

Report:

GROUP HOMES FOR THE MENTALLY RETARDED AN ECOLOGICAL AND BEHAVIORAL STUDY



Analysis and
Information Services
Division

**Group Homes
for the Mentally Retarded
An Ecological
and Behavioral Study**

Report #2 of
Developmental Disabilities
Client Placement Study

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PREFACE

This report is the second in a series of studies of the mentally retarded in Washington State who are served in identifiable, organized settings, both residential and otherwise. The first report describes the characteristics and service needs of those in state institutions. Later reports will describe clients and their service needs in nursing homes, congregate care facilities, foster homes and other community residences, and in special education and developmental and vocational training programs.

Findings from these surveys, many already available to department staff, have been used extensively for program and budget planning. Both the operating and capital budget for the next biennium are anchored in the findings of these studies. This is a clear example of immediate application of research findings. Significant aspects of the long-range plan for the mentally retarded population in Washington are grounded in careful, methodologically sound research. While we now have answers to many questions on which there has been speculation, applying these findings highlights other questions which still must be answered by estimates and assumptions.

This study describes the characteristics and needs of the group home residents. Using placement criteria applied by the Bureau of Developmental Disabilities, it permits matching clients with appropriate facility placement. These data do not answer other questions such as how effective group homes are in meeting their objectives, nor even the more limited question, what length of stay should be expected for mentally retarded placed in group homes. The number of group home beds needed is a function not only of the number of individuals in the population with characteristics suitable for such placement, but it is also a function of the length of time they will remain

in these facilities.

In this study, determination of client service needs was based primarily on staff interviews. In future studies, an attempt will be made to introduce additional independent service need assessments. Another question needing a clear answer is "What supporting services are required by clients?" These are services furnished by other community providers. Such data are critical in planning a full continuum of services, planning that can respond to criticisms that the retarded, the mentally ill, and adult and juvenile offenders are released from institutions and other facilities without necessary complimentary services being present. What are these different service needs? What quantities are needed? In what locations? These answers would permit better planning at both state and community levels.

A notable feature of the study is the use of detailed observational procedures developed earlier by Dr. Landesman-Dwyer. An extension of this technique is being considered in evaluating a new residential treatment center program authorized this year by the Washington Legislature.

Ralph Littlestone, Director
Planning and Research Division

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In addition, we received tremendous support and assistance from many people in the Department of Social and Health Services and in the community. The following individuals, among many others, were instrumental in planning, conducting, or analyzing the results of this investigation:

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To everyone who shared in this effort, we thank you -- for your hard work, your concern, your ideas, and your friendship.

Sharon Landesman-Dwyer
Jody G. Stein
Gene P. Sackett

INTRODUCTION

Background

Washington State has been a national leader in establishing small community-based group homes for the mentally retarded. These licensed group homes are privately owned and operated, and are supervised by an advisory board from the community and by the Bureau of Developmental Disabilities, Department of Social and Health Services. Forty-three group homes serve more than 600 individuals throughout the State (Table 1 and Figure 1).

There is no single philosophy or set of objectives common to all 43 group homes -- other than the goal of improving the quality of life for residents. Generally, group homes attempt to integrate clients into the community and to foster more independent living and social skills. In this, Washington State group homes have followed the national trend of identifying and placing in more nearly normal settings individuals who inappropriately have been confined to institutions.

Between 1969 and 1975 there was a 38% reduction in the institutional population (Table 1). An estimated 450 out of 1558 persons were placed in group homes for the mentally retarded.* The expansion of group homes was rapid, from one in 1969 to 16 in 1971 to 43 in 1975. Unfortunately, there was no objective information about the "success" of the group home program.

* Others were placed in foster homes, nursing homes (SNF's and ICF's), congregate care facilities, private institutions, mental institutions; or were returned to their families or moved to independent living.

In fact, remarkably little information was available about the clients living in group homes (sex, age, level of retardation, need for specialized social and health services, training or education programs, etc.) or the characteristics of the homes themselves (e.g., size, staffing patterns, recreational and educational programs, transportation, relation to the community, etc.). Thus, the major purpose of this study was to describe the residents of group homes in terms of their behaviors and environmental resources. This study also represents the application of an ethological-observational methodology to a practical, human service problem. Assessing the usefulness of such behavioral data for planning and programming purposes, in contrast to conventional subjective information from interviews and questionnaires, will be an important outcome of this investigation.

Objectives

The specific aims of this study were:

- (1) to observe systematically the daily activities of residents and staff in group homes,
- (2) to describe in detail the characteristics of the mentally retarded in group homes,
- (3) to describe in detail the available resources (ecology) of group homes, and
- (4) to assess client service needs.

Objective information about the group homes and their residents is a prerequisite for understanding what the homes accomplish and for planning improved services and guidelines to benefit the developmentally disabled.

METHODOLOGY

Selection of Group Homes

Twenty of Washington's 43 group homes were selected randomly to be as representative as possible of the following variables:

- (1) geography (Eastern or Western Washington),
- (2) neighborhood (urban, suburban, or rural),
- (3) size (small, 6-10 residents; medium 11-17 residents; or large, 18-20 residents),
- (4) residents' age group (children under 18 years old, adults over 18 years old; or children and adults),
- (5) co-ed living or not,
- (6) residents' level of retardation (mildly-moderately retarded, moderately-severely retarded, or severely-profoundly retarded),
- (7) proprietorship (non-profit or proprietary), and
- (8) type of building (new, federally funded; new, privately funded; or remodeled existing building).

Table 2 shows the distribution of all group homes and the 20 selected group homes according to these eight characteristics. Overall, the homes sampled represent 46.5% of Washington's group homes and 79.0% of the group home operators, since 25 of the homes are owned by nine individuals or organizations.*

As shown in Table 3, the group homes may be classified according to multiple characteristics, such as geography, neighborhood, size, and age group of residents. In some categories, there are no group homes. For instance, there are no large urban homes for children in Eastern Washington, and no large rural homes for either children or adults in

* Some group homes are owned by organizations that also manage other residential facilities not licensed as group homes. For present purposes, these group homes are not classified as being under common ownership.

Western Washington

Subjects

All residents and staff in the 20 group homes were invited to participate in the present study. Informed consent was obtained for 406 individuals. Twelve persons chose not to participate.

The resident subjects ranged from nine to 68 years old, with 75% of the residents in the 16 to 36 year-old range. At least 77% of the residents previously resided in a state institution for the mentally retarded. According to medical records, 10% of the residents were classified as not retarded or borderline retarded, 28% as mildly retarded, 41% as moderately retarded, 17% as severely retarded, and 3% as profoundly retarded. Fifty-five percent of the residents observed were males and 45% were females. (See Appendix I for additional demographic data.)

Naturalistic Observations and Scoring Procedures

Naturalistic observations were conducted using the Home Observation Code (HOC) developed by Landesman-Dwyer. During a six-week pilot phase, six research analysts were trained to high reliability, practicing in a variety of home settings and modifying the HOC to its present form (Appendix II).

The HOC provides a systematic and objective means for describing individuals' actual behaviors and their relationship to the environment. Each observation or code entry contains information about ten behavioral and ecological variables, listed below:

BASIC VARIABLES CONTAINED IN THE HOME OBSERVATIONAL CODE (HOC)

1. Subject identification number
2. Time of day
3. Location

4. Major activity of subject
5. Type of physical-gestural communication
6. Type of verbal communication
7. Assistance needed or received
8. Use of objects
9. Minor stereotypes
10. With whom major activity of subject occurred.

For each home, all residents and staff were assigned subject identification numbers. Similarly, all rooms in each facility were coded numerically to identify location of each observation. For all code entries, the time of day was recorded. Then, each subject was observed for 30 seconds in order to score the major activity of subject. These major activities are listed completely in Table 4, and the definitions and examples for each code are provided in Appendix II-A.

Four characteristics of the subject's behavior were scored in addition to the major activity: physical-gestural (non-verbal) communication, verbal communication, assistance needed or received, and minor stereotypes. Table 5 identifies the codes within each dimension. Appendices IIB-E provides definitions.

Finally, the relationship of the subject's behavior to persons and to things was scored. Table 6 lists the categories of objects used. The "with whom" variable was scored by listing the assigned identification numbers of other residents and staff who were involved in the subject's major activity. Special numbers were assigned to the observers and to visitors so that all social interactions could be scored.

The observational data collection procedures were as follows: Observers spent one week day (Monday-Friday) and one weekend day (Saturday-Sunday) scoring the behavior of staff and residents in each group home. Observers started collecting data in early morning

(usually between 5:00 and 7:00 a.m.) and continued until late night (usually between 10:00 p.m. and 2:00 a.m.). Observers recorded each subject's behavior at least once every 15 minutes. For each observation, observers scored all ten variables described above. A sample of four code entries during an hour for a single subject, along with an interpretation of the numerical codes is shown below:

SAMPLE OBSERVATIONS FOR A SUBJECT DURING ONE HOUR

I.D. Number	Time (24 hr. clock)	Location	Major Activity	Physical-Gestural Comm.	Verbal Comm.	Assistance	Use of Objects	With Whom	Minor Stereotype
10	1800	61	60	0	0	0	54	0	0
10	1815	44	14	0	3	0	60	12 & 19	1
10	1830	44	52	6	0	0	0	19	0
10	1845	49	21	0	6	0	40	15,18,&19	0

Interpretation of numerical codes:

Subject 10, at 6:00 p.m. was in the kitchen, organizing the silverware.

Subject 10, at 6:15 p.m., was in the dining room, eating dinner, having a discussion with two other residents (12 and 19), and repetitively rocking.

Subject 10, at 6:30 p.m., was in the dining room, laughing, continuing her social interaction with resident 19.

Subject 10, at 6:45 p.m., was in the upstairs living room, watching t.v., singing along with the show, with residents 15, 18, and 19.

Thus, in a home with 20 residents and six staff who were observed for two 20-hour periods, once every 15 minutes, there would be 4,160 coded observations. For the entire study, we sampled approximately 16,000 hours of behavior in the group homes.

Whenever possible, the observers joined the residents who left the home to participate in community activities, and continued to code and describe their activities.

In addition, the observers kept notes about the level or quality of each resident's behavior. Appendix III presents sample sets of subjective notes, organized by major categories of activity.

Ecological Description Methods

Prior to the two observational days, the observers visited each group home to map the number, arrangement, and type of rooms. The observers also inventoried all major resources or objects in each home and visited the surrounding neighborhood. The format for recording and categorizing ecological characteristics is shown in Table 7.

Interview Format

The observers interviewed group home staff to find out how staff perceived the individual residents. A semi-structured format was used and staff responses were recorded on standard forms. The interview concerned the staff's evaluation of residents' major problems and current and future service needs -- particularly concerning residential placement. Appendix IV shows sample interview summaries.

RESEARCH FINDINGS

Major Activities of Residents

The original 62 codes for major activities were combined into 21

categories for summary and analysis. (Appendix V lists the old codes and new categories. Appendix VI presents the intercorrelation matrix for the 21 categories.) Table 8 shows proportion of time residents engaged in each activity category. The residents spent more than 75% of their time (excluding night sleep periods) engaged in five categories of behaviors: unstructured activities (23%), basic wake behaviors (17%), general social behaviors (13%), household maintenance (11%), and eating (11%). The "unstructured activities" included television watching and a variety of spontaneous, nonspecific pastimes; whereas "basic wake behaviors" were comprised of very low levels of activity, such as simply sitting, relaxing, waiting, or gazing into space.

"Organized activities" -- including games, handicrafts, sports, and hobbies -- were observed for nearly 5% of the time. "Self-care" -- including dressing, bathing, grooming, and toileting -- occupied nearly 4% of the residents' activities.

"Leaving the house" occurred for nearly 3% of the observation periods. Almost all residents (98%) regularly participate in school, work, or other training during the weekdays. However, simply leaving the house to participate in these scheduled programs (entered as a single code) would account for less than 1% of the time observed. Consequently, the fact that residents left the group home three times this much indicated fairly frequent participation in other activities outside the home. The reasons for leaving ranged from visiting friends in neighboring group homes to participating in community activities like dances, bowling, swimming, or shopping.

"Academic activities" of reading, writing, and arithmetic comprised

nearly 2% of the residents' time. "Undesirable behaviors" also were scored during 2% of the observation periods. Both categories had large standard deviations (nearly 5%), since in fact many residents never were observed in these activities, while a few spent much time in either academic or undesirable activities.

Relationship of Daily Activities to Resident Characteristics

To determine whether specific characteristics of the residents related significantly to observed behaviors, multiple regression analyses were completed for the 21 major activity categories. These multiple regression analyses evaluate the extent to which certain characteristics of individual residents account for variances in observed behavior. The individual characteristics considered were:

- (1) age group of resident (child or adult),
- (2) sex of resident,
- (3) level of retardation* (mild, mild-moderate, moderate or severe-profound),
- (4) time in home (exact number of months residing in present group home),
- (5) whether the resident had Down's Syndrome or not, and
- (6) parent involvement (frequent visits, moderately frequent visits, or unknown involvement).

* Level of retardation was ascertained from records, then confirmed by observers in accordance with behavioral definitions provided by the American Association on Mental Deficiency. A considerable number of clients could not reliably be classified as mildly retarded or moderately retarded, thus these individuals were assigned to an intermediate category referred to as mildly-moderately retarded. Since very few individuals were functioning at a profoundly retarded level, and there was no behavioral distinction between some individuals classified as severely retarded versus profoundly retarded, these categories were combined into a severely-profoundly retarded category.

From these regression analyses, F ratios were calculated and the level of significance determined. Table 9 summarizes all of the significant findings ($p < .01$ level)*, including main effects and interaction effects.

Of the 21 major activity categories, 11 showed statistically significant main effects. This means that the proportion of time spent in these activities can be predicted statistically by knowing certain characteristics of the residents. For instance, residents' level of retardation significantly related to the proportion of time spent in basic wake (inactive) behaviors ($F=6.91$, 3 degrees of freedom, $p < .001$). The more severely and profoundly retarded individuals spent more time in these inactive behaviors than did the mildly or moderately retarded.

The resident characteristics (independent variables in the regression analyses) most frequently related to proportion of time in certain activities were: (1) level of retardation, (2) sex, and (3) age of the residents. Significant higher order interaction effects appeared for ten categories, reflecting the fact that observed differences in behavior frequently related to several characteristics of residents. For example, mildly retarded children may behave differently from mildly retarded adults, whereas severely retarded children and adults may behave similarly. (In statistical terminology, this is an example of an "interaction effect.") For the present report, only significant main effects will be discussed. Tables 10-12 show the means and standard deviations for the significant main effects related to level,

* $p < .01$ mean the likelihood of obtaining this result simply by chance is less than one in a hundred; or conversely, that chances are 99 out of 100 that this is not due to chance.

sex, and age.

Level of retardation related to the percent of time residents spent in basic wake behaviors, observation and imitation, general social activities, household maintenance, undesirable behaviors, and leaving the house (Table 10). Mildly retarded residents spent significantly less time in basic wake behaviors (15%) than did severely-profoundly retarded individuals (24%). Dramatic differences were seen in the proportion of general social activity of mildly retarded persons (15%) compared to severely-profoundly retarded residents (8%). Similarly, the mildly retarded engaged in twice as much household maintenance activity (13%) and leaving the house (5%) as did the severely-profoundly retarded (6% household maintenance and 2% leaving the house). Very little undesirable behavior was observed for either mildly or mildly-moderately retarded (less than 0.5%). In contrast, moderately retarded spent nearly two percent of their time in negative behaviors and severely-profoundly retarded averaged five percent of their time in undesirable behaviors. Moreover, some severely-profoundly retarded residents spent 14% or more of the day behaving in extremely abnormal, unusual, or repetitive ways. A complex relationship of observation-imitation behaviors to the degree of retardation was found, such that the mildly-moderately and moderately retarded spent slightly more time in these activities than either the mildly or the severely-profoundly retarded residents.

Males and females differed in several ways (Table 11). Males spent significantly more time in unstructured activities (25%) and leaving the home (5%) than females (20% unstructured activities,

4% leaving the home). Females were observed in self-care (6%) and academic behaviors (3%) nearly twice as much as males, who averaged 3% in self-care and 1% in academic behaviors.

Children and adult residents differed significantly in three major activity categories (Table 12). Compared to adults, the children were more frequently observed in organized activities (6% versus 4%) and eating (12% versus 10%), but less in household maintenance activity (7% versus 13%).

Residents whose families visited frequently tended to show somewhat more undesirable behavior, to be less involved in organized activities, and to spend more time imitating-observing others. Although cause and effect cannot be interpreted from these data, these findings appear to warrant further study.

Individuals with Down's syndrome (N=53 residents) engaged in significantly less general social activity than other residents -- 8% compared to 15%.

Communication Characteristics of Residents

Nonverbal (physical-gestural) and verbal communication were scored as separate dimensions accompanying the residents' major activities. Overall, residents spent much more time in verbal behavior (27%) than nonverbal (11%). Twenty-five percent of the time residents engaged in informative-conversational communication, and a few residents talked as much as 40-60% of the time they were observed (Table 13).

The next most prevalent forms of nonverbal communication were physical contact (4%) and listening to others (4%). Collectively, laughing and

singing accompanied more than 2% of the residents' major activities, and actually comprised 8% of the total vocalizations.

Multiple regression analyses for each verbal and nonverbal dimension were completed for the resident characteristics described earlier (page 9). For nonverbal communication, residents' age group was the only variable related to proportion of physical-gestural communication (Table 14). Children showed more physical contact (5%) and "other" physical-gestural behaviors (.2%) than did adults, who had only 3% of their behaviors associated with physical contact and virtually no "other" forms of physical-gestural communication (Table 15).

For verbal communication, there were significant main effects related to age group, level of retardation, and time in home (Table 16). Children spent significantly less time being quiet (53%) than did adults (58%). Also, children sang about three times as much (2%) as adults did (.6%).

The severely-profoundly retarded residents engaged in more stereotyped or unusual sounds, and their verbal behavior was understood less often, than that of severely retarded residents. In fact, verbalizations by mildly and moderately retarded residents were understood always, while nearly 3% of the vocalizations by severely-profoundly retarded residents were not comprehensible. For the severely-profoundly retarded, this proportion of "not understood sounds" represented more than 10% of their verbal behavior.

The length of time residents lived in a group home related to their lack of verbal behavior. Residents living in a group home for less

than six months had only 52% of their activities not associated with verbalization, whereas residents living in a group home more than two years had 62% of their activities with no verbal component.

Assistance Dimension

The amount of assistance needed and received by residents in their daily activities is summarized in four categories (see Appendix V for categories) in Table 17. For more than 80% of the residents' activities, assistance was not necessary. Very rarely was assistance from others clearly needed but not obtained by the residents (.02%). Similarly, for less than 1% of the time was assistance judged to be desirable (i.e., not essential but potentially beneficial) but unavailable to residents (.3%). Nearly 2% of the residents' major activities involved some assistance from others (as defined in Appendix II-D).

Table 18 summarizes significant effects from the multiple regression analyses for assistance categories. Residents' age group significantly influenced the proportion of independently conducted activities (i.e., no assistance was given or needed), while level of retardation related to both the amount of assistance received and the amount of assistance desirable, but not obtained.

For main effects related to assistance, both age group and level of retardation were significant (Table 19). Children spent less time in activities that were totally unassisted (78%) than did adults (83%). Also, residents who were severely-profoundly retarded received three times as much assistance from others (3%) as did the mildly retarded residents (1%). Moreover, the severely-profoundly retarded individuals appeared to "need" assistance, which was not received, more often than

did the mildly retarded, although this difference was small (.5% for severely-profoundly retarded versus .1% for mildly retarded).

