gordon Allport's cautions about the use of personal documents, also hold true for collateral reports such as these case records.<sup>2</sup> The most serious criticism which can be raised questions whether the narratives truly represent the subjects' situations. One may speculate whether the social workers doing the recording were aware of all the important dynamics. In considering the problems, for example, one might wonder whether the social workers would be more aware of behaviour problems which involved other individuals such as school officials and less apt to recognize personality problems of

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<sup>1</sup>Cf., William J. Goode and Paul K. Hatt, Methods in Social Research, New York, McGraw-Hill, 1952, esp. p. 320-325.

Paul F. Lazarsfeld and W. S. Robinson, "The Quantification of Case Studies," Journal of Applied Psychology, Vol. 24, No. 6, December 1940, p. 817-825.

<sup>2</sup>Gordon W. Allport, The Use of Personal Documents in Psychological Science, New York, Social Science Research Council, 1942, p. 210.

a more "silent" nature, such as withdrawal tendencies. The records of the psychologists, however, assured an adequate coverage in this area.

As Hochwald and others have pointed out, a decided disadvantage in using records is that the data on certain topics are frequently incomplete for some of the subjects.<sup>3</sup> One record might include a great deal of information about a child's early development; another record might make no reference. Consequently, an "insufficient data" category became so indispensable.

The records were used at face value. The challenge to prove the validity of the records was not undertaken beyond a comparison in Chapter VI of the findings from the case analyses and the psychological tests and rating scales.

The analysis of these records was a task costly in time. Over a hundred and thirty hours was devoted to the actual reading of the cases. In addition, a respectable number of hours were also required in searching for and pulling the files. The individual narratives ran all the way from a very scanty but succinct record of only ten pages to a weighty tome of seventy pages. The average Narrative was thirty-one pages. The average time to analyze

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<sup>3</sup>Hilde Landenberger Hochwald, "The Use of Case Records in Research," Social Casework, Vol. 33, No. 2, February 1952, p. 71-76.

a record was about three hours; the range ran from an hour and a half to seven hours.

1. Characteristics of the Study Population

A descriptive survey of selected characteristics of the subjects will be discussed under the following five sub-headings:

1. Use of psychological and psychiatric services.
2. Foster parents' recognition and acceptance of retardation.
3. Educational training and attainment.
4. Employment experiences.
5. Problems presented by the subjects.

Use of Psychological and Psychiatric Services.--

It is the Agency's practice to give children a psychometric examination shortly after their admission to care. In situations when the reliability of the examination is in question, the psychologists, of course, recommend that the child be examined again. Problem and retarded children are frequently re-tested. In the case of the study population, the social workers requested that the children be re-examined as they grew older to confirm their borderline ratings. Also, a child was commonly seen by one of the psychologists for the administration of projective tests, prior to the child's situation being conferenced with the Agency's consulting psychiatrist.

During their time in care, the subjects comprising the study population were administered the Stanford-Binet,

Form L, by the Agency's Psychology Department a mean of 4.34 times.<sup>4</sup> The range of the number of examinations ran from one to eight. These examinations were prior to the present research worker's administration of Form M to all of the subjects.

As might be expected, not all of the intelligence quotients from the re-examinations were within the 70-80 intelligence quotient range. Table XIV showed the fluctuation above and below the borderline category. It was noted that no subject was rated on the Stanford-Binet at one time higher and, then, at another time lower than borderline.

Upon examining the records of the five subjects who rated borderline and lower, it was found that the range was from one to twelve intelligence quotient points below seventy. The mean of these deviations below seventy was 6.25 intelligence quotient points. These five subjects were rated below borderline about once in five administrations. In summary, the five subjects rated a mean of 6.25 intelligence quotient points below seventy on an average of 1.6 times out of the administration of 5.8 tests.

Ten subjects rated on one examination above the borderline category, although when the research worker tested them they were classified as borderline. On further study

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<sup>4</sup>See Appendix 1, Table XLIII for frequency distribution.

Table XIV. - Fluctuation, Above and Below Borderline, of Intelligence Quotients Derived from the Administration, by the Psychology Department, of the Stanford-Binet, Form L, to the Subjects During Their Time in Care.

Fluctuations	Number of Subjects	Per Cent
Always borderline <sup>a</sup>	29	66
Borderline and higher	10	23
Borderline and lower	5	11
Borderline, higher and lower ..	..	..
Total	44	100

<sup>a</sup>The borderline category included intelligence quotients from seventy to eighty.

of their previous examinations, their fluctuations were found to be very small. These ten subjects rated a mean of 7.0 intelligence quotient points above eighty on an average of 1.4 times out of the administration of 5.3 tests. It was concluded, then, that the fluctuations above and below the borderline category were infrequent and of small magnitude. Sixty-six per cent of the subjects were consistently rated as borderline after re-examinations.

In six of the records there were reports of psychological examinations which had been made when the subjects were under two years of age. The Kuhlmann Tests of Mental Development<sup>5</sup> had been administered to three subjects, two of whom were rated within the intelligence quotient range of seventy to eighty. The third subject received a slightly higher rating. The Cattell Infant Intelligence Scale<sup>6</sup> was administered to two other subjects, one of whom was rated within the intelligence quotient range of seventy to eighty. The other subject was slightly above. A Roger's Developmental Quotient was given for the sixth of these subjects examined as infants. It was also within the borderline range. It

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<sup>5</sup>F. Kuhlmann, Tests of Mental Development, Minneapolis, Educational Test Bureau, 1939, p.

<sup>6</sup>Psyche Cattell, The Measurement of Intelligence of Infants and Young Children, New York, Psychological Corporation, 1940, p. 274.

was interesting to conclude that even at under two years of age a decided indication of borderline ability was being given by these few subjects which were in care and whose psychological records had been preserved.

In addition to the administrations of the Stanford-Binets and the infant tests, nineteen of the subjects had been given other tests. The figure drawing test was the most frequently used. Sixteen subjects were given it. Ten of these tests had been scored using Goodenough's criteria;<sup>7</sup> these tests were used to confirm the psychometric ratings derived from the Binets. The remaining six of the sixteen figure drawing tests had been evaluated by Machover's criteria<sup>8</sup> and the projective content of the drawings were interpreted. Rorschach tests had been administered to seven subjects.<sup>9</sup> Two subjects had been given the Thematic Apperceptive Test.<sup>10</sup> Photostatic copies were made of the psychologists' reports interpreting these projective tests. These photostats were attached to the individual case analysis schedules.

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<sup>7</sup>Florence L. Goodenough, Measurement of Intelligence by Drawings, Yonkers, World Book, 1926, p. xi-177.

<sup>8</sup>Karen Machover, Personality Projection in the Drawing of the Human Figure, Springfield, Thomas, 1949, p. 160.

<sup>9</sup>Hermann Rorschach, Psychodiagnostics, New York, Grune & Stratton, 1949, p.

<sup>10</sup>Henry A. Murray, Thematic Apperception Test Manual, Cambridge, Harvard, 1943, p. 20.

Use had been made of the Agency's psychiatric consultation service for fourteen of the subjects. As indicated in Table XV five subjects had been personally examined by the psychiatrist. The social workers supervising nine other subjects had sought guidance from the psychiatrist concerning the handling of problem situations which the children were presenting.

Diagnostic or treatment services of a psychiatric or psychological nature outside the Agency were infrequently used. Three subjects had been seen by a psychologist at the Toronto Psychiatric Hospital concerning the advisability of using the Bell Blanket to control nocturnal enuresis. It appeared, however, that these children were seen only because they were subjects for a study on enuresis. Two other subjects attended a speech clinic. On occasion, a few of the subjects had been referred for psychological testing by their teachers to the Child Adjustment Service Department of the Toronto Board of Education. This referral was usually made with regard to the impending transfer of a child to an opportunity class or to a junior vocational school.

Foster Parents' Recognition and Acceptance of Retardation.-- There was no instance of a subject's retardation being unknown to the Agency by the time the children were school age. This fact, however, did not mean that all

Table XV. - Use of the Agency's Psychiatric Consultation Service for the Study Population.

Nature and Reason for Consultation	Number of Subjects	Per Cent
Neither seen nor conferenced	30	68
Child's situation conferenced by the social workers with psychiatrist for the following reasons:	9	20
Planning for a new placement		
Advisability of institutional placement		
Discipline problems		
Enuresis		
Child's situation conferenced with psychiatrist following which the psychiatrist interviewed the child for the following reasons:	5	12
Psychosomatic complaints		
Withdrawal tendencies		
Homosexual tendencies		
Promiscuity		
Total	44	100

the foster parents knew that the children they were rearing were retarded. Data on the foster parents' recognition and acceptance of retardation were collected from items numbered 93, 94, 95, 100, and 101 of the Case Analysis Schedules.

The records contained relatively few references to behaviour and development which the foster parents recognized as signs of retardation. Of the twenty-three subjects who were in care during the pre-school years, there were only nine records in which mention was made of obvious retardation. Table XVI classified the thirteen reasons which these nine foster parents gave as signs indicative of retardation. Slowness in learning to talk appeared to be the most prominent sign which foster parents recognized and associated with retardation. Other studies had also identified these same indicators by which the foster mothers had detected retardation in their children's development.<sup>11</sup> Since developmental data, which were collated under Schedule item number seventy-three were incomplete for the majority of

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<sup>11</sup>Fred J. Schonel and E. H. Watts, "A First Survey of the Effects of a Subnormal Child on the Family Unit," American Journal of Mental Deficiency, Vol. 61, No. 1, July 1956, p. 210-219.

Leonard Rosen, "Selected Aspects in the Development of the Mother's Understanding of Her Mentally Retarded Child," American Journal of Mental Deficiency, Vol. 59, No. 3, January 1955, p. 522-528.

Table XVI. - Indications of Retardation Which the Foster Parents Recognized During the Pre-school Development of Nine Subjects.

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Area of Retardation	Frequency of Indication
Slow speech development	7
Poor motor coordination evidenced in learning to walk and eat	3
Difficulty in getting pre-schoolers to comprehend	2
Slowness in habit formation evidenced in toilet training	1

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the subjects, no analysis was made of the actual ages when the children learned to talk, walk, sit, and to acquire other skills.

Retardation was not discussed, according to the records, for the remaining fourteen of the twenty-three subjects who were in care during their pre-school years. An examination of these fourteen records indicated that two foster parents actually thought their children were bright; these children were hyperactive. As the children grew older and started to school their retardation appeared to be more marked. Slow school progress caused by grade repetitions was the major signal indicating or confirming retardation to the foster parents. The subjects' selection of younger playmates at school also seemed to be an almost universal characteristic.

Foster parent attitudes toward retardation varied greatly. From statements in the records, collated under Schedule items number 92, 93, 94, 95, and 105 the attitudes of the subjects' foster parents were classified. It was possible to group these statements under five categories as shown in Table XVII. Two of the categories were thought to be essentially positive or constructive in nature whereas the other three were negative.

Thirty-two per cent of the subjects had foster parents who were unable to accept their children as being mentally

Table XVII. - Foster Parents' Acceptance of the Subjects' Mental Retardation.

Attitudes of the Foster Parents Toward Retardation	Number of Subjects	Per Cent
Positive		
Complete acceptance of the child being retarded	14	31
Initial reluctance to ac- knowledge retardation, eventually accepted in a positive manner	10	23
Negative		
Rejecting child because of retardation	9	20
Denying that child was retarded	2	5
Unwilling to comprehend explanation of retardation	3	7
Insufficient data in the recording to support classification	6	14
Total	44	100

limited. Nine subjects experienced overt rejection by their foster parents because the children were slow. Two sets of foster parents who could not accept retardation tried to ignore or to deny it. They turned a blind eye and a deaf ear to any evidence of the child's slowness and if confronted resorted to rationalization. It was a most tenuous position to take, especially when their children's slow school progress started to advertise their limitations. Even then these foster parents believed that their children were just "late in blooming." This uncompromising denial that a child is retarded has been noted before by many writers. It represented one of Leo Kanner's three types of parental reactions.<sup>12</sup>

Three other sets of foster parents blocked at any interpretation of retardation. Although the social workers explained what retardation implied and what borderline capacity enabled one to accomplish, these foster parents persistently seemed unable to comprehend the explanations.

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<sup>12</sup>Leo Kanner, "Parents' Feelings About Retarded Children," American Journal of Mental Deficiency, Vol. 57, No. 3, January 1953, p. 375-383.

Leonard Rosen, "Selected Aspects in the Development of the Mother's Understanding of Her Mentally Retarded Child," American Journal of Mental Deficiency, Vol. 59, No. 3, January 1955, p. 522-528.

These foster parents were the type who, even after a thorough discussion of retardation, would still wonder why the social worker would say it was unrealistic for them to hope that their child would be able to attend an agriculture college whose entrance requirement was matriculation from a high school.

There was evidence that fifty-four per cent or twenty-four of the subjects had foster parents who were able to accept the child as being retarded. Two distinct categories were noted. First, there were the foster parents who had an easy-going or nonchalant acceptance. Upon being informed that their children were retarded, these foster parents accepted the condition in an objective manner. Their affection for the children was not reduced.

The second type of positive attitude was characteristic of the more demanding foster parents. These parents were very emotionally involved in their children. They had invested a great deal of time and effort in them and wanted the vicarious satisfaction of real achievement on the part of the children. They were reluctant at first to believe that the children would be limited in spite of the way they pushed and tutored them. Once these foster parents recognized and accepted retardation, they scaled-down their levels of aspiration for the children and re-directed their efforts to the study of the special needs of slightly retarded children.

One of these foster mothers, for example, became an avid reader of all popular articles and books on retardation. Another foster mother became very active on the executive of the Parent Teachers' Association of a vocational school for retarded girls.

There were insufficient data in the records to support classification of the foster parents' attitudes of six subjects. In these cases the discussions in the records were confined to behaviour problems. Any relationship between the foster parents' attitudes towards retardation and the problems being presented was ignored.

Educational Training and Attainment.-- Data relative to the subjects' school experiences were gathered when reading the case records and were transferred to Schedule items 113-128. The main questions answered by these data were: at what age the children started to school, how far their ability carried them in elementary school, how many were transferred to opportunity classes or junior vocational schools, and what were the children's prevailing attitudes towards their school experiences.

The mean age at which the subjects started grade one was 6.71 years.<sup>13</sup> Only one subject started grade one at five years of age while at the other end of the range, five

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<sup>13</sup>See Appendix 1, Table XLIV for frequency distribution.

subjects started when eight years old. Twenty of the subjects had attended at least one year of kindergarten before starting grade one. It was worth noting that not one of the subjects over sixteen years of age was still going to school. In fact, two fifteen-year olds had stopped school and were working.

In surveying the educational training which the subjects received, frequent mention was made in the records to transfer to auxiliary classes, opportunity classes, and junior vocational schools. The opportunity class and the junior vocational school programs arose out of the recognition that the educational ideal of equality of opportunity did not mean identity of opportunity. The term "opportunity class" is now replacing the older term "auxiliar class" in the Toronto school system phraseology. It refers to a non-graded class in a regular school where the work is planned for children whose intelligence quotients are from fifty to seventy-five. A child must be under twelve years to be eligible for an opportunity class. At thirteen years of age children are transferred to a junior vocational school. The junior vocational school should be distinguished from the secondary level technical high school. There are no specific academic requirements for entrance to the junior vocational school. In Toronto, most of the pupils have not completed elementary

school when they are transferred to one of the three junior vocational schools.

At the vocational schools they are provided with a three-year course. The courses are adapted to the pupils' individual needs. The boys' school makes every effort to prepare the pupils to enter apprenticeship. The curriculum includes training in automobile mechanics, barbering, shoe making, tailoring, dry cleaning, food preparation and training for similar trades.

There are two junior vocational schools for girls in the city. Their curriculum is designed to develop girls to be useful citizens by training them to earn their living. Emphasis is placed on training for home-making as well as the following subjects: operation of industrial sewing and laundry machines, baby care, food preparation, beautician training, typing and elementary business procedures.

Of the present study group, two subjects had been transferred to non-graded opportunity classes after grade one as shown in Table XVIII. The remaining forty-two subjects had continued in elementary school at least till grade four when they started to be transferred to opportunity classes. Twenty per cent or nine of the subjects actually reached grade eight in the regular school system. Six of them successfully completed grade eight. The median elementary school

Table XVIII. - Elementary School Grade Reached by the Study Population in the Regular School System Before Transfer to an Opportunity Class, A Junior Vocation of School, or Stopping School.

Grade Reached	Number of Subjects	Per Cent
Grade 1	2	5
2	..	..
3	..	..
4	4	9
5	10	23
6	13	29
7	6	14
8	9	20
Total	44	100

grade reached, however, was six which was also the modal grade, as seen in Table XVIII. The mean grade was not calculated because the presence of extreme measures would have affected it disproportionately. Of the six students who completed grade eight, one went on to the regular high school but failed grade nine.

Nine girls and three boys were transferred to opportunity classes. Eleven girls and ten boys attended a junior vocational school.

Other than opportunity class and junior vocation school training, the subjects did not, as a whole, receive any special training. Three of the subjects had attended speech classes. One foster mother, unknown to the supervising social worker, enrolled a child in a private school with the hope of being able to accelerate her development through individual instruction. When it was soon found out that the level of instruction at the school was low, the child was returned to the public school system. Four of the older girls who were working enrolled themselves in night classes at private business colleges to take up typing.

Although only nine subjects reached grade eight, the school record of the subjects indicated that thirteen subjects or thirty per cent showed no marked slow down in progress in terms of grade placement as recorded in Table XIX. Retardation in school became apparent in the records when

the subjects had repeated two grades. By this time, they were so far behind that they could be easily spotted. Some of the children, however, were transferred to opportunity classes when they were starting to experience difficulty in keeping up with their classmates. In these cases there was no indication, by their grade placement, of retardation up to the time of their transfer.

In the records of four of the children, the social worker had recorded that the teachers had explained that the children had been promoted so that they could remain with their age group even though the work was beyond their ability. These subjects were the pupils who although they might be in grade six were only reading at the grade three level and doing arithmetic at the grade one level. It was noted, then, that grade placement was a poor indication of deceleration of school progress for these children. Retardation of school progress as indicated by grade placement was noted for sixty-one per cent of the subjects.

The attitudes, expressed by the subjects towards school and recorded by the social workers, were collected under item number 128 of the Case Analysis Schedule. These remarks were classified as to a prevailing positive or negative attitude toward schooling. The distribution of the subjects on this classification of attitudes toward school was illustrated in Table XX.

Table XIX. - School Progress of the Subjects When They Were Attending Regular Elementary School Classes.

