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Social Ecology of Supervised Communal Facilities for Mentally Disabled Adults: VI. Initial Social Adaption

Tamar Heller

Gershon Berkson

Daniel Romer

University of Pennsylvania, dromer@asc.upenn.edu

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At the time of publication, author Daniel Romer was affiliated with the Illinois Institute for the Study of Developmental Disabilities. Currently, he is the Research Director at the Institute for Adolescent Risk Communication at the Annenberg Public Policy Center, University of Pennsylvania.

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Abstract

The social adaptation of mentally disabled adults introduced to two new vocational rehabilitation settings was investigated. Client behavior was observed for 8 weeks in subsequent workshop settings. During the evaluation period, clients' sociability increased with time in the program. In the later workshop placements, the social milieu rather than time in the program influenced the degree of client sociability. Specifically, in the first 2 weeks of workshop placement, clients placed in Workshop A, which had more sociable milieu, remained at the high levels of sociability, similar to the last weeks in the evaluation phase. In contrast, clients placed in Workshop B showed a decline in sociability, which was related to environmental variables. Clients initially affiliated more with other clients they knew during evaluation, but this tendency decreased as they became integrated into the workshop program.

Disciplines

Communication | Social and Behavioral Sciences

Comments

At the time of publication, author Daniel Romer was affiliated with the Illinois Institute for the Study of Developmental Disabilities. Currently, he is the Research Director at the Institute for Adolescent Risk Communication at the Annenberg Public Policy Center, University of Pennsylvania.

Social Ecology of Supervised Communal Facilities for Mentally Disabled Adults: VI. Initial Social Adaptation

TAMAR HELLER, GERSHON BERKSON, AND DANIEL ROMER
Illinois Institute for Developmental Disabilities

The social adaptation of mentally disabled adults introduced to two new vocational rehabilitation settings was investigated. Client behavior was observed for 8 weeks after placement in an evaluation center and for an additional 8 weeks in subsequent workshop settings. During the evaluation period, clients' sociability increased with time in the program. In the later workshop placements, the social milieu rather than time in the program influenced the degree of client sociability. Specifically, in the first 2 weeks of workshop placement, clients placed in Workshop A, which had a more sociable milieu, remained at the high levels of sociability, similar to the last weeks in the evaluation phase. In contrast, clients placed in Workshop B showed a decline in sociability, which was related to environmental variables. Clients initially affiliated more with other clients they knew during evaluation, but this tendency decreased as they became integrated into the workshop program.

Mentally disabled people are frequently faced with adjustment to new residential and work settings. Many studies indicate that relocation often results in disruption of friendship and daily living patterns and in concomitant physical and emotional stress reactions (Heller, Note 1). In the present study we investigated the social adaptation of mentally retarded and mentally ill adults introduced to new vocational rehabilitation settings. In this study clients were observed for 8 weeks after they were admitted to the evaluation program of an agency and then for another 8 weeks after placement in different sheltered-workshop settings. We were interested in determining (a) whether situational variables (such as time in the program, previous exposure to peers, and average sociability of clients in the workshop) would influence the newcomers' social behavior and (b) whether there would be differences in patterns of social adjustment between mentally ill and mentally retarded clients.

Low rates of peer social interaction were expected during the initial stages in each of the new settings. Studies of newcomers to classrooms have indicated that their popularity tends to be lower (Liddle, Note 2) and that a period of early acquaintance facilitates favorable social adjustment (Young & Cooper, 1944; Smith & Deming, Note 3).

Since the clients moved from an evaluation center to subsequent workshop placements with several other peers, it was also possible to study longitudinally the effects of previous friendship associations on later friendship choices. Harrison (1977) has suggested that "mere exposure" produces attraction to others. In support of this mere exposure principle, Romer and Berkson's (1980b) results indicated that mentally disabled adults tend to affiliate with their more familiar peers. Based on this finding, we expected that, during the workshop placement, the clients would affiliate more with people they knew from the evaluation center than with other peers and that this tendency would decrease over time.