Residents' Problems and Service Needs

Staff comments from interviews about individual residents' major problems and their service needs are summarized in Tables 20 and 21. The staff in all group homes reported that some residents had serious social, emotional, or language problems.

Emotional problems were mentioned more frequently than any other type of problem. For 154 residents that the staff said had emotional disorders, the staff's comments ranged from "has emotional disturbances, needs emotional counseling" and "is very unstable emotionally" to "shows signs of severe hyperactivity, is depressed very easily, argues frequently, and becomes upset quickly" and "is psychotic, hallucinates; is emotionally unbalanced."

Problems in self-help skills and in language areas each were mentioned for 39% of the residents. In self-help, the majority of reported problems related specifically to self-initiative, quality, and consistency of daily hygiene and grooming. All but one resident appeared to have minimal or basic toileting, eating, and dressing skills. However, the staff commented that many individuals needed frequent reminding or supervising concerning daily care of their bodies. Similarly, the problems categorized as "language inadequacies" involved higher level and qualitative aspects of a resident's productive language, reading, and/or writing skills. A few residents were described as having repetitive (stereotyped) verbal behavior or socially unacceptable verbal habits.

The social problems cited for more than 20% of the residents

included "does not get along with other residents," "is obstinate with staff," "is a loner, refuses to join in group activities," and "is excessively friendly in community, sometimes annoying neighbors by extended or excessive visits." Very few residents were described by staff as physically aggressive or dangerous to others; and, reportedly, such individuals received medication to control these problems.

Comparing the descriptive notes of the observers with staff reports, we found many discrepancies in the kind and extent of problems identified for individuals, especially in the areas of language and social problems. Generally, staff did not perceive difficulty in understanding residents' speech as often as observers did, confirming the truism that teachers and parents often interpret a child's speech better than strangers can. Even within a group home, not all staff necessarily agreed on a resident's major problems. In some cases, the same staff gave extremely contradictory comments concerning the social problems of a given subject. In sum, there were serious limitations in data obtained from interviews and subjective notes.

The most frequently mentioned current service needs were: (1) speech therapy, (2) comprehensive training in community or independent living skills, and (3) emotional counseling (Table 21). However, staff were not always certain about what types of programs would be "desirable" for individual residents, or whether certain clients would actually "benefit" from counseling or training. Our behavioral observations indicated that, if anything, the staff underestimated (by 5-15%) the number of individuals who might have certain service

needs, particularly in the areas of speech therapy and training in independent living skills. Although many residents reportedly received some speech therapy or "survival skills" training in their education or vocational programs, the group home staff did not always consider these programs sufficient.

Other current resident needs named frequently were: (1) specialized or improved vocational or education training for 23% of the residents; (2) diet programs, to encourage weight loss or to teach proper nutritional habits, for 11%; and (3) more intensive or individualized self-help programs for 10%. Need for specialized medical and dental care was cited for only 3-4% of the residents. For example, some clients needed extensive dental work, new hearing aids or glasses, or corrective surgery for an anatomical or neuromuscular problem.

The clear concern of most staff about future needs of residents was simply "what next?" in the continuum of services (Table 21). The staff judged more than 25% of the residents capable of learning to live independently in the community, usually within the next two to five years. Another 58% were considered capable of living in a partially independent setting, with less supervision than provided in their present group home. For nearly 10% of the residents, staff were not confident about predicting potential to live independently.

The staff and community workers repeatedly emphasized to us the remarkable progress observed in clients previously judged to be "at a plateau" in their development and learning ability. Thus, the fact that nearly 80% of the residents were evaluated presently as

capable of adapting to a somewhat less restrictive residential environment, if transitional support services are provided, is impressive. However, movement to more independent settings has been limited (according to staff) primarily by the lack of coordinated transitional programs and adequate funding. Staff emphasized that many of the most capable residents have serious emotional or behavioral problems that have prevented them from succeeding on their own. Staff suggested that with a community sponsor or another retarded friend, some of these capable residents could learn to adjust to independent living.

Nearly half of the current group home population (48%) was judged to need continued supervision on a regular basis. Nearly 30% of the residents were reported to need only minimal supervision at a future date, such as occasional visits by a concerned friend or professional, regular medical check-ups and short-term treatment for normal physical or emotional problems, and assistance in more complicated legal and financial matters.

Only 7% of the residents were predicted not to need any supervision or organized assistance in the future. However, staff expressed the same concern as above about individuals realistically achieving their potential without a comprehensive support system for initially moving to independent living. Furthermore, some staff questioned the incentives to move to more independent living arrangements when residents currently have friends, a pleasant home with most needs attended to, and freedom from many frustrations and responsibilities of independent living.

The future need for "more community activities" was not a major issue reported by staff. However, improving the quality or diversity of community experiences was suggested by some staff. Staff reported the kinds of community activities were limited primarily by inadequate funds or transportation. Overall, staff thought a community advocate would benefit at least 14% of the residents.

Additional Descriptions of Group Home Residents

Some group homes used standardized client evaluation tools that focus on adaptive behavior (e.g., the PAC, Nebraska, or WATS). However, these evaluations were of limited value for comparing different individuals across different facilities. Frequently, subtle but important problems were missed by such rating instruments, while other relatively minor aspects incorrectly appeared as major problems areas on the rating scales. Consequently, we collected data containing the same behavioral items for all residents, as part of another survey of all developmentally disabled citizens receiving publicly-supported social and health services. Appendix I shows demographic and behavioral characteristics projected to the total group home population of 640.

Interactions Among Residents, Staff, and Visitors

From the "with whom" dimension, total frequency and proportion of "behaviors related to others" were calculated. Also, individual interactor codes were categorized to determine distribution of behaviors related to other residents, staff, or visitors. Since many activities related to more than one person, frequently involving both staff and residents, the proportion of behaviors related to residents, staff, and visitors can equal more than the total proportion

of socially-related behaviors. For example, residents spent nearly 39% of their total activity relating to others (Table 22). Separately, residents spent 28% of their time with other residents (peers), 12% with staff, and 8% with visitors -- which totals 48%.

Compared to residents, the staff had more socially-related behavior, a total of 57% or 18% more than residents (Table 23). Staff spent proportionately more time with residents (32%) than with other staff (16%). Although staff were observed to spend much time with visitors (18%), we feel that the observers' presence definitely influenced this.* However, during the two observation days, 70% of the homes had other visitors from the immediate neighborhood, families of residents, or friends of staff or residents.

Table 24 shows the distribution of socially-related behaviors for residents of different levels of retardation. Generally, the severely-profoundly retarded spent a lower proportion of time relating to others (36%) than the other groups of residents, who spent an average of 42%-45% of their time in socially-related activities. However, within these socially-related behaviors, there was remarkably little difference among the groups in how they distributed their time. That is, all residents spent over 65% of their socially-related behaviors with other residents (mildly retarded, 68%; mildly-moderately retarded, 71%; moderately retarded, 69%; and severely-profoundly retarded, 68%). The moderately retarded group spent somewhat more time relating to staff (38%), although overall the four groups did not differ significantly. Similarly, the groups did not differ on the proportion of socially-related behaviors involving visitors (mildly

* Table 23.

retarded, 22%; mildly-moderately retarded, 20%; moderately retarded, 20%; and severely-profoundly retarded, 21%).

Ecological Features

The 20 group homes differed considerably in ecological or environmental characteristics. The most apparent differences were architectural design, surrounding neighborhood, and resources within the home.

From the homes included in this study, three predominant types of architectural design may be distinguished. The first is a house basically similar to a typical single-family dwelling. The second is a much larger house, suggestive of communal or room-and-board facilities with many bedrooms. The third is an apartment-style or multiplex arrangement with separate entrances to the individual units. Within each of these types, there was much diversity in (1) the floor plans and design, (2) building materials, (3) the amount of interior space, and (4) the landscape features.

Figure 2 shows the floor plans (schematically) for two small group homes. Approximately 40% of the group homes in the study may be classified in the category of single-family style dwellings. (More than half of these small group homes were specially designed for the mentally retarded and built within the past several years). Most of these small group homes were in urban or suburban settings, and were very similar and close in proximity to the neighboring homes. In a few instances, a group home could be distinguished from the neighboring homes by one or a combination of the following: (a) larger size, (b) better quality of construction materials, (c) more modern styles, and (d) signs identifying the facility. In the small homes,

there were one to three residents per bedroom. As shown in Figure 2, one design was a single-level or ranch-style house and the other was a modern tri-level design. Other floor plans included conventional two- or three-story houses.

Figure 3 depicts two larger group homes that differ primarily in the number and distribution of bedrooms and the location of these bedrooms relative to the main activity areas. From one to five residents slept in the bedrooms of the larger group homes. More large than small homes were found in rural settings. Some larger homes were remodeled farm-style houses, others previously served as congregate care facilities, and some were recently built. Twenty percent of the group homes in this study may be categorized as large-style homes.

The remaining 20% of the group homes were apartment-style buildings. Figure 4 illustrates three different apartment-style group homes that vary in overall size, presence of individual kitchens and living rooms in each unit, and arrangement of individual units to one another.

Staff expressed concern about one or more of the following architectural features in many of the homes: (1) lack of privacy for live-in staff, (2) not enough bathrooms, (3) inadequate storage space, (4) poor arrangement of rooms to allow for unobtrusive supervision of residents by staff, and (5) not enough kitchen space(s) for training residents to prepare their own meals on a regular basis.

Concerning resources within the group homes, all had basic household appliances, televisions (90 for 20 homes), radios or phonographs, clocks, cleaning supplies, adequate furniture, reading and

writing materials, games and toys, posted charts and schedules concerning daily or weekly activities, and personal items for all residents. Most homes had exceptionally modern kitchen equipment (85% had dishwashers, most had new stoves, refrigerators, and special appliances). In addition, all homes had signs of decorating and "home-like" touches, including pictures, plants, posters, photographs, etc. Many homes had pool tables (45%), bicycles (at least 75%), pets (75%), musical instruments (at least 45%), and a tremendous variety of games and small appliances purchased by the residents. The full inventory list for the homes reads like a Sears-Roebuck catalogue, often reflecting the special interests of the group home residents.

There were two categories of resources that were obviously in "short supply" relative to the needs of some group homes. First, many homes had inadequate laundry facilities (e.g., washing machines, dryers, sufficient space to accommodate these activities), although 80% of the homes had a washing machine and dryer. Second, although all homes had some means of transportation (automobile or van/bus), in at least half of the homes either additional vehicles or additional drivers would have been useful at certain times, according to staff. Many small homes relied on the private cars of staff, while proportionately more large homes had vans, trucks, or buses available.

The residents' use of objects within the homes is summarized in Table 25 (see Appendix V-D and Table 6). The most frequently used resources were televisions, radios, and phonographs, which accompanied 14% of the residents' behaviors. Next in terms of frequent use were: food (13%), personal items (9%), toys (6%), and reading and writing

materials (5%).

Group Home Differences: Behavioral Profiles

For each of the 20 group homes, a behavioral profile was computed. This behavioral profile represented the average proportion of time residents in each home spent in various activities. To assess the degree to which the individual group homes differ, in terms of the residents' daily activities, multiple regression analyses were completed for all major categories in the Home Observation Code.

The group homes varied considerably in the distribution of residents' behaviors. These divergent profiles are summarized in Table 26. As an example, residents in Home 6 spent 33% of their time in basic wake (inactive) behaviors. This is more than any other home, as well as being the modal activity for Home 6. This home also had the least amount of general social activity (5%). Home 6 residents spent a fair proportion of time eating (14%) and moderate amounts of time in unstructured activities (14%) and undesirable behavior (4%). In contrast, Home 7 residents spent the greatest percent of time in general social activities (21%) and in academic activities (5%). Compared to other group homes, the residents of Home 7 spent a relatively small proportion of their time in basic wake activities (13%) and moderate amounts in household maintenance (11%) and eating (13%). There was virtually no undesirable behavior observed in Home 7. Another home with a markedly different behavioral profile is Home 8, in which residents spent proportionately more time in three activities: (1) eating (22%), (2) organized activities (15%), and (3) active learning (3%). However, general social activities were fairly low (6%) in this homes, as was household maintenance (2%). In Home 8 a moderate

amount of undesirable behavior occurred (3%).

To assess the significance of these home differences, multiple regression analyses were conducted for each major activity category (Table 27). For most categories, the home differences were statistically significant at $p < .01$. Presently, we are analyzing precisely which homes differ the most, and whether combinations of certain characteristics of the home (e.g., size, geography, ownership, building, clients served) account for a significant proportion of the variance in residents' behaviors. These will be reported at a later time, along with individual group home differences in the dimensions of communication, assistance, and use of objects.

Collaborative Studies

Courtenay Bell, principal investigator for a grant awarded to the Washington State Association of Group Homes, studied staffing patterns and training needs of group homes. In addition to questionnaire data obtained from group home administrators, in-depth interviews of staff were conducted in the same 20 group homes studied. Thus, information concerning staff's perceptions of how they spend their days, degree of job satisfactions, attitudes toward the residents, and concerns about training can be related systematically to the behaviors we observed. Similarly, characteristics of the staff (e.g., previous job experience, age, sex, parenting experience, educational background, etc.) can be related to ongoing behaviors. Moreover, since there is a very high turnover rate of staff in group homes (with 42% homes having 100-400% turnover per year), we will be able to analyze whether certain behavioral characteristics of staff are accurate predictors of the length of stay in a given job. Presently, we are comparing the data obtained

from these different sources and the findings will be reported by Bell and Landesman-Dwyer later. (See Bell, 1976 for a summary of findings. The data forms used by Bell are shown in Appendix VII.)

In order to have at least one other group of residents for comparison, we studied three residential units of a halfway house affiliated with a state institution. The same data collection techniques were used to study 31 residents at 1510 Court, Fircrest School. Shortly thereafter, Mary Cerrito and Dr. Martha Perry (Department of Psychology, University of Washington) conducted social training programs for some of these residents. After training was completed, we repeated our two days of baseline observations. The data from 1510 Court will allow us: (a) to make general comparisons about daily activities of these individuals compared to group home residents (matched on basis of level of retardation, age, sex, previous life history); (b) to determine whether the goals of a special social training program generalize to the residents' daily activities; and (c) to evaluate the amount of variability in daily behaviors for untreated/control subjects (i.e., to answer the question "how representative are two days' worth of behavioral observations?").

In Chicago, Illinois, Dr. Gershon Berkson (Illinois Institute for Developmental Disabilities) is studying patterns of social interaction among clients in workshop settings. To determine whether certain principles of group interaction and friendship choice have wide applicability, the data we collected will be analyzed in similar ways -- including analyses of who interacts with whom, whether overall size of a group determines the kind or amount of social activity, and stability of friendships across settings.

Although we have completed analyses of use of space (rooms) in the group homes, we plan to do more detailed assessment of the facilities in terms of architectural features and size. Dr. Galen Minah (School of Architecture, University of Washington) and his colleagues plan to assist in some phases of these analyses.

DISCUSSION AND SUMMARY

The preliminary results presented in this report provide a general description of group homes for the mentally retarded in Washington State. The Group Home Program, established in 1969, primarily serves adults who are mildly or moderately retarded and who previously resided in state institutions. However, nearly 30% of the homes serve school-age children and approximately 20% of the group home residents are classified as severely or profoundly retarded. Most of the group homes are remodeled buildings in urban or suburban settings, accommodating 15 to 20 residents plus live-in staff. Individually, the group homes are tremendously diverse, as judged by their ecological resources and the behavioral profiles of the residents.

The stated goal of the Washington group home program is "enhancing each group home resident's quality of life and potential to be trained."* Nationally, the President's Committee on Mental Retardation has placed high priority on developing residential care alternatives, as well as continuing the process of deinstitutionalization. Storm

* From the Standards, Procedures and Guidelines for Group Homes, Bureau of Developmental Disabilities, Department of Social and Health Services, 1975, p.1.

stated, "If we do not have a spread of high quality community residential and development programs, all we are participating in is a dumping operation out of institutions. It will not be tolerated by communities because they will be looking for an excuse not to have these people returned to the community."* The present study represents an approach to assessing the quality of community residential programs by means of systematic direct observation of the daily activities of residents and staff, plus cataloguing of group home resources and interviewing of staff.

The daily activities of 240 residents (observed at least 26 times) may be characterized as predominantly unstructured and basic wake (inactive) behaviors, including watching television, sitting, wandering around the home, and relaxing with other residents after work or school. A substantial proportion of time was spent in positive social interaction, while a remarkably small amount of negative social behavior (less than 1%) was observed. Overall, nearly 40% of the residents' behavior in the home was related to other people. Residents engaged in activities with peers about twice as much as with staff. In contrast, staff spent twice as much of their time involved with residents as with other staff, and overall spent nearly 60% of their day in behaviors related to others.

Activities of eating and household maintenance each occupied approximately 10% of the residents' time in the home; organized activities -- including recreational activities, hobbies, games, and handicrafts -- filled nearly 5% of the residents time. The single

* From MR/74: A Friend in Washington, Report of the President's Committee on Mental Retardation, 1975, p. 16.

event of leaving the house, to participate in community activities or to visit in the neighborhood, ranked eighth among 21 major behavioral categories scored.

In institutions, residents often are characterized as displaying many bizarre, destructive, or stereotyped behaviors. In contrast, residents in these group homes showed remarkably little undesirable, abnormal, or stereotyped behaviors. The major influence on the occurrence of these undesirable behaviors appeared to be the resident's level of retardation. Individuals who were classified severely or profoundly mentally retarded behaved in undesirable ways ten times as much as did individuals labeled mildly or moderately retarded.

Generally, level of retardation related to observed differences in behavior more than any other single characteristic considered. The mildly-moderately retarded may be described as spending significantly more time in social, household, and verbal activities, as well as leaving the home more frequently. In contrast, the severely-profoundly retarded spent proportionately more time in observation or imitation of others, as well as undesirable behavior, and much less time socializing with others, helping maintain the house, or leaving the homes. The percent of vocalizing that was not understood by observers or that was categorized as stereotyped-unusual was significantly greater for the severely-profoundly retarded than for the mildly-moderately retarded residents. By analyzing the compiled behavioral profiles of individuals within each level of retardation, a more meaningful classification system may be developed -- one particularly relevant to predicting successful adjustment to small community residences.

Significant behavioral differences between children and adults

reflected "normal" or expected differences, as did sex differences. For example, children spent more time in activities organized by others and less time in household chores compared to adults. Females spent more time in self-care activities, academic activities, and staying at home than did males.

The present study cannot directly answer the question "Are group homes successful?" Clearly, the activities observed appeared to be positive or "normal" behaviors, and the observers' notes from staff interviews indicate that many previously institutionalized individuals have adjusted very well to group homes. However, since the observational data were collected at only one point in time, no meaningful conclusions about the progress of an individual can be made. Similarly, without an adequately matched set of control subjects who live in other places -- such as institutions, or boarding homes -- no valid principles can be derived about the impact of a given type of residential program on the clients, nor is there a comparison of different group home programs.

The staff interviews reflected a unanimous concern about the future welfare and service needs of the residents. Presently, a majority of residents have emotional problems, many of which warrant special attention. Also, many residents have problems concerning language or speech, and self-help or independent living skills. The need for improved or more extensive vocational-educational services, tailored for the individual resident, was mentioned for many adult residents. Concerning the future, staff anticipated that the majority of residents could succeed in somewhat less supervised residential settings, but

emphasized a continued need for some supervision and supportive social services for an extended period. Some staff suggested more active advocacy from concerned and responsible individuals outside the group home would benefit certain residents.

The group homes included in the study were diverse in design and varied in setting. All of the homes studied were adequately furnished and did appear "home-like;" with ample resources of books, toys, games, televisions, etc. A few homes were limited in laundry facilities, storage space, and/or transportation opportunities.