School Progress	Number of Subjects	Per Cent
Two or more grades behind age group	27	61
Keeping up with age group	13	30
Promoted to remain with age group but unable to do the work	4	9
Total	44	100

Forty-eight per cent of the subjects were recorded to have held positive attitudes toward their school experiences while thirty-nine expressed negative attitudes. In the records of eight subjects there was no expression of negative remarks about school and they seemed to have really enjoyed school. Thirteen subjects had expressed ambivalent feelings prior to their transfer to either an opportunity class or a junior vocational school. After transferral, the attitudes recorded were positive.<sup>14</sup> It was interesting to note that the ratio of improvement in attitudes was much higher for those in a junior vocational school. Of the eleven subjects who were transferred to opportunity classes only three were noted to have changed ambivalent feelings for generally positive attitudes. In contrast, of the twenty-one subjects transferred to junior vocational schools, about fifty per cent or ten subjects registered a change to a generally positive attitude to their school experience. In the records, it was noted that certain children felt badly about being transferred to an opportunity

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<sup>14</sup>Cf. the rejection of slow learners in the regular grades by peers as revealed by the following sociometric study: G. Orville Johnson, 'A Study of the Social Position of Mentally-handicapped Children in the Regular Grades,' American Journal of Mental Deficiency, Vol. 55, No. 1, July 1950. p. 60-89.

class which they called the "dumb-bell" class in a school. Opportunity classes, unlike the junior vocational schools were not housed separately from the regular grades. Vocational training could be interpreted as a preparation for earning a living in a manner which unfortunately opportunity classes could not.

The attitudes of ten subjects indicated anxiety and fear about their school progress. The children expressed anguish that they were "dumb" or "stupid" as proved by their school experiences. They were apprehensive lest their incompetency would be exhibited before others in the classroom. These fears were not unfounded since in three records there were actual references to the children being ridiculed before the class and being castigated by being labeled the "class dumb-bell."

The obvious question arose as to whether the subjects who liked school were the same subjects whose school progress was not retarded. Consequently, the distribution of subjects for school progress was cross-classified with their attitudes towards school. Table XXI illustrated the resultant cross-tabulation.

It was noted from this table that the subjects whose attitudes to school were positive were the subjects who were able to keep pace with their peers. These subjects all had great determination and received much support and

Table XX. - Attitudes, Recorded by the Social Workers, Which the Subjects Had Expressed Toward Their School Experience.

Attitudes	Number of Subjects	Per Cent
Positive		
Enjoyed school experience	8	18
Ambivalent feelings became positive after transfer to an opportunity class	3	7
Ambivalent feelings became positive after transfer to a junior vocational school	10	23
Negative		
Anxious and fearful about school experience	10	23
Dread and hatred of school	7	16
Insufficient data	6	13
Total	44	100

encouragement from their foster parents enabling them to achieve up to the very limit of their capacity.

Of the four children who were promoted along with their age group, three expressed negative attitudes. One of these subjects confided her great fear that her inadequacy would be exposed. Another, frustrated by work well beyond her ability, expressed a deep dread and hatred of school. The third subjects' attitudes only became positive when she was transferred to the non-competitive setting of an opportunity class.

The records of nine subjects said that they had been school behaviour problems. Although the school was the setting where problematic behaviour was expressed, the nature of the problems was dealt with below along with the general analysis of problems.

Employment Experiences.-- Data concerning spare- and full-time employment were marshalled under items number 130 and 131 of the Schedule. Although the Agency gives its children who are attending school an allowance, a few of the subjects earned extra spending money by getting Saturday morning or after-school jobs. The youngest subject to get a part-time job was only ten. During the summer holidays she helped a convalescing neighbour with her marketing and housework. Another girl was earning some pocket money by

Table XXI. - Cross-classification of the Attitudes Which the Subjects Held Toward School and Their School Progress.

Attitudes to School	School Progress					
	No Slow Down		Pushed Ahead		Slow	
	N	%	N	%	N	%
<b>Positive</b>						
Enjoyed school experience	7	54	..	..	1	4
Ambivalent feelings became positive after transfer to an opportunity class	..	..	1	25	2	7
Ambivalent feelings became positive after transfer to a junior vocational school	2	15	..	..	8	30
<b>Negative</b>						
Anxious and fearful about school progress	1	8	1	25	8	30
Dread and hatred of school	..	..	1	25	6	22
Insufficient data	3	23	1	25	2	7
<b>Total</b>	<b>13</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>27</b>	<b>100</b>

babysitting when she was twelve years old. All together there were eight subjects who had had part-time work before they were sixteen. These jobs included ushering at theatres, wrapping groceries at supermarkets, farm chores, picking fruit, and paper routes.

Thirteen subjects were self-supporting when they were sixteen. Two others when they were seventeen. There was a high degree of job turn-over for these fifteen self-supporting subjects. Collectively, they had had a total of thirty different jobs, although they did not start to work full-time until they were sixteen or seventeen and the oldest subject was only nineteen. These jobs were classified in Table XXII. Most of them were labouring, factory or minor clerical work. The latter category included positions where the subjects were office boys, stock exchange messengers, factory and office mail carriers and clerks. The present findings coincided with the results of Tizard and O'Connor's study of Binet mental age thresholds for various occupations. They noted that individuals with intelligence quotients between seventy and eighty-five were best suited for unskilled labour and repetitive work.<sup>15</sup>

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<sup>15</sup>J. Tizard and N. O'Connor, "The Employability of High-grade Mental Defectives, Part I," American Journal of Mental Deficiency, Vol. 54, No. 4, April 1950, p. 569.

Perhaps the most interesting employment history, although a deviant case, was that of a girl who learned, through in-service training, how to operate a switchboard. This girl, who consistently was rated as borderline on psychometric tests, went to night school to learn typing and the operation of the teletype machine. Upon completion of her course she was employed as a teletype operator.

Problems Presented by the Subjects.-- When reading the narrative records careful notation was made of any mention that the children were presenting problems, whether in the home, neighbourhood, or at school. These remarks were recorded under the following Schedule items: Numbers 84, 85, 86, 92, 105, and 127. In order to classify the problems, the more than two hundred statements which were transferred from the narrative case records to the Schedule were transferred to index cards. These cards were sorted and re-arranged until a logical classification, inherent in the data, emerged.

After much re-grouping, the problems were classified under four categories: personality problems, problems in forming object relations, problems related to physical functioning, and conduct problems. It was interesting to note that the classification of personality problems which resulted from the analysis was identical with C. M. Louttit's

Table XXII. - Classification of the Thirty Different Jobs Which the Fifteen Self-supporting Subjects Had Held.

Classification of Jobs	Female	Male
Labourer, farm or construction	.	5
Minor clerical work	3	2
Factory and laundry work	3	2
Tradesman's helper	1	3
Sales clerk	1	1
Restaurant work	1	1
Messenger and delivery work	.	2
Switchboard operator	1	.
Teletype operator	1	.
Nurse's aid	1	.
Theatre ushering	.	1

classification.<sup>16</sup> There was not an intentional similarity or a borrowing of a classification. The variety of problems which had been recorded during the time the subjects were in care was so broad that the requirements of a comprehensive classification of problems could easily be met.

The presence of problems over two time periods was noted in the column headings of Table XXIII. The frequency of problems which had been experienced throughout the life span of the children while in care was tabulated in the first column. It showed the great variety of problems which these subjects had presented. Only problems which were being presented at the time of the study were tabulated in the second column. This second tally of problems was made in preparation for an assessment of the adjustment of the subjects at the time of the study.

The most frequent problem which was a concern to the social workers, during the period of the study, was the deep-seated feelings of inferiority which were paralyzing some children. Ten of the subjects had been unable to gain a sense of worth through achievement in any area. So deeply ingrained was their belief that they were failures, that the

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<sup>16</sup>Cf. C. M. Louttit, Clinical Psychology of Children's Behaviour Problems, New York, Harper, 1947, esp. Chapter XIII, p. 488-532.

Table XXIII. - Comparison of the Number and Types of Problems Mentioned in the Records Which the Subjects Had Presented During the Total Time They were in Care Compared with the Problems Being Presented in December 1955.

Types of Problems	Frequency of Problems	
	Occurance During Total Time Subjects in care	Active Problems in Dec. 1955
Personality Problems		
Moodiness and depression	4	4
Fear, timidity, anxiety	13	5
Feelings of inferiority	12	10
Jealousy	4	2
Shy, withdrawn behaviour	8	3
Daydreaming	7	3
Negativism and disobedience	7	3
Hysterical symptoms	4	1
Problems in Forming Object Relations		
Overly dependent	6	2
Inability to relate to adults	12	6
In ability to relate to peers	8	8
Bullying	6	2
Problems Related to Physical Functioning		
Lack of inhibitory control		
Hyperactivity	9	2
Tics	4	2
Sleep disturbances	8	1
Rocking and head banging	5	.
Nail biting and picking at body	10	2
Enuresis	11	3
Encopresis	8	.
Speech difficulties	11	1
Over-eating	4	1
Poor appetite	1	.

Table XXIII Continued. - Comparison of the Number and Types of Problems Mentioned in the Records Which the Subjects Had Presented During the Total Time They Were in Care, Compared with the Problems Being Presented in December 1955.

Types of Problems	Frequency of Problems	
	Occurance During Total Time Subjects in Care	Active Problems in Dec. 1955.
<b>Conduct Problems</b>		
Lying	13	5
Stealing	10	6
Truancy		
School	2	1
Home	3	3
Sex Problems		
Sex play with children	3	1
Masturbation	3	•
Promiscuity	2	2
Homosexual tendencies	2	2
Social irresponsibility	9	2
Temper tantrum	9	2
Hostile aggressive behaviour		
Destructiveness	6	4
Defiance and insolence	9	5
Obstinance	7	4
Employment instability	5	5

social workers found the subjects' self-picture extremely difficult to change. These subjects had given up trying to achieve even simple tasks. They felt it was unlikely they would ever be confident, attractive, and independent in action.

In comparing the two columns some decreases were noted in the occurrence of problems associated with a younger age period. For example, there had been trouble with head banging with five toddlers. These problems disappeared when the subjects grew older. Similarly there were only three references in the records to enuresis being a problem at the time of the study. Eleven subjects or twenty-five per cent had during their time in care been enuretic. Curt Rosenow in an early study of 144 borderline children had found twenty-two per cent of them to be enuretic.<sup>17</sup> This similarity of findings was interesting.

## 2. Assessment of Adjustment

The data presented in the first section of this chapter were handled descriptively. The recorded facts were merely transferred from the case records to the Schedule. They were classified, counted, and presented tabularly. Although

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<sup>17</sup>Curt Rosenow, "A Note on the Significance of Nocturnal Enuresis with Reference to Intelligence and Delinquency," Journal of Delinquency, Vol. 5, 1920, p. 41-55, citant C. M. Louttit, op. cit., p. 335.

some of the data were of an evaluative nature, it was the social workers and not the research worker who had made these evaluations. This descriptive analysis of the data was the foundation upon which a study of the subjects' adjustment was made. In one way, a classification of the subjects in terms of adjustment meant a reduction and an integration of the data. To assess adjustment, however, evaluative judgments had to be made by the research worker.

It was recognized that estimates of adjustment which were made through conference decisions rather than by one research worker were following a more reliable research procedure.<sup>18</sup> Several major research projects, like Powers and Witmer's An Experiment in the Prevention of Delinquency,<sup>19</sup> however, had assessments of the adjustment of the study population made by only one person. The present research worker was by no means establishing a precedent. The major criticism of this procedure was that one could raise the question whether another worker in

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<sup>18</sup>Malcolm G. Preston, et al., "An Experimental Study of a Method for Abstracting the Content of Social Case Records," Journal of Abnormal and Social Psychology, Vol. 45, No. 4, October 1950, p. 628-646.

<sup>19</sup>Edwin Powers and Helen Witmer, An Experiment in the Prevention of Delinquency, The Cambridge-Somerville Youth Study, New York, Columbia, 1951, xlv-649 p.

reviewing the same cases might not have differed in his assessment of their adjustment.

When judgments were made by one individual, it appeared important to outline carefully the criteria which were applied to the data in making the evaluation. Greater reliability was also achieved if the degrees on the scale were as few as possible. As a result, the five degrees of adjustment: excellent, good, fair, rather poor, and poor, which were first devised in this study were reduced to three degrees: good, fair, and poor. Previous adjustment studies such as Kinder and Rutherford's project had also found it advisable to reduce the degrees of adjustment to three.<sup>20</sup> In reading the Case Analysis Schedules, it was easy to divide them into three piles. The two end extremes appeared quite distinct leaving a residual middle group. It was believed that an independent rater basing his judgments on the same criteria would have probably divided the cases in an almost identical manner.

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<sup>20</sup>Elaine F. Kinder and Elizabeth J. Rutherford, "Social Adjustment of Retarded Children, A Follow-up Study from January to June, 1926, of Retarded Children Seen in the Henry Phipps Psychiatric Dispensary Between January and June, 1921," Mental Hygiene, Vol. 11, No. 4, October 1927, p. 811-833.

Criteria of Adjustment.-- There were five areas of behaviour which were examined in arriving at a decision regarding adjustment. Much of the data, upon which the ratings were based, had already been analyzed descriptively. First of the five areas concerned the quantity and severity of problems which the children were presenting. The recording of the social workers frequently was focused upon the problems which they or the foster parents were experiencing with the children. There was felt to be adequate coverage in this area upon which to base judgments. It was relatively easy to trichotomize the group into those who were presenting a great number of problems, those who presented no problems or only a few minor ones, and a middle group.

The second factor considered was the child's adjustment in the foster home setting. Schedule item number 105 gave information on this topic. Particular attention was given to the child's ability to relate to substitute parental figures. The child's interpersonal relations with all the members in the household were surveyed to note how typically harmonious, friendly, and satisfying they were. Statements were weighed which would give an indication of the child's feeling of being a central or peripheral part of the family circle.

There were three other factors taken into account in making the ratings. An assessment of the child's participation and inclusion in social activities with other children was noted. The child's attitude toward school, the quality of his work in relation to his abilities, and his general school progress were considered. If he was not attending school, the stability of his employment was examined.

To be classified as being well adjusted, a subject had to be rated high on all the areas except perhaps one. Similarly, a subject was classified as poorly adjusted when he was rated low on all the areas except perhaps one. The category of "fair" represented subjects who were between these two extremes.<sup>21</sup>

Table XXIV represented the distribution of the subjects when rated for adjustment. It was noted that the largest number of subjects were rated as being well adjusted. Only ten or twenty-three per cent of the subjects were considered to be poorly adjusted. This figure may seem low. It must be remembered, however, that children of borderline ability who were poorly adjusted and presenting

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<sup>21</sup>Three case summaries were prepared to illustrate the three degrees of adjustment. Commentaries on the cases explained the rationale for the ratings. Cf. Appendix 2.

problems frequently were committed to provincial institutions. Perhaps a greater percentage would have been rated as poorly adjusted if none of the borderline children, who had ever been in care had been sent to an Ontario Hospital School or to an Ontario Training School.

### Summary

This chapter was divided into two sections. The first section was a descriptive analysis of certain aspects of the subjects' experiences during foster home care. A review of the psychological records revealed that customarily the Stanford-Binet had been administered to each subject several times. Intelligence quotient fluctuations, above and below the borderline range, were minimal. Even the toddlers who were given tests for infants were predominantly assessed as borderline. Almost no use was made of psychological or psychiatric services outside of the Agency for these subjects. Thirty-two per cent of the subjects were either seen by, or conferenced with the Agency's consulting psychiatrist.

In studying the foster parents' detection of the subjects' retardation, it was noted that very few of them were able to detect any slowness during pre-school development. Those foster parents who did, noted slowness in learning to talk and in acquiring motor skills. Although

Table XXIV. - Distribution of the Subjects  
When Rated for Adjustment, on the Evidence in the  
Records, at the Time of the Study.

Adjustment	Number of Subjects	Per Cent
Good	19	43
Fair	15	34
Poor	10	23
Total	44	100

many foster parents recognized retardation after the children started to school, thirty-two per cent either refused to admit or rejected the children because they were retarded.

On the school scene, the subjects on the average went as far as grade six in the regular elementary school system before transferring to an opportunity class or to a junior vocational school. Twenty per cent reached grade eight. Twenty-seven per cent were transferred to opportunity classes and forty-seven per cent went to junior vocational schools. Those whose school progress was not noticeably retarded held more positive attitudes towards their school experiences. Thirty-nine per cent of the subjects had a deep-seated dislike or fear ~~or fear~~ of school.

On the work scene, it was noteworthy that a few of the subjects had got spare-time jobs while still in their early teens. All of the subjects stopped attending day school between sixteen and seventeen years of age. Thirty-four per cent of the subjects were self-supporting, job turn-over was very great for these subjects. Most found employment as labourers, factory workers, or as minor clerical workers.

References in the records to problems were collated. After a classification of these problems, two counts were

made; first, a count of the problems which were presented during the total period the subjects were in care. Secondly, a tally was made of the problems which were active at the time of the study.

The second section of the chapter was devoted to a discussion of the assessment of the subjects' adjustment at the time of the study. The reliability of evaluative judgments which were made by one person was discussed. The importance of outlining the aspects which were considered in making these ratings was noted. The five areas considered were enumerated. They included freedom from problems, adaptation in the foster home setting, adequacy of social relationships, and progress at school or at work.

## CHAPTER VI

### ASSOCIATION BETWEEN THE ADJUSTMENT RATINGS AND THE OTHER DATA

The two proceeding chapters have been both devoted to an analysis of data, but of different sets of data. Chapter IV presented and examined data obtained from the administration of psychological tests and rating scales. Chapter V was focused exclusively upon a descriptive analysis of the data contained in the case records. From these data, ratings were made of the subjects' adjustment.

This chapter is an integrative analysis of both sets of data. It attempts to compare and associate the findings from the psychological tests with those of the case records. In order to accomplish this task, the diversified data from the case records had to be reduced. The ratings of adjustment were considered to be the "lowest common denominator" to which these data could be reduced.

This chapter is divided into two sections. It was said that the adjustment ratings were based upon the evidence in the case records. The actual association between the data abstracted, classified, and descriptively analyzed in Chapter V and the adjustment ratings, however, has as yet not been spelt out. The first section of this chapter presents evidence that the adjustment ratings are a type of

reduction of the case record data and can be employed as the "lowest common denominator."

The second section of this chapter is an examination of the association between the findings of the psychological tests and the adjustment ratings. In this section, both sets of data are compared for significant associations.

#### 1. The Adjustment Ratings

The adjustment ratings were cross-classified with the following five characteristics of the study population: the number of active problems being presented, the use made of the Agency's psychiatric consultation service, the attitudes of the foster parents toward retardation, the subjects' school progress, and their attitudes toward school. In order to facilitate this series of cross-classifications, the adjustment ratings were transferred to the McBee Keysort punch cards. The characteristics of the subjects, mentioned above, were coded and recorded on the cards. The data from the psychometric tests and the Fels Rating Scales had also been punched previously on the cards. As a result, the data required for the analysis of both sets of data were conveniently recorded on the same set of cards.

First of all, the problems which the children were presenting at the time of the study were cross-classified with their ratings of adjustment. Table XXV presented this

Table XXV. - Cross-classification of Adjustment Ratings and the Number and Type of problems Recorded as Being Presented by the Subjects During the Autumn of 1955.