The longitudinal design, in which clients were observed entering both evaluation and workshop settings, also provided the opportunity to study the effects of the social

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environment on the behavior of newcomers. Subjects were assigned (primarily by geographic considerations) to two workshops differing markedly in social climate, as measured by the average sociability of its population. Several researchers have shown that the behavior of other individuals in a particular setting can influence an individual's social behavior (Astin & Holland, 1974; Brown, 1974; Landesman-Dwyer, Berkson, & Romer, 1979). In an earlier study we suggested that context significantly influences social affiliation independent of personal variables (Romer & Berkson, 1980a). Consistent with this ecological approach to social behavior, we hypothesized that newcomers to a generally more social workshop would display greater initial sociability than would newcomers to a less-social workshop.

Although both mentally ill and mentally retarded adults often attend the same sheltered-workshop programs, there has been little research on their social integration in such settings. A major finding of our earlier studies was that mentally ill clients were less sociable than were retarded clients (Romer & Berkson, 1980a). In the present study it was possible to investigate differences in patterns of social adaptation to new settings between the two groups and to ask the following questions: Are mentally retarded clients more sociable than mentally ill clients at the outset or only as they become accustomed to the workshop setting? Do drop-out rates in evaluation and workshop settings differ between these classification groups?

We primarily used an observational method in which the same clients were observed both in the evaluation and workshop

settings during unstructured periods. In order to assess degree of sociability and preferences for particular peers, we recorded their social and nonsocial behavior and with whom they interacted.

Method

Subjects and Setting

The subjects were 60 mentally and physically disabled clients entering a vocational rehabilitation agency during a 6-month period. They were diagnosed as mentally retarded ($n = 33$), mentally ill ($n = 16$), mentally ill and retarded ($n = 8$), or physically handicapped ($n = 3$). Average IQs of the groups (on the Peabody Picture Vocabulary Test) were 60, 92, 56, and 95, respectively. All subjects in the physically handicapped category had IQs over 85. The mentally retarded and physically handicapped subjects were younger than the mentally ill and mentally ill-retarded subjects (mean ages of 32 and 27 vs. 47 and 45, respectively). They were also more likely to live at home than were the mentally ill and mentally ill-retarded groups (55 and 66 percent vs. 38 and 25 percent, respectively). The average number of years of institutionalization for all subjects was 6 years.

In the first phase of the study, evaluation, 40 subjects were observed for 8 weeks. The others either terminated the program ($n = 14$) or were absent for at least 2 weeks ($n = 6$). In the second phase, follow-up, the 34 clients who transferred to two sheltered workshops (A and B) were observed during the first 8 weeks after their new placement. Six of these clients subsequently dropped out, and 7 were absent for more than one week during the second phase.

TABLE 1
MEANS AND SDs OF SUBJECTS' IQ AND AGE

Diagnosis	Beginning of study					End of study				
	N	IQ		Age		N	IQ		Age	
		Mean	SD	Mean	SD		Mean	SD	Mean	SD
Retarded	33	60	17	32	14	13	63	19	30	10
Mentally ill	16	92	17	47	15	4	99	5	50	21
Mentally ill-retarded	8	56	16	45	20	3	54	11	62	7
Physically handicapped	3	95	6	27	11	1	102	—	38	—

The evaluation phase was an 8-week program required of all clients entering this vocational-rehabilitation agency. It was housed in one of the sheltered workshops. During evaluation the clients worked on job samples and contracts and underwent psychometric assessment. The population in the evaluation center, which averaged about 25 clients, changed weekly, with 1 to 4 clients entering each week.

Following evaluation the subjects were transferred to one of the four agency workshops. Since most of the subjects went to Workshops A or B (labeled WE and WI in our previous studies), only those workshop settings were included in the second phase. Placement in a particular workshop was determined by geographic location and availability of slots for new clients. The overall population of Workshop A included fewer geriatric and mentally ill clients than did Workshop B. Our previous study (Romer & Berkson, 1980a), which was conducted in the same settings and during the same year, indicated that the average sociability of the clients in Workshop A was significantly higher than that of subjects in Workshop B (54 vs. 29 percent affiliation).

Design and Procedure

Observations of behavior were made during clients' free time (lunches, breaks, and recreational time). The people in the evaluation center usually had lunches and breaks separately from the clients in the workshop. Observers sat in the back of the cafeteria, lounges, halls, and work areas. They spent 2 weeks at the facility prior to collecting data so that the clients would become accustomed to their presence. Our aim in the observation procedure was to obtain a representative sample of each subject's affiliative behavior in a natural setting where he or she could freely engage in social behavior.