Ideally, improvements and recommendations in designing facilities for individuals with handicaps should be based on experimental variations in factors that may affect the daily lives of the residents. As Dybwad (1970) stated:

"Much of what has been said is still speculative and... (there is) the need for careful research in a controlled setting. Unfortunately, there have been practically no instances where in designing of new facilities a deliberate attempt is made to create parallel settings differing in important exterior and interior features of architectural design to permit ongoing comparative studies."*

The group home program, although governed by state standards and regulations, is far from homogeneous. The variations in the total composite behavioral profiles of the 20 homes were substantial and statistically significant. More detailed analyses of these differences are needed before conclusions about "desirable" or "optimal" characteristics of group homes, for certain types of clients, can be made.

* Dybwad, G. Architecture's role in revitalizing the field of mental retardation. J. Mental Subnormality, 1970, 16(1), 45-48.

The potential use of systematic behavioral observations appears to offer a promising alternative method for evaluating group home programs.

TABLE 1

GROUP HOMES AND STATE INSTITUTIONS FOR THE MENTALLY RETARDED:
RESIDENTIAL POPULATIONS FROM 1969 TO 1975*

Year	1969	1970	1971	1972	1973	1974	1975
Group Homes							
Number of Residents	<10	<25	227	300	429	547	613
Number of Homes	1	2-3	16	23	34	40	43
State Institutions							
Number of Residents	4,120	3,884	3,448	3,159	2,862	2,659	2,562
Number of Institutions	5	5	5	5	5	5	5

TABLE 2

BASIC CHARACTERISTICS OF GROUP HOMES (March, 1975)

	All Group Homes		Group Homes in Study	
	Number	%	Number	%
1. Geography				
a. Eastern Washington	14	32.6%	6	30%
b. Western Washington	29	67.4%	14	70%
2. Neighborhood				
a. Urban	25	58.1%	10	50%
b. Suburban	7	16.3%	4	20%
c. Rural	11	25.6%	6	30%
3. Size				
a. 6-10 Residents (small)	14	32.6%	5	25%
b. 11-17 Residents (medium)	10	23.2%	6	30%
c. 18-20 Residents (large)	19	44.2%	9	45%
4. Residents' Age Grouping				
a. Children Only	13	30.2%	7	35%
b. Adults Only	26	60.5%	11	55%
c. Children and Adults	4	9.3%	2	10%
5. Co-ed Living or Not				
a. All Males	5	11.6%	3	15%
b. All Females	5	11.6%	0	0
c. Males and Females	33	76.8%	17	85%
6. Residents' Level of Retardation				
a. Mildly-Moderately Retarded	26	60.5%	13	65%
b. Moderately-Severely Retarded	13	30.2%	5	25%
c. Severely Retarded, Multiply Handicapped	4	9.3%	2	10%
7. Proprietorship				
a. Non-profit	19	44.2%	8	40%
b. Proprietary	24	55.8%	12	60%
8. Building				
a. New-Private Funds	7	16.3%	5	25%
b. New-Federal Funds	7	16.3%	4	20%
c. Existing Building	29	67.4%	11	55%

TABLE 3

DISTRIBUTION OF GROUP HOMES ACCORDING TO GEOGRAPHY,
NEIGHBORHOOD, NUMBER AND AGE GROUP OF RESIDENTS

Eastern Washington

	SMALL (6-10 Residents)			MEDIUM (11-17 Residents)			LARGE (18-20 Residents)		
	Children	Adults	Both	Children	Adults	Both	Children	Adults	Both
Urban	-	1	-	2	-	-	-	3	-
Suburban	-	-	-	-	-	-	-	-	-
Rural	1	1	-	-	2	-	1	3	-

Western Washington

	SMALL (6-10 Residents)			MEDIUM (11-17 Residents)			LARGE (18-20 Residents)		
	Children	Adults	Both	Children	Adults	Both	Children	Adults	Both
Urban	6	3	-	-	2	-	1	7	1
Suburban	-	-	1	-	-	-	-	3	-
Rural	1	-	-	1	1	-	-	-	-

TABLE 4
LISTING OF MAJOR ACTIVITIES IN HOME OBSERVATION CODE

<p><u>I. Basic Sleep and Wake Behaviors</u></p> <p>01 Sleep 02 Simple awake 03 Attentive looking 04 General movement 05 Specific transition 06 Specific waiting 09 Other (to be specified)</p> <p><u>II. Self-Care Activities</u></p> <p>10 Bathing 11 Grooming 12 Dressing 13 Toileting 14 Eating 15 Health-related activities 19 Other self-help behaviors (to be specified)</p> <p><u>III. Play, Recreation, and Fine Motor Skills</u></p> <p>20 Unstructured activity 21 Focused activity 22 Gross motor/recreational skills 23 Externally structured activity 24 Specific handicraft/fine motor skills 25 Formal game or recreation 29 Other activities (to be specified)</p> <p><u>IV. Educational and formal Training Activities</u></p> <p>30 Transmitting information 31 Reception/observation of information 32 Active participation 33 Imitation/simple rote 34 Focused symbolic behavior 35 Specific problem resolution 36 Lack of or negative response to learning situation 39 Other learning situation (to be specified)</p>	<p><u>V. Social Activities</u></p> <p>40 Affection and courting 41 Intimate contact 42 Approving or rewarding 43 Receiving approval or rewards 44 Assisting 45 Defending/protecting 46 Being defended/protected/consoled 47 Sharing resources 48 Teasing and joking 50 Initiates social interaction, general 51 Responds to social interaction, general 52 Mutual general social interaction 53 Disapproving or punishing 54 Receiving disapproval or punishment 55 Competition or aggression 56 Receiving competition or aggression 59 Other social interaction (to be specified)</p> <p><u>VI. Work and Group Maintenance Activities</u></p> <p>60 Cleaning 61 Organizing 62 Preparing and planning 63 Directing or supervising 64 Building/constructing 69 Other group activities (to be specified)</p> <p><u>VII. Unusual, Asocial, or Repetitive Behavior</u></p> <p>70 Abnormal-unusual 71 Repetitive body movement 72 Withdrawal 73 Mimicing or echolalic behavior 74 Persistent following</p> <p><u>VIII. Unobservable or Not in Home</u></p> <p>75 Could not find, should be in house 76 Left house--score purpose separately 77 Unable to observe--other reason(s) 78 III 79 Other (to be specified)</p>
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TABLE 5

ADDITIONAL CHARACTERISTICS OF BEHAVIORS IN HOME OBSERVATION CODE

Physical-Gestural Communication	Verbal Communication	Assistance Needed or Received	Minor Stereotypes
0-None	0-None	0-No Assistance-Appropriate	0-Absent
1-Directive	1-Directive	1-No Assistance-Inappropriate	1-Present
2-Informative	2-Informative	2-No Assistance-Undeterminable	(to be specified further when observed)
3-Expressive	3-Expressive-Conversational	3-Assistance Desirable	
4-Physical Contact	4-Question	4-Verbal Assistance given but not essential	
5-Listening	5-Answer	5-Verbal Assistance given and needed	
6-Laughter-Gleeful Sounds	6-Singing	6-Physical Assistance given and needed	
7-Cry or Distress Sounds	7-Not Understood by Observer	7-Verbal and physical assistance given and needed	
8-Sign Language	8-Repetitive	8-Physical Assistance given, but not essential	
9-Other (to be specified)	9-Other (to be specified)	9-Other (to be specified)	

TABLE 6

LISTING OF OBJECTS IN HOME OBSERVATION CODE

00 No Object	<u>Communication/Transmission Devices</u>
<u>Furniture and Plumbing</u>	40 T.V.
01 Couches, chairs, stools	41 Radio
02 Tables	42 Phonograph
03 Storage spaces, closets, dressers, drawers	43 Tape recorder
04 Beds	44 Telephone
05 Toilets	45 Intercom or walkie-talkie
06 Lamps, lighting	49 Other (to be specified)
07 Bathtub, shower	<u>Common Household Items</u>
08 Sink	50 Stove
09 Other (to be specified)	51 Refrigerator-freezer
<u>Structural Features</u>	52 Dishwasher
10 Floors	53 Washer-dryer
11 Walls	54 Common kitchen utensils
12 Doors and doorways	55 Small kitchen electrical appliances
13 Windows	56 Tools and special manual instruments (scissors)
14 Ceilings	57 Vacuum cleaner and floor polisher
19 Other (to be specified)	58 Broom, mop
<u>Toys, Games, Recreational Equipment, and Related Items</u>	60 Food
20 Sports equipment	61 Plants-garden
21 Table games	62 Cleaning agents
22 Indoor larger game equipment	69 Other (to be specified)
23 Common children's toys	<u>Personal Items</u>
24 Outside play equipment	70 Clothing
25 Craft and art supplies and tools	71 Trinkets
26 Musical instruments	72 Towels, sheets, blankets, pillows
27 Electrical equipment for construction (to be specified)	73 Personal items - wallet, purse, daypack, comb
28 Exercise equipment	74 Body parts (picking at hair)
29 Other (to be specified)	75 Drugs, medicine
<u>Reading, Writing, and Office Related Materials</u>	79 Other (to be specified)
30 Books	<u>Vehicles, Transportation Objects</u>
31 Newspapers	80 Bus
32 Magazines	81 Car
33 Writing materials	82 Bike, scooter, tricycle
34 Business related papers	83 Wheelchair
35 Calendars	84 Other (to be specified)
36 Schedules	<u>Pets, People, and Multiple Objects</u>
37 Workbooks-programmed, school/work related	90 Pets
38 Typewriter, calculator, adding machine	91 People
39 Other (to be specified)	99 More than one object (to be specified)

TABLE 7
CATEGORIES OF ECOLOGICAL
FEATURES OF GROUP HOMES

- I. Gross Features
 - A. Home and property
 - 1. Dimensions - external
 - 2. Natural features (trees, hills, gardens, water, etc.)
 - 3. Additional structures (garages, buildings, walkways, etc.)
 - 4. Internal dimensions of home (number and arrangement of rooms, doors, windows, storage areas, etc.)
 - B. Neighborhood
 - 1. Other homes and property
 - 2. Residents (number, ages, socioeconomic status, etc.)
 - 3. Institutions and schools
 - 4. Commercial areas
 - 5. Parks and community resources in neighborhood
 - 6. Public transportation
 - C. Community
 - 1. General facilities (educational, recreational, protective, etc.)
 - 2. Specific community programs available to public
 - 3. Programs available for retarded children
 - 4. Individuals and groups directly connected with group home
 - 5. Health-related services
- II. Specific Resources within the home
 - A. Furniture
 - B. Lighting
 - C. T.V.'s, radios, phonographs, musical instruments
 - D. Recreation and play equipment
 - E. Books and magazines
 - F. Craft supplies and tools
 - G. Transportation
 - H. Food - quality, quantity, accessibility
 - I. Private areas (individually or group-assigned)
 - J. Other resources
- III. Staff

TABLE 8

MEANS AND STANDARD DEVIATIONS FOR MAJOR ACTIVITY CATEGORIES

Major Activity Category (Original Codes)	Mean	Standard Deviation
Sleep (1)-excluding night sleep period	1.16%	3.20%
Inactive behaviors (2-9)	17.73%	11.74%
Self-care (10-13, 15-19)	4.21%	3.61%
Eating (14)	10.71%	4.80%
Unstructured activities (20-21)	23.02%	14.04%
Organized activities (22-29)	4.46%	6.68%
Active learning (30,32,39)	0.45%	1.76%
Reading, writing, arithmetic (34)	1.85%	4.53%
Problem solving (35)	0.04%	0.24%
Observation-imitation (31,33)	0.43%	1.12%
No learning response (36)	0.02%	0.38%
Affiliative behaviors (40,41,42,44,45,47)	0.29%	0.88%
General social (48,50,52,59)	13.11%	9.43%
Received general social (43,46,51)	0.70%	1.35%
Initiated negative social (53,55)	0.13%	0.59%
Received negative social (54,56)	0.25%	0.92%
Household maintenance (60-62,64-69)	10.72%	8.48%
Supervising (63)	0.09%	0.59%
Undesirable behavior (70-74)	1.57%	5.19%
Leaving house (76)	2.74%	1.56%
Unobservable (75,77-79)	9.03%	6.80%

*These means and standard deviations were calculated for 240 group home residents who were observed for a minimum of 26 time periods.

TABLE 9

MAJOR ACTIVITY CATEGORIES: SUMMARY OF SIGNIFICANT EFFECTS OF
RESIDENTS' CHARACTERISTICS FROM MULTIPLE REGRESSION ANALYSIS*

Major Activity Category (Original Codes)	F Ratio	Degrees of Freedom	Significance Level
Basic Wake Behaviors (2-9) Main Effect: Level of Retardation	6.91	3	p<.001
Self-Care (10-13, 15-19) Main Effect: Sex Interaction Effect: Age x Time in Home	29.93 19.46	1 1	p<.001 p<.001
Eating (14) Main Effects: Age Parental Involvement Interaction Effect: Age x Sex x Level	15.66 7.49 3.92	1 2 3	p<.001 p<.001 p<.01
Unstructured Activities (20-21) Main Effect: Sex Interaction Effect: Sex x Level x Time in Home	9.56 4.75	1 3	p<.01 p<.01
Organized Activities (22-29) Main Effect: Age Interaction Effect: Sex x Parent Involvement	8.41 7.68	1 2	p<.01 p<.001
Reading, Writing, Arithmetic (34) Main Effect: Sex	6.66	1	p<.01
Problem Solving (35) Interaction Effects: Time in Home x Level of Retardation Time in Home x Level x Sex	6.93 4.73	3 3	p<.001 p<.01
Observation-Imitation (31,33) Main Effects: Level of Retardation Parent Involvement	3.83 5.04	3 2	p<.01 p<.01
No Learning Response (36) Interaction Effects: Level of Retardation x Sex Level x Age x Sex	4.64 8.82	3 3	p<.01 p<.001
General Social (48,50,52,59) Main Effects: Level of Retardation Down's Syndrome Interaction Effect: Age x Sex x Time in Home	6.17 10.83 4.13	3 1 1	p<.001 p<.001 p<.01
Received Negative Social (54,56) Interaction Effect: Sex x Parent Involvement	4.57	2	p<.01
Household Maintenance (60-62, 64-69) Main Effects: Level of Retardation Age	5.79 22.23	3 1	p<.001 p<.001
Undesirable Behavior (70-74) Main Effect: Level of Retardation Interaction Effects: Level x Age Age x Parent Involvement Time in Home x Level x Sex	12.74 5.97 8.08 6.67	3 3 2 3	p<.001 p<.001 p<.01 p<.01
Leaving House (76) Main Effect: Level of Retardation Sex Interaction Effect: Time in Home x Sex	12.63 9.12 7.60	3 1 1	p<.001 p<.01 p<.01

*Multiple regression analyses were completed independently for each of 21 major activity categories. The independent variables entering into these analyses were: level of retardation, age, sex, time in home, parent involvement, and Down's syndrome. Only main effects and interaction effects significant at the p<.01 level are reported here. Only residents with at least 26 observations entered into these regression analyses (N=240). For a full discussion of the statistical techniques and rationale see Overall and Spiegel (1969) and Cohen (1965).

TABLE 10

MAJOR ACTIVITY: MEANS AND STANDARD DEVIATIONS FOR
SIGNIFICANT MAIN EFFECTS FOR LEVEL OF RETARDATION*

Major Activity Category (Original Codes)	Mildly Retarded N=64	Mildly-Moderately Retarded N=45	Moderately Retarded N=88	Severely-Profoundly Retarded N=43
Inactive Behaviors (2-9)	14.7% (s.d.=8.3)	15.4% (s.d.=9.6)	17.9% (s.d.=11.5)	24.4% (s.d.=15.7)
Observation-Imitation (31,33)	0.2% (s.d.=.6)	0.7% (s.d.=1.4)	0.6% (s.d.=1.4)	0.1% (s.d.=.4)
General Social (48,50,52,59)	15.4% (s.d.=10.0)	15.2% (s.d.=10.7)	12.9% (s.d.=8.9)	7.9% (s.d.=5.7)
Household Maintenance (60-62,64-69)	12.7% (s.d.=9.2)	11.3% (s.d.=7.7)	11.1% (s.d.=8.3)	6.5% (s.d.=7.2)
Undesirable Behavior (70-74)	0.1% (s.d.=.5)	0.4% (s.d.=1.9)	1.5% (s.d.=5.1)	5.1% (s.d.=8.8)
Leaving House (76)	5.0% (s.d.=2.7)	5.8% (s.d.=4.0)	4.1% (s.d.=2.8)	2.1% (s.d.=1.8)

Listing of Significant Two-Way Interaction Effects:

PROBLEM SOLVING: Level of Retardation x Months Living in Home
(35)

NO LEARNING RESPONSE: Level of Retardation x Sex
(36)

UNDESIRABLE BEHAVIOR: Level of Retardation x Age Group
(70-74)

*All significant main effects were calculated by a stepdown multiple regression analysis, and are reported only at the $p < .01$ significance level. All residents entering into the multiple regression analyses were observed for a minimum of 25 time periods.