Types of Problems	Adjustment		
	Good	Fair	Poor
<b>Personality Problems</b>			
Moodiness and depression	..	1	3
Fear, timidity, anxiety	..	3	2
Feelings or inferiority	.3	4	3
Jealousy	1	..	1
Shy, withdrawn behaviour	..	1	2
Daydreaming	..	..	3
Negativism and disobedience	..	2	5
Hysterical symptoms	..	..	1
<b>Problems in Forming Object Relations</b>			
Overly dependent	..	1	1
Inability to relate to adults	..	1	5
Inability to relate to peers	..	4	4
Bullying	..	..	2
<b>Problems Related to Physical Functioning</b>			
Lack of inhibitory control			
Hyperactivity	..	1	1
Tics	1	..	1
Sleep disturbances	..	..	1
Rocking and head banging	..	..	..
Nail biting and picking at body	..	1	1
Enuresis	..	2	1
Encopresis	..	..	..
Speech difficulties	..	..	1
Over-eating	1	..	..
Poor appetite	..	..	..

Table XXV Continued. - Cross-classification of Adjustment Ratings and the Number and Type of Problems Recorded as Being Presented by the Subjects During the Autumn of 1955.

Types of Problems	Adjustment		
	Good	Fair	Poor
<b>Conduct Problems</b>			
Lying	..	..	5
Stealing	..	2	4
Truancy			
School	..	..	1
Home	..	..	3
Sex problems			
Sex play with children	..	..	1
Masturbation	..	..	1
Promiscuity	..	1	1
Homosexual tendencies	..	..	2
Social irresponsibility	1	1	..
Temper tantrum	1	..	2
Hostile aggressive behaviour			
Destructiveness	..	1	3
Defiance and insolence	..	1	4
Obstinance	..	2	2
Employment instability	..	2	3
Total number of problems	8	31	69
Number of subjects	19	15	10

cross-classification. Since one of the factors considered in making the ratings of adjustment was the number of problems the subjects were presenting, it was not surprising that the subjects who were rated as well adjusted had relatively few problems. There were only eight problems noted for these nineteen children. In contrast, there were sixty-nine problems counted in the records of the ten subjects who were judged to be poorly adjusted. The group rated fair were placed between these two extremes.

Next, it was questioned whether the Agency's psychiatrist had been consulted proportionally more frequently concerning the more poorly adjusted subjects than the well adjusted ones. The cross-classification of these data was presented in Table XXVI. Since the actual frequency of cases being conferenced and/or seen by the psychiatrist was small, the actual cell frequencies were included in the table as well as the percentages which were calculated from them. Percentages alone, when calculated from such small frequencies, might have been misleading.

It was noted that the psychiatrist had personally interviewed more than just the poorly adjusted subjects. More of the poorly adjusted, however, had been seen. Seventy-five per cent of the well adjusted subjects had neither been interviewed nor conferenced. A comparison such as this one, which is based only upon quantitative

**Table XXVI. - Cross-classification of the Adjustment Ratings and the Use Made of Psychiatric Consultation.**

Use Made of Psychiatric Consultation	Adjustment					
	Good		Fair		Poor	
	N	%	N	%	N	%
Neither seen nor confer- enced	14	75	12	80	4	40
Child's situation con- ferenced by the social workers with the psychiatrist	4	20	3	20	2	20
Child's situation con- ferenced with the psychiatrist follow- ing which the psychi- atrist interviewed the child	1	5	..	..	4	40
Total	19	100	15	100	10	100

data does not present the whole picture. In referring back to the cases, it was noted that the subjects who were poorly adjusted had been personally interviewed by, or conferenced with, the psychiatrist because of more serious personality problems. The subjects who had been rated good and fair in adjustment had been conferenced mainly because the social workers wished guidance regarding the training and care of the children.

It had previously been noted that the attitudes of the subjects' foster parents toward retardation varied. The question was now raised, whether there was any association between the degree of adjustment of the subjects and the attitudes of the foster parents. Consequently, the adjustment ratings were cross-tabulated with the foster parents' attitudes as shown in Table XXVII. It was noted that the foster parents of the subjects, whose adjustment had been rated as good, had all, except one, accepted the child's retardation in a positive manner. On the other hand, all of the subjects judged poorly adjusted had foster parents who in one way or another did not accept the child's retardation.

In Tables XXVIII and XXIX, the subjects' adjustment ratings were cross-classified with their school progress and their attitudes to school. A much larger proportion of poorly adjusted subjects showed a slow down in school progress than the well-adjusted children. As might have been

Table XXVII. - Adjustment Ratings Cross-classified with the Foster Parents' Acceptance of the Subjects' Mental Retardation.

Attitudes of the Foster Parents Toward Retardation	Adjustment					
	Good		Fair		Poor	
	N	%	N	%	N	%
<b>Positive</b>						
Complete acceptance of the child being retarded	8	42	6	40	..	..
Initial reluctance to ac- knowledge retardation, eventually accepted in a positive manner	9	48	1	7	..	..
<b>Negative</b>						
Rejecting child because of retardation	1	5	5	33	3	30
Denying the child was retarded	..	..	1	7	1	10
Unwilling to comprehend explanation of retardation	..	..	..	..	3	30
Insufficient data	1	5	2	13	3	30
<b>Total</b>	<b>19</b>	<b>100</b>	<b>15</b>	<b>100</b>	<b>10</b>	<b>100</b>

Table XXVIII. - Ratings of Adjustment Cross-Classified with the Subjects' School Progress During the Period That They Were Attending Regular Elementary School Classes.

School Progress	Adjustment					
	Good		Fair		Poor	
	N	%	N	%	N	%
Two or more grades behind age group	11	57	8	53	8	80
Keeping up with age group	6	32	6	40	1	10
Promoted to remain with age group but unable to do the work	2	11	1	7	1	10
Total	19	100	15	100	10	100

Table XXIX. - Ratings of Adjustment Cross-classified with the Attitudes, Recorded by the Social Workers, Which the Subjects Had Expressed Toward Their School Experience.

Attitudes of the Subjects Toward School	Adjustment					
	Good		Fair		Poor	
	N	%	N	%	N	%
<b>Positive</b>						
Enjoyed school experience	6	31	3	20	..	..
Ambivalent feelings became positive after transfer to an opportunity class	2	11	1	7	..	..
Ambivalent feelings became positive after transfer to a junior vocational school	5	26	3	20	1	10
<b>Negative</b>						
Anxious and fearful about school experience	3	16	3	20	4	40
Dread and hatred of school	..	..	3	20	4	40
Insufficient data	3	16	2	13	1	10
Total	19	100	15	100	10	100

expected, the larger percentage of well-adjusted subjects held positive attitudes about school in contrast to the almost exclusively negative attitudes to school held by the subjects rated poorly adjusted.

## 2. Adjustment Ratings Compared with the Psychological Tests

This second section is an examination of the association between the findings of the psychological tests and the adjustment ratings. Other than the Stanford-Binet, two psychological tests were administered, the Vineland Scale of Social Maturity and the Mental Health Analysis. Although not a psychological test in the strict sense, the Fels Parent Behaviour Rating Scales might also be classified here. The adjustment ratings were cross-classified with the findings of these three tests, the Vineland Scale, the Mental Health Analysis, and the Fels Scales.

Association Between the Adjustment Ratings and Social Competency.-- The adjustment ratings based upon the contents of the case history were examined in comparison to the distribution of social quotients obtained from the administration of the Vineland Scale of Social Maturity.

The mean social quotients were computed for the subjects whose adjustment had been rated good, fair, and

poor. These means were, respectively, 93.42, 86.93, and 81.40. As might have been assumed the subjects who were rated well adjusted tended to show the greatest degree of social competency, while the poorly adjusted showed the lowest.

Next came the question whether the differences between the means were significant. The standard error of the difference between means was calculated by the formula:<sup>1</sup>

$$\hat{\sigma}_{\bar{X}_1 - \bar{X}_2} = \sqrt{\left( \frac{\sum x_1^2 - \frac{(\sum x_1)^2}{N_1}}{N_1 - 1} + \frac{\sum x_2^2 - \frac{(\sum x_2)^2}{N_2}}{N_2 - 1} \right) \left( \frac{N_1 + N_2}{N_1 N_2} \right)}$$

As noted in Table XXX, a significant difference was found between the mean social quotients for subjects rated good in contrast to those rated poor. The difference between mean social quotients for those rated good and those rated fair was extremely close to being significant at the .05 level. There did not appear to be any significant difference between the magnitude of the social quotients received by the subjects rated fair and poor.

Association Between the Adjustment Ratings and the Mental Health Analysis Scores.--Since adjustment ratings

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<sup>1</sup>Margaret Jarman Hagood and Daniel O. Price, Statistics for Sociologists, New York, Holt, 1952, p. 332.

Table XXX. - Significance of Differences Between the Mean Social Quotients for the Subjects Rated Good, Fair, and Poor for Adjustment.

Adjust- ment	Mean S.Q.	Sigma	Differ- ence Between Means	<sup>a</sup> $\hat{\sigma}_{\bar{X}_1 - \bar{X}_2}$	t Value	Level of Signifi- cance
Good	93.42	8.92	12.02	3.79	3.14	P<.01
Poor	81.40	10.10				
Good	93.42	8.92	6.49	3.21	2.02	P>.05(.10)
Fair	86.93	9.17				
Fair	86.93	9.17	5.53	4.06	1.36	P<.20
Poor	81.40	10.10				

<sup>a</sup>Standard error of the difference between means.

and the dichotomized Mental Health Analysis scores could be treated as attributes rather than as variables, it was planned that the association between the two sets of values could be ascertained by entering the data on 2 X 3 tables and studying contingency. The McPee punch cards, on which the coded data had been transferred, were sorted for high and low Mental Health Analysis scores which were then cross-sorted for good, fair, and poor adjustment ratings. Table XXXI reproduced the resultant frequencies in a six cell contingency table. Since one cell value was zero, and another one only two, contingency could not be reliably computed. The possibility of combining two of the adjustment ratings was considered in an attempt to increase the cell frequencies. Even had the fair ratings of adjustment be combined with either the good or the poor, one cell frequency of the resultant fourfold chi square table would have been less than the desired minimum cell frequency of five. An alternative method of analysis was sought.

It was decided to employ a nonparametric technique. The Fisher Exact Probability Test was selected. By comparing, at first, only the extremes, that is, the association between good and poor adjustment and high and low Mental Health Analysis scores, the data were entered in a fourfold

Table XXXI. - Cross-classification of the Adjustment Ratings and the Mental Health Analysis Scores.

Adjustment	Mental Health Analysis		Both
	Low <sup>a</sup>	High <sup>b</sup>	
Good	..	19	19
Fair	8	7	15
Poor	8	2	10
Total	16	28	44

<sup>a</sup>Mental Health Analysis percentile scores of thirty and lower.

<sup>b</sup>Mental Health Analysis percentile scores of thirty-one and higher.

table. The following formula was used to analyze the data:<sup>2</sup>

$$P = \frac{(A+B)! (C+D)! (A+C)! (B+D)!}{N! A! B! C! D!}$$

Three tests were made, as shown in Table XXXII.

First, good and poor adjustment ratings were cross-classified with high and low Mental Health Analysis scores. Next, it was wondered whether there was any significant association between good and fair, and then, between fair and poor ratings. In order to find out, two more calculations were made as shown in Table XXXII. When the right hand totals were fifteen or less a "Table of Critical Values of D (or C) in the Fisher Test"<sup>3</sup> was used. This table enabled one to by-pass the involved computations dealing with great magnitudes which formulae including factorials entailed. By using these tables, however, probability values were not calculated. The researcher was content to use significance levels rather than the exact values of probability.

A significant association was noted between high Mental Health Analysis scores and the subjects being rated as well adjusted, and low Mental Health Analysis scores and the subjects being rated as poorly adjusted. A significant dependency was found between those rated on adjustment

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<sup>2</sup>Sidney Siegel, Nonparametric Statistics for the Behavioral Sciences, New York, McGraw-Hill, 1956, p. 97.

<sup>3</sup>Op. cit., p. 256-270.

Table XXXII. - Cross-classification of the Adjustment Ratings and the Mental Health Analysis Scores on Fourfold Tables for the Computation of the Fisher Exact Probability Test.

Adjustment	M. H. A. <sup>a</sup>		Both	Level of Significance
	Low	High		
Good	..	19	19	
Poor	8	2	10	
Total	8	21	29	.001
Good	..	19	19	
Fair	8	7	15	
Total	8	26	34	.001
Fair	8	7	15	
Poor	8	2	10	
Total	16	9	25	Not significant at even the .05 Level.

<sup>a</sup>Mental Health Analysis percentile scores of thirty and lower were classified as low.

as good and those rated fair when they were cross-classified with high or low Mental Health Analysis scores. No dependency was noted between high or low inventory scores and those who were rated fair or poor for adjustment.

The significant associations between high Mental Health Analysis scores and the estimates of adjustment based upon the social workers' records provided a noteworthy comment concerning the validity of the Mental Health Analysis, Elementary Series. Needless to say, the ratings for adjustment had been made without reference to the inventory scores.

Association Between the Adjustment Ratings and the Fels Ratings.-- Now that an association had been found between the adjustment ratings and both the social quotients and the personality inventory, the next step in integrating the data was to find out if there were any significant associations between adjustment ratings and the Fels ratings.

Once more the punch cards were referred to for another run of cross-classifications. This time, the cards were sorted for the three categories of adjustment. Then the three piles were in turn sorted for each of the fifteen degrees on the five Fels clusters. The resulting frequencies were entered in Table XXXIII.

Table XXXIII. - Cross-classification of the Ratings of Adjustment and the Ratings of Forty Subjects on the Five Fels Clusters.

Fels Ratings	Adjustment					
	Good		Fair		Poor	
	N	%	N	%	N	%
<b>Acceptance-rejection</b>						
Accepting	11	65	3	20	..	..
Casual	6	35	9	60	..	..
Rejecting	..	..	3	20	8	100
Total	17	100	15	100	8	100
<b>Democratic-autocratic</b>						
Democratic formulation of policies	12	70	2	13	..	..
Mixed	2	12	9	60	4	50
Autocratic	3	18	4	27	4	50
Total	17	100	15	100	8	100
<b>Effectiveness of Regulation Policy</b>						
Effective	8	47	6	40	..	..
Partial effectiveness	6	35	4	27	3	37
Disciplinary problems	3	18	5	33	5	63
Total	17	100	15	100	8	100
<b>Laxity-restraint</b>						
Lax	9	53	4	27	3	37
Inconsistent	8	47	7	46	2	26
Controlling	..	..	4	27	3	37
Total	17	100	15	100	8	100
<b>Indulgence-nonchalance</b>						
Indulgent	11	65	4	27	..	..
Mixed	6	35	10	67	3	37
Nonchalant	..	..	1	6	5	63
Total	17	100	15	100	8	100

The data in this table were scrutinized for the possibility of analyzing it by studying contingency. Each of the Fels clusters could be analyzed separately since the data were on 3 X 3 tables. Unfortunately, the cell frequencies in many instances were less than five. Once again, Fisher's nonparametric technique called the Exact Probability Test was employed. To use this test the data had to be entered in fourfold tables. It was decided to test only the extremes for dependency. That is to say, to see if there was a significant association, for example, between subjects living with warm or rejecting foster parents and the same subjects having been rated good or poor for adjustment.

These data were re-arranged in Table XXXIV. Once again the "Table of Critical Values of D (orC) in the Fisher Test" was used; no exact probability values were computed, just levels of significance. It was noted that there were significant associations between the data entered in each of these five fourfold tables. It was concluded that the subjects who had been rated as well adjusted were living in foster homes where the foster parents were warm and accepting. These foster parents tended to be rather indulgent and lax, forming regulation policy in a democratic manner, by giving the children a voice in making the rules.

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Table XXXIV. - Cross-classification of the Terminal Categories of the Adjustment Ratings and the Fels Ratings.

Fels Ratings	Adjustment		Both	Level of Significance
	Good	Poor		
<b>Acceptance-rejection</b>				
Accepting	11	..	11	
Rejecting	..	8	8	
Total	11	8	19	.005
<b>Democratic-autocratic</b>				
Democratic formulation of policies	12	..	12	
Autocratic	3	4	7	
Total	15	4	19	.01
<b>Effectiveness of Regulation Policy</b>				
Effective	8	..	8	
Disciplinary problems	3	5	8	
Total	11	5	16	.02
<b>Laxity-restraint</b>				
Lax	9	3	12	
Controlling	..	3	3	
Total	9	6	15	.05
<b>Indulgence-nonchalance</b>				
Indulgent	11	..	11	
Nonchalant	..	5	5	
Total	11	5	16	.005

Yet they achieved an effective policy with few disciplinary problems. On the other hand, the subjects who had been rated as poorly adjusted were living in substitute homes where the foster parents were rejecting, nonchalant in their basic concern for the child, yet controlling in petty ways. They were autocratic in making rules; disciplinary conflict was characteristic of these foster home situations.

A second series of cross-classifications were made to investigate if there was any significant dependency between the subjects rated good and poor and those rated fair in terms of the Fels ratings.<sup>4</sup> Three significant differences were noted. There appeared to be a distinct difference between good adjustment scores and fair adjustment scores when cross-classified with accepting and rejecting foster parents, and with lax and controlling parents. There was a distinct difference also between fair adjustment ratings and poor adjustment ratings when cross-classified with indulgent and nonchalant foster parents.

Earlier writers had intuitively noted an association between the parents' acceptance and the retarded child's adjustment. Grebler, for example, stated that "if a child is given emotional security by his parents' accepting

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<sup>4</sup>See Appendix 1, Tables XLV, XLVI.

attitudes, he will probably develop into a confident stable personality. If a child experiences non-accepting attitudes his stability is likely to be disturbed."<sup>5</sup> In 1946, Thorne and Andrews also noted the devastating effect which parental and social rejection had for retarded children.

Mental defectives are characterized by craving for affection and conversely, inability to defend themselves adequately against rejecting attitudes. When deprived of love and social acceptance, the emotional security of the mental defective is seriously threatened and instability develops as the child struggles to get back the affection which he has lost or never had. Lacking the intelligence and other personality resources which enable a normal person to adjust to the environment, the mental defective frequently develops undesirable personality reactions such as attention-getting behaviour, uncontrolled emotionality or aggressiveness in attempting to adjust to the threatening environment.<sup>6</sup>

The present study findings buttressed statistically the association which clinical acumen had detected between these parental attitudes and child adjustment.

#### Summary

An attempt was made in this chapter to integrate the data obtained from the case records with the findings of

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<sup>5</sup>Anne Marie Grebler, "Parental Attitudes Toward Mentally Retarded Children," American Journal of Mental Deficiency, Vol. 56, no. 3, January 1952, p. 475.