There was an average of 109 observations per client observed a full 8 weeks in evaluation and 95 per client observed throughout the follow-up period. A maximum of one observation was done on each subject in a 5-minute period. An observation consisted of the amount of time necessary to perceive

(a) the behavior the subject engaged in and (b) others involved in that behavior (up to 5 seconds).

Each observer had a list of the subjects and began observation at a randomly chosen point. Subsequent observations were done in order on the list. The observers recorded the behavior (both social and non-social) the subject was engaged in and the identity of other participants if the behavior were socially interactive. Complete descriptions of the behavior categories and observational procedures are provided in Berkson and Romer (1980).

Two observers recorded data. Their interrater reliability was assessed monthly. The average reliability (percentage of correspondence in judgments of 30 successive observations) was .90.

For each subject a unique list of people with whom he or she was observed at any time was derived from the observations. For present purposes, the most important measure of sociability was percentage of affiliation, i.e., the percentage of observations in which a subject was observed interacting with at least one other person.

Throughout the study staff members provided information on the reasons for client absences and terminations.

Results

Percentage Affiliation over Time

In order to test the effects of time in the evaluation center on the clients' sociability, we conducted a 3×8 repeated measures analysis of covariance, with percentage of affiliation as the dependent variable, diagnosis (mentally retarded, mentally ill, mentally ill-retarded) as the between-groups factor, and week in evaluation (1 to 8) as the within-groups repeated measure factor. Age was covaried since the mentally ill and the mentally ill-retarded subjects were considerably older than were the mentally retarded subjects (mean ages for nonterminated subjects were 42, 47, and 31 years, respectively). As expected, the main effect of week was significant ($F = 2.23$, $7/238$ *df*, $p < .03$). There was a linear trend, with percentage of affiliation increasing weekly during evaluation ($F = 22.95$, $1/238$

df, $p < .001$). Although the percentage of affiliation of the three groups did not differ significantly ($F = 2.76$, $2/238$ *df*, $p = .08$), the mentally retarded group did tend to be more sociable than did the other two diagnostic groups. The interaction effects were not significant.

The same analysis was repeated with the follow-up phase data. In this case none of the effects was significant; however, there was a significant drop in percentage of affiliation from the last 2 weeks of evaluation to the first 2 weeks of follow-up ($t = 2.60$, 29 *df*, $p < .05$).

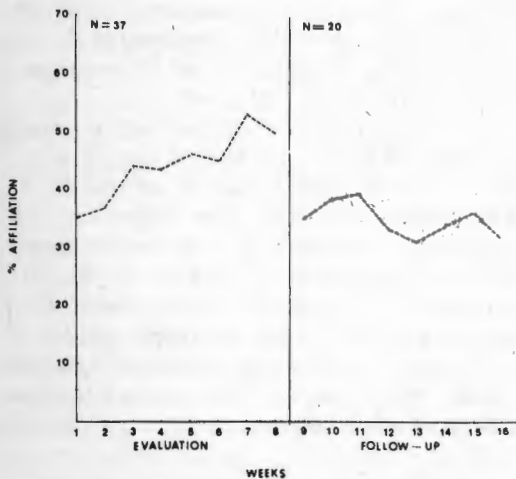


FIGURE 1. Weekly affiliative behavior of groups during evaluation and follow-up.

Previous Exposure

Consistent with our earlier finding, previous exposure to others was a variable affecting friendship choice. To assess the effect of prior exposure on subsequent friendship choice, we compared the proportion of the subjects' friends (those observed interacting with subjects over 3 percent of the time) who had been in evaluation with them with the proportion expected by chance in the setting. The values were significantly different both in Workshop A ($\chi^2 = 17.11$, 1 *df*, $p < .001$) and Workshop B ($\chi^2 = 22.55$, 1 *df*, $p < .001$). While the subjects' former peers in evaluation were only 18 percent of the follow-up workshop population, they comprised 36 percent of their friends in the workshop

placements. The findings were similar when more intense friendships (10 percent affiliation) were analyzed across both workshops ($\chi^2 = 4.36$, 1 *df*, $p < .05$).