TABLE 11

MAJOR ACTIVITY: MEANS AND STANDARD DEVIATIONS FOR
SIGNIFICANT MAIN EFFECTS FOR SEX

Major Activity Category (Original Codes)	Males N=142	Females N=98
Self-Care (10-13, 15-19)	3.3% (s.d.=3.2)	5.6% (s.d.=3.8)
Unstructured Activities (20-21)	25.2% (s.d.=14.3)	19.9% (s.d.=13.2)
Reading, Writing, Arithmetic (34)	1.2% (s.d.=3.6)	2.7% (s.d.=5.5)
Leaving House (20)	(s.d.=3.6)	(s.d.=2.4)

Listing of Significant Two-Way Interaction Effects:

ORGANIZED ACTIVITIES: Sex x Parent Involvement
(22-29)

NO LEARNING RESPONSE: Sex x Level of Retardation
(36)

RECEIVED NEGATIVE SOCIAL: Sex x Parent Involvement
(54,56)

LEAVING HOUSE: Sex x Months Living in Home
(76)

TABLE 12

MAJOR ACTIVITY: MEANS AND STANDARD DEVIATIONS FOR
SIGNIFICANT MAIN EFFECTS FOR AGE GROUP

Major Activity Category (Original Codes)	Children (School-age) N=81	Adults N=159
Eating (4)	12.2% (s.d.=5.3)	10.0% (s.d.=4.4)
Organized Activities (22-29)	6.0% (s.d.=6.9)	3.7% (s.d.=6.4)
Household Maintenance (60-62,64-69)	7.2% (s.d.=7.4)	12.5% (s.d.=8.5)

Listing of Significant Two-Way Interaction Effects:

UNDESIRABLE BEHAVIOR: Age x Level of Retardation
(70-74) Age x Parent Involvement

TABLE 13

MEANS AND STANDARD DEVIATIONS FOR COMMUNICATION CATEGORIES:
NONVERBAL (PHYSICAL-GESTURAL) AND VERBAL

Major Communication Category (Original Codes)	Mean	Standard Deviation
Nonverbal (Physical-Gestural):		
None (0)	73.70%	12.81%
Informative (1,2,3,8)	1.33%	2.26%
Physical Contact (4)	3.67%	4.72%
Listening (5)	4.16%	5.56%
Laughter (6)	1.08%	2.01%
Crying-Distress (7)	.11%	.58%
Other Sounds (9)	.10%	.53%
Verbal:		
None (0)	55.93%	16.93%
Informative-Conversational (1-5)	25.27%	15.27%
Singing (6)	1.11%	2.69%
Not Understood Sounds (7)	.73%	2.14%
Stereotyped or Unusual Sounds (8)	.15%	.87%

TABLE 14
 COMMUNICATION CATEGORIES: SUMMARY OF SIGNIFICANT
 EFFECTS OF RESIDENTS' CHARACTERISTICS FROM
 MULTIPLE REGRESSION ANALYSES

Communication Category	F Ratio	Degrees of Freedom	Significance Level
NONVERBAL PHYSICAL-GESTURAL (Original Codes)			
No Physical-Gestural Communication (0) Main Effect: Age Group	7.97	1	p<.01
Physical Contact (4) Main Effect: Age Group	9.55	1	p<.01
Other Physical-Gestural Communication (9)			
Main Effect: Age Group	7.33	1	p<.01
Interaction Effect: Age Group x Parent Involvement	7.93	2	p<.01
VERBAL (Original Codes)			
No Verbal Behavior (0) Main Effects: Time in home Age Group	12.58 6.80	1 1	p<.001 p<.01
Singing (6) Main Effect: Age Group Interaction Effects: Age Group x Sex Age Group x Parent Involvement	18.00 7.54 4.98	1 1 2	p<.001 p<.01 p<.01
Not Understood Sounds (7) Main Effect: Level of Retardation Interaction Effect: Level of Retar- dation x Sex	24.87 8.57	3 3	p<.001 p<.001
Stereotyped or Unusual Sounds (8) Main Effect: Level of Retardation	4.32	3	p<.01

TABLE 15

NONVERBAL COMMUNICATION (PHYSICAL-GESTURAL): MEANS AND STANDARD DEVIATIONS FOR SIGNIFICANT MAIN EFFECTS OF AGE GROUP

Nonverbal/Physical-Gestural Category (Original Codes)	Children N=81	Adults N=159
No Physical-Gestural Communication (0)	70.5% (s.d.=14.7)	75.4% (s.d.=11.4)
Physical Contact (4)	5.1% (s.d.=4.9)	2.9% (s.d.=4.4)
Other Physical-Gestural Communication (9)	0.2% (s.d.=.8)	0.0% (s.d.=.3)

TABLE 16

A. MEANS AND STANDARD DEVIATIONS FOR SIGNIFICANT MAIN EFFECTS FOR AGE GROUP

Verbal Communication (Original Code)	Children (School-age) N=81	Adults N=159
No Verbal Behavior (0)	53.0% (s.d.=16.4)	57.5% (s.d.=17.7)
Singing (6)	2.0% (s.d.=4.0)	0.6% (s.d.=1.5)

B. VERBAL COMMUNICATION: MEANS AND STANDARD DEVIATIONS FOR SIGNIFICANT MAIN EFFECTS OF LEVEL OF RETARDATION*

Verbal Communication (Original Code)	Mildly Retarded N=64	Mildly- Moderately Retarded N=45	Moderately Retarded N=88	Severely- Profoundly Retarded N=43
Not Understood Sounds (7)	0.1% (s.d.=.3)	0.0% (s.d.=.0)	0.5% (s.d.=1.3)	2.8% (s.d.=4.0)
Stereotyped or Unusual Sounds (8)	0.1% (s.d.=.4)	0.0% (s.d.=.2)	0.1% (s.d.=.5)	0.5% (s.d.=1.8)

TABLE 17

MEANS AND STANDARD DEVIATIONS FOR ASSISTANCE DIMENSION

Major Assistance Category	Mean	Standard Deviation
No Assistance Needed or Given (0,2)	81.09%	10.54%
Assistance Needed but not Obtained (1)	0.02%	0.17%
Assistance Desirable but not Obtained (3)	0.25%	0.70%
Assistance Received (4-9)	1.84%	2.78%

*These means and standard deviations were calculated for the 240 group home residents who were observed for a minimum of 25 time periods, and correspond to the subjects in the stepwise multiple regression analyses.

TABLE 18

ASSISTANCE CATEGORIES: SUMMARY OF SIGNIFICANT
EFFECTS OF RESIDENTS' CHARACTERISTICS FROM
MULTIPLE REGRESSION ANALYSES

Assistance Category (Original Codes)	F Ratio	Degrees of Freedom	Significance Level
No Assistance Needed or Given (0,2)			
Main Effect: Age Group	12.50	1	p<.001
Interaction Effects: Age Group x Parent Involvement	5.84	1	p<.01
Age Group x Down's Syndrome	7.35	1	p<.01
Assistance Needed, but Not Obtained (1)			
Interaction Effect: Age Group x Sex x Parent Involvement	4.91	2	p<.01
Assistance Desirable, But Not Obtained (3)			
Main Effect: Level of Retardation	4.74	3	p<.001
Assistance Received (4-9)			
Main Effect: Level of Retardation			
Interaction Effect: Level of Retardation x Sex	6.08	3	p<.001

TABLE 19

ASSISTANCE: MEANS AND STANDARD DEVIATIONS FOR SIGNIFICANT MAIN EFFECTS FOR AGE GROUP AND LEVEL OF RETARDATION

Assistance Category (Original Code)		Children N=81	Adults N=159		
A. Age Group		Children N=81	Adults N=159		
No Assistance Needed or Given (0,2)		77.9% (s.d.=11.3)	82.8% (s.d.=9.8)		
B. Level of Retardation		Mildly Retarded N=	Mildly- Moderately Retarded N=	Moderately Retarded N=	Severely- Profoundly Retarded N=
Assistance Desirable but not Obtained (3)		0.1% (s.d.=.5)	0.1% (s.d.=.3)	0.4% (s.d.=.4)	0.5% (s.d.=.8)
Assistance Received (4-9)		1.3% (s.d.=1.9)	1.0% (s.d.=1.3)	2.0% (s.d.=3.1)	3.2% (s.d.=3.7)

TABLE 20

STAFF REPORT ON MAJOR PROBLEMS
OF INDIVIDUAL RESIDENTS

Problems	Group Homes* (N=20)		Residents (N=246)	
	Number	%	Number	%
Physical	17	85%	39	15.8%
Self-Help Skills	19	95%	97	39.4%
Social	20	100%	53	21.5%
Emotional	20	100%	154	62.6%
Annoying Behavior	8	40%	12	4.9%
Language Inadequacies	20	100%	96	39.0%

*This is the number of group homes in which staff mentioned the presence of a given problem for at least one resident.

TABLE 21

STAFF REPORT ON PRESENT AND FUTURE
SERVICE NEEDS OF INDIVIDUAL RESIDENTS

	Group Homes (N=20)		Residents (N=246)	
	Number	%	Number	%
A. Present Needs *				
Community Living Skills	14	70%	66	27.0%
Medical	7	35%	9	3.7%
Dental	5	25%	10	4.1%
Speech Therapy	17	85%	64	26.0%
Physical Therapy	4	20%	6	2.4%
Emotional Counseling	17	85%	65	26.4%
Self-Help Training	11	55%	24	9.8%
More Activities	3	15%	4	1.6%
Diet	14	70%	28	11.4%
Vocational-Educational	16	80%	56	22.8%
Other	5	25%	16	6.5%
B. Future Needs *				
<u>Living Arrangements</u>				
Independent	16	80%	62	25.2%
Partially Independent (less supervised than present)	20	100%	143	58.1%
Unknown	9	45%	24	9.8%
More Education	7	35%	27	11.0%
<u>Continued Need for Supervision?</u>				
a. Yes	20	100%	118	48.0%
b. Minimal	19	95%	72	29.3%
c. No	7	35%	17	6.9%
<u>Medical</u>				
Sensory	16	80%	36	14.6%
Physical	10	50%	16	6.5%
Epilepsy	9	45%	12	4.9%
Drugs	15	75%	61	24.8%
<u>Social</u>				
More Community Activities	5	25%	7	2.8%
Need a Sponsor or Advocate	14	70%	35	14.2%

*Note: Percents often do not add to 100%, since the categories were not mutually exclusive. In some cases the number of "unknowns" was substantial (such as "continued need for supervision"), so that information was available on only a proportion of residents.

TABLE 22

RESIDENT BEHAVIORS RELATED TO PEERS, STAFF, AND VISITORS*

	Mean	Standard Deviation
Frequency of Behaviors Related to Others (Peers, staff, and visitors)*	27.05 periods	13.20 periods
Proportion of Total Behavior Related to Others (Peers, staff, and visitors)	38.94%	16.29%
Proportion of Total Behavior Related to Peers	27.53%	12.77%
Proportion of Total Behavior Related to Staff	12.27%	11.02%
Proportion of Total Behavior Related to Visitors	8.09%	7.87%

*Only subjects with at least 26 time periods scores were included in these analyses.

TABLE 23

STAFF BEHAVIORS RELATED TO RESIDENTS, OTHER STAFF, AND VISITORS*

	Mean	Standard Deviation
Frequency of Behaviors Related to Others (Residents, staff, & visitors)*	33.92 periods	18.30 periods
Proportion of Total Behavior Related to Others (Residents, staff, & visitors)	56.57%	22.49%
Proportion of Total Behavior Related to Residents	32.04%	19.12%
Proportion of Total Behavior Related to Other Staff	15.57%	15.02%
Proportion of Total Behavior Related to Visitors	18.19%	15.07%

*Only staff with at least 26 time periods scored were included in these analyses.

TABLE 24

DISTRIBUTION OF SOCIALLY-RELATED BEHAVIORS
BY RESIDENTS' LEVEL OF RETARDATION

	Mildly Retarded (N=63)	Mildly-Moderately Retarded (N=45)	Moderately Retarded (N=84)	Severely-Profoundly Retarded (N=45)
Behaviors Related to Peers				
% of Total Activity	29.0% (s.d.=11.4)	31.0% (s.d.=13.5)	28.8% (s.d.=10.4)	24.6% (s.d.=12.5)
% of Socially-Related Behavior	68.4% (s.d.=17.2)	70.6% (s.d.=18.3)	68.8% (s.d.=14.6)	68.2% (s.d.=20.5)
Behaviors Related to Staff				
% of Total Activity	13.2% (s.d.=10.7)	16.1% (s.d.=11.9)	15.7% (s.d.=9.6)	12.5% (s.d.=11.9)
% of Socially-Related Behavior	31.1% (s.d.=24.0)	36.0% (s.d.=23.2)	38.0% (s.d.=21.0)	32.4% (s.d.=28.3)
Behaviors Related to Visitors				
% of Total Activity	10.2% (s.d.=9.3)	8.9% (s.d.=7.8)	8.7% (s.d.=7.7)	7.7% (s.d.=6.5)
% of Socially-Related Behavior	22.1% (s.d.=15.7)	20.1% (s.d.=17.3)	19.9% (s.d.=13.5)	20.9% (s.d.=15.3)
Proportion of Total Behavior Related to Others (Peers, Staff, and Visitors)	42.9% (s.d.=14.2)	44.5% (s.d.=16.4)	42.1% (s.d.=13.4)	36.4% (s.d.=13.5)

TABLE 25

MEANS AND STANDARD DEVIATIONS FOR USE OF OBJECTS

Major Object Category (Original Codes)	Mean	Standard Deviation
None (0)	22.22%	12.05
Furniture (1,2,3,4,6,9)	2.66%	4.23
Plumbing (5,7,8)	0.54%	1.39
Structural (10-19)	0.70%	1.51
Toys/Recreation (20-24,28,29,61)	5.73%	7.72
Tools, Instruments (25-27,56)	1.59%	4.46
Reading, Writing Materials (30-37,39)	4.84%	7.52
Office Equipment (38)	0.08%	0.47
Radio, TV, Phono, Tape Recorder (40-43,49)	14.27%	12.03
Telephone, Intercom (44-45)	0.20%	0.65
Electrical Appliances (50,52,53,55,57)	0.84%	1.98
Household Maintenance Objects (51,54,58,62,69)	4.25%	5.04
Food (60)	12.78%	5.22
Personal Items (70-73,75,79)	8.66%	7.21
Self (74)	1.03%	1.66
Vehicles and Transportation (80-84)	1.80%	3.94
Pets (90-91)	3.69%	4.70
Multiple (99)	0.82%	3.35

TABLE 26

INDIVIDUAL GROUP HOME PROFILES FOR MAJOR ACTIVITY CATEGORIES
(Percent of time spent by residents in each category)*

HOME	Sleep	Basic Wake Activities	Self-Care	Eating	Unstructured Activities	Organized Activities	Active Learning	Academic Activities	Problem Solving	Observation & Imitation	No Learning Response	Affiliative Behaviors	General Social	Received General Social	Initiated Negative Social	Received Negative Social	Household Maintenance	Supervising	Undesirable Behaviors	Unobservable
H1	0.9	11.8	1.8	12.7	25.9	0.0	0.0	6.1	0.0	0.0	0.0	0.5	7.5	0.9	0.0	0.2	10.9	0.0	0.0	19.0
H2	0.0	21.1	5.0	9.3	20.7	11.1	1.0	0.1	0.0	0.0	0.0	0.4	6.1	0.7	0.2	2.0	5.2	8.5	8.5	7.0
H3	0.0	7.5	2.2	11.6	19.6	13.7	0.8	3.1	0.0	0.8	0.0	0.0	8.8	0.9	0.2	0.0	18.7	0.2	0.2	10.3
H4	0.2	11.1	3.3	9.6	24.2	4.9	0.0	3.5	0.0	0.9	0.0	0.4	15.2	0.3	0.0	0.1	13.0	0.0	0.0	11.6
H5	5.9	17.8	7.4	11.7	14.5	5.2	0.2	0.4	0.0	1.4	0.0	0.1	9.6	1.1	0.2	0.0	13.2	1.4	1.4	8.2
H6	2.1	33.8	5.7	14.3	17.7	0.1	0.0	0.4	0.0	0.1	0.0	0.0	4.7	0.9	0.0	0.0	6.4	3.6	3.6	8.8
H7	0.0	13.2	4.3	12.8	21.6	2.5	0.0	4.8	0.0	1.0	0.0	0.0	21.4	0.6	0.0	0.7	10.7	0.0	0.0	4.8
H8	0.0	14.8	1.6	22.2	24.4	15.4	2.8	1.5	0.0	0.2	0.0	0.0	6.0	0.2	0.2	0.2	2.4	3.3	3.3	3.3
H9	0.9	20.5	6.3	7.7	19.9	2.6	1.3	1.6	0.0	0.0	0.2	0.9	14.9	0.3	0.0	0.0	9.1	2.0	2.0	9.6
H10	1.8	16.8	4.0	7.4	18.7	2.2	0.8	1.8	0.0	0.3	0.0	0.0	13.9	0.8	0.0	0.3	22.1	0.0	0.0	7.5
H11	0.4	21.9	6.8	13.9	19.3	3.5	0.6	0.9	0.0	1.4	0.0	0.2	11.1	0.8	0.2	0.3	3.1	0.5	0.5	13.0
H12	0.0	20.1	2.8	15.4	29.3	6.0	0.0	0.4	0.0	0.0	0.0	0.4	7.8	0.0	0.0	0.0	4.3	2.5	2.5	9.6
H13	1.0	23.8	4.2	6.5	34.6	3.1	0.0	0.0	0.0	0.0	0.0	0.0	7.6	1.1	0.1	0.7	3.8	9.6	9.6	1.5
H14	0.9	17.5	3.7	7.7	22.8	2.1	0.0	2.4	0.0	0.0	0.0	0.2	17.7	0.5	0.0	0.0	12.5	4.4	4.4	6.1
H15	0.4	12.1	5.7	19.8	32.1	0.8	0.0	0.0	0.0	0.0	0.0	0.0	19.0	1.5	0.0	0.1	11.0	0.0	0.0	5.4
H16	0.1	21.1	5.2	20.5	22.2	2.1	1.6	1.0	0.0	0.0	0.0	0.0	10.3	0.0	0.1	0.0	13.2	1.5	1.5	9.6
H17	0.0	14.0	3.8	20.3	26.2	9.8	0.0	1.9	0.0	0.3	0.0	0.2	17.5	0.3	0.6	0.8	8.1	1.1	1.1	3.6
H18	0.5	15.4	5.2	24.5	22.4	4.0	0.1	0.7	0.0	0.0	0.0	0.2	10.0	1.2	0.1	0.5	7.6	2.8	2.8	11.5
H19	0.1	14.2	1.5	9.0	24.6	3.8	0.0	1.7	0.0	0.0	0.0	0.2	14.2	0.8	0.1	0.0	13.5	0.0	0.0	14.9
H20	1.5	23.0	1.3	7.4	27.1	6.2	0.1	1.5	0.0	0.0	0.0	0.3	13.0	0.2	0.0	0.0	6.7	0.1	0.1	10.5
<u>HALFWAY HOUSES</u>																				
HWH 1	0.0	12.8	11.8	9.9	6.7	1.0	0.1	1.2	0.0	0.6	0.0	2.1	17.1	0.7	1.5	1.3	10.5	6.3	6.3	24.7
HWH 2	0.9	21.6	0.0	8.2	23.8	0.9	0.0	0.2	0.0	0.1	0.0	0.0	9.1	1.5	0.4	0.0	9.8	0.0	0.0	22.9
HWH 3	0.3	10.0	0.4	9.6	8.4	1.2	0.2	5.3	0.0	0.6	0.0	2.7	15.6	1.5	0.0	0.4	10.8	0.8	0.8	30.4

*The main effect of home was significant at $p < .01$ for all columns that are italicized (see Table 29 for F values).