<sup>6</sup>Frederick C. Thorne and Jean Stewart Andrews, "unworthy Parental Attitudes Toward Mental Defectives," American Journal of Mental Deficiency, Vol. 50, No. 3, p. 412.

the psychological tests and rating scales. Before this stage was reached, however, the ratings of adjustment were compared with the data abstracted from the narratives. It was found that these data gave empirical support to the ratings of adjustment. That is to say, the subjects who were rated as well adjusted had very few if any active problems. Much fewer of them were interviewed by the psychiatrist. They held positive attitudes toward school and more of them were able to keep pace, at least, in grade placement at school with their peers. It was interesting to note that the children who were rated as well adjusted had predominately had foster parents who accepted them even though they were retarded. All the children who were rated as poorly adjusted had foster parents who were unable to accept retarded children.

The children who were rated as fair in terms of adjustment appeared on the above characteristics to be a middle group between the two extremes. For example, the well-adjusted subjects had an average of half a problem per child. The subjects rated fair averaged two problems per child, in contrast to the seven problems per child of the poorly adjusted subjects.

The second section of this chapter was devoted to a study of the association between the adjustment ratings

and the findings of the psychological tests and rating scales. The good adjustment ratings were associated with high social quotients. Conversely, a dependency existed between poor adjustment ratings and low social quotients. There was a significant difference between good and fair adjustment ratings but not between fair and poor ratings.

There was also a significant association between Good adjustment ratings and high scores on the Mental Health Analysis, low scores and poor adjustment ratings. There was a significant difference between good and fair ratings when tested for association with high and low Mental Health Analysis scores. Like the social quotients, there did not appear to be any significant statistical independence of the fair and the poor adjustment ratings when cross-classified with the inventory scores.

The adjustment ratings were significantly associated with all of the five Fels clusters. Good adjustment ratings were associated with foster parents who were accepting, indulgent, and democratic in their formulation of rules and policies. Although they might tend to be lax, they maintained an effective regulation policy.

The fair adjustment ratings, in most cases, did not appear significantly distinct from the poor adjustment ratings. It was felt that had the population been larger a statistical significance might have emerged. In one

situation, however, there was a significant difference between the fair and the poor ratings. Fair adjustment ratings were associated with indulgent foster parents while poor ratings were dependent upon nonchalant foster parents.

In conclusion, it might be said that the adjustment ratings were, figuratively, a vortex surrounded by, related to, and supported by the data from the case records, psychological tests, and the rating scales of the foster parent-child relationship.

## CONCLUSION

The quantity of facts amassed in a descriptive study can impede the collation and concise presentation of the numerous findings. Research questions were originally formulated when planning this study to avoid the similar problem, in the data collection stage, of becoming lost in a labyrinthian accumulation of details. The findings are given their greatest significance when marshalled as answers to the more significant questions which sparked the study. Two types of questions were enumerated in Chapter I. The first type inquired about the inter-relationships of the psychological tests and rating scales. The second type was concerned with descriptive data about the subjects. A resume of these descriptive data will be presented first.

The family backgrounds of nearly all the subjects were scarred by emotional insecurity and financial instability. About forty per cent of the subjects had been apprehended and taken into care because of parental neglect. Sixty per cent of the children were admitted to care on the request of their parents because of their inability to look after them adequately. Almost half of the subjects had been born out of wedlock. Mental

retardation and limited schooling were almost universal characteristics of the parents. The evidence indicated that the general level of mental ability of the parents was, like their children, below the dull-normal level.

The average age of the subjects when admitted to care was about five years. When the study was made, they had spent an average of ten years in care, seven of which were spent in their last foster homes.

Over the years the fluctuation of their intelligence quotients, above and below the borderline range, was minimal. Even the toddlers who were given tests for infants were predominantly assessed as borderline. Although thirty-two per cent of the subjects were conferenced with the Agency's consulting psychiatrist, very little use was made of treatment or remedial services apart from the Agency.

Very few of the foster parents were able to detect retardation before the subjects started to school. Those who did, noted slowness in learning to talk and in acquiring motor skills. Over thirty per cent of the foster parents refused to accept the teenagers as being retarded.

A review of school experiences revealed that the subjects on the average went as far as grade six in the

regular elementary school system before being transferred to opportunity classes or junior vocational schools. Only twenty per cent reached grade eight. One-quarter of the subjects had been transferred to opportunity classes and one-half to junior vocational schools. Those whose school progress was not noticeably retarded held more positive attitudes toward their school experiences. Almost forty per cent of the subjects, including those promoted beyond their ability, had a deep-seated dislike or fear of school. All of the fifteen subjects who were self-supporting had stopped attending day school between sixteen and seventeen years of age. Job turn-over was very great for these subjects. Most found employment as labourers, factory workers, or minor clerical workers.

The findings from the six questions dealing with the inter-relationship of the psychological tests and rating scales will be reviewed in relation to each one of these questions. Originally enumerated in Chapter I, these questions provided the evidence by which the tenability of the major proposition of the thesis was examined.

The first question asked whether there was empirical evidence to support the social workers belief that the subjects had a greater range of social competency than of mental ability. The study findings substantiated this

impression. Many of these subjects had attained a normal degree of social competency for their age despite borderline mental ability.

The second question inquired whether the subjects with higher intelligence quotients saw themselves as better off in terms of adjustment. It was thought worthwhile, when studying a group with subnormal intelligence, to examine whether even a slight increase in ability, and presumably concomitant ability to handle one's environment would be related to one's self-assessment of adjustment. No significant relationship of this nature was noted.

The third question investigated whether the subjects, whom others assessed to be functioning at a socially more mature level, also rated themselves higher on the self-administered adjustment inventory. No significant relationship was found between high scores on the inventory and high social quotients.

The fourth question was formulated as follows: was there a significant association between the nature of the foster parent-child relationship as evaluated by the Fels Parent Behaviour Rating Scales and fluctuations of (1) intelligence quotients, (2) social quotients, (3) the scores of the adjustment inventory? No relationship was found between the type of foster parent-child relationship and fluctuations of intelligence quotients. In reviewing

the literature, it was noted that several studies had concluded that there was a relationship between a congenial and stimulating family environment and an increase in intelligence quotients, especially for children diagnosed as endogenous mental defectives. In the present study there was evidence to support classification of the subjects as endogenous borderline defectives. Foster parent relationships with the subjects varied greatly from warm, stimulating, encouraging relationships to rejecting, nonchalant, suppressive ones. Still there appeared to be no significant relationship for the study population between higher borderline intelligence quotients and being reared in a more positive home setting. It must be recognized, however, that an intelligence quotient range of only ten points might not be of a large enough magnitude to reveal a significant association between variations in the foster parent relationship and an increase or decrease of intelligence quotients.

A highly significant finding of the study was that fluctuations of social quotients and of the adjustment inventory scores were dependent upon variations in the foster parent-child relationship.

All the subjects tended to receive lower social quotients when they were living with rejecting, nonchalant,

or controlling foster parents. When the foster parents were warm and affectionate in their manner toward the adolescents and were accepting in their attitudes, these subjects saw themselves as much better off in terms of mental health and social adjustment. When the foster parents did not accept the child as being mentally limited, the subjects received low inventory scores.

When the foster parents encouraged a democratic formulation of regulations, high inventory scores were noted for all subjects. The adolescents apparently felt much better about having a say in what the rules governing their conduct were to be, but there was no companion acceleration of social maturity. By way of contrast, the inconsistent formulation of policy by foster parents was associated with a lowering of social quotients for dependent, in contrast to, self-supporting subjects. When the foster parents were autocratic in this area, all subjects rated themselves much lower on the inventory. If the foster parents dictated what the children were to do, the children perhaps felt less adequate and rated themselves lower on the adjustment inventory.

The fifth question was formulated as follows: was there any association between the ratings of adjustment based upon the case record material and (1) the foster parents' acceptance of the subjects' retardation;

(2) fluctuations of social quotients; (3) the nature of the foster parent-child relationship?

Highly significant associations were found for these three comparisons. When the adjustment ratings were cross-tabulated with the foster parents' attitudes it was noted that the foster parents of the subjects, whose adjustment had been rated as good, accepted the children's retardation in a positive manner. On the other hand, all the subjects adjudged poorly adjusted had foster parents who in one way or another did not accept their retardation. The good adjustment ratings were associated with high social quotients. Conversely, a dependency existed between poor adjustment ratings and low social quotients.

Adjustment ratings were associated with all of the five Fels clusters. Good adjustment ratings were associated with foster parents who were accepting, indulgent, and democratic in the formulation of rules and policies. Although they might tend to be lax, they maintained an effective regulation policy.

The fair adjustment ratings, in most cases, did not appear significantly distinct from the poor adjustment ratings. It was felt that had the population been larger a statistically significant difference might have been found.

The sixth question asked if there was any association between the ratings of adjustment based upon the case record

material and the scores on the self-administered adjustment inventory. The significant association which was found provided a noteworthy comment concerning the validity of the Mental Health Analysis, Elementary Series.

The main proposition of the thesis stated that there was a significant association between the nature of the foster parent-child relationship for adolescent borderline defectives and (1) their total adjustment and (2) their level of social maturity. The evidence which was found to answer the foregoing six questions substantiated this proposition. Total adjustment was adjudged from the evidence in the case records of the subjects' freedom from problems, their adaptation to their foster home settings, the adequacy of their social relationships, and their progress at school or at work.

As the answer to question five noted, the subjects whose total adjustment was rated as good had foster parents who were accepting to the point of sometimes appearing indulgent. They were democratic in their formulation of rules and policies. Although they tended to be lax, they maintained effective control over the subjects. These foster parents were able to accept in a positive manner that the children were retarded. In contrast, the teenagers whose total adjustment had been rated as poor had foster parents who were rejecting, autocratic, and

controlling, The data collected under question five indicated that the development of social maturity was definitely depressed when subjects were living with rejecting, nonchalant, or controlling foster parents. It was also noted that the subjects who were rated as well adjusted showed the greatest degree of social competency or maturity, while the poorly adjusted showed the lowest.

The findings of this study spotlighted the need for very careful selection and close supervision of foster homes caring for adolescent borderline defectives. It appeared that foster parents, like natural parents, had difficulty in accepting retardation. The overall adjustment and development of foster children was closely associated with the attitudes and behaviour of their foster parents.

In conclusion, a note of caution--when an association was said to exist between two conditions, it was meant that the two conditions were found to be present at the same time for the study population. It did not mean that there was a cause-effect relationship between the two states. The focus of this descriptive study did not include a study of causal relationships as an experimental

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Factors underlying instability in retardates are discussed including failure to control instinctive urges and inability to organize sentiments effectively. Of value for insight into the problem behaviour presented by the study group.

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A review of what is known about the structure of the total personality of the mentally defective person and how this total personality structure affects his interpersonal relationships. The psychoanalytically oriented author concludes that the main defect lies in the structure

of the ego with a resultant defect in the structure of the superego. The id is usually intact. The greater the degree of intellectual defect, the less is the degree of self-critical faculty in the ego. Of value for its succinct statement of the psychoanalytic interpretation of mental deficiency.

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A comprehensive account of the construction of a schedule for collecting data from case records reliably. The procedure described was helpful when designing the Case Analysis Schedule in the present study.

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A very useful article. One of the few which is focused on the difficulties faced by the child of borderline ability at home and at school. It is primarily concerned with the lack of facilities for and understanding of these children who stand midway between the normal and the feeble-minded.

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A systematic survey based upon observations and reactions of mothers concerning their mentally retarded children. Discusses the following stages of understanding: the phases of awareness, recognition, seeking for the cause, seeking for the solution, and acceptance.

Ruzicka, William J., "A Proposed Role for the School Psychologist; Counseling Parents of Mentally Retarded Children," American Journal of Mental Deficiency, Vol. 62, No. 5, March 1958, p. 897-904.

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A modern classic in the field. Unfortunately very little space is devoted to the borderland other than the chapter "Garden-variety Mental Deficiency." Of value for its thorough discussion of the criteria of mental deficiency and the review of the literature.

Scher, Bernhard, "Help to Parents: An Integral Part of Service to the Retarded Child," American Journal of Mental Deficiency, Vol. 60, No. 1, July 1955, p. 169-175.

Discusses the social worker's role in helping parents accept the child's handicap in a positive manner and considers the impact which their attitudes have upon the child's attitude toward his own situation. Of value especially for the discussion of handling the guilt feelings of parents.

Schonell, Fred J., and B. H. Watts, "A First Survey of the Effects of a Subnormal Child on the Family Unit," American Journal of Mental Deficiency, Vol. 61, No. 1, July 1956, p. 210-219.

Assesses the extent to which a subnormal child influences a family unit and the particular ways family life is affected. Of value for its discussion of the signals by which mothers detected retardation in their children's development.

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A study of 147 children placed in foster homes under six months of age. It was noted that the socio-economic level of the foster parents' homes was much above that of the natural parents' homes. The mental level of the subjects was later noted to be much higher than would have been expected for children coming from the educational,

socio-economic, and occupational level represented by the true parents. A zero correlation was obtained between the children's I.Q.'s and the true mothers' I.Q.'s. Of value as an early study supporting the notion that endogenous mental deficiency is a non-inherited depression of mental level through lack of environmental stimulation.

Sloan, William, "Mental Deficiency as a Symptom of Personality Disturbance," American Journal of Mental Deficiency, Vol. 52, No. 1, July 1947, p. 31-36.

Concerned with the possibility of certain personality disturbances being mistaken for mental deficiency. Mentions particularly the possibility of retardation being caused by a lack of early stimulation by what Margaret Ribble would call "psychological mothering." From an analysis of Rorschach findings, he concluded that personality disturbances were present for the borderline subjects and presumed that they might be a manifestation of mental deficiency. Introductory remarks were of more use than the study itself, the conclusions of which were tentative.

----- and Richard A. Cutts, "Test Patterns of Mental Defectives on the Revised Stanford-Binet Scale," American Journal of Mental Deficiency, Vol. 51, No. 3, January 1947, p. 394-396.

A study which attempted to determine the relative difficulty of items in the Revised Stanford-Binet scale, for mental defectives. Divided the items between those which were "hard" and those which were "easy."

Slutzky, Jacob Eli, Psychometric and Projective Test Patterns of Children with Varying Degrees of Subnormal Intelligence, unpublished doctoral dissertation, Department of Psychology, Yeshiva University, June 1954, viii-140 p.

A study of test patterns to seek relationship between subnormal intellect and personality structure. Analyses Binet subtests. Discusses the personality characteristics of defectives. Thesis is introduced by a good review of the literature in this area.

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Focused upon a comprehensive explanation of exogenous and endogenous mental deficiency of borderline and moron levels. Reviews the etiological explanations put forth for each type. It should be noted that Strauss and later writers use these terms in the direct reverse of Tredgold's usage.

Teska, Percy T., "Some Problems in the Adjustment of the Mentally Handicapped," Journal of Consulting Psychology, Vol. 11, No. 5, September-October 1947, p. 276-280.

A succinct article although covering the same material as many other articles is noteworthy for its straightforward discussion of the primary factors that stand in the way of the good adjustment of the subnormal.

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Thompson, Clare Wright and Ann Magaret, "Differential Test Responses of Normal and Mental Defectives," The Journal of Abnormal and Social Psychology, Vol. 42, No. 3, July 1947, p. 285-293.

A comparison of the responses of 441 defectives on Form L of the 1937 Stanford-Binet compared with the responses of 1,326 members of the standardization group with like mental ages. Considerable doubt was cast upon the common belief that defective subjects are superior in rote memory items.

Thorne, Federick C., and Jean Stewart Andrews, "Unworthy Parental Attitudes Toward Mental Defectives," American Journal of Mental Deficiency, Vol. 50, No. 3, January 1946, p. 411-418.

Reports the results of a study of parental attitudes toward institutionalized mental defectives. Stresses the great craving which the defective has for affection and their inability to defend themselves adequately against rejecting attitudes. Of value when related to the rejecting attitude of the foster parents.

Tizard, J. and N. O'Connor, "The Employability of High-grade Mental Defectives," American Journal of Mental Deficiency, Part I appeared in Vol. 54, No. 4, April 1950, p. 563-576, Part II appeared in Vol. 55, No. 1, July 1950, p. 144-157.

A comprehensive review of studies which have been made of factors bearing on the employability of high-grade defectives. Records the findings from studies of the adjustment of defectives in the armed services. Useful discussion of Binet mental age thresholds for various

occupations. Discusses characteristics of temperament which are of primary importance regarding employability. Contains a very useful bibliography.

Toronto, The Municipality of Metropolitan Toronto, Report Upon a Proposed Realignment of the Jurisdiction of the Children's Aid Societies Operating Within the Metropolitan Toronto Area, Toronto, 1956, xxiv-383 p.

A comprehensive comparative study of the structure and function of the Children's Aid and Infants' Homes of Toronto, the Catholic Children's Aid Society of Toronto, and the York County Children's Aid Society. Supplements the discussion on the research setting.

Tredgold, A. F., and R. F. Tredgold, A Text-book of Mental Deficiency, Baltimore, Williams and Wilkins, 1952, xvi-545 p.

The eighth edition of an early classic in the field. For the present study, the introductory chapters provide historical perspective. The chapter, "educational Defect and Disability," rewritten for this edition is most relative to the present study. Its brevity, however, limits its value.

Walker, Gale H., "Social and Emotional Problems of the Mentally Retarded Child," American Journal of Mental Deficiency, Vol. 55, No. 1, July 1950, p. 132-138.

A valuable straight-forward recognition of communal and parental attitudes toward mental retardation. Of value in understanding the dynamics of foster parent rejection of borderlanders.

Wardell, Winifred, "The Mentally Retarded in Family and Community," American Journal of Mental Deficiency, Vol. 57, No. 2, October 1952, p. 229-242.

Takes into consideration the influence upon the family of cultural attitudes toward ability and achievement. Of value because of the writer's insight into the dynamics of the relationship of the retardate and his environment. Views rehavilitation as a community project advocating more clinic services, recreational entres, associations of parents of mentally retarded children and the wider inclusion of retardates in informal social activities.

Whitney, E. Arthur, "A Pathetic Type--The Border-line Defective," Journal of Child Psychiatry, Vol. 2, Sec. 2, 1951, p. 176-186.

Valuable discussion of the difficulties in being neither normal nor feebleminded. Points out the lack of

facilities for the training of this group. Sees the borderlander as a misfit. He cannot be considered as normal although under favourable conditions he may function within normal limits. Yet he has certain inherent trait characteristics which definitely place him, as far as these characteristics are concerned, in the mental defective category.

Wile, Ira S., and Rose M. Davis, "Behavior Differentials of Children with I.Q.'s 120 and Above and I.Q.'s 79 and Below with Some Reference to Socio-economic Status," American Journal of Orthopsychiatry, Vol. 9, No. 3, July 1939, p. 529-539.

A comparison of the behaviour of superior and borderline children. Noted intra-family tensions and problems for the retarded child. Compliments the present study of foster parent-child relationships.

APPENDIX 1

SUPPLEMENTARY TABLES

Table XXXV. - Frequency Distribution  
of the Ages of the Subjects in December 1955.