Although the percentage of social affiliation did not fluctuate significantly over the 8 weeks of follow-up, the proportion of friendships (interactions that occurred over 15 percent of the observed time per week) with former evaluation peers changed significantly over the weeks ($\chi^2 = 23.60$, 7 *df*, $p < .01$). There was a dramatic decrease in proportion of social interactions with former peers from the first to the third week (from 50 to 8 percent of total weekly friendships, $\chi^2 = 16.74$, 1 *df*, $p < .001$). This was followed by a slight increase in the fourth week to 26 percent of the friendships and by stabilization in the rest of the weeks (21 to 28 percent). Apparently, the first 3 weeks of follow-up comprised the important socialization period, in which newcomers decreased their interactions with former evaluation peers and increased friendships with other co-workers.

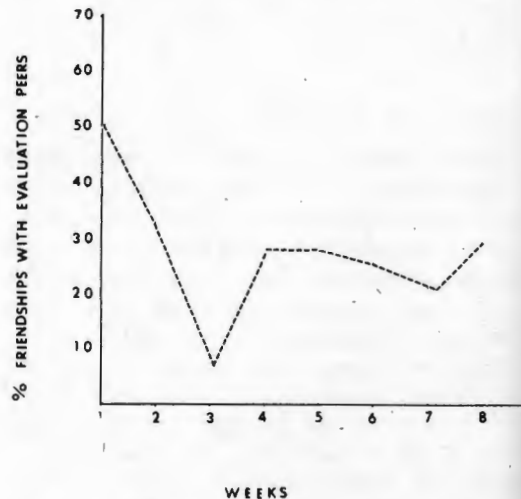


FIGURE 2. Friendships during follow-up with former evaluation peers.

Setting Differences

We predicted that not only time in the setting but also characteristics of the setting would influence clients' sociability. Since Workshop A had a higher sociability index than did Workshop B (54 vs. 29 percent

affiliation, respectively), as measured by Romer and Berkson (1980a), the newcomers to Workshop A were expected to show greater increases in sociability in the new setting than were newcomers to Workshop B. When all the follow-up subjects were included in the analysis, the Workshop (A, B) \times Phase (evaluation, follow-up) interaction was not significant, although the trend was in the expected direction. When only the retarded subjects were analyzed, there was a significant interaction ($F = 4.51$, $1/19$ df , $p < .05$), with Workshop A subjects showing an increase (from 50 to 58) and Workshop B subjects showing a decrease (from 54 to 45) in percentage of affiliation from the evaluation to the follow-up phases.

The setting effect is also evident in a comparison of the difference between all the subjects' percentage of affiliation in the last 2 weeks of evaluation and the first 2 weeks of follow-up. There was no change in Workshop A (from 59 to 58 percent), while in Workshop B the decrease was marked (from 52 to 35 percent, $t = 3.15$, 16 df , $p < .01$). To ascertain whether initial subject differences rather than setting accounted for these findings, the percentage of affiliation of Workshop A and Workshop B subjects in their first week of evaluation was compared. The difference was not significant, although the trend was in the same direction as in the follow-up. Overall, the data support the hypothesis that environmental context is an important factor determining sociability, particularly of mentally retarded clients.

Diagnosis and Termination

The diagnostic groups did not differ significantly in drop-out rates during evaluation or follow-up; however, a post-hoc analysis demonstrated that the mentally ill subjects who lived in residential facilities dropped out of evaluation at a significantly higher rate than did the other mentally ill or retarded clients (60 vs. 16 percent, respectively, $\chi^2 = 5.7$, 1 df , $p < .05$). The drop-out rate of retarded subjects living in residential facilities was not significantly different from that of those living in family