TABLE 27

RESULTS OF MULTIPLE REGRESSION ANALYSES FOR HOME DIFFERENCES

Major Activity Category	F Value	Significance Level
Sleep	3.46	p<.001
Basic Wake Behaviors	3.33	p<.001
Self-Care	5.39	p<.001
Eating	6.63	p<.001
Unstructured Activities	2.26	p<.001
Organized Activities	4.24	p<.001
Active Learning	1.62	not significant
Reading, Writing, Arithmetic	1.37	not significant
Problem Solving	0.66	not significant
Observation and Imitation	3.07	p<.001
No Learning Response	0.64	not significant
Affiliative Behaviors	1.05	not significant
General Social	3.04	p<.001
Received General Social	1.31	not significant
Initiated Negative Social	1.87	not significant
Received Negative Social	2.31	p<.001
Household Maintenance	5.06	p<.001
Supervising	2.03	p<.01
Undesirable	2.01	p<.01
Leaving House	2.01	p<.01
Unobservable	9.29	p<.001

FIGURE 1
 NUMBER OF GROUP HOMES PER COUNTY (MARCH, 1975)



FIGURE 2-A

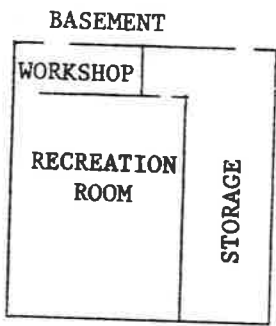


Figure 2: Schematic Representation of Two Small Group Homes

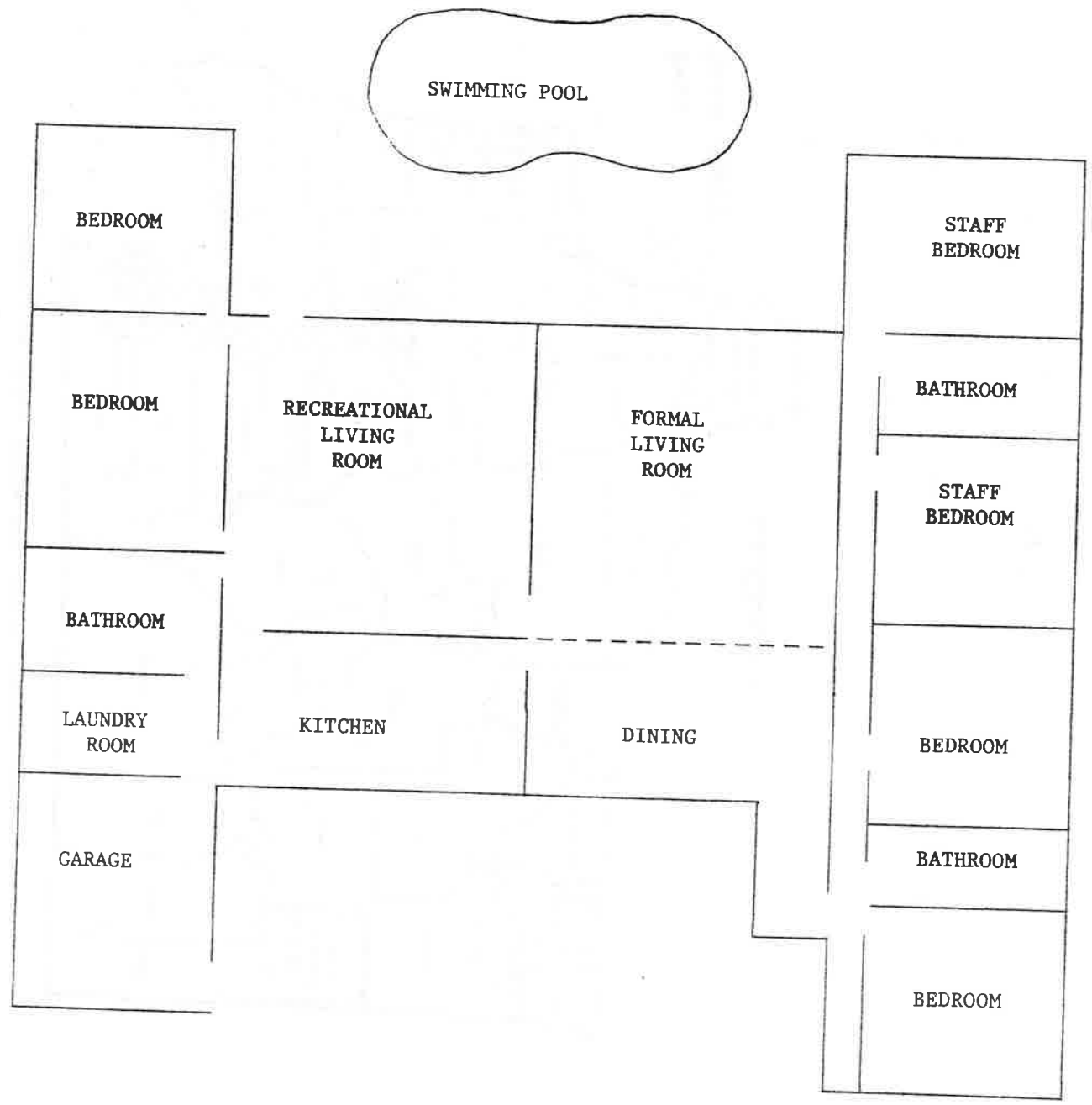


FIGURE 2-B

Schematic Presentation
of Two Small Group Homes (cont'd)

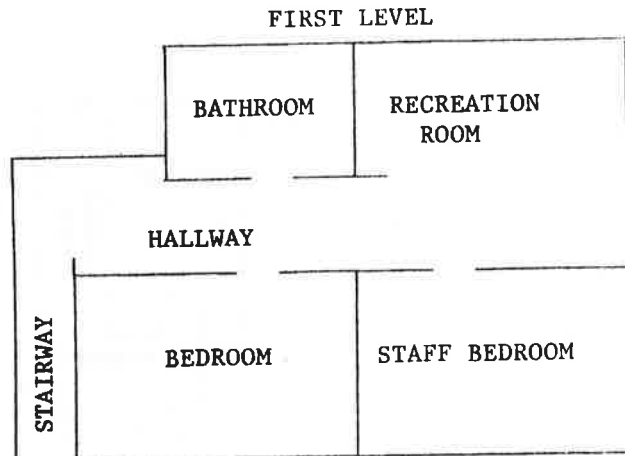
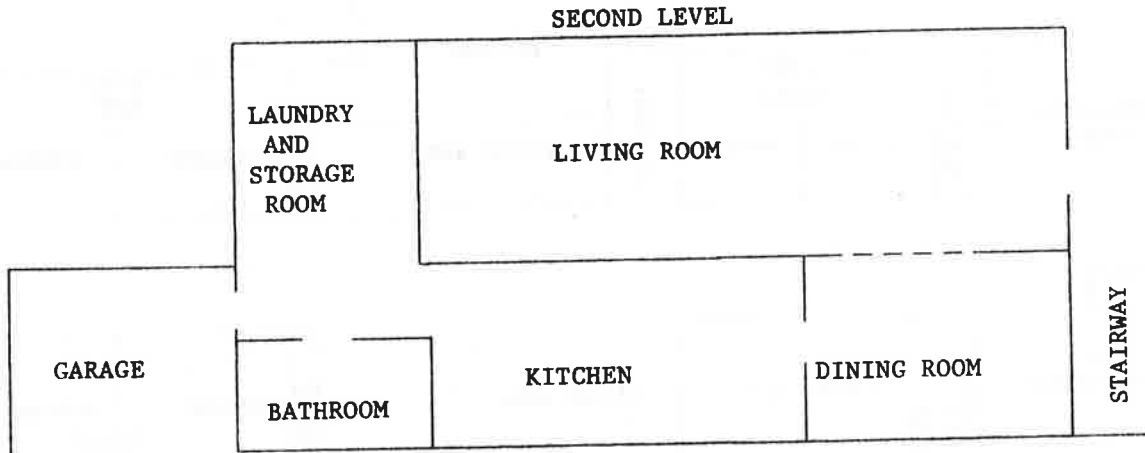
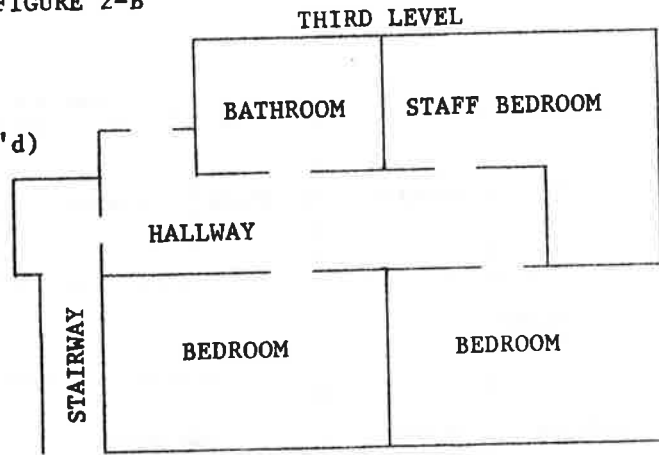


FIGURE 3-A

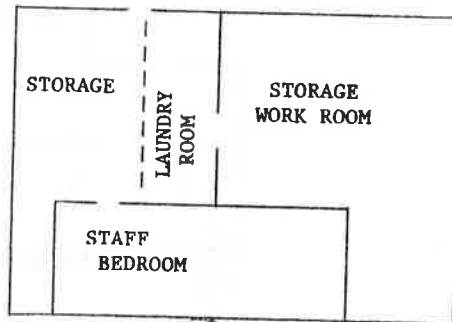
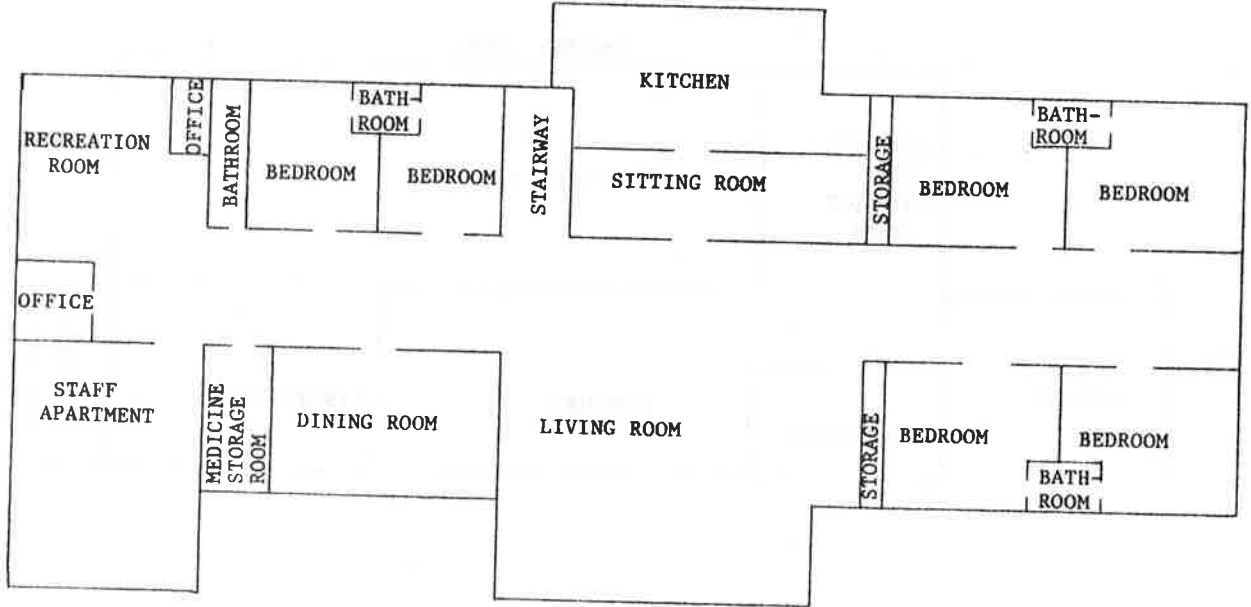
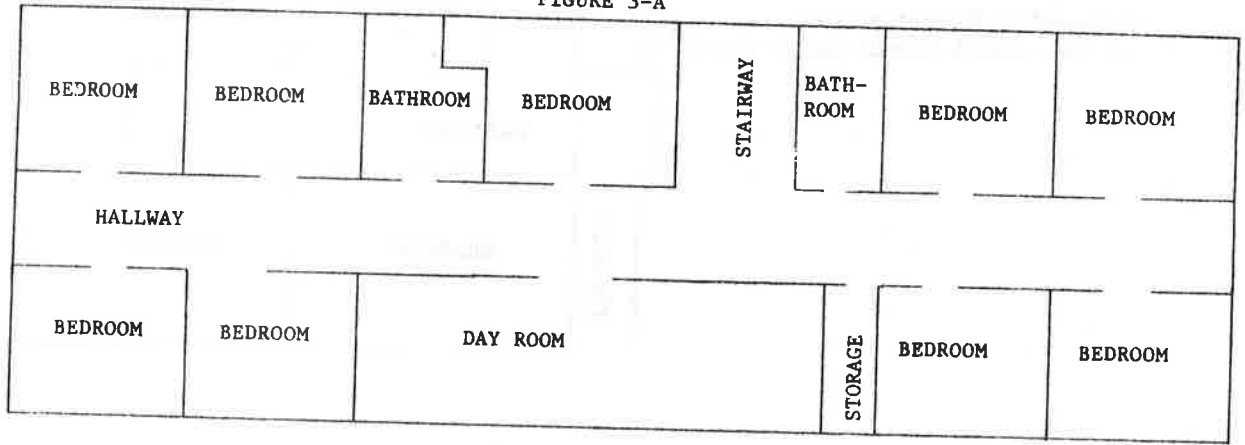
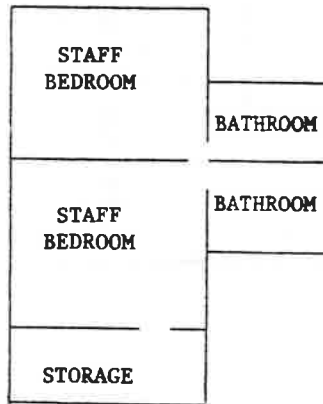


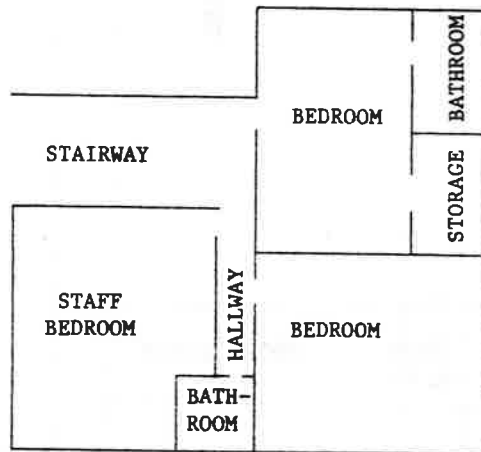
Figure 3: Schematic Arrangement of Two Large Group Homes

FIGURE 3-B

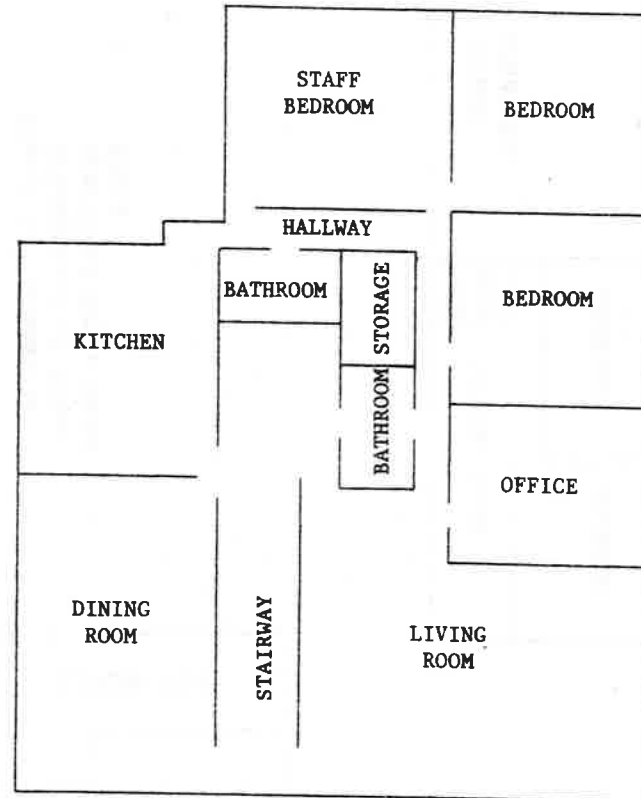
Figure 3 (cont'd)



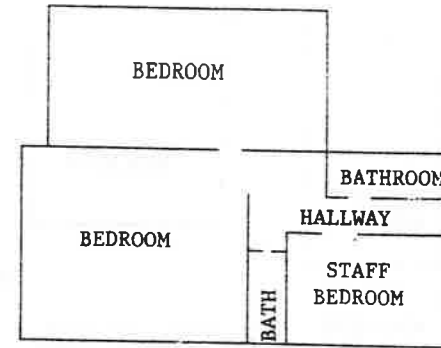
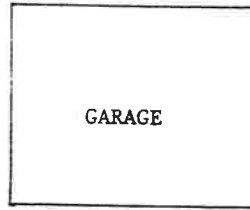
MAIN STRUCTURE-THIRD FLOOR



MAIN STRUCTURE - SECOND FLOOR



MAIN STRUCTURE - FIRST FLOOR



OUTDOORS

FIGURE 4-A

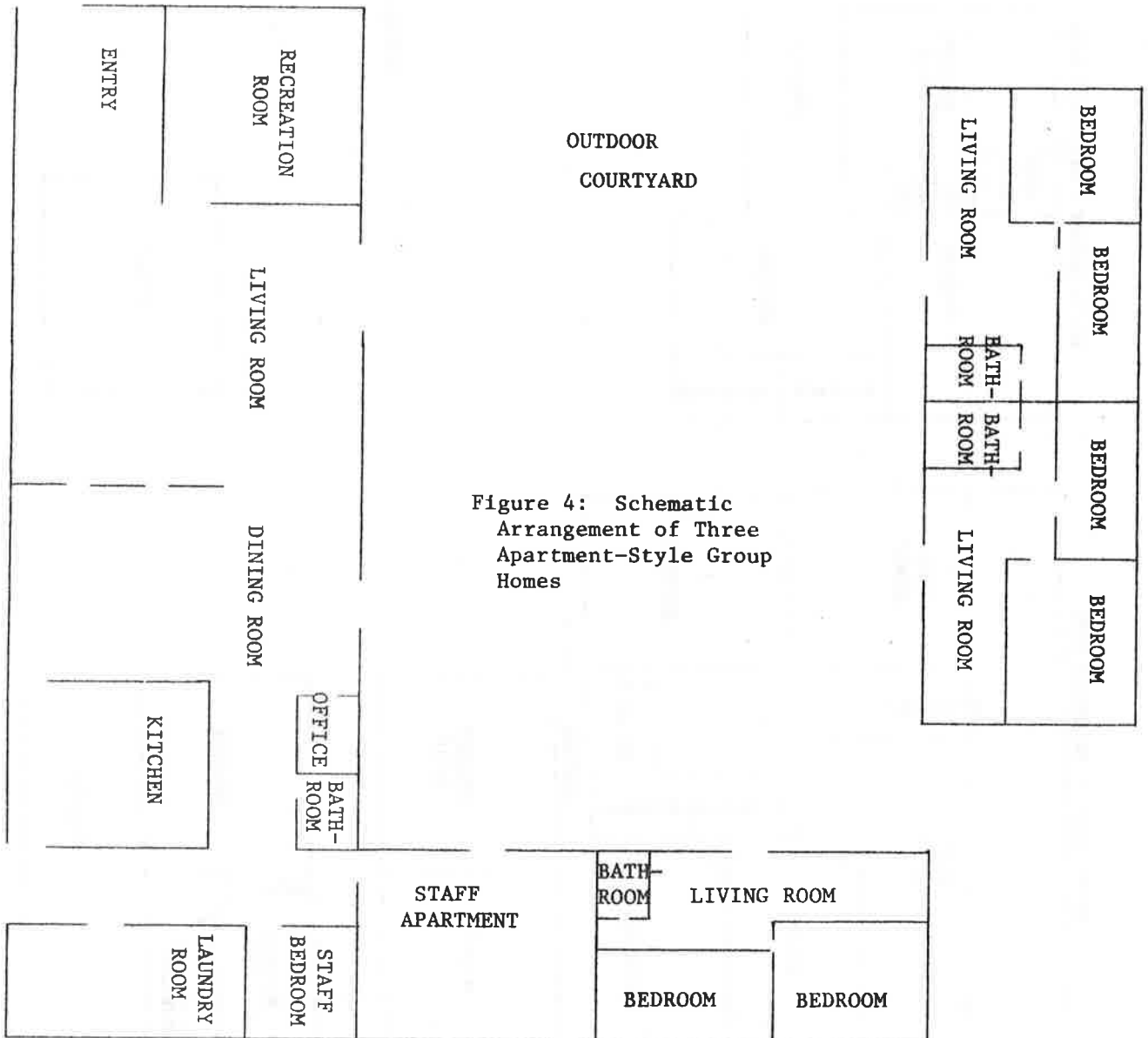
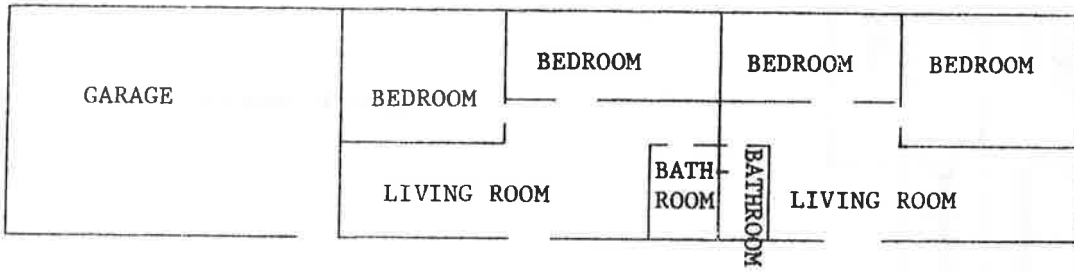