Age in Years	Frequency
12 years old .....	3
13 .....	9
14 .....	8
15 .....	7
16 .....	6
17 .....	2
18 .....	4
19 .....	5
Total	44

Table XXXVI. - Frequency Distribution  
of the Ages at Which the Subjects Were Ad-  
mitted to Care.

Age Admitted to Care	Frequency
Shortly after birth.....	11
1 year old .....	3
2 .....	2
3 .....	4
4 .....	2
5 .....	1
6 .....	2
7 .....	3
8 .....	2
9 .....	4
10 .....	4
11 .....	2
12 .....	1
13 .....	2
14 .....	..
15 .....	1
Total	44

Table XXXVII. - Frequency Distribution  
of the Length of Time Which the Subjects Had  
Been in Care on December 31, 1955.

Length of Time in Care	Frequency
3 years	4
4	2
5	2
6	2
7	6
8	3
9	..
10	4
11	2
12	6
13	4
14	3
15	1
16	1
17	..
18	2
19	2
Total	44

Table XXXVIII. - Frequency Distribution  
of the Number of Foster Home Placements the  
Subjects Had While in Care.

Number of Placements	Frequency
1 .....	12
2 .....	9
3 .....	6
4 .....	4
5 .....	5
6 .....	4
7 .....	..
8 .....	2
9 .....	1
10 .....	..
11 .....	..
12 .....	..
13 .....	..
14 .....	1
Total	44

Table XXXIX. - Frequency Distribution of the Length of Time Which the Forty Subjects Rated on the Fels Parent Behaviour Rating Scales Spent in Their Last Foster Homes.

Number of Years in Last Foster Home	Frequency
1 year .....	3
2 .....	8
3 .....	3
4 .....	..
5 .....	2
6 .....	2
7 .....	2
8 .....	2
9 .....	1
10 .....	6
11 .....	1
12 .....	3
13 .....	4
14 .....	1
15 .....	1
16 .....	..
17 .....	1
Total	40

Table XL. - Frequency Distribution of the Durations of Twenty-nine Placements Which Nineteen of the Subjects Had Had in an Agency Maintained Institution.

Length of Time in the Institution	Frequency
Less than a month.....	7
1 month .....	5
2 .....	4
3 .....	3
4 .....	2
5 .....	3
6 .....	2
7 .....	1
8 .....	..
9 .....	..
10 .....	1
11 .....	..
12.....	1

Table XLI. - Frequency Distribution of Intelligence Quotients Received by the Study Population Through the Administration of the Standard-Binet, Form M.

Intelligence Quotients	Frequency
70 .....	3
71 .....	2
72 .....	4
73 .....	4
74 .....	3
75 .....	4
76 .....	5
77 .....	2
78 .....	5
79 .....	4
80 .....	8
Total	44

Table XLII. - Frequency Distribution of Social Quotients Received by the Study Population Through the Administration of the Vineland Scale of Social Maturity.

Social Quotients	Frequency	Social Quotients	Frequency
67	1	90	1
68	1	91	..
69	..	92	5
70	..	93	..
71	1	94	..
72	..	95	3
73	1	96	3
74	..	97	1
75	2	98	..
76	..	99	..
77	2	100	..
78	1	101	3
79	..	102	1
80	1	103	1
81	..	104	2
82	3	105	..
83	2	106	..
84	..	107	..
85	2	108	..
86	3	109	..
87	1	110	..
88	..	111	1
89	2		

Table XLIII. - Frequency Distribution of the Number of Stanford-Binets Administered by the Psychology Department While the Subjects Were in Care.

Number of Binets Administered	Frequency
1 .....	2
2 .....	7
3 .....	5
4 .....	9
5 .....	7
6 .....	10
7 .....	3
8 .....	1

Table XLIV. - Frequency Distribution of the Age at Which the Subjects Started Grade One.

Age of Subjects	Number of Subjects
5 years .....	1
6 .....	13
7 .....	16
8 .....	5
Insufficient data.....	9

Table XLV. - Cross-classification of the Terminal Categories of the Fels Ratings with the Fair and Poor Ratings for Adjustment.

Fels Ratings	Adjustment		Both	Level of Significance
	Fair	Poor		
<b>Acceptance-rejection</b>				
Accepting	3	0	3	Not quite significant at .05
Rejecting	3	8	11	
Total	6	8	14	
<b>Democratic-autocratic</b>				
Democratic formulation of policies	2	0	2	Not significant
Autocratic	4	4	8	
Total	6	4	10	
<b>Effectiveness of Regulation Policy</b>				
Effective	6	0	6	Not significant
Disciplinary problems	5	5	10	
Total	11	5	16	
<b>Laxity-restraint</b>				
Lax	4	3	7	Not significant
Controlling	4	3	7	
Total	8	6	14	
<b>Indulgence-monchalance</b>				
Indulgent	4	0	4	.02
Nonchalant	1	5	6	
Total	5	5	10	

Table XLVI. - Cross-classification of the Terminal Categories of the Fels Ratings with the Good and Fair Ratings for Adjustment.

Fels Ratings	Adjustment		Both	Level of Significance
	Good	Fair		
<b>Acceptance-rejection</b>				
Accepting	11	3	14	
Rejecting	..	3	3	
Total	11	6	17	.05
<b>Democratic-autocratic</b>				
Democratic formulation of policies	12	2	14	
Autocratic	3	4	7	Not significant
Total	15	6	21	
<b>Effectiveness of Regulation Policy</b>				
Effective	8	6	14	
Disciplinary problems	3	5	8	Not significant
Total	11	11	22	
<b>Laxity-restraint</b>				
Lax	9	4	13	
Controlling	..	4	4	
Total	9	8	17	.05
<b>Indulgence-nonchalance</b>				
Indulgent	11	4	15	
Nonchalant	..	1	1	Not significant
Total	11	5	16	

**APPENDIX 2**

**CASE STUDIES**

## APPENDIX 2

### CASE STUDIES

Three case histories were prepared to illustrate "in flesh and blood" the three degrees of adjustment--good, fair, and poor. The narratives have been condensed; the histories which are included are summaries of the content in the case records, not the actual narratives. In order to preserve the confidentiality of the records and the anonymity of the clients, pseudonyms have been used for the children and the foster parents.

The first case summary is of Sandra MacDonald. Sandra was rated "good" on the assessment of adjustment based upon the material in her record. The reason for this rating is given in the commentary following the case history.

Sandra MacDonald came into care when she was seven months old. Her mother, Miss MacDonald was a patient in an Ontario Hospital when Sandra was born. Miss MacDonald was twenty-nine years old at this time. It appeared that she had not been committed to the hospital because of mental illness but rather because of being mentally defective. Miss MacDonald was so promiscuous and otherwise socially irresponsible that her parents were unable to protect her and sought institutional care for her.

When Sandra was born, Miss MacDonald's parents refused to have anything to do with her. With the assistance of the hospital staff, Miss MacDonald requested permanent placement for her baby with the Infants' Homes of Toronto. When Sandy turned three, her supervision was transferred from the Infants' Homes to the Children's Aid Society of Toronto, as was their practice before the two agencies merged in 1951.

Health History.-- Sandra's health had always been exceptionally good. She was born with a dislocated hip. The record mentioned that her hip appeared to correct itself shortly after birth. It never gave her any trouble since then. Sandra was an attractive child, always somewhat large for her age. At the time of the study she had just passed her fifteenth birthday. She was a tall, pleasant appearing, energetic teenager.

There was very little in the record about her early development other than a reference that it was not noticeably slow. She was feeding herself by the time she was two years old. Her foster parents did not suspect that she was retarded while she was a pre-schooler.

Psychological Report.-- Sandy was given six Stanford-Binets while in care. These were administered when she was four, five, six and a half, nine and a half, thirteen and a half, and fifteen years old. Her ability was consistently assessed as borderline. When she was under the supervision of the Infants' Homes she was tested at the Mental Hygiene Clinic. She was two years and eleven months at that time; her intelligence quotient was given as seventy-seven. No other psychological tests were administered. She was never seen by, nor her situation conferenced with, the Agency psychiatrist.

Foster Home History.-- Sandy had only one foster home since she came into care. Both Mr. and Mrs. Malcolm were warm, friendly people. Mrs. Malcolm was an intelligent, understanding, and sensitive person. Over the years, several of the social workers had commented that she was very even in disposition. She had always worked well with the Agency. Visits, however, tended to be infrequent because Sandy seemed to be getting along so well and there were not any problems. Mrs. Malcolm always kept in mind things concerning Sandy's progress which she felt would be of interest to the social workers when they did call.

Mr. Malcolm was a large, genial man. The social workers remarked that he tended to be shy in a most attractive manner. He was very fond of

Sandy and the three of them shared a number of family activities. Sandy was the only child in the home. She used the Malcolm's surname instead of her own. She was considered a "charter member" of the family and accompanied the Malcolm's on all trips and vacations.

There were frequent statements, in both the narrative record of the social workers and in the psychological appraisal, that Sandy appeared to be well adjusted in the Malcolm home. Both foster parents had a great deal of affection for her and were sincerely interested in her development.

The Malcolm's did not realize that Sandra was retarded until she was attending school. Mr. Malcolm spent a great deal of time helping her with arithmetic, her poor subject. Even by the time she was twelve and only in grade five, they still hoped that she would turn out to be normal. Sandy always liked school even though her progress was slow. The Malcolm's were always lavish with their praise when she did well on a project or a test.

When Sandy was thirteen the social worker and the principal consolidated their efforts to interpret the nature of Sandy's retardation to the foster parents. The Malcolm's came to accept and feel comfortable with the fact that Sandy would always be slower than other children her own age. Their warmth and affection for the child did not change. After accepting her limitations, they were instrumental in helping the child accept her slowness. They were able to help her compensate in vocational and recreational activities and pointed out frequently that all people were different and excelled in different things. Sandy was active in church clubs and programs and derived satisfaction from community social activities.

School History.-- Sandra did not start to kindergarten until she was six. She was one year behind her age group as a result. She passed every grade until grade six which she failed. She repeated this grade and only passed it with difficulty and a great deal of extra work. The principal at her school was very interested in her progress. He was aware that she was retarded and instructed her teachers

to be patient with her and to give her ample recognition for every inch of progress which she made.

After carefully discussing Sandra's capabilities and limitations with Mrs. Malcolm, the principal advised that Sandy be enrolled at a junior vocational school. Mrs. Malcolm was very active in these plans. She went to inspect the school suggested and to discuss the type of special training which was supposed to be provided. Sandy was finally transferred after her second year in grade six.

Sandy immediately liked the vocational courses and enjoyed the extra-curricular activities, especially swimming and bowling. Mrs. Malcolm was so thankful that she had allowed Sandy to change schools when she saw her blossom out. She, in fact, became so interested in the type of training which Sandy was receiving that she joined the Parent Teachers' Association at the school and became a very active member.

Mrs. Malcolm had hoped that Sandra might be able to go to a regular commercial high school. She was able to scale down her ambitions for the child and recognize that Sandy could become self-supporting eventually, as a result of the training she was receiving at the junior vocational school. Their main hope for Sandy was that she would be happy and a useful member of the community regardless of the significance or insignificance of her job.

Personality and Behaviour.-- The record contained no reference to any problems. Sandy was described as a happy and polite, noisy but obedient child. On the whole, she was good-natured, cooperative, and energetic. She always got along well with other children. She enjoyed active games with other girls and had a great number of friends. Her retardation didn't seem to affect her relationship with other children. She was regarded as an honest, reliable, cooperative member of the neighbourhood.

Sandra was rated "good" or well adjusted for the following reasons. There was no mention in the record of

any serious behaviour or personality problems. Social development was good in that Sandra made friends easily and enjoyed active participation in both team games and neighbourhood functions. She engaged pleasurably in work and activities within her capacity. She had positive attitudes towards school even though her progress was slow. She liked school and was doing good work at the junior vocational school.

Sandra appeared to be getting along very well in the Malcolm home. She was considered an integral member of the family. She elected to use her foster parents' surname indicating her willingness to accept substitute parents. There was no problem of discipline.

Sandra received a social quotient of ninety-five on the Vineland Scale of Social Maturity. Her percentile score was sixty on the Mental Health Analysis inventory. The Malcolm's were rated on the Fels Scales as warm and accepting in their relationship with the child. Regulation policies were formed in a democratic manner with Sandra being consulted and being able to voice her opinions. Regulation policy was effective according to the Fels ratings.

The Second Case.-- The second case summary is of Edith Brown who was rated "fair" on the adjustment scale.

Edith Brown was four years old when her mother asked the Children's Aid to take care of her four children. At the time of the study, Edith was fifteen years old.

Family Background.-- Mrs. Brown was only seventeen when she married Mervin Brown. Her husband was twenty-three at the time. Both were mentally limited. Mervin was reported as being a moron. During adolescence he had spent several years in an Ontario Hospital School. He was reported to be very childish, a poor provider, and abusive with his wife. Enuresis was a problem which carried over into adult life with him.

There was not too much in the record about Mildred Brown, the child's mother. She appeared to be defective. She left school when she was sixteen, although, only in grade four at the time. She worked in a factory for a year before she got married. The Brown's had four children. Edith was the third child.

This case was open eight months before the children were taken into care. At the beginning there were complaints about Mr. Brown ~~abusing his~~ wife especially when he was drunk. He was placed on suspended sentence once when charged by his wife with assault. Mrs. Brown started to leave the home for prolonged periods at which time the children would be left in the most inadequate care of their father. Finally the children were apprehended because of parental neglect. Mrs. Brown appeared disinterested in her children and thought that placement was the best plan for them. After Edith was made a ward, her mother visited her only once. Mrs. Brown later became excessively interested in religion. When she started to experience religious delusions she was admitted to an Ontario Hospital.

Mr. Brown manifested no interest in the children after they came into care.

Health History.-- There is no datum in the record of Edith's early development. At the time of the study, she was described as not a strong girl. She tired easily. She was rather frail looking, awkward and colourless in appearance. To look at, she was not a very prepossessing girl, tending to be a shy, gauche child with a backward, hesitant manner. She looked younger than her age. Her speech was indistinct and nasal. Although, she had had a congenital heart murmur since an early age, it was not considered serious. This heart murmur did not incapacitate her, but she did seem conscious of her condition as a defect.

Psychological Report.-- While in care, Edith was tested five times with the Stanford-Binet at approximately two year intervals. The range of these intelligence quotients was very narrow, from seventy-four to seventy-six. No other tests were administered. Her situation was conferred with the Agency psychiatrist concerning the advisability of requesting training for Edith at an Ontario Hospital School.

Foster Home History.-- After Edith came into care she was placed in the Randolph foster home. She stayed there for only four months. Mrs. Randolph asked that she be removed because she was having difficulty in keeping her from wandering out of the back yard and onto a busy street.

Edith was placed in the Agency's Shelter for five months before another home could be found. She was then placed with the Sloan's. She was then five. At the time of the study, she had been with the Sloan's for ten years.

The Sloan's were both elderly, Mrs. Sloan being probably well into her sixties and her husband older. Their home was of lower middle class status in a rather isolated rural location. The foster home had six children in all, with intelligence quotients of seventy-six or lower. Edith was the second eldest and by

far the most responsible. The Sloan's gave Edith constant and close supervision; she had little knowledge of the world. Her social worker recorded that Edith would continue to need careful supervision for some time to come. The Sloan's were considered kind and warm-hearted folk who were lax and patient with children. Since their standards were not too high, the Agency had frequently used their home for retarded children.

School History.-- Edith was almost seven when she started to a rural school. She failed grade one and had to repeat it. Thereafter, she was promoted at the end of each academic year, not because she had mastered the work, but because the principal thought it better for her morale. After grade five, at fourteen years of age, she was transferred to the senior opportunity class in the school. She was no problem in the classroom, doing what she was told but her progress came to a standstill. She lacked interest in the work and took no pride in any accomplishments. She put no effort into doing things well, even little jobs. She was described by her teachers as having mediocre ability and a poor and short attention span. She was very easily distracted by others in whatever task she was doing. Despite her handicaps, it was felt that she could be trained to do routine jobs under close supervision. Her principal reported that she was surprisingly reliable about messages, answering the telephone and other practical tasks.

Personality and Behaviour.-- Edith was a dependent and immature girl. She had needed and led a sheltered, conforming life. She was neat about her person although plain in appearance. She was usually obedient and amenable in the home when things were going her way, but could be difficult and stubborn when asked to do something that she particularly did not care to do. She was somewhat headstrong and sometimes quite unable to listen to reason. She helped with the household chores, but the foster mother

felt it took her a long time to learn in this respect and that she needed a good deal of supervision.

During her early teens, Edith was a Girl Guide. At the time of the study she had lost interest in Guides and no longer was attending their meetings. Since she lived in a rather isolated district, she knew all those in her own age group. Her friends tended to be younger than she. She liked skating and dancing, and her peers "looked after her" on any of these activities. She was easily led and influenced by dominant peers.

Edith was quiet and not spontaneous in conversation, but would converse when a conversation was initiated and directed.

Edith went to camp the last summer before the study. She was upset by the camp experience and was very homesick. Enuresis was an occasional problem. Before being transferred to the opportunity class, soiling had been a problem. It no longer was a concern at the time of the study.

Edith was one of those children who was in the middle group between the well and the poorly adjusted children. She did not show the sparkle of achievement and the steady although slow development which Sandra radiated. Nor did Edith appear to be seriously disturbed. Rather, she seemed thoroughly mediocre. She maintained perfunctory relationships with her foster parents. She was not excluded from social activities by her peers. She "tagged along" rather than actively initiating or participating in social activities as Sandra had done. Edith's school progress was poor; it had come to a standstill

with the last flicker of initiative and motivation dead.

Edith did not show, at the time of the study, a number of behaviour problems. True, she was overly dependent upon both her foster parents and her peer group. Yet, there were no continual disciplinary problems or conduct problems. Enuresis was a recurrent problem. It might be summarized that Edith had a light scattering of problems.

From many perspectives Edith portrayed the child whose limitations were obvious. Whereas Sandra might not be considered retarded by a casual acquaintance, Edith would.

Edith received a social quotient of eighty-two and a Mental Health Analysis percentile score of twenty. Her foster parents were rated as casual and lax on the Fels Scales. Regulation policy was rated as effective.

The Third Case.-- The last case summary is of Reggie Jones who was rated as poorly adjusted.

Reggie Jones was one of the oldest children in the study population. He was born out of wedlock in 1936. At the time of the study, he was nineteen years old.

Reggie's general appearance was attractive. He was very attentive about his personal appearance and at all times kept himself clean and neat. He was tall, lanky and somewhat sloughed. His manner of speech was hesitant and his bodily movements were slow. He conveyed the impression

of being continually pre-occupied with himself.

Family Background.-- Mis Jones, Reggie's mother, was seventeen years old when he was born. There was some question who his father was, since she had been intimate with several men. Miss Jones's parents would not allow her to bring her baby home. Since she was unable to make other plans for caring for him, she contacted the Infants' Homes of Toronto and requested placement for him.