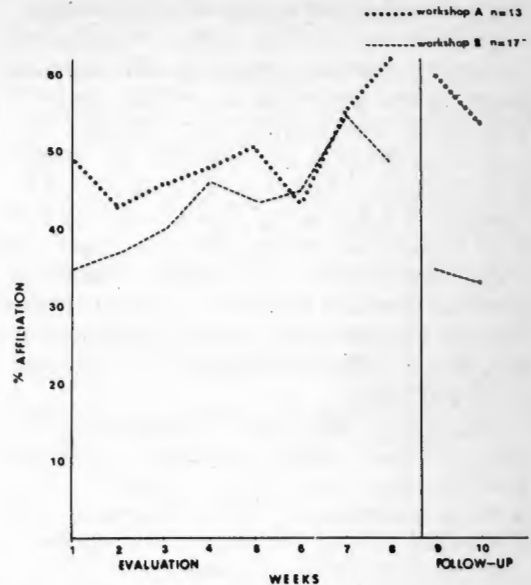


FIGURE 3. Weekly affiliative behavior of Workshop A (dotted line) and Workshop B (broken line) subjects during evaluation and follow-up.

homes (14 vs. 25 percent, respectively). Sixty-seven percent of the mentally ill residential group dropped out because of lack of interest or dissatisfaction with the program, while only 43 percent of the other drop-outs left for these motivational reasons. Other reasons included transportation, medical, psychiatric, and behavioral problems (each given in similar frequency). In the follow-up phase 3 people quit for motivational reasons, 1 for behavioral problems, and 2 for outside jobs. (See Melstrom, Note 4, for a more complete analysis of terminations.)

Discussion

This study demonstrates that situational variables have an important impact on the social behavior of newly admitted mentally disabled adults in sheltered workshops. During their evaluation period, clients' sociability increased with time in the program. As the clients became more familiar and accustomed to the evaluation setting, they began to develop friendships. In their subsequent workshop placements, however, they did not socialize more over time in the program. Instead, they seemed to

adapt to the social milieu of the particular setting; hence, in the first 2 weeks of follow-up, the percentage of affiliation of subjects who were placed in Workshop A, which had a more sociable atmosphere, remained at the high levels of the last weeks in evaluation, while that of those placed in Workshop B decreased. Taken over the full 8 weeks of follow-up, this difference in sociability between the subjects placed in Workshop A and Workshop B was significant for the mentally retarded subjects but not for the others (although it was in the same direction).

The finding that degree of sociability depends on the workshop setting is consistent with findings of one of our previous studies (Romer & Berkson, 1980a). Although both Workshop A and Workshop B placement subjects had similar percentage of affiliation scores in evaluation, they adapted their sociability level to the average sociability of the subsequent workshop population. We cannot conclude that this was the major environmental factor accounting for the different rate of affiliation of the subjects, since the two workshops also differed in other ways (architectural design, size). Neither can we determine the variables affecting the social milieu. In further research more detailed measurement of the social climate and delineation of factors influencing it would be beneficial.

As in studies with "normal" populations and in one of our previous studies (Romer & Berkson, 1980b), the clients tended to affiliate with people they had been exposed to previously, particularly in their initial stages of workshop placement. Although degree of sociability did not change significantly over the 8 weeks, association with familiar peers from evaluation decreased markedly. Within the first 3 weeks, the newcomers made new friends and became more socially integrated in the workshop setting, suggesting that group placements may be preferable since they are less likely to result in social isolation of clients when they first enter a strange situation. The importance of maintaining friendship networks in geographic relocations has been noted in Heller's (Note 1) review of residential relocation studies.

One of the purposes of this study was investigation of differences in socialization patterns between mentally ill and mentally retarded clients. While mentally retarded clients tended to be more sociable than did mentally ill clients, this effect was not significant when age was covaried. Environmental context seemed to have a more potent impact on the retarded clients. This may have been due to the fact that most of the other subjects were older chronic schizophrenics who generally tend to be withdrawn from their environment and thus may have been less sensitive to the workshop social milieu.

The mentally ill clients who lived in community residential facilities had a higher drop-out rate (60 percent) than any other group during evaluation (average 16 percent). The rate of this mentally ill group is at the high end of the attrition rates reported by Menapace, Anthony, Kaufman, Ross, and Gioe (1974) in out-patient community services for mentally ill adults (30 to 65 percent). Most of the terminations in this study are attributed to motivational reasons, which may be a result of the clients' lack of interest in making money, dislike or fear of being associated with mentally retarded people, or the lack of appropriate programs for them in sheltered workshops primarily designed for retarded clients.

T. H.

Illinois Institute for Developmental

Disabilities

1640 W. Roosevelt Rd.

Chicago, IL 60608

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