FIGURE 4-B

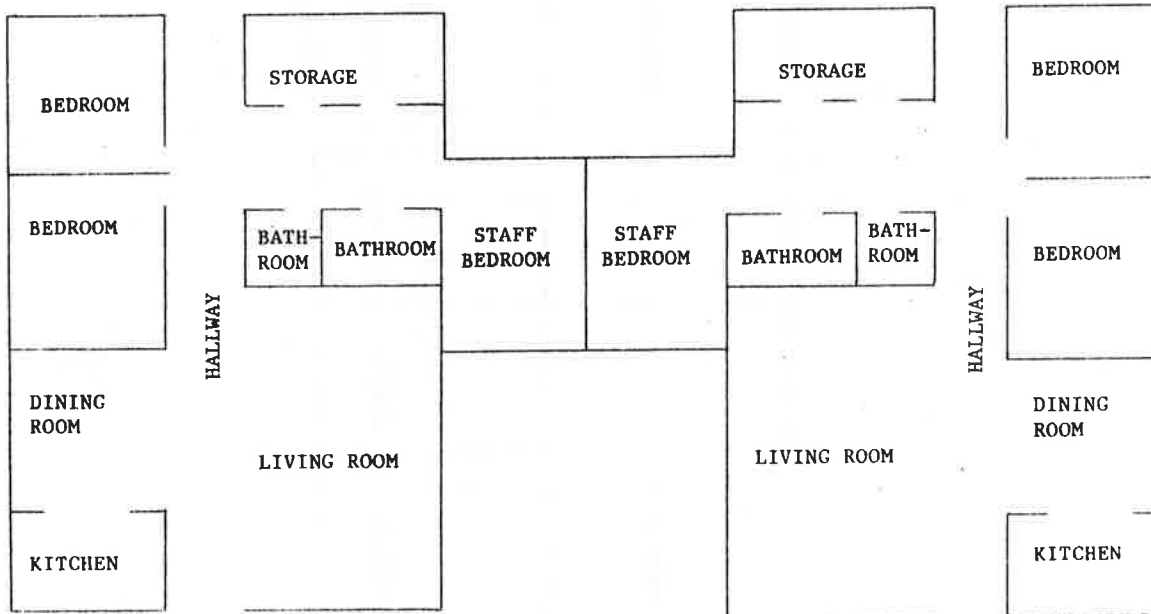
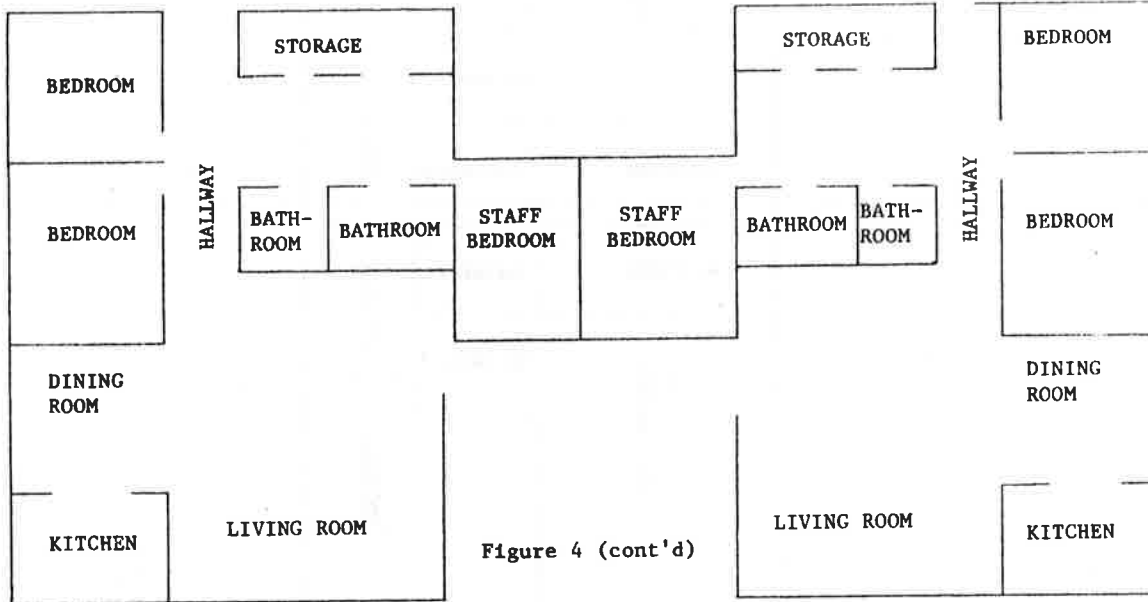


FIGURE 4-C

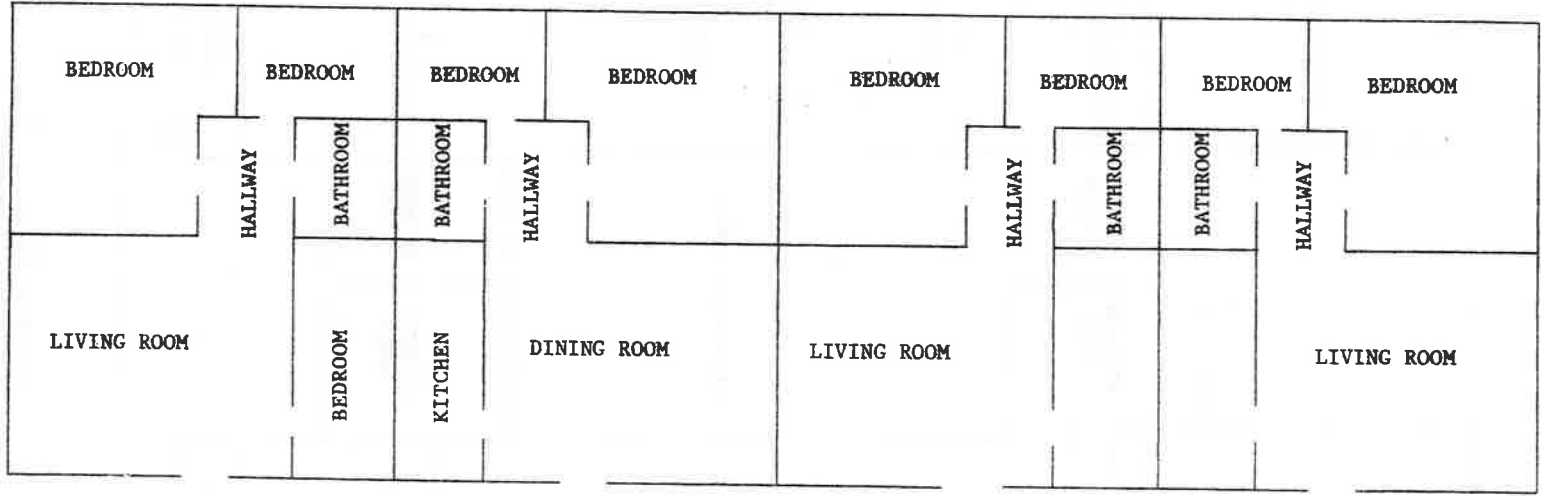


Figure 4 (cont'd)

APPENDIX I

DEMOGRAPHIC AND BEHAVIORAL CHARACTERISTICS
OF GROUP HOME RESIDENTS

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TABLE A
DISTRIBUTION BY AGE GROUPS*

	Group Home Population	
	Number	Percent
0 - 6 Years Old	0	0
7 - 11 Years Old	19	2.9%
12 - 16 Years Old	97	15.1%
17 - 21 Years Old	136	21.3%
22 - 26 Years Old	142	22.1%
27 - 31 Years Old	71	11.1%
32 - 41 Years Old	86	13.5%
42 - 51 Years Old	50	7.8%
52 & Up Years Old	39	6.1%

*Computed from month and year of birth.

TABLE B**AGE WHEN FIRST INSTITUTIONALIZED***

	Group Home Population	
	Number	Percent
0 - 6 Years Old	102	16.0%
7 - 11 Years Old	173	26.6%
12 - 16 Years Old	212	33.2%
17 - 21 Years Old	89	13.9%
22 - 26 Years Old	38	5.7%
27 - 31 Years Old	7	1.2%
32 - 41 Years Old	10	1.6%
42 - 51 Years Old	7	1.2%
Over 52 Years Old	2	0.4%

TABLE C
YEARS IN PRESENT GROUP HOME

	Group Home Population	
	Number	Percent
Less Than 1 Year	84	13.1%
1 Year	194	30.3%
2 Years	176	27.5%
3 Years	86	13.5%
4 Years	79	12.3%
5 Years or More	21	3.3%

TABLE D
NUMBER OF COMMUNITY PLACEMENTS*
OTHER THAN PRESENT GROUP HOME

	Group Home Population	
	Number	Percent
None	485	75.8%
One	121	18.9%
Two	24	3.7%
Three	5	0.8%
Four	2	0.4%
Five	3	0.4%

*Community placements included foster homes, other group homes, congregate care facilities (boarding houses), and nursing homes (SNF and ICF).

TABLE E**DIAGNOSED LEVEL OF MENTAL RETARDATION**

	Group Home Population	
	Number	Percent
Not Mentally Retarded	2	0.4%
Borderline	63	9.8%
Mildly Retarded	179	27.9%
Moderately Retarded	262	41.0%
Severely Retarded	108	16.8%
Profoundly Retarded	18	2.9%
Unknown	78	1.2%

TABLE F

MEDICALLY DIAGNOSED CONVULSIVE DISORDERS*

	Group Home Population	
	Number	Percent
No Convulsive Disorder Present	493	77.0%
Akinetic Seizures	0	0
Autonomic Seizures	3	0.4%
Focal Seizures	0	0
Major Motor Seizures	39	6.1%
Myoclonic Seizures	3	0.4%
Petit Mal Seizures	10	1.6%
Psychomotor Seizures	3	0.4%
Mixed Unspecified	36	5.7%
Mixed or Other	53	8.2%

*Defined by the American Association on Mental Deficiency as a clinical disorder characterized by single or recurring attacks of loss of consciousness, convulsive movements, or disturbances of feeling or behavior.

TABLE G

RATINGS OF DEGREE OF SEIZURE CONTROL

	Group Home Population	
	Number	Percent
No History of Seizures, and None Observed	493	77.0%
History of Seizures, but none Observed in Last Two Years	60	9.4%
Seizures Observed in Last Two Years, but Now Controlled 100%	19	2.9%
Seizures Observed in Last Two Years, Still Not Controlled 100%	31	4.9%
Unknown or Uncertain	37	5.8%

TABLE H

MEDICALLY DIAGNOSED IMPAIRMENT OF SPECIAL SENSES*

	Group Home Population	
	Number	Percent
No Apparent Sensory Impairment	522	81.6%
Deaf	0	0
Hearing Loss	13	2.0%
Blind	3	0.4%
Visual Loss	58	9.0%
Deaf-Blind	0	0
Blind and Hearing Handicapped	0	0
Deaf and Visually Handicapped	3	0.4%
Hearing & Visually Handicapped	5	0.8%
Other	36	5.7%

*This is part of the medical classification of the American Association on Mental Deficiency.

TABLE I

MEDICALLY DIAGNOSED PSYCHIATRIC IMPAIRMENT*

	Group Home Population	
	Number	Percent
None	488	76.2%
Psychosis	13	2.0%
Neurosis	0	0
Character Disorder	0	0
Behavioral Reaction	121	18.9%
Other	18	2.9%
Unknown	0	0

*This is part of the medical classification of the American Association on Mental Deficiency.

TABLE J

SUMMARY OF MAJOR MEDICAL DIAGNOSES*

Diagnostic Category from AAMD	Number	Percent
A. Infection and Intoxication	15	2.4%
B. Trauma or Physical Agent	69	10.8%
C. Disorders of Metabolism or Nutrition	30	4.8%
D. Gross Brain Disease (Postnatal)	20	3.2%
E. Unknown Prenatal Influence	58	9.2%
F. Chromosomal Abnormality	154	24.4%
G. Gestational Disorders	58	9.2%
H. Unknown or Uncertain	215	33.6%

*This is a summary of the American Association on Mental Deficiency medical diagnoses given by the physician.

TABLE K
AMBULATION SKILLS

	Group Home Population	
	Number	Percent
No Difficulty Walking	598	93.4%
Limps or Walks Unsteadily	36	5.7%
Walks Only When Assisted	3	0.4%
Unable to Walk, But Not a Bed Patient	0	0
Unable to Walk or Crawl	0	0
Unknown or Uncertain	3	0.4%

TABLE L
ARM-HAND USE

	Group Home Population	
	Number	Percent
No Difficulty, Full Use (Both Hands and Arms)	619	96.7%
Requires Some Help	16	2.5%
Requires Much Help	0	0
No Use of Arms or Hands	0	0
Unknown or Uncertain	5	0.8%

TABLE M
SPASTICITY

	Group Home Population	
	Number	Percent
Not Spastic	549	85.7%
Mildly Spastic	63	9.8%
Moderately Spastic	5	0.8%
Severely Spastic	0	0
Unknown or Uncertain	23	3.7%

TABLE N
EATING SKILLS

	Group Home Population	
	Number	Percent
Feeds Self Completely Independently	627	98.0%
Partially Trained, Feeds Self Independently, but Messily	10	1.6%
Needs Assistance, But Has Some Skills	0	0
Probably Could be Partially Trained, But Training Not Yet Begun	0	0
Not Trained, No Response to Training Attempts	0	0
Training Not planned or Appropriate	0	0
Unknown or Uncertain	3	0.4%

TABLE O

DRESSING SKILLS

	Group Home Population	
	Number	Percent
Dresses Self Completely Independently	587	91.8%
Needs Some Assistance Dressing	45	7.0%
Needs Total Assistance, Probably Could be Partially Trained, Not Yet Begun	0	0
Not Trained, No Response to Training Attempts	0	0
Training Not Planned or Appropriate	0	0
Unknown or Uncertain	8	1.2%

TABLE P

TOILET USE SKILLS

	Group Home Population	
	Number	Percent
Independent Use of Toilet	622	97.1%
Partially Trained (Responds if Taken to Toilet, But Some Untidiness)	10	1.6%
Probably Could be Partially Trained, But Training Not Yet Begun	0	0
Not Trained, No Response to Training Attempts	0	0
Training Not Planned or Appropriate	0	0
Unknown or Uncertain	8	1.2%

TABLE Q**RECEPTIVE LANGUAGE SKILLS**

	Group Home Population	
	Number	Percent
Understands Complex Verbal Communication	462	72.1%
Understands Simple Communication	97	15.2%
Understands Words Only	13	2.0%
Responds to Signs or Gestures	3	0.4%
Unknown or Uncertain	65	10.2%

TABLE R**PRODUCTIVE COMMUNICATION SKILLS**

	Group Home Population	
	Number	Percent
Uses Complex Verbal Concepts	382	59.8%
Uses Simple Sentences (2-3 words)	126	19.7%
Uses a Few Words Only	21	3.3%
Communicates in Sounds and/or Gestures	37	5.7%
Does Not Communicate Any Information	0	0
Unknown or Uncertain	74	11.5%

TABLE S

UNDERSTANDABILITY OF SPEECH

	Group Home Population	
	Number	Percent
Understandably by Stranger	333	52.0%
Somewhat Difficult to Understand	160	25.0%
Hard to Understand	71	11.1%
Makes Only Sounds	29	4.5%
Does Not Vocalize	0	0
Unknown or Uncertain	47	7.4%

TABLE T

SOCIAL INTERACTION SKILLS

	Group Home Population	
	Number	Percent
Interacts Cooperatively and Frequently	441	68.9%
Interacts with Others, But Very little	105	16.4%
Shows Some Signs of Social Responsiveness	0	0
Is Completely Unresponsive to Others	94	14.8%

TABLE U

INITIATIVE IN DAILY ACTIVITIES

	Group Home Population	
	Number	Percent
Initiates Most of Own Activities	359	56.1%
Will Cooperate in Planned Activities	131	20.5%
Inactive if not Directed to do an Activity	29	4.5%
Will Not Engage in Structured Activities	3	0.4%
Cannot Participate in Structured Activities	0	0
Unknown or Uncertain	118	18.4%

TABLE V

READING SKILLS

	Group Home Population	
	Number	Percent
Can Read to the Level of Recognizing Practical Words and Signs or Better	328	51.2%
Only Recognizes Some Trademarks or Signs	103	16.0%
Does Not Recognize Any Signs or Symbols	39	6.1%
Unknown or Uncertain	170	26.6%

TABLE W
WRITING SKILLS

	Group Home Population	
	Number	Percent
Can Write or Print Own Name and a Few Words or Better	336	52.5%
Only Prints or Writes Letters of the Alphabet, But no Words	89	13.9%
Cannot Print or Write Any Letters of the Alphabet	50	7.8%
Unknown or Uncertain	165	25.8%

TABLE X
NUMBER CONCEPTS

	Group Home Population	
	Number	Percent
Handles "Number Situations" Up to Four or Better	391	61.1%
Discriminates Between "One" and "Many"	68	10.7%
Has No Understanding of Numbers	16	2.5%
Unknown or Uncertain	165	25.8%

TABLE Y
BEHAVIOR PROBLEMS

	Group Home Population	
	Number	Percent
Very Aggressive Towards Others	19	7.8%
Physical Self-Abuse or Self-Destructive Behavior	5	2.0%
Destroys Property or Objects	9	3.7%
Severe Hyperactivity	12	4.9%
Withdrawn or Apathetic	4	1.6%
Repetitive Abnormal or Unusual Behavior	4	1.6%
Socially Unacceptable Behavior	9	3.7%
Sleep Problems	4	1.6%
Other Emotional or Behavioral Problems	13	5.3%

TABLE Z

COUNTY IN WHICH LEGAL GUARDIAN RESIDES

County:	Group Home Population	
	Number	Percent
Adams	0	0
Asotin	5	0.8%
Benton	3	0.4%
Chelan	16	2.5%
Clallam	0	0
Clark	29	4.5%
Columbia	0	0
Cowlitz	24	3.7%
Douglas	0	0
Ferry	3	0.4%
Franklin	3	0.4%
Garfield	0	0
Grant	5	0.8%
Grays Harbor	3	0.4%
Island	3	0.4%
Jefferson	0	0
King	173	27.0%
Kitsap	10	1.6%
Kittitas	5	0.8%
Klickitat	3	0.4%
Lewis	3	0.4%
Lincoln	5	0.8%
Mason	3	0.4%
Okanogan	5	0.8%
Pacific	0	0
Pend Oreille	0	0
Pierce	42	6.6%
San Juan	0	0
Skagit	5	0.8%
Skamania	0	0
Snohomish	50	7.8%
Spokane	65	10.2%
Stevens	0	0
Thurston	5	0.8%
Wahkiakum	3	0.4%
Walla Walla	24	3.7%
Whatcom	21	3.3%
Whitman	5	0.8%
Yakima	45	7.0%
Canada	0	0
Oregon	8	1.2%
Idaho	3	0.4%
Alaska	0	0
Other	10	1.6%
Unknown	21	8.6%

APPENDIX II

HOME OBSERVATIONAL CODE (HOC):

CATEGORIES, DEFINITIONS, AND EXAMPLES

- A. Major Activity of Subject**
- B. Physical-Gestural Communication**
- C. Verbal Communication**
- D. Assistance Needed or Received**
- E. Minor Stereotype**
- F. Use of Objects (See Table 7 in text)**
- G. With Whom**

APPENDIX II

A. Major Activity of Subject

Basic Sleep and Wake Behaviors

- 01 Sleep - body in relaxed, reclined position; eyes closed, other behavioral signs of sleep observed - e.g., more regular breathing; decreased body movements; diminished response to environmental events
- 02 Simple awake - eyes opened, but no specific observable activity, excluding non-social communication (columns 3-4)
- examples: waking up from sleep
sitting and intermittently making sounds
standing and just "staring into space"
- 03 Attentive looking - eyes opened and merely focused on or attending to some specific aspect of the environment (columns 6-7) in a rather low-level or passive manner. Note: this is not to be confused with more structured visual activities such as watching television, observational learning, etc.
- examples: sitting and staring at observer
standing and looking out window
- 04 General movement - ambulation or transition from body position or location to another - i.e., any movement through space that is not clearly part of another ongoing activity scored below
- examples: simply wandering around a room
getting up from a reclined position
crawling
- 05 Specific transition - general movement whose purpose or goal is clearly known in terms of location or resource in the environment
- examples: walking to garage to sit in car
going to kitchen to get food
- 06 Specific waiting - behavior clearly related to an immediate future event which has not yet occurred
- examples: waiting one's turn in a line
waiting for a school bus to arrive
waiting for dinner to be brought to the table
- 09 Other (to be specified)

APPENDIX II (Continued)

Self-Care Activities

- 10 Bathing - washing any body part(s), usually with water, soap, or other related objects for bathing (e.g., washcloth, toothbrush)
- examples: washing face
brushing teeth
taking a shower
- 11 Grooming - attending to physical appearance of body or clothing, excluding specific bathing and dressing activities
- examples: shaving
manicuring
brushing hair
applying make-up
- 12 Dressing - putting on or taking off clothing and other related objects (e.g., jewelry, glasses, shoes)
- examples: putting on blouse
taking off shoes and socks
putting in contact lenses
- 13 Toileting - preparing for or actual involvement in body elimination processes
- 14 Eating - ingesting or preparing to ingest food and/or beverages, as the major activity. Note: simply "snacking" or simple chewing or swallowing while engaged primarily in another activity is not scored as eating (e.g., chewing gum while reading a book is scored as focused symbolic behavior rather than eating)
- 15 Health-related activities - attending to care of bodily functions other than the above, primarily for purposes of maintaining, restoring, or promoting optimal health and vigor.
- examples: dressing a wound
taking medications
doing prescribed physical therapy exercises
putting on prosthetic limb
- 19 Other self-help behaviors (to be specified)

APPENDIX II (Continued)

Play, Recreation, and Fine Motor Skills

The following codes are arranged hierarchically, such that if a higher code occurs in conjunction with a lower code, then the higher code is scored.