When Miss Jones married four years after placing her baby, her husband opposed the plan for the child to be returned to her. At this time, Miss Jones stopped working and ceased paying towards the child's maintenance. Reggie was made a permanent ward of the Agency. There was no further contact with his mother.

Developmental Record.-- Reggie was a full term baby. He was walking at seventeen months of age. He did not use sentences until he was three years old. He was slow in speech and there was some stuttering.

Health History.-- Reggie had the ordinary childhood diseases. He had his tonsils and adenoids removed. On his medical charts, the doctors frequently reported that he was healthy, developing well and steadily gaining weight. When sixteen years old, he attended an eye clinic and a year later insisted on going again because he complained that he could only read for short periods at a time. He felt that the drops in his eyes did not permit an accurate examination. When it was necessary to use the drops for the second examination considerable interpretation from the doctor was needed to gain his co-operation. Reggie found it difficult after each examination to accept the decision that he did not need glasses.

There were numerous incidents when Reg complained about illnesses which did not seem to

have any basis. When he was seventeen, he reported pains in his stomach and dizzy spells which caused him to faint. Although given a thorough examination, no physical basis could be found for his complaints.

Reggie felt that he was not a very strong person and had contended that this was why he was not able to work very hard. These complaints about his health became more frequent during the transition period when he left school and went to work.

He was unable to hold a job and blamed this difficulty on the fact that he was not very strong and that all his strength was being used in growing up and, therefore, was not yet prepared to work. He also explained his inability to read to the fact that he needed glasses but that the doctors would not prescribe them for him.

Psychological Report.-- Five Stanford-Binets were administered to him while he was in care. When he was four years of age his intelligence quotient was rated at eighty. When five and a half, he was re-tested; his intelligence quotient was then given as eighty-five. He was rated in the borderline category when tested at eight and a half, thirteen and a half, and at nineteen years of age.

A Rorschach was administered prior to being seen by the Agency psychiatrist when he was seventeen. An excerpt from the report on the Rorschach administration follows:

"Reggie cooperated in a pleasant, conforming manner. He was reasonably productive though less so than most of his age group. He tended to enlarge his responses by unrealistic elaboration and personal reference.

There were indications that this boy's personality deviated widely from the normal developmental pattern. Much inner conflict and anxiety were interfering with normal functioning to the extent that his awareness of reality and ability to think along conventional lines were considerably reduced.

There was very limited development of inner living, that was, little, if any development of inner values or creative imagination. The instinctual drives seemed to be suppressed with considerable tension and explosive quality centered here. Probably the boy did not fully accept or understand these drives, especially the sexual ones, and felt inadequate in coping with them.

The boy would seem to have negligible ability to identify with people and relationships with both men and women would seem to have been unsatisfactory insofar as effect on Reggie was concerned.

In his self-regard also, Reggie showed evidence of very damaging concepts. There was an almost pervasive feeling of worthlessness and lack of integrity. There was little ego strength and the boundaries of the personality were uncertain so that there was danger of disintegration.

Added to these schizoid tendencies, we found also an occasional bizarre concept and an oddness in the boy's perception, that was, he projected unusual patterns of thought.

The affective side of the personality was somewhat more developed than the inner life and we saw here the remnants of some capacity for normal emotional response to stimuli from the environment. However, there was adequate emotional control and the instability manifested here certainly had explosive tendencies. The affect tended to be somewhat forced or inappropriate, but as indicated, this was not true in regard to the whole area of emotions.

In summary, it might be said that there were serious defects and deviations in the basic personality structure of this boy and his defences seemed inadequate against the forced of disintegration."

School History.-- Throughout Reggie's school history, the teachers reported that he was slow to learn and had a poor memory. When the

Agency psychologist thought him ready to attend school at six years of age, the teacher found it impossible to teach him and sent him home to begin school the next year.

At nine, Reggie passed into grade two but was unable to do the work. The teacher recommended a city school where he could have opportunity class training. When fifteen, he was only in grade five. At this time he was finally moved to the city to attend the Jarvis Street Junior Vocational School for Boys. He attended this school for nearly two years. His vocational training was a cooking course and his academic work was elementary reading, spelling, and arithmetic. He still had considerable difficulty with reading, to the point that he did not know how to read the names of the streets. Only during the last year at school did he learn to use the telephone.

At the junior vocational school he was described by his teachers as a very slow pupil who had to be told things a number of times. He was, however, extremely conscientious and very willing to learn.

Foster Home History.-- Since coming into care, Reggie had had five paid foster homes. The first two wanted a child to become a "permanent" member of their families. When asking that he be removed, they described him as being "not normal" and "queer." When he was five years old he was placed in the farm home of Mr. and Mrs. Walter Sharp where he lived until he was eighteen. There had been no other children in this foster home except Reggie since 1948. The foster parents had no children of their own. The foster father was approximately fifteen years older than the foster mother. Over the years, there apparently had existed a very poor marital adjustment. Mrs. Sharp had been going out with other men. Reggie had said that periodically she left the home and stayed with relatives for weeks at a time during which period he and the foster father had been left alone. He has assumed considerable responsibility in bringing the two parents together on

several occasions. The foster mother worked for some time in a nearby town.

Reggie had never felt accepted in this home. He had said on numerous occasions that he could not "feel like their son." He said that they expected him to do things but that they never gave him a chance to learn. They belittled him and called him stupid, when he was unable to do something. They never trusted him with anything that was valuable in their home. Nevertheless, of all his foster or boarding homes, Reggie was most emotionally involved with the Sharp's.

Even after moving to the city to attend school, he returned on week-ends to the Sharp's. After these week-ends he was reported to be very upset, nervous, and under strain. Reggie, himself, recognized how upset and worried he was when he would return. However, he was unable to give them up completely as he recognized that they were all he had.

Reggie seemed to try continually to win their affection. After coming to the city, he had two foster homes. These foster parents spoke of the many anxieties that he had and the strain which he seemed to be under all the time.

It was not until Reggie was moved to the city that he expressed his feelings about the Sharp's. It was at this time that he expressed his unhappiness in relation to his foster parents' poor marital adjustment. These foster parents had apparently given little to Reggie in the way of emotional security. Even although they had created many uncertainties for him, he still reached out for their affection. He pointed out that they were the only parents that he had. He had recognized their possessiveness of him and felt that the only reason they wanted him was to make him work on the farm. After coming to the city, Reggie realized how much happier he was away from the Sharp's.

Some of Reggie's feelings towards these foster parents and himself are evident in the following quotations; "I have lived with them for thirteen years and they still don't seem to

be like my own parents." "I want to feel that they are my parents, but I can't."

Work History.-- Reggie was always very anxious to do a good job and willing to help anyone. He seemed to receive enormous happiness through the recognition that he was doing a good job. On several occasions, he pointed out how the boss did not give him any recognition for what he had done.

Reggie got his first summer holiday job when he was sixteen; he went to work in the kitchen of a summer hotel. He stayed only a few days. His reason for returning was that he was homesick and that the other employees picked on him and mistreated him.

During his last year at school, Reggie became very dissatisfied. He felt that he was not progressing and that he could learn more in a working situation. He also did not feel that the teacher was spending enough time with him. The teachers and the school, actually, had a very keen interest in him. In order to get some extra spending money, Reggie agreed to get a temporary job during the Christmas holidays. When he was offered a permanent job, he left school.

It was shortly after leaving school that he had three jobs in very rapid succession. He was only able to hold them for about three or four day periods.

On one of these jobs, he said he had to quit because the foster family was ill at home and he had to go and work on the farm. Another one, he blamed on his health and said that he was not strong enough for the job. Reggie returned to school for a few more months and then obtained a job in a restaurant. The social worker felt that this shuffling between school, jobs, and re-enrollment at school was related to his conflict and struggle over his feelings of dependence and independence. It was during this time that he suffered the most from the dizzy spells for which no physical basis could be found.

Reggie was very enthusiastic about the restaurant job for the first while but then began to complain about the employees teasing him. It was just before this job that Reggie became confused and anxious about what he would do. On one occasion he wrote to another summer hotel. He also wrote to obtain information about a hairdressing course. For a while, he wanted to go and work in a circus for the summer. In the midst of this confusion and anxiety about his future, Reggie wanted to return to the Sharp's farm. It was working on a farm that he claimed he liked the most. Then he reported that Mrs. Sharp was going to obtain a job for him, working at the nearby town where she worked--this clinched his plans.

He left school and returned to the Sharp's. He stayed on the farm for some time but never obtained a job. He left the farm saying that all the foster mother wanted was for him to come and work on the farm. They were unwilling to pay him for the work which he did.

His next employment adventure was an encounter with a travelling hosiery salesman. He sold Reg on the idea of being an assistant salesman. Reg worked with him for a while and appeared to be successful. The partnership was terminated when the salesman went on a selling trip to Nova Scotia. Reg then started with a construction company for whom he was working at the time of the study.

Personality and Behaviour.-- At the point of transfer to the Children's Aid in 1940, Reggie was described as an apprehensive and nervous child who was stubborn and sullen and never remembered what he was told.

When he was five years old, Mrs. Sharp questioned whether he was a normal child. She said he didn't take an interest in anything and seemed unable to act on his own initiative. She also said that he did not always respond when she spoke to him and would often stand looking at her with a vacant expression. After Reggie started

to school, another worker noted that he was very shy and nervous. During elementary school a few minor school behaviour problems were reported. There was a brief mention of soiling when he was eight and some sex play in exposing himself to girls.

There had never been any indication of Reg showing an interest or talent in anything. He had kept a few animals and chickens on the farm but this had been for financial gain. Earning and saving money were very important to him. Worldly possessions seemed to give him status.

Reg's socialization always was poor. He had very few chums when he was going to school. His heterosecual adjustment was very poor and recognizing this, he had pushed himself into group activities. He had very few friends of his own age and any adult who spoke to him in a kindly manner was a nice person from Reg's point of view.

Reg was very sensitive to any feelings of rejection and he recognized his own insecurity in group situations. He seemed to have a constant feeling of loneliness and in one attempt to reach out for social contacts, he decided to join the Y.M.C.A. His purpose for joining was to learn to dance and to swim. He was very pleased with the Y after his first contact with the group of young people there. One of his comments was, "It's great to feel included in the group." Shortly after he joined, he lost interest and never returned.

Reg lacked confidence in himself and felt quite inadequate at times. His standards were quite high in relation to his capacity and when unable to succeed, he came frustrated. He was very much aware of these problems and at times seemed to try too hard in order to overcome them.

Reg seemed to be mainly independent and submissive in his relationship with people. He was very fearful and anxious with strangers. He related more easily to elder men and women who would go out of their way to let him know that they were interested in him.

Reggie Jones was classified as poorly adjusted. His record was liberally punctuated with references to problems. These problems were in the areas of socialization, employment, and personality development. He had a very tenuous relationship with the foster parents he had lived with for thirteen years. Although conforming and obedient at school, his progress was undistinguished. He was limited in interests and in his ability to make friends. His Mental Health Analysis score was ten, his social quotient, eighty-six.

When one read the unabridged records, the influence of the foster homes seemed to stand out in sharp contrast. Sandy's foster parents invested a great deal of their love and concern in her. Edith's foster parents, although accepting of her limitations, did little to encourage the realization of what skills he had potentially. One felt Reggie's foster parents, in contrast to Sandy's and to Edith's, actually repressed and obstructed his development.

APPENDIX 3

THE FELS PARENT BEHAVIOUR RATING SCALES



Rate the general activity level of the home, taking the household as a whole. Is the home atmosphere active, quick, and alert; or is it inactive, slow, and inert?

This is a broad, general variable, including amount and quickness of activity, alertness, decisiveness, and tension, insofar as they are manifest overtly as part of the child's environment.

1	2	3	4	5	Number
					Child
					Foster Home

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- Home extremely bustling, busy, excited, tense.
- People in home move quickly, talk rapidly, work with dispatch. Home alert, wide-awake, moving, decisive.
- People move, talk, and work without haste, but with some dispatch. Home alert, but not hypertense.
- People move, talk, and walk with leisurely deliberateness. Home relaxed, but not lackadaisical.
- People move slowly, talk slowly, work slowly. Home passive, relaxed, easy-going, indecisive.
- Home poky, lackadaisical, lazy, slow-moving, procrastinating.

1	2	3	4	5	Number
					<p><u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left.  <u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left.  <u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score
					Rater
					Tolerance
					Number

Rate the extent to which the home surrounds the child with an atmosphere of overt conflict, discord, unpleasant argument, recrimination, quarreling, complaining. Is the home atmosphere marked by unpleasant discord among individuals? Or are the inter-personal relations of the household typically harmonious, friendly, and agreeable?

Disregard conflict between the object-child and other individuals. Include discord among siblings, domestics, parents, etc. Disregard other types of maladjustment, as worry, insecurity, grief, illness, cynicism. Include discord only insofar as it impinges more or less directly upon the child.

1	2	3	4	5	Number
					Child
					Foster Home

--	--	--	--	--

- Household flies into vindictive recriminations, bitter disputes, on slightest provocation.
- Underlying discords often break through the general surface harmony as sharp arguments, or ill-natured sarcasm. Frequent unpleasant wrangling, complaining.
- Harmonious basic relationships, overlaid with a good deal of surface contention, bickering, and teasing.
- Tolerant, friendly. Arguments tend to be good-natured. Teasing occasional. Quarrels rare.
- Peaceful, harmonious, agreeable atmosphere reigns.
- Household harmony disturbed only under rare and extreme circumstances.

					<p><u>Saliency:</u> How important is this trait in the total pattern of the rater? Enter rating at left</p> <p>Highly characteristic 5 4 3 2 1 Negligible</p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left</p> <p>Very adequate 5 4 3 2 1 Pure guessing</p>
					Score
					Rater
					Tolerance
1	2	3	4	5	Number





Rate the organization of the household according to the degree to which it is built around the child's needs and welfare. Does the child get more than his proportionate share of consideration; or is his welfare subordinated to that of other members of the household?

1	2	3	4	5	Number
					Child
					Foster Home

Rate for the specific child, as against the entire remaining household including siblings. Behaviour is "child-centered" to the extent that it involves sacrifice of pleasure, convenience, opportunity, etc., in attempting to benefit the child.

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- Whole household revolves around child; many major sacrifices for child's trivial comforts.
- Consideration for child clearly predominates, but not to the exclusion of other interests.
- Child's welfare gets slightly more attention than the welfare of others.
- Child gets proportional consideration; is as often disregarded as sacrificed for.
- Although given attention in critical matters, on the whole, child gets neglected in favor of other interests.
- Household organized around interests of other members. Child definitely neglected even in essential matters.

					<p><u>Saliency:</u> How important is this trait in the total pattern of the rater? Enter rating at left.</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score
					Rater
					Tolerance
1	2	3	4	5	Number

1	2	3	4	5	Number
					Child
					Foster Home

Rate the parent in terms of the number of hours (for an average day) of actual contact with the child.

"Contact" is here defined as a situation in which parent and child are sufficiently alert and close together to make social intercourse possible - amount of opportunity for parent-child stimulation.

Base rating on total impression, from observation and conversation. Avoid direct quizzing as basis for rating. Judge in terms of average for a typical week. (to correct week-day figure, add 1/7 of week-end excess contact.)

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- Entire waking day together.
- Eight hours per day together.
- Four hours per day together.
- Two hours per day together.
- One hour per day together.
- Half and hour per day together.
- Quarter hour per day together.

					<p><b>Saliency:</b> How important is this trait in the total pattern of the ratee? Enter rating at left</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					<p><b>Certainty:</b> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score
					Rater
					Tolerance
1	2	3	4	5	Number



Rate the restrictiveness of the regulations set up or implied by the parent as standards to which the child is expected to conform. Are the requirements numerous and severe; or few and mild? In meeting these standards would the child be highly circumscribed in his behaviour, or would he still have a large measure of freedom?

Disregard whether requirements are sharply codified rules, or merely implied in the disciplinary policy. Disregard the parent's motives, and methods of enforcement. Include both prohibitions and positive requirements. Consider the standards expected regardless of how well they are enforced. Rate relative to child's age.

1	2	3	4	5	Number
					Child
					Foster Home


- Parent's standards for child's conduct are minutely restrictive beyond all reasonable interpretation of either child's welfare or family convenience.
- Requirements are unnecessarily abundant and exacting, but usually aimed at practical ends rather than "pure discipline".
- Restrictions are moderate and practical, but parent shows little concern for child's freedom as an end, adding requirements whenever they seem expedient.
- Standards and regulations are somewhat liberal.
- Freedom is allowed in a few matters commonly subject to regimentation.
- Child is expected to conform to a few basic standards, but parent will endure considerable annoyance rather than unduly restrict child's freedom.
- Standards are both scarce and mild, limiting child's freedom barely enough to avoid the police and the hospital.

						<p><u>Saliency</u>: How important is this trait in the total pattern of the ratee? Enter rating at left.</p> <p>Highly characteristic 5 4 3 2 1 Negligible</p>
						<p><u>Certainty</u>: Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p>Very adequate 5 4 3 2 1 Pure guessing</p>
					Score	Rater
					Toler'ce	
1	2	3	4	5	Number	



Rate the severity of penalties imposed when the parent takes official note of misconduct. Are penalties acutely severe, or light and inconsequential?

1	2	3	4	5	Number
					Child
					Foster Home

Do not consider situations where parent entirely disregards misconduct, invoking no penalties. Include all censorial reactions from mild verbal reproof to severe corporal punishment and removal of privileges. Consider only such situations as come under express or implied regulations and standards. Try to judge the penalties in terms of their negative motivating power for the particular child.

					- Severe penalties, frequently stimulating child to dread, terror, or deep personal resentment.
					- Rather severe on the whole, but inclined to be lenient in extenuating circumstances.
					- Moderate penalties. Severe enough to have definite motivating power for the child; but not so severe that the child is over-inhibited, severely frightened or deeply resentful.
					- Mild penalties predominate. May be severe in critical situations; but penalties often seem too mild to have much motivating power.
					- Most flagrant misbehaviour provokes no penalty more severe than weak verbal remonstrance. Penalties are so light that their potency for the child is negligible.

					<p><u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>	
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>	
					Score	Rater
					Tolerance	
1	2	3	4	5	Number	

Justification of Disciplinary Policy as 272 Presented to the Child (Rational - Arbitrary)

Rate the parent's tendency to explain to the child the reasons for requirements and penalties. Does the parent attempt to put all discipline on a logical basis? Or are his policies presented in purely arbitrary fashion to the child?

1	2	3	4	5	Number
					Child
					Foster Home

Disregard restrictiveness of regulations, and readiness and severity of enforcement. Disregard the clarity with which regulations are codified, and the extent to which they are democratically set up. Include all control measures, whether pertaining to established policies or merely involving immediate suggestion.

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- Goes out of way to show child practical reasons behind requirements and suggestions, even in emergencies or where explaining is difficult.
- Attempts to explain policies to child, as a general rule, but frequently arbitrary where the issue is very critical or complex.
- No apparent tendency favoring either the peremptory or the rational approach to child control.
- Arbitrary in most matters. Does not justify policies unless pressed. Often avoids the issue, or invokes moral precepts as reasons.
- Never explains policies to child. Handles discipline in very arbitrary fashion, expecting child never to question "why".

					<p><b>Saliency:</b> How important is this trait in the total pattern of the ratee? Enter rating at left.</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
					<p><b>Certainty:</b> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score Rater
					Tolerance
1	2	3	4	5	Number



Rate the clearness with which the parent's standards of child conduct are manifested to the child. Are regulations and requirements clearly formulated and consistently executed, so that the child should be able to know what is expected of him and what will happen if he fails to conform? Or are the parent's standards and policies so vague or fluctuating that the child has little chance of adjusting?

1	2	3	4	5	Number
					Child
					Foster Home

- Schedule and other standards are precisely formulated and adhered to meticulously. Parent goes out of way to maintain clear, consistent policy regardless of special circumstances.
- Policies are sometimes adjusted to meet unusual circumstances, but on the whole they are clear-cut and consistent. There is a core of reasonable consistency about parent's policy, which serves as a stable basis for adjustment despite numerous minor fluctuations and vagueness about details.
- Standards are usually formulated, but exceptions and modifications are frequent enough to keep child readjusting. Schedule often upset.
- Regulations vaguely formulated. Enforcement uncertain and inconsistent. Child's basis for adjustment is slight, even in some major matters.
- Policies of parent in dealing with child are so erratic unformulated, and inconsistent that child can never know what to expect. Schedule chaotic.

Saliency: How important is this trait in the total pattern of the ratee? Enter rating at left

Highly characteristic 5 4 3 2 1 Negligible

Certainty: Do you feel that your rating is based on adequate evidence? Enter rating at left

Very adequate 5 4 3 2 1 Pure guessing

Score Rater

Toler'ce

2 3 4 5 Number



Rate the amount of overt parent-child conflict over the enforcement of regulations and requests. Is the relationship between parent and child characterized by continuous wrangling, resistance, and rebellion in regard to child conduct? Or is discipline characterized by harmonious co-ordination, without bickering, threats, refusals, and penalties?

Disregard whether child's conduct meets parental standard. The question is, how much disharmony occurs as part of the parent's attempt to control the child's conduct, both in enforcing routine standards and in making immediate suggestions.

1	2	3	4	5	Number
					Child
					Foster Home

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- Situations to which regulations or standards apply are always characterized by overt parent-child conflict. Parental demands resisted. Friction continuous, acute. When child is supposed to do ( or not to do ) something, there is usually an argument, struggle, threat, or penalty. Friction frequent and marked.

- Parent invokes penalties, child resists, etc., rather frequently, but harmonious adjustment in disciplinary situations is somewhat more usual. Friction moderate.

- Parent-child clashes occur now and then, but they are exceptional, superficial, or mild.

- Disciplinary conflicts are exceedingly rare. Either the child conforms docilely, or the parent tranquilly permits lapses. Friction extremely mild or absent.

					<p><u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left</p> <p><u>Very Adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score
					Tolerance
1	2	3	4	5	Number

Rate the parent's tendency to make suggestions to the child. Is the parent constantly offering requests, commands, hints, or other attempts to direct the child's immediate behaviour? Or does the parent withhold suggestions, giving the child's initiative full sway?

This does not apply to routine regulations and their enforcement. Rate only where there is opportunity for suggestion. Note that "suggestion" is defined broadly, including direct and indirect, positive and negative, verbal and non-verbal, mandatory and optional.

1	2	3	4	5	Number
					Child
					Foster Home

1
2
3
4
5

- Parent continually attempting to direct the minute details of the child's routine functioning, and "free" play as well.
- Occasionally withholds suggestions, but more often indicates what to do next or how to do it.
- Parent's tendency to allow child's initiative full scope is about equal to tendency to interfere by making suggestions.
- Makes general suggestions now and then, but allows child large measure of freedom to do things own way.
- Parent not only consistently avoids volunteering suggestions, but tends to withhold them when they are requested, or when they are the obvious reaction to the immediate situation.

						<p><u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
						<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score	
					Tolerance	
1	2	3	4	5	Number	

1	2	3	4	5	Number
					Child
					Foster Home

Rate as to their dictatorial quality the parent's suggestions in dealing with the child's immediate behaviour. Does the parent attempt to control a situation by issuing orders or commands, to be obeyed? Or does the parent make his suggestions optional, or discretionary, with the child?

Apply only where parent is trying to influence child. Try to see through the verbal form to the significant content for the child - does the suggestion demand obedience, or is it a "mere suggestion"?

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- Efforts to control child take form of peremptory orders to be obeyed at once, even in trivial matters.

- Suggestions not quite absolute in coerciveness, but immediate compliance is expected in matters of any importance.

- Parent coercive in major affairs, but uses optional suggestions where there is no important issue.

- Definite tendency to avoid coercion where possible, but uses it when exasperated or persistently unsuccessful with non-coercive suggestion.

- Commands resorted to only in life-and-death emergencies. Parent goes out of way to avoid coercion in his suggestions to child.

					<p><u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score
					Rater
					Tolerance
1	2	3	4	5	Number



Rate the parent's tendency to help the child through the ordinary difficulties of everyday life. Does the parent insist on helping in situations where the child is quite capable; or does the parent withhold aid even in major difficulties?

Rate relative to the child's ability. Disregard deliberate drill and training. This is a general variable including motor, mental, emotional, and social behaviour. It applies only to tasks the child is attempting, not to parent-imposed requirements resisted by the child.

1	2	3	4	5	Number
					Child
					Foster Home

- |  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  |  |  |  | - Continually helping child, even when child is fully capable and willing.  |
|  |  |  |  |  | - Usually helps more than needed. Seldom lets child struggle unsuccessfully.  |
|  |  |  |  |  | - Helps when needed, but not when child can get by alone.   |
|  |  |  |  |  | - Tends to withhold aid, letting child solve own minor problems. Offers help after prolonged failure or in emergency. |
|  |  |  |  |  | - Leaves child alone to solve even major problems, often refusing aid when requested.                                 |

					<u>Saliency:</u> How important is this trait in the total pattern of the rates? Enter rating at left
					<u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u>
					<u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter your rating at left.
					<u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u>
					Score Rater
					Toler?
1	2	3	4	5	Number

Rate the parent's reaction to threats and hazards to the child's well-being. Does the parent tend to keep the child unnecessarily sheltered, and prevent difficulties from reaching the child? Or does the parent tend to expose the child to dangers, perplexities, and difficulties?

This is a broad variable, including protection from physical, material, emotional, mental, and social hazards. Rate relative to the child's maturity. Disregard whether child is aware of protection. How much does the protective attitude of the parent tend to protect the child from experiencing difficulties?

1	2	3	4	5	Number
					Child
					Foster Home

- Tends to shelter child from every imaginable slight discomfort or difficulty.
- Not given to inventing imaginary hazards, but does protect from many trivial difficulties which child could handle.
- Allows child to be exposed to many minor difficulties, but shelter from serious upsets even if purely temporary.
- Lets child face own obstacles when there is no danger of lasting harm.
- Exposes child to rather tough situations, unless danger is quite serious or situation acute.
- Allows child to be exposed to major hazards, dangers, problems, suffering. Oblivious to hazards, or deliberately refrains from protecting child.

					<p><u>Saliency:</u> How important is this trait in the total pattern of the rater's? Enter rating at left.</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p>Very adequate 5 4 3 2 1 Pure guessing</p>
					Score
					Rater
					Tolerance
1	2	3	4	5	Number

Rate the parent's tendency to express an approval-disapproval attitude toward the child's behaviour. Does the parent readily and vigorously express a reaction to things the child does; or is the parent non-committal, repressed, uninterested or stoical toward the child's actions?

Rate the tendency to express criticism regardless of whether it is approval or disapproval. Criticism may be verbal, gestural, or by facial expression or tone of voice - any signal to the child indicating approval or rejection of his behaviour in a specific situation.

1	2	3	4	5	Number
					Child
					Foster Home

- |   |   |   |   |   |   |  |
|---|---|---|---|---|---|--|
| - | - | - | - | - | - | Alert to react to child's every move, regardless of how trivial.   |
| - | - | - | - | - | - | Quick and free in expressing approval - disapproval. Criticism may be mild, or withheld, if the matter is obviously trivial. |
| - | - | - | - | - | - | Reacts freely when attention is called, but not alert for chance to criticize.   |
| - | - | - | - | - | - | Tends to refrain from reacting critically in unimportant matters, Usually responds when pressed.                             |
| - | - | - | - | - | - | Withholds criticism unless greatly aroused. Tends to be poker-faced, noncommittal.   |
| - | - | - | - | - | - | Gives no indication of either approval or rejection of child's acts, regardless of importance                                |

					<u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left Highly characteristic 5 4 3 2 1 Negligible	
					<u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left Very adequate 5 4 3 2 1 Pure guessing	
					Score	Rater
					Tolerance	
1	2	3	4	5	Number	

Rate the direction of the parent's critical reaction to the child's behaviour. When the parent reacts does it tend to take the form of praise, approval, acclaim? Or does blame, disapproval predominate?

1	2	3	4	5	Number
					Child
					Foster Home

Rate only situations where a critical reaction occurs - a reaction to behaviour, rather than general affective excess or hostility. Criticism may be verbal, gestural, or facial expression or tone of voice. It may be expressed either directly to the child or with the child as a witness. Rate positive to the merits of the behaviour criticized.

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- Warm, unambiguous praise and commendation toward even rather ordinary behaviour. Shortcomings overlooked or excused.
- Emphasis on approval. Most disapproval is sugar-coated with simultaneous acclaim.
- Balanced criticism. Praise, or disapprobation, predominates only as merited by child's behaviour.
- Tends to disapprove more readily than to approve. Most praise is tempered with faultfinding. Usually critical of details.
- Parent always finding fault. Ignores or belittles praiseworthy behaviour, pleading out minor details to criticize disproportionately.

					<p><u>Salience:</u> How important is this trait in the total pattern of the react? Enter rating at left.</p> <p>Highly characteristic 5 4 3 2 1 None 0</p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p>Very adequate 5 4 3 2 1 Fair 0</p>
					Score
					Tolerance
					Number
1	2	3	4	5	

Rate the parent's tendency to satisfy the child's intellectual curiosity. Does the parent readily respond to the child's "why?" and "How?" questions; or is the child thwarted in attempts to get information and explanation from the parent?

1	2	3	4	5	Number
					Child
					Foster Home

Disregard accuracy, depth, and honesty of answers. Note that explanations which are too ambitious, or too forced, may rate low; and the furnishing of specific references may rate high. Do not confuse with mental babying - a parent may refuse to do the child's simple thinking, and yet go out of his way to help with difficult explanations.

-
-
-
-
-
-
-
-
-
-

Never too busy to answer child as adequately as possible. Anticipates questions. Encourages curiosity with willing explanation.

Goes out of way to answer fairly involved questions, but sometimes postpones till child is older. May evade when very busy, or very tired.

Usually tries to satisfy child's curiosity. Sometimes loses patience with persistent "why?"s.

Answers simple questions when in good humor and not preoccupied, but seldom goes beyond minimum needed to shut child up.

Explanations are grudging and reluctant where any mental effort is required. Parent often evades the issue.

Thwarts child's curiosity. Actively discourages questions with "too busy", "you're too young to know", "Just because", etc.

					<p><u>Saliency:</u> How important is this trait in the total pattern of the rater? Enter rating at left.</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score
					Rater
					Tolerance
1	2	3	4	5	Number

Rate the parent's tendency to display over-concern for the child's well-being. Is the parent readily excited to overt anxiety all out of proportion to the importance of the situation? Or is the parent markedly calm, cool, and nonchalant, even in the face of critical danger to the child?

Consider the parent's net behaviour, regardless of the motives behind it. Include only behaviour which is a potential stimulus to the child, impinging more or less directly upon his awareness. Include concern for both physical and mental health and comfort.

1	2	3	4	5	Number
					Child
					Foster Home


- Given to severe, irrational anxiety on largely imaginary grounds. Readily panicked.
- Chronic anxious tension over child, but more "jittery" than panicky. Given to "hunting for trouble".
- Shows considerable anxiety when child is in any danger, but seldom loses rational control.
- Somewhat solicitous, but minimizes hazards. Frequently shows concern, but without losing perspective.
- Rarely worried or solicitous beyond needs of situation and responsibility as parent. Attitude more like that of teacher or nurse.
- Nonchalant and seemingly unconcerned even in major matters. So unsolicitous as to appear neglectful or irresponsible.

						<p><u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left. Highly characteristic 5 4 3 2 1 Negligible</p>
						<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left. Very adequate 5 4 3 2 1 Pure guessing</p>
					Score	Rater
					Tolerance	
1	2	3	4	5	Number	


Rate the parent's acceptance of the child into his own inner circle of loyalty and devotion. Does the parent act in such a way as to indicate that the child is considered an intimate and inseparable partner? Or does the parent act as though he resents the child's intrusion and rejects the child's bid for a place in his primary area of devotion?

Consider all evidence which in any way may impinge upon the child as acceptance-rejection, however subtle, vague, or indirect. It is not the parent's true feeling, but his attitude, as a functioning unit in the child's environment, which we are rating.

-					-
-					-
-					-
-					-
-					-
-					-

Parent's behaviour toward child connotes utter devotion and acceptance into his innermost self, without stint or suggestion of holding back in any phase of his life. Parent clearly accepts child. Includes child in family councils, trips, affection, even when it is difficult or represents considerable sacrifice.

A "Charter member" of the family, but "kept in his place". Parent accepts child in general, but excludes him from certain phases of parent's life.

Tacit acceptance. Excludes child so frequently that to the child the rejection attitude may seem to predominate even though parent takes acceptance for granted.

Parent's predominant tendency is to avoid, repulse, and exclude the child, but without open rejection.

Child openly resented and rejected by parent. Never admitted to inner circle. Made to feel unwanted, ostracized.

						<p><u>Saliency:</u> How important is this trait in the total pattern of the rates? Enter rating at left.</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>
						<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>
					Score	Rater
					Tolerance	
1	2	3	4	5	Number	



Rate the emotionality of the parent's general behaviour toward the child. Is the parent's reaction highly emotional; or is it consistently cool and objective?

Rate only in situations where there is sufficient cause for emotion to bring it out if it is there. Combine frequency and intensity of emotion. Combine direct expression of emotion and irrational distortion of policy due to emotion. "Emotion" as used includes manifestations of rage, panic, grief, disgust, love, mirth, or sympathy, where feeling predominates over reason.

1	2	3	4	5	Number
					Child
					Foster Home

- |   |  |   |   |
|---|--|---|---|
| - |  | - | Parent constantly giving vent to unbridled emotion in reaction to child's behaviour.  |
| - |  | - | Controlled largely by emotion rather than by reason in dealing with child.  |
| - |  | - | Expression of emotion largely inhibited, but policy readily disorganized. Emotion freely expressed, but actual policy seldom much disorganized. |
| - |  | - | Usually maintains calm, objective behaviour toward child, even in face of strong stimuli.   |
| - |  | - | Never shows any sign of emotional disorganization toward child, either directly or in policy.   |

					<p><u>Saliency:</u> How important is this trait in the total pattern of the ratee? Enter rating at left</p> <p><u>Highly characteristic</u> 5 4 3 2 1 <u>Negligible</u></p>	
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left</p> <p><u>Very adequate</u> 5 4 3 2 1 <u>Pure guessing</u></p>	
					Score	Rater
					Tolerance	
1	2	3	4	5	Number	

Rate the parent's expression of affection to the child personally. Does the parent manifest a warm, personal affection to the child; or a matter-of-fact, unemotional attitude; or definite antagonism?

Rate the attitude shown to the child, rather than the deeper one which affects the child only indirectly or through care, solicitude, or degree of devotion to the child's welfare.

1	2	3	4	5	Number
					Child
					Foster Home

- |   |  |   |   |
|---|--|---|---|
| - |  | - | Passionate, consuming, intense, ardent, uncontrolled. |
| - |  | - | Affectionate, warm, fondling, loving, expressive.     |
| - |  | - | Temperate, fond, attached, forgiving, kind.           |
| - |  | - | Objective, inhibited, neutral, matter-of-fact.        |
| - |  | - | Cool, aloof, distant, forbidding.                     |
| - |  | - | Avoiding, annoyed, irritated, bothered.               |
| - |  | - | Hostile, rejecting, disliking, blaming, icy.          |

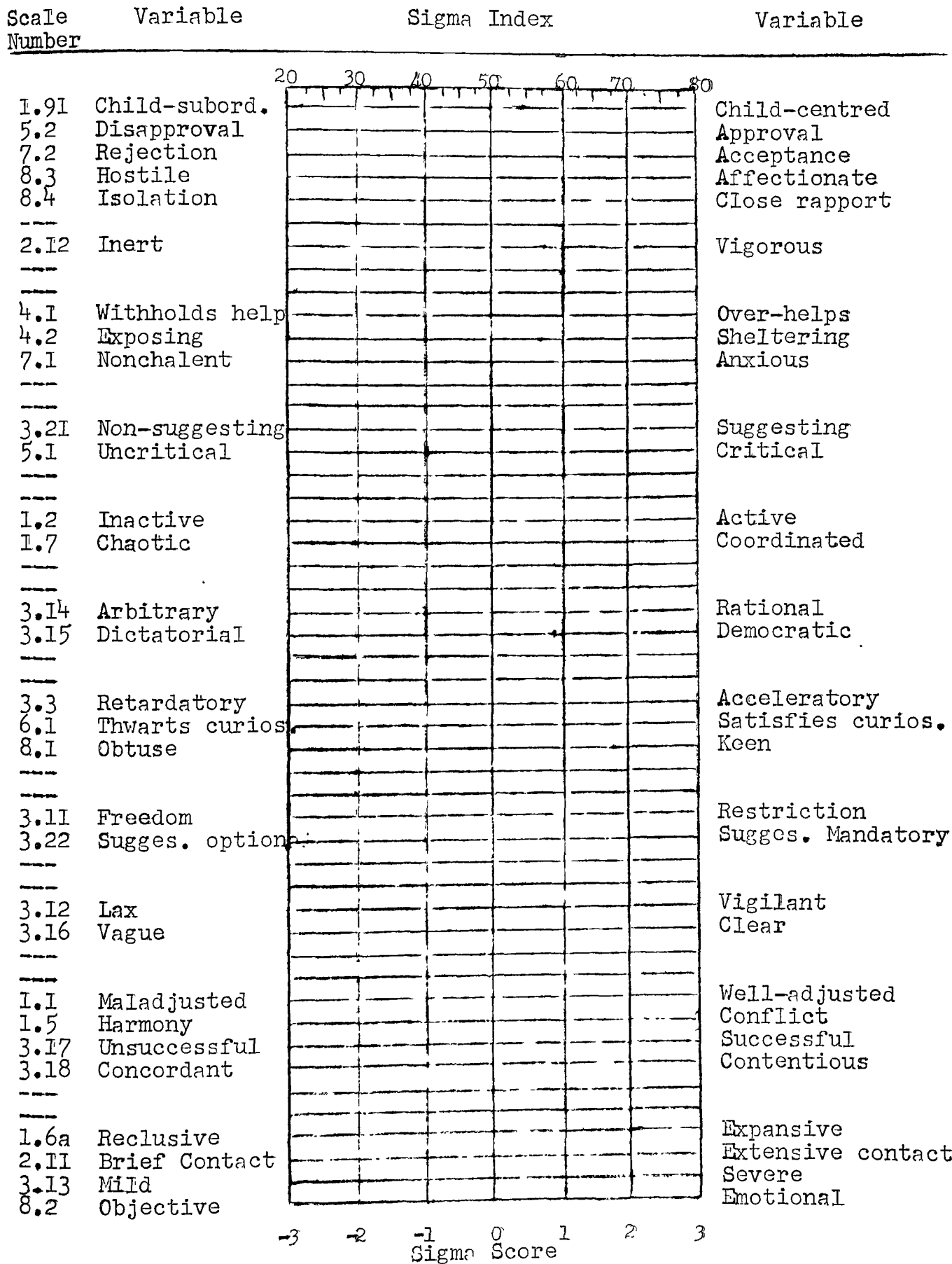
					<p><u>Saliency:</u> How important is this trait in the total pattern of the rater? Enter rating at left.</p> <p>Highly characteristic 5 4 3 2 1 Negligible</p>
					<p><u>Certainty:</u> Do you feel that your rating is based on adequate evidence? Enter rating at left.</p> <p>Very adequate 5 4 3 2 1 Fairly inadequate</p>
					Score
					Rater
					Tolerance
1	2	3	4	5	Number



PARENT BEHAVIOUR RATING SCALE PROFILE

291

Child \_\_\_\_\_ Case Number \_\_\_\_\_ Rater \_\_\_\_\_  
 Foster Home \_\_\_\_\_ Length of time in home \_\_\_\_\_



RATINGS OF PARENT-CHILD RELATIONSHIPS ON  
FIVE CLUSTERS OF THE FRIES SCALES

Name of child .....