- 20 Unstructured activity - ongoing activity involving no apparent rules, structure, or specific sequencing of behaviors. Generally, unstructured activity may be characterized as non-specific, informal, or "free" play or activity that is not directed toward a specific goal or purpose.

examples: skipping around a room
lying down, playing with shoestrings, t.v. on but not attended to, looking at peer, fidgeting in chair, and making soft sounds, playing in sandbox, just throwing sand but not clearly attending

- 21 Focused activity - ongoing activity involving very clear direction of attention and some structure or sequence to behaviors.

examples: watching t.v. for entertainment
coloring in coloring book
playing with dolls
building with blocks

- 22 Gross motor/recreational skills - a form of focused activity, involving use of body parts in a very specific manner and sequence related to known recreational skills; practicing any sport, but not playing entire game with rules; or use of recreational equipment

examples: swimming
jogging
hitting tennis ball against wall with racket
throwing basketball into hoop
riding a bike
sliding down a slide

- 23 Externally structured activity - when guidelines or directions for activity are being specifically provided by another individual

examples: sitting in a circle being told (taught) how to play new game arranging croquet hoops in exact places
staff member telling S to playing "pin-the-tail-on-the donkey" being led by another

APPENDIX II (Continued)

- 24 Specific handicraft/fine motor skills - very specialized fine motor activities related to given product or outcome, involving objects and demonstrating previous learning of such skills

examples: sewing a dress
putting together a model ship
weaving a rug
painting ceramics

- 25 Formal game or recreation - any games or activities involving at least three formal rules, known sequence of events, and a specific ability to assume "player" role

examples: playing baseball
playing checkers
playing ping-pong
playing Monopoly

- 29 Other activities (to be specified)

Educational and Formal Training Activities

Note: these activities are primarily educational in function, but obviously other behaviors in other categories may involve "education" or learning in the sense that all activities in a group home provide an opportunity to teach residents certain skills and facts about living, personally and socially.

- 30 Transmitting information - informing another person about specific facts, usually in a teaching manner, either verbally or physically

examples: explaining how to make change from a dollar
teaching someone about moral issues, such as sharing
explaining how to fix a broken radio-clock
teaching someone how to say a new word

- 31 Reception/observation of information - receiving 30 (above) or clearly attending to another for purpose of learning

examples: listening to lecture on given subject
watching someone cut a dress pattern (subject has indicated desire to learn how to do activity)
listening to a lesson on a record

APPENDIX II (Continued)

- 32 Active participation - contributing to or responding to structured learning situation by verbal or physical behaviors
- examples: writing down words as they are being said by another
actively asking questions about activity being demonstrated
correctly answering questions about subject matter being taught
- 33 Imitation/simple rote - exactly imitating, either verbally or gesturally, another's actions OR merely rehearsing, repeatedly precisely what instructor has requested
- examples: repeating a new vocabulary word over and over listening, then imitating how to answer a telephone
repeating moral of a story exactly after instructor has said
- 34 Focused symbolic behavior - any skills directly related to manipulating, understanding, or producing symbols - e.g., reading, writing, math or numerical skills, sign language, picture symbol reading, reading music, reading or making maps, etc.
- examples: tracing a route on a map
reading a newspaper
arranging picture symbols to tell a story
practicing writing the alphabet
doing math in a workbook
- 35 Specific problem resolution - immediate and highly adaptive responses to an emergency, or a clear-cut specific problem that must be dealt with. (note: if solution is very inappropriate, this is scored in column 5)
- examples: figuring out what to do when you miss your bus to work
putting out a grease fire and calling the fire department
mediating a fight between two residents and figuring out how to get both individuals to a compromise solution
- 36 Lack of or negative response to learning situation - failure to respond in any way at all or clearly inappropriate or negative participation in learning situation. (Specify details when this occurs)
- 39 Other learning situation (to be specified)

APPENDIX II (Continued)

Social Activities

- 40 Affection and courting - any flirtatious, affiliative, or courting behaviors
- examples: asking someone for a date
holding hands and talking about friendship
smiling and dancing closely with another
- 41 Intimate contact - specific sexually-related activities, alone or with others, involving direct physical contact in an intimate manner
- 42 Approving or rewarding - social behavior involving bestowing approval or specific reinforcement on others for identified action
- 43 Receiving approval or rewards
- 44 Assisting - helping another to accomplish a given task or to more effectively deal with a given situation (Note: receiving assistance is scored in column 5 in conjunction with the behavior for which a subject is receiving assistance)
- 45 Defending/protecting - providing verbal or physical aid related to another who is subject to some harm (physical, emotional, or negative consequences without the actions of the defender; includes consoling)
- 46 Being defended/protected/consoled
- 47 Sharing resources - altruistic behaviors related to distributing resources in a generous or equitable manner
- 48 Teasing and joking - includes a variety of behaviors such as telling jokes, teasing another, mimicing another, etc. primarily for social interaction
- 50 Initiates social interaction, general - initiation of contact with other(s), that is not characterized specifically as any of the above codes. This is always accompanied by a code in columns 3 or 4 related to communication.
- 51 Responds to social interaction, general
- 52 Mutual general social interaction - when initiator of interaction not clearly identified
- 53 Disapproving or punishing - indicating clearly that actions of another are not acceptable, liked, etc. by reprimanding, scolding, depriving of privileges, etc. If this is clearly under a "lesson" then this should be scored as such under educational codes.

APPENDIX II (Continued)

- 54 Receiving disapproval or punishment
- 55 Competition or aggression - competing for limited resource(s) or space(s) or status, excluding in the normal context of a formal game or recreation
- 56 Receiving competition or aggression
- 59 Other social interaction (to be specified)

Work and group maintenance activities

- 60 Cleaning - removing accumulated dirt, waste, etc.
- 61 Organizing - placing objects, tasks, events in order; straightening; re-arranging; daily chores
- 62 Preparing and planning - work directed primarily toward a future event
- 63 Directing or supervision - assuming a leader-instructor role related to routine or household tasks, including evaluation and planning of such activities
- 64 Building/construction - constructing, repairing, creating decorations, etc., for the purpose of the home or group (as distinguished from hobby-related handicraft activities)
- 69 Other group activities (to be specified)

Unusual, asocial, or repetitive behaviors

- 70 Abnormal-unusual - very atypical, generally unacceptable, or asocial, maladaptive behaviors
- 71 Repetitive body movement - when predominant behavior is stereotyped, movements of body parts, defined as three or more invariant action sequences with no apparent adaptive significance other than its relation to getting attention or indicating something about the subject's mood, etc.
- 72 Withdrawal - obvious movements or gestures to remove subject from undesired situation or person(s)

APPENDIX II (Continued)

- 73 Mimicing or echolalic behavior - a form of repetitive behavior used persistently by subject (i.e., not simple repetition on single occasion), involving gestures or words or sounds
- 74 Persistent following - movement through space clearly related to following a given person or object for the purpose of following per se

Unobservable or not in home

- 75 Could not find, should be in house
- 76 Left house - score purpose separately
- 77 Unable to observe - other reason(s)
- 78 Ill
- 79 Other (to be specified)

APPENDIX II (Continued)

B. Physical-Gestural Communication

- 0 None
- 1 Directive - using head, facial, or body gestures to guide or to order another toward a certain thing or activity (e.g., pointing)
- 2 Informative - relaying specific facts or information by means of gestures (e.g., nodding head to indicate "yes," counting using fingers, demonstrating the size or shape of an object with hands)
- 3 Expressive - demonstrating feelings, emotions, attitudes, greetings by gestures (e.g., smiling, grimacing, clenching fist in anger)
- 4 Physical contact - any contact of body parts, either initiated or received by the subject, taking precedence over directive, informative, and expressive communication alone

Other Non-verbal Communication

- 5 Listening - obvious and attentive orientation toward auditory stimulation or communication, in the absence of any other physical-gestural communication
- 6 Laughter-gleeful sounds
- 7 Cry or distress sounds
- 8 Sign language - use of formal sign language, regardless of type
- 9 Other (to be specified)

APPENDIX II (Continued)

C. Verbal Communication

- 0 None
- 1 Directive - using word(s) to direct or to order another or one's self toward a certain thing or activity, usually in the form of a command
- 2 Informative - statement(s) of facts or providing specific information (e.g., a certain task, describing a route to a specific place, etc.)
- 3 Expressive-conversational - any combination of words primarily for social-interactive situations or not specifically recognized as being directive (1), informative (2), question (4), or answer (5) exclusively
- 4 Question - asking a particular question
- 5 Answer - providing a response to a specific question immediately preceding
- 6 Singing
- 7 Not understood by observer - verbal communication resembling words, but not recognized at all as fitting into any other category. Note: observers felt that over time their ability to interpret speech of the subjects improved considerably thus, scoring verbal behavior as a code.

APPENDIX II (Continued)

D. Assistance Needed or Received

This dimension is primarily a subjective judgment or evaluation by the observer of two aspects of a subject's major activity: first, whether assistance is being provided or would be desirable; and second, whether the activity is being conducted appropriately or not. The general guidelines for scoring this category are provided below.

- 0 No assistance - appropriate - the subject is not being assisted and the behavior is performed correctly or adequately. Note: this does not imply the behavior was necessarily self-initiated or not previously instructed by another
- 1 No assistance - inappropriate - the subject is not being assisted and the behavior is obviously not performed appropriately or in proper situation. By inference, this category implies that assistance or guidance is needed to correct or control the inappropriate aspect of the subject's behavior
- 2 No assistance - undeterminable - the subject is not being assisted and the observer is not able to determine whether or not assistance is appropriate or needed. This code is used when the purpose or context of the activity is not fully understood or apparent to the observer
- 3 Assistance desirable - the subject is not being assisted, however the task or behavior is performed at a level below desirable efficiency or competency. This code is similar to code 2 above, but represents a milder degree of need for assistance
- 4 Verbal assistance given, but not essential - the subject is receiving instructions or guidance verbally, but could perform the behavior without the assistance
- 5 Verbal assistance given and needed - the subject is receiving instructions or guidance verbally, and probably could not be performing the behavior without the assistance
- 6 Physical assistance given and needed - the subject is receiving direct physical assistance or guidance which appears necessary for the behavior to be performed

APPENDIX II (Continued)

- 7 Verbal and physical assistance given and needed - the subject is receiving both verbal and physical assistance in the major activity, and probably could not be performing the activity without the assistance
- 8 Physical assistance given, but not essential - the subject is receiving direct physical assistance or guidance in carrying out a behavior, but could perform the behavior unaided
- 9 Other dimensions (to be specified)

APPENDIX II (Continued)

E. Minor Stereotypy

0 Absent

1 Present (to be specified)

The minor stereotypy code was used when a subject was engaged in any repetitive movement of body parts while simultaneously involved in a major activity other than code 71 (repetitive body movement).

For example, a 1 for minor stereotypy would be coded when the subject's major activity was watching a T.V. program and the subject was also repetitively twisting and pulling on hair in a stereotyped manner.

APPENDIX II (Continued)

G. With Whom

Individual Subject Codes*

- 10-28 Girls (in school)
- 30-48 Women (work)
- 50-68 Boys (in school)
- 70-88 Men (work)
 - 29 Girl (in staff family)
 - 49 Woman (in staff family)
 - 69 Boy (in staff family)
 - 89 Man (in staff family)
- 91-99 Staff
 - 00 None
 - 01 Self
 - 02 Same sex peer
 - 03 Opposite sex peer
 - 04 More than one peer
 - 05 Staff
 - 06 More than one staff
 - 07 Staff and peer
 - 08 Observer
 - 09 Other (to be specified)

*Individual subject codes were assigned to all participating staff and residents in each group home.

00-09 were used only in cases where all individuals could not be identified or permission to observe had not been obtained.

APPENDIX II (Continued)

INDIVIDUAL ROOM CODES

- 01-28 Bedrooms
- 29 Office
- 30 Storage
- 31-40 Bathrooms
- 41-43 Kitchens
- 44-46 Dining Rooms (areas)
- 47-55 Living Rooms (areas)
- 56-60 Recreation/Craft Rooms
- 61-62 Work Rooms
- 63-64 Laundry Areas
- 65 Basement
- 66 Halls
- 67 Stairways
- 68 Garage
- 70 Outdoors
- 71 More Than One Room
- 72 Entry Hall
- 75 Other (to be specified)
- 80 Not in Group Home, Other Indoor Facility (to be specified)
- 83 Staff Apartment (to be specified)

APPENDIX III

SAMPLE SUMMARIES FROM SUBJECTIVE NOTES
FROM OBSERVER ON TWO RESIDENTS

- A. Sample 1 (Hypothetical Subject Number 31)
- B. Sample 2 (Hypothetical Subject Number 57)

APPENDIX III-A

EASIC SLEEP-WAKE BEHAVIORS, COMMUNICATION

1. Language speaks clearly and well, but sometimes too much
2. Physical abilities seems fairly coordinated - sometimes does things clumsily or too quickly
3. Sleep did not observe
4. Simple awake did not observe
5. Attentive looking looks at boyfriend, head to one side, for several minutes at a time
6. General movement very active - almost hyperactive - always on the go
7. Specific transition moves quickly
8. Specific waiting spent little time doing this
9. Other

Subject # 31

Home 32

APPENDIX III-A (Continued)

SELF-CARE ACTIVITIES

Bathing seems to be able to wash without reminding but sometimes
needs help to do an adequate job

Grooming appears neat, clothes seem to match, sometimes hair does not appear
combed, she told me she sometimes set hair with curlers although I did not
observe this - bites nails

Dressing can dress self - sometimes socks do not match

Toileting did not observe

Eating needs to sit at table longer while eating - stands and moves around in
kitchen during meal - coffee always in hand

Health-related activities takes medicine but not independently (medicine is
for allergy)

Other self-help behaviors about 5'5", thin, appears very active,
nervous energy?

Home 32

Subject 31

APPENDIX III-A (Continued)

PLAY, RECREATION, FINE MOTOR SKILLS

Unstructured activity *often seems to be jumping from place to place, organizing papers, straightening personal items, purpose not always clear*

Focused activity *watches T.V. quite a bit, also liked to listen to records and sing along*

Gross motor/recreational skills *danced to music, went swimming, likes to go running*

Externally structured activity *joined in group craft activities, also participated in t.v. class activities (educational t.v.)*

Specific handicraft/fine motor skills *was knitting a scarf although I never saw her knit more than one row at any one time*

Formal game or recreation *went bowling (could keep score correctly); can play basketball*

Other activities

Home 32

Subject 31

APPENDIX III-A (Continued)
EDUCATIONAL/INFORMATIONAL BEHAVIORS

Transmitting information can transmit information to other residents
about bus schedules, work, and daily chores

Reception/observation of information listened to staff when they would explain
how to do something but then when carrying it out would often be sloppy because
she rushed to finish

Active participation took notes during t.v. class, then asked staff questions
about the program; appeared to study notes carefully and enthusiastically
tried to get other residents to listen about what she had just learned

Imitation/simple rote did not observe

Focused symbolic behavior could tell time, could print telephone message, could
read ads in newspaper and recipes in cook book

Specific problem resolution did not observe

Lack of or negative response to learning situation when told by staff that she
was not doing something correctly she became very upset and would pout or leave
room in a huff - would return fairly soon but not continue with same task as
though she had completely forgotten incident

Other learning situation would often inform other residents how to do something
or provide them with information they could not
themselves obtain

Home 32

Subject 31

APPENDIX III-A (Continued)

SOCIAL INTERACTION

Affection/courting holds hands with boyfriend

Intimate contact appears to have boyfriend - they kiss

Approving/rewarding sometimes compliments other residents when they do something well

Receiving approval/reward did not observe

Assisting wants to assist often even when it does not seem necessary

Defending/protecting did not observe

Being defended/protected/consoled did not observe

Sharing resources shared some of her food with boyfriend

Disapproving/punishing sometimes she seemed to get very upset with other residents when they did not do something she asked

Competition/aggression when she wanted staff's attention she would talk loudly regardless of others talking - she would get very impatient

Teasing/joking she loved it when staff would tease and joke with her - would laugh and joke back

INITIATES social interaction, general is very talkative, talks too much on telephone, but seems to have outside friends in community - often talked to observer

RESPONDS TO social interaction, general seemed to respond when someone else initiated but there were a couple of male residents she did not want to be bothered by and would get angry when they came to talk

MUTUAL social interaction, general sometimes wants to dominate conversation and people get annoyed by this but she seems to like conversations with strangers and others in group home

Other social interaction sometimes seems quite bossy, takes on authoritative role, is critical about what others do and how they are doing their assigned chores

Home 32

Subject 31

APPENDIX III-A (Continued)

WORK AND GROUP MAINTENANCE BEHAVIORS

Cleaning did clean when it was her job although often left jobs half-done - she did not seem to be concentrating only on task at hand but on what the other people in home were doing

Organizing could properly set table, and put dishes in dishwasher although I noticed that she did not turn the dishwasher on with the correct setting and dishes had to be run in dishwasher for a second time

Preparing and planning liked to prepare food - baked some cookies although most were burned - could set oven by herself - often did not measure cups of water accurately or dry ingredients at all (but talked as though she had) and could not understand why certain dishes didn't come out right

Directing or supervising often tried to direct other residents in their chores and help them; sometimes this was unnecessary, but often residents seemed appreciative