Name of parents   
 foster parents   
 others

(specify)

1. WARMTH AND ACCEPTANCE

- Accepting .....
- Casual .....
- Rejecting .....

I.D.

2. INDULGENCE

- Indulgent, over-protective .....
- Mixed .....
- Nonchalant .....

I.D.

3. SUPPORTIVE DEMOCRACY

- Democratic formulation of policies .....
- Mixed .....
- Autocratic .....

I.D.

4. RESTRAINT

- Controlling .....
- Inconsistent .....
- Lax .....

I.D.

5. EFFECTIVENESS OF REGULATION POLICY

- Regulation policy effective .....
- Partial and/or transitory effectiveness .
- Continual disciplinary problems .....

I.D.

**APPENDIX 4**

**THE CASE ANALYSIS SCHEDULE**

## CASE ANALYSIS SCHEDULE

IDENTIFYING DATA

- 1 Name of child \_\_\_\_\_ Agency case no. \_\_\_\_\_ Study no. \_\_\_\_\_
- 2 Birth date \_\_\_\_\_ Age (Dec. 31, 1955) \_\_\_\_\_
- 3 Date came into care \_\_\_\_\_ Infants' Home \_\_\_\_\_  
Children's Aid \_\_\_\_\_
- 4 Age at admittance to care \_\_\_\_\_ yrs \_\_\_\_\_ mos  
\_\_\_\_\_ Shortly after birth
- 5 Length of time in care (to Dec. 31/55) \_\_\_\_\_ yrs \_\_\_\_\_ mos  
\_\_\_\_\_ life
- 6 Date made temporary ward \_\_\_\_\_ permanent ward \_\_\_\_\_
- 7 Date discharged from care \_\_\_\_\_ Reason: \_\_\_\_\_
- 8 Status of birth:  
Legitimate \_\_\_\_\_ Illegitimate \_\_\_\_\_ Unknown \_\_\_\_\_
- 9 Amount of time required to analyze case \_\_\_\_\_
- 10 Information gathered from following sources:  
1. Narrative recording \_\_\_\_\_ pp. recording incomplete  
(child's case)  
2. Psychological report \_\_\_\_\_  
3. Medical history \_\_\_\_\_  
4. Family history \_\_\_\_\_  
5. Case conference reports \_\_\_\_\_  
6. Reports for other agencies \_\_\_\_\_
- 11 Summaries in record  
Block summaries:  
  
Transfer summaries:
- 12 Descriptive passages:

FAMILY BACKGROUND

13 Marital status of parents:  
 Married \_\_\_\_\_ Date \_\_\_\_\_  
 Common-law-union \_\_\_\_\_ Date \_\_\_\_\_  
 Mother single \_\_\_\_\_  
 Other \_\_\_\_\_

FATHERMOTHER

14 Name \_\_\_\_\_  
 15 Birthdate \_\_\_\_\_  
 16 Age when married \_\_\_\_\_  
 17 Age when this child born \_\_\_\_\_  
 18 Age when child came into care \_\_\_\_\_

EDUCATION

19	Known __ Surmised __ I.D. __	Known __ Surmised __ I.D. __
20	Elementary: (circle last grade) 1 2 3 4 5 6 7 8	Elementary: 1 2 3 4 5 6 7 8
21	Secondary: 9 10 11 12 13	Secondary: 9 10 11 12 13
22	Other training _____ _____	_____
23	Age when finished school _____	Age when finished school _____

INTELLIGENCE

24 Diagnostic rating:  
 I.Q. \_\_\_ Test \_\_\_ Date \_\_\_\_\_ I.Q. \_\_\_ Test \_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_

25 Suspected ability:  
 Above average \_\_\_\_\_ Above average \_\_\_\_\_  
 Average \_\_\_\_\_ Average \_\_\_\_\_  
 Dull \_\_\_\_\_ Dull \_\_\_\_\_  
 Defective \_\_\_\_\_ Defective \_\_\_\_\_

26 HEALTH

FATHER

MOTHER

MENTAL ILLNESS:

27 None reported \_\_\_\_\_

28 Diagnosed \_\_\_\_\_  
(specify)

29 Suspected \_\_\_\_\_  
(specify)

OCCUPATIONAL HISTORY

30 Major \_\_\_\_\_ Before marriage worked \_\_\_\_\_  
Type of work \_\_\_\_\_

31 Minor \_\_\_\_\_ Did not work \_\_\_ I.D. \_\_\_  
After marriage worked \_\_\_\_\_  
Type of work \_\_\_\_\_  
Did not work \_\_\_ I.D. \_\_\_

32 Stability of employment \_\_\_\_\_

COURT RECORD

33 None reported in record \_\_\_\_\_ None reported \_\_\_\_\_

34 Charges      Date      Result      Charges      Date      Result

35 Gaol record      Gaol record

36 Prison record      Prison record

37 FINANCIAL SITUATION

## PERSONALITY

38 Recorded reference to father's personality characteristics:

39 Recorded reference to mother's personality characteristics:

## PARENT-CHILD RELATIONSHIP

Mother's relationship to child:

40 Prior to placement

41 During placement

Father's relationship to child:

42 Prior to placement

43 During placement

RATINGS OF PARENT-CHILD RELATIONSHIPS ON  
FIVE CLUSTERS OF THE FEELS SCALES

Name of child .....

Name of parents

    foster parents

    others  .....

(specify)

1. WARMTH AND ACCEPTANCE

    Accepting .....

    Casual .....

    Rejecting .....

I.D.

2. INDULGENCE

    Indulgent, over-protective .....

    Mixed .....

    Nonchalant .....

I.D.

3. SUPPORTIVE DEMOCRACY

    Democratic formulation of policies .....

    Mixed .....

    Autocratic .....

I.D.

4. RESTRAINT

    Controlling .....

    Inconsistent .....

    Lax .....

I.D.

5. EFFECTIVENESS OF REGULATION POLICY

    Regulation policy effective .....

    Partial and/or transitory effectiveness .

    Continual disciplinary problems .....

I.D.

SIBLINGS

44 Number of children in family: (circle one)  
only child, 2, 3, 4, 5, 6, 7, I.D.

45 Cardinal position of this child in the family:  
1, 2, 3, 4, 5, 6, 7, I.D.

## Siblings

1 2 3 4 5 6

46 Name \_\_\_\_\_

47 Birth Date \_\_\_\_\_

48 In care of CAS \_\_\_\_\_

49 Age (Dec 31/55) \_\_\_\_\_

50 Intelligence Diagnostic:  
I.Q. \_\_\_\_\_  
Test \_\_\_\_\_  
Date \_\_\_\_\_

51 Suspected:  
Above \_\_\_\_\_  
Average \_\_\_\_\_  
Average \_\_\_\_\_  
Dull \_\_\_\_\_  
Defective \_\_\_\_\_

## Institutional History:

52 O.H.S. \_\_\_\_\_

53 O.T.S. \_\_\_\_\_

54 Elsewhere \_\_\_\_\_

55 Court Record:  
None known \_\_\_\_\_

Charges \_\_\_\_\_

56 Dates \_\_\_\_\_

57 Results \_\_\_\_\_



## 65 SYNOPSIS OF FAMILY SITUATION AND PROBLEMS

Age of child

66 Agencies registered with Social Service Exchange which had served the family:

Family not cleared with the Exchange

PHYSICAL DEVELOPMENTAL HISTORY

- 67 General health condition:
- 68 Any concern regarding health in general:  
 Age of  
 child
- 69 History of serious illnesses or series of illnesses:
- 70 Recorded reference to possible cause of retardation:
- 71 Amount of time in hospital:  
 Under one year of age  
 Preschool  
 Latency  
 Adolescence
- 72 Physical handicaps:
- 73 Developmental history:  
 Full term baby                      Age at walking  
 Labour                                Used words at  
 Sitting alone                        Walking alone  
 Teething
- 74 Physical appearance:

PSYCHOLOGICAL HISTORY

75 When was retardation first suspected?

76 What indicated retardation? (developmental signs recognized by social workers and/or foster parents)

77 Psychometric results:

	<u>Date</u>	<u>Test</u>	<u>C.A.</u>	<u>M.A.</u>	<u>I.Q.</u>	<u>Sub tests</u>		<u>Where tested</u>	<u>Relia- bility</u>
						<u>+</u>	<u>-</u>		
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Study  
Test

78 Range of fluxuations of I.Q.'s:

Always borderline ..... —  
 Borderline and above ..... —  
 Borderline and below ..... —  
 Borderline, above and below .. —

79 Results of other tests if administered: (Rorschach, T.A.T, C.A.T.)

80 Was child's situation conferenced with the agency psychiatrist:  
If "yes" reason

81 Seen by agency psychiatrist:  
Reason

82 Treatment or diagnostic services from elsewhere:

83 Recorded references to child's interests - special skills:

84 Appraisals of child appearing in psychological reports:

85 Social Development of the Child:  
(socialization, social maturity, peer group relationships)

86 HISTORY OF PROBLEMS PRESENTED BY CHILD  
(indicate age of child and whether previous to being in care or not)

PLACEMENT HISTORY

87	<u>No. of Placement</u>	<u>Nature</u>	<u>Dates</u>	<u>Name of F.P. or Institution</u>	<u>F.H. No.</u>	<u>Length of Time</u>	<u>Age Range of Child</u>
	1.	-----	-----	-----	-----	-----	-----
	2.	-----	-----	-----	-----	-----	-----
	3.	-----	-----	-----	-----	-----	-----
	4.	-----	-----	-----	-----	-----	-----
	5.	-----	-----	-----	-----	-----	-----
	6.	-----	-----	-----	-----	-----	-----
	7.	-----	-----	-----	-----	-----	-----
	8.	-----	-----	-----	-----	-----	-----
	9.	-----	-----	-----	-----	-----	-----
	10.	-----	-----	-----	-----	-----	-----
	11.	-----	-----	-----	-----	-----	-----
	12.	-----	-----	-----	-----	-----	-----

88	<u>No. of Placement</u>	<u>No. of Soc. wkrs</u>	<u>Setting of FH</u>				<u>Frequency of contacts</u>	<u>Reasons for Removal - Request</u>
			R	U	V	or T		
	1.	-----	-----	-----	-----	-----	-----	
	2.	-----	-----	-----	-----	-----	-----	
	3.	-----	-----	-----	-----	-----	-----	
	4.	-----	-----	-----	-----	-----	-----	
	5.	-----	-----	-----	-----	-----	-----	
	6.	-----	-----	-----	-----	-----	-----	
	7.	-----	-----	-----	-----	-----	-----	
	8.	-----	-----	-----	-----	-----	-----	
	9.	-----	-----	-----	-----	-----	-----	
	10.	-----	-----	-----	-----	-----	-----	
	11.	-----	-----	-----	-----	-----	-----	
	12.	-----	-----	-----	-----	-----	-----	

FOSTER HOME HISTORY

89 Placement number \_\_\_\_ Age range of child while in this home \_\_\_\_\_

90 Name of foster parents \_\_\_\_\_

91 Foster parent - worker relationship during this placement:

92 Problems discussed with foster parents:

93 Interpretation given to foster parents of child's limitations:

94 Foster parents attitude towards child's limitations:

95 Level of achievement which foster parents set for child:  
(realistic or unrealistic, acceleration attempts and indications  
of the amount of pressure felt by the child)

96 What type of activity did the foster home setting provide?  
(recreational facilities, training, compensating resources)

In the home activities:

97 Out of the home activities:

- 98 Child's contact with natural parents while in this home:
- 99 Foster parents' reaction to natural parents:
- 100 Picture of foster mother derived from the record: (cf. Manual)
- 101 Picture of foster father derived from the record:  
(how active was the foster father in this home)
- 102 Degree of child-centredness of this home:
- 103 Child's relationship with, and attitude to other members of this family  
Other foster children:  
Own brother(s) and/or sister(s):  
Others:

104 Measures of control and guidance which the foster parents employed:  
Nature:

Results:

105 Picture of the child's adjustment in this foster home:

106 Reason for removal:

107 Was this home rated on the Fels Scales? Yes  No

INSTITUTIONAL PLACEMENTS

- 108 Duration of time in institutions:  
Name of institutions                      Dates
- 109 What were the reasons given for the use of an institution?
- 110 Factors connected with commitment to an O.H. or an O.H.S.:
- 111 Factors connected with commitment to an O.T.S.:
- 112 What were the recorded impressions of the results of institutional placement?

SCHOOL HISTORY

- 113 Age when started to school ----- Rural ---  
 ----- Urban ---  
 ----- Town ---
- 114 Last grade reached by Dec. 31, 1955 -----
- 115 Age when child left school -----
- 116 School Setting:
- Elementary:
- Urban 1 2 3 4 5 6 7 8  
           1 2 3 4 5 6 7 8 - Auxiliary classes
- Town 1 2 3 4 5 6 7 8
- Rural 1 2 3 4 5 6 7 8
- 117 Secondary:
- Urban 9 10 11 12           Vocational course 9 10 11 12
- Town 9 10 11 12
- 118 Opportunity classes
- Urban 1 2 3
- 119 Other
- 120 Did the child receive any special training?
- 121 When was the child's retardation reflected in his school progress?
- 122 School progress: (grade repetitions, retardation in subjects)
- 123 Was any interpretation of the child's mental and social retardation given to the school? (by whom given?)

124 Did the school attempt to interpret retardation to foster parents?  
(psychologist, principal, teacher)

125 Extra-curricular activities found by child to compensate for  
retardation:

126 Was child ever expelled from school?

127 Teacher-child relationships:  
age

128 Child's attitude towards school:  
age

129 Were any attempts made to accelerate academic progress?

EMPLOYMENT HISTORY

130 At what age did the child start to earn money?

type of work      part time      full time      age of child

131 At what age did child become completely self-supporting?

132 What help did the agency give in finding jobs for the child?

133 What help did the agency give in maintaining child between jobs?

134 What type of service was given to the child after he reached 18 yrs?

APPENDIX 5

ABSTRACT OF A Descriptive Study of the Adjustment  
and Social Competency of Adolescents  
of Borderline Mentality  
Living in Foster Homes.

APPENDIX 5

ABSTRACT OF

A Descriptive Study of the Adjustment and Social Competency of Adolescents of Borderline Mentality Living in Foster Homes.<sup>1</sup>

This project is a descriptive study of the development and adjustment of teenagers of borderline mental ability being reared in foster homes supervised by the Children's Aid and Infants' Homes of Toronto. The project was sparked by the supervising social workers' belief that the subjects varied widely in social competency or maturity although all were of borderline mentality. The investigation was focused upon examining the association which existed between the nature of the foster parent-child relationship and the subjects' adjustment and level of social competency. The main proposition of the thesis stated: there is a significant association between the nature of the foster parent-child relationship for adolescent borderline defectives and (1) their total adjustment and (2) their level of social maturity.

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<sup>1</sup>~~Ph.D. Thesis presented by~~ C. Graeme Spence, 1958, to the School of Psychology and Education of the University of Ottawa, 317 pages.

*Oct 1958*

Subjects were considered borderline defectives if their intelligence quotients, obtained on the Revised Stanford-Binet, were between seventy and eighty. A battery of rating scales, the Fels Parent Behaviour Rating Scales, were employed to study the dynamics of the subjects' relationship with their foster parents. Total adjustment was rated from the evidence in the narrative case records of the subjects' freedom from problems, their adaptation to their foster home settings, the adequacy of their social relationships, and their progress at school or at work. An adjustment inventory was also used, the Mental Health Analysis, Elementary Series. Social competency was assessed from the administration of the Vineland Scale of Social Maturity.

The study population was ~~a finite universe of~~ forty-four children ranging in age from twelve to nineteen years. They were admitted to the care of the Society, because of parental neglect, when they were an average of five years old. At the time of the study they had spent an average of ten years in foster homes.

The study findings supported the social workers' impression; many of the subjects had attained a normal degree of social competency for their age despite borderline mental ability. Significant associations were found between the nature of the foster parent-child relationship

and variations in both social maturity and adjustment of the subjects. The subjects of low social competency were found to be living with rejecting, nonchalant, or ~~controlling~~ foster parents.

*restoring  
happy  
restoring*

Foster parents, like natural parents, had difficulty in accepting retardation. The foster parents of the subjects whose adjustment had been rated as good, accepted the children's retardation in a positive manner. In contrast, all the subjects rated poorly adjusted had foster parents who in one way or another did not accept their retardation. Good adjustment ratings were associated with foster parents who were accepting, indulgent, and democratic in their formulation of rules and policies. Although they might tend to be lax, they maintained an effective regulation policy. It was also noted that the subjects who were rated as well adjusted showed the greatest degree of social competency or maturity, while the poorly adjusted showed the lowest.

In addition to investigating the relationship between parental behaviour and the adjustment of the subjects, a comprehensive description of the subjects was presented including data concerning their family backgrounds, and a review of their foster home, educational, and employment histories.