Building/constructing did not observe

Other group activities

Home 32

Subject 31

APPENDIX III-A (Continued)

ABNORMAL-UNUSUAL BEHAVIORS

Abnormal-unusual she seemed very sensitive to criticism and unable to cope
with minor corrections - she would either yell or withdraw but certainly
such reactions needed to be improved for this occurred out in community also

Repetitive body movement observed only minor ones such as biting lip, tapping
foot, nervously stroking hair

Withdrawal when someone got angry sometimes she would react by running out
of room - think she would go to her room

Mimicing/echolalic behavior did not observe

Following she sometimes followed observer when she desired to continue talking
regardless of how busy the observer was, she did not seem to notice when observer
was engaged in work

Other

Home 32

Subject 31

APPENDIX III-B

BASIC SLEEP-WAKE BEHAVIORS, COMMUNICATION

1. Language can be understood but says "naughty" words and he knows he shouldn't - sometimes speaks in cliches - sometimes lisps
2. Physical abilities very small child who wears thick glasses; somewhat limited in fine motor coordination, but does not have any serious physical handicaps
3. Sleep did not observe
4. Simple awake would gaze into space but seemed to be constantly fidgeting and moving his fingers
5. Attentive looking did not observe
6. General movement walked fast, with head down
7. Specific transition saw him carrying cleaning materials to kitchen
8. Specific waiting did not observe
9. Other

Subject # 57

Home 32

APPENDIX III-B (Continued)

SELF-CARE ACTIVITIES

Bathing *needed physical assistance*

Grooming *needs help combing his hair - looks unkempt - hair quite long - his mother likes it that way - staff would like it cut shorter to make it easier to take care of*

Dressing *saw him dressed in other residents' clothing, clothes did not match - looked dirty and like they did not fit*

Toileting *did not observe*

Eating *used utensils awkwardly - seemed to eat quickly and was finished before other residents*

Health-related activities *washed off skinned knee when told to do so by staff; was concerned about having clean bandage on knee throughout the day*

Other self-help behaviors

Home 32

Subject 57

APPENDIX III-B (Continued)

PLAY, RECREATIONAL, FINE MOTOR SKILLS

Unstructured activity often went from place to place touching toys or games
but not focusing attention on any one item for any length of time

Focused activity seemed to like being outdoors - was seen "working" on a
bike (although improperly) and "gardening" which consisted of cutting leaves
off of trees with no purpose (staff did not know that this was being done)

Gross motor/recreational skills can dance well

Externally structured activity seemed to follow directions although often would
begin task as instructed and stop before completing it

Specific handicraft/fine motor skills did not observe

Formal game or recreation did not observe

Other activities has a pet goldfish which he enjoys watching

Home 32

Subject 57

APPENDIX III-B (Continued)

EDUCATIONAL/INFORMATIONAL BEHAVIORS

Transmitting information never saw him transmit correct information although he would tell other residents certain stories as though he were giving facts (stories were not true)

Reception/observation of information did not observe

Active participation did not observe

Imitation/simple rote would respond to instructions from staff to repeat a particular sentence

Focused symbolic behavior did not observe

Specific problem resolution did not observe

Lack of or negative response to learning situation sometimes appeared to turn away from staff when being instructed and purposely to do the "wrong" thing to provoke others

Other learning situation went swimming and staff worked on teaching him to put his face in the water

APPENDIX III-B (Continued)

SOCIAL INTERACTION

Affection/courting makes physical contact - put arm around observer at inappropriate times and will not remove it when asked.

Intimate contact did not observe

Approving/rewarding will sometimes give another resident approval (using a cliché) but often when not appropriate

Receiving approval/reward did not observe

Assisting did not observe

Defending/protecting did not observe

Being defended/protected/consoled staff would give attention in this way, although it appeared to observer that his actions did not warrant defense

Sharing resources did not observe

Disapproving/punishing voices his own disapproval of his own statements - "I'm going to take your car, no no, don't you dare!"

Competition/aggression competes for attention verbally and by physically placing himself in the center of a group of people

Teasing/joking does some joking with staff

INITIATES social interaction, general does initiate social interaction but often he only says clichés over and over again (e.g., "I want to kiss you," "I don't like you, you're not nice.")

RESPONDS TO social interaction, general will sometimes answer questions but will then begin his repetition of attention getting statements

MUTUAL social interaction, general same as above - uses a lot of clichés (e.g., "You better do what I say or else!")

Other social interaction

Home 32

Subject 57

APPENDIX III-B (Continued)

ABNORMAL-UNUSUAL BEHAVIORS

Abnormal-unusual *inappropriate social interaction, would threaten to hurt you although he was never observed to carry out threat - would also accuse residents of stealing his (or someone else's) belongings which confused and upset other residents*

Repetitive body movement *seemed to have stereotypy involving rolling his eyes back, looking away, grinding teeth*

Withdrawal *flinched at sudden movements made by anyone he was talking to*

Mimicing/echolalic behavior *would ask same questions over and over again and would repeat what someone else said*

Following *often followed observers around sometimes talking to them excessively*

Other *not always clear what he was doing, it was very disturbing to the observer to have him persistently following and saying inappropriate phrases*

Home 32

Subject 57

APPENDIX IV
SAMPLE NOTES FROM STAFF INTERVIEWS
CONCERNING INDIVIDUAL RESIDENTS

- A. Sample 1 (Hypothetical Subject Number 31)
- B. Sample 2 (Hypothetical Subject Number 57)

APPENDIX IV-A

Home 32 Staff Name 92 Date _____
 Subject 31 Birthdate 8-23-1939

Individual client information - present and future needs

Years in present group home 2 Previous living situation(s) was at home until age 8 - mother in mental institution - father unknown - foster homes until age 11 - from age 11 until group home institutionalized

Adaptation to present group home: IQ - 3rd grade level
 Physically fine - sometimes clumsy because she is always in a hurry
 self-help excellent - does not need constant reminding for grooming and bathing - sometimes she looks sloppy
 social skills often talks too much - enjoys others - seems to get along with others pretty well
 language skills excellent
 emotionally/behaviorally too temperamental - gets very upset when criticized - too bossy

What are the current needs of this resident that are URGENT? Please list in order of importance. If needs are not being met fully, please indicate why you think they are not being met. Are resources available? Please be specific about any needs related to medical, dental, speech therapy, physical therapy, emotional counseling, self-help training, others. nothing urgent

What are the current needs of this resident that would be DESIRABLE? List in order of importance. Indicate if these are being met currently. If not, why not? emotional counseling might help but staff doesn't know whether she would be willing to go - not enough money to go

What do you anticipate as the future needs of this resident related to the following areas? (please list in years when need expected to be important) Also indicate if you have discussed these matters directly with the resident. (1) Future living arrangements she wants to live independently but staff can't see her doing this for at least another year - would be possible if there was someone who could check on her every so often. Staff wishes state could provide facilities for married M.R. people - thinks there is a real need
 (2) Educational/training/job-related facilities seems to like current job - can't anticipate her moving to a higher level job but maybe to another one comparable to present job
 (3) Supervision/counseling will probably always need some counseling - she talks about having a baby and getting married and would need a great deal of help to live this way successfully - staff doesn't think she would be able to handle a family
 (4) Medical/dental/physical/dietary/etc. does not eat a properly balanced diet but overall she could probably make appointments by herself and be aware of her health - would probably always need to be forced to go to dentist
 (5) Community-related needs seems to get along pretty well in community now - goes to special park dances so would hope to see these programs continued

(6) OTHER PERTINENT INFORMATION ABOUT CLIENT (use back) she is emotionally unpredictable and gets disturbed too easily which disrupts her daily activities too frequently. Staff does not know how to handle this and worries about her outbursts in community.

APPENDIX IV-B

Home _____ Staff Name _____ 97 _____ Date _____
 Subject _____ Birthdate *June 30, 1965*

Individual client information - present and future needs

Years in present group home *2 years* Previous living situation(s) _____
institution for one year, at home previously

Adaptation to present group home:

Physically *none*
 self-help *best bedmaker - needs training in bathing more carefully*

social skills *emotionally disturbed - now displays less bizarre behavior*

language skills *fine*

emotionally/behaviorally *needs consistent treatment*

What are the current needs of this resident that are URGENT? Please list in order of importance. If needs are not being met fully, please indicate why you think they are not being met. Are resources available? Please be specific about any needs related to medical, dental, speech therapy, physical therapy, emotional counseling, self-help training, others.
none

What are the current needs of this resident that would be DESIRABLE? List in order of importance. Indicate if these are being met currently. If not, why not? *needs more spending money*

What do you anticipate as the future needs of this resident related to the following areas? (please list in years when need expected to be important) Also indicate if you have discussed these matters directly with the resident. (1) Future living arrangements
staff was optimistic but could not answer for a 10 year old

(2) Educational/training/job-related facilities
staff could not answer now

(3) Supervision/counseling
staff could not answer now

(4) Medical/dental/physical/dietary/etc.
staff could not answer now

(5) Community-related needs
staff could not answer now

(6) OTHER PERTINENT INFORMATION ABOUT CLIENT (use back)
no medications prescribed
no diagnosis of specific cause of retardation

APPENDIX V
COMPUTER CODES AND CATEGORIES
FOR DATA ANALYSIS

- A. Major Activities
- B. Communication Dimensions
- C. Assistance Dimensions
- D. Use of Objects

APPENDIX V-A

COMPUTER CODES AND CATEGORIES FOR ANALYSES OF MAJOR ACTIVITIES

Major Activity: Original Codes	Computer Code	Word Descriptor of New Category
1	1	Sleep
2-9	2	Basic Wake Behaviors
10-13,15-19	3	Self-Care
14	4	Eating
20-21	5	Unstructured Activities
22-29	6	Organized Activities
30,32,39	7	Active Learning
34	8	Reading, Writing, Arithmetic
35	9	Problem Solving
31,33	10	Observation and Imitation
36	11	No Learning Response
40,41,42,44,45,47	12	Affiliative Behaviors
48,50,52,59	13	General Social
43,46,51	14	Received General Social
53,55	15	Initiated Negative Social
54,56	16	Received Negative Social
60-62,64-69	17	Household Maintenance
63	18	Supervising
70-74	19	Undesirable Behavior
76	20	Leaving House
75,77-79	21	Unobservable

These computer categories were created for summarizing and analyzing the original major activities in broader, more meaningful dimensions. The inter-correlation matrix for these new 21 major activity categories is shown in Appendix

APPENDIX V-B

COMPUTER CODES AND CATEGORIES FOR ANALYSES OF
COMMUNICATION DIMENSIONS

Physical-Gestural Communication Dimension: Original Codes	Computer Code	Word Descriptor of New Category
0	1	None
1,2,3,8	2	Informative
4	3	Physical Contact
5	4	Listening
6	5	Laughter
7	6	Crying
9	7	Other (to be specified)

Verbal Communication Dimension: Original Codes	Computer Code	Word Descriptor or New Category
0	1	None
1-5	2	Informative-Conversa- tional
6	3	Singing
7	4	Not Understood Sounds
8	5	Stereotyped or Unusual

APPENDIX V-C
COMPUTER CODES AND CATEGORIES FOR ANALYSES OF
ASSISTANCE DIMENSIONS

Assistance Dimension: Original Codes	Computer Code	Word Descriptor or New Category
0,2	1	No Assistance Needed or Given
1	2	Assistance Needed but not Obtained
3	3	Assistance Desirable but not Obtained
4-9	4	Assistance Received

APPENDIX V-D

COMPUTER CODES AND CATEGORIES FOR ANALYSES OF
USE OF OBJECTS

Use of Objects Original Codes	Computer Code	Word Descriptor of New Category
0	1	None
1,2,3,4,6,9	2	Furniture
5,7,8	3	Plumbing
10-19	4	Structural
20-24,28,29,61	5	Toys, Games, Recreation
25-27,56	6	Tools, Instruments
30-37,39	7	Reading, Writing Materials
38	8	Office Equipment
40-43,49	9	Radio, T.V., Phonograph, Tape Recorder
44-45	10	Telephone, Intercom
50,52,53,55,57	11	Electrical Appliances
51,54,62,69,58	12	Household Maintenance Objects
60	13	Food
70-73,75,79	14	Personal Items
74	15	Self
80-84	16	Vehicles and Transportation
90-91	17	Pets
99	18	Multiple

APPENDIX VI
INTERCORRELATION MATRICES FOR
OBSERVATIONAL CODES

- A. Major Activities
- B. Communication Dimensions
- C. Assistance Dimensions
- D. Use of Objects

APPENDIX VI-A

INTERCORRELATION MATRIX FOR MAJOR ACTIVITY

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1	1.00																					
2	.06	1.00																				
3	.08	.07	1.00																			
4	.07	-.10	.05	1.00																		
5	-.15	-.38	-.24	-.03	1.00																	
6	-.13	-.26	-.12	.08	-.12	1.00																
7	.02	-.06	.00	-.03	-.07	.03	1.00															
8	-.04	-.15	-.03	.04	-.13	.00	-.03	1.00														
9	.03	.04	.01	-.01	-.10	.04	-.03	.05	1.00													
10	.09	-.04	-.02	.13	-.11	-.02	-.01	-.01	.12	1.00												
11	.04	-.02	.03	-.11	-.07	-.01	.85	-.03	-.01	-.02	1.00											
12	-.02	.01	.11	.01	-.08	.01	-.05	.02	-.05	-.07	-.02	1.00										
13	-.12	-.27	.03	-.21	-.21	-.02	.00	-.04	.05	-.08	.01	.03	1.00									
14	.02	.02	.02	-.02	-.08	.03	-.04	-.01	.25	.05	-.03	.02	.01	1.00								
15	-.05	-.12	.07	.01	-.01	.16	-.02	-.06	-.04	.03	-.01	.04	.01	.03	1.00							
16	-.02	-.03	.06	.02	-.02	.03	.07	-.04	-.02	.10	-.02	.07	.02	.09	.14	1.00						
17	-.02	-.19	.02	-.18	-.26	-.06	-.07	.04	-.02	.12	-.08	-.06	-.01	-.04	.00	-.10	1.00					
18	-.04	-.06	.06	.01	-.09	-.02	-.02	-.01	-.02	-.01	-.01	.05	.06	.07	-.04	-.04	.05	1.00				
19	-.01	.12	.02	-.04	-.13	-.05	.55	-.09	-.05	-.05	.09	.01	-.18	-.05	-.02	.07	-.18	-.05	1.00			
20	-.11	-.10	-.10	.03	-.12	-.07	-.02	.06	.04	.16	-.11	.00	.26	-.03	.03	.00	.20	-.01	-.11	1.00		
21	-.01	-.03	-.20	-.10	-.17	-.11	-.01	-.02	-.02	.01	.00	-.03	-.12	-.07	-.03	-.12	-.03	.09	-.10	.01	1.00	

APPENDIX VI-B

INTERCORRELATION MATRIX FOR VERBAL DIMENSION

	Stereotyped Unusual	Not Understood	Singing	Informative	None
Stereotyped	1.00	-	-	-	-
Not Understood	.18	1.00	-	-	-
Singing	-	-.09	1.00	-	-
Informative	-.10	-.15	-.04	1.00	1.00
None	-.02	-.02	-.15	-.77	-

APPENDIX VI-C

INTERCORRELATION MATRIX FOR ASSISTANCE CATEGORIES

	1	2	3	4
No assistance needed or given	1.00	-	-	-
Assistance Needed but not Obtained	-.01	1.00	-	-
Assistance Desirable but not Obtained	-.03	.16	1.00	-
Assistance Received	-.09	0 ,	.13	1.00

APPENDIX VI-D

INTERCORRELATION MATRIX FOR USE OF OBJECTS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1	1.00																		
2	.02	1.00																	
3	-.01	.11	1.00																
4	-.02	-.05	.01	1.00															
5	-.15	-.08	-.02	-.03	1.00														
6	-.23	-.05	-.05	.05	-.04	1.00													
7	-.13	-.11	.14	-.02	-.06	-.06	1.00												
8	-.14	-.06	-.02	-.02	.02	.19	.04	1.00											
9	-.19	-.11	-.08	-.15	-.17	-.07	-.15	-.03	1.00										
10	.03	.03	-.04	-.10	-.01	.03	-.04	.14	.00	1.00									
11	-.08	.03	-.03	-.05	-.05	.00	-.10	-.06	.05	.03	1.00								
12	-.05	-.04	-.05	-.06	-.08	-.00	-.07	-.08	.04	.05	.11	1.00							
13	-.03	-.03	-.12	-.09	-.08	-.11	.01	-.01	-.04	.04	.29	.24	1.00						
14	-.10	-.04	.01	.08	-.16	.02	.18	.00	-.22	-.01	-.01	-.03	.06	1.00					
15	.04	.07	.02	-.03	-.07	.02	.02	-.08	-.11	-.10	-.07	-.04	-.10	.03	1.00				
16	.10	.14	-.01	-.06	-.06	-.06	-.04	-.04	-.08	.12	.01	.04	.04	.05	-.11	1.00			
17	.00	-.02	.10	.14	-.01	-.10	-.07	-.07	-.18	-.07	-.13	-.12	-.14	-.05	.08	-.06	1.00		
18	.11	-.06	.02	-.00	-.10	-.06	.37	-.02	-.05	-.05	-.08	-.01	.05	.28	-.06	.00	-.01	1.00	

APPENDIX VII

Data collection forms from study of staffing patterns and training needs, conducted by Bell (Washington State Association of Group Homes).

WASHINGTON STATE ASSOCIATION OF GROUP HOMES
Group Home Staff Study

Name of Home _____ Date _____

Address _____

Name of person filling out this form _____

I. Please number in order the qualities you look for in hiring staff (#1 is most important, and so on). Leave blank the items you do not think are important.

___ neat, clean appearance

___ previous experience with developmentally disabled

___ sense of responsibility

___ ability to manage household

___ college degree

___ training as a nurse (LPN, RN)

___ ability to manage a budget, keep records, etc.

___ desire to help people, especially the handicapped

___ teaching ability

___ recreational know-how

___ ability to plan and cook meals

___ ability to deal with the public

___ ability/willingness to drive a van or bus

___ understanding of Normalization

___ ability to handle stress of long hours, residents' demands, etc.

___ marital status or sex of the individual

___ compatibility with other staff

___ ability to communicate with co-workers

___ other (please specify) _____

II. How do you recruit new staff? (Check all methods used)

___ advertise in newspaper

___ employment agencies

___ colleges and universities

___ through your own relatives

___ through friends, acquaintances

___ through present staff

___ through institutions

___ through other group home operators

___ applicants come without the need for you to recruit them

___ other (please specify) _____

Which of the above methods do you find most successful? _____

III. Orientation: Please check which of the following are provided for new employees:

- assignment to work alongside an experienced staff member for several days
- regularly scheduled conferences with supervisor (about once a week for six weeks, or oftener)
- occasional conferences with supervisor (less than once a week)
- reading of staff manual written for this home
- reading of manual and discussion with supervisor
- other assigned reading
- scheduled visits to other homes, sheltered workshops, children's school, etc.
- other (specify) _____

IV. Inservice Education:

- regularly scheduled staff meetings with at least half an hour devoted to training, once a week or oftener
- as above, but less than once a week
- special inservice meetings for staff:
 - 2 or more per month one per month occasionally
- consultation with case service worker or other specialist on residents' individual or group problems or programs
- encouragement to take additional training outside the home by:
 - paid time for attending courses, seminars, institutes, etc.
 - grants for tuition and/or expenses
- number of individuals participating in such training between Jan. 1, 1974 and Dec. 31, 1974?

V. Staff turnover (If your organization has more than one home, please fill this out as though all homes were combined.)

- full time at this home half time at this home
- less than half time at this home other (specify) _____

How many individuals left the staff of this home for any reason between January 1, 1974 and December 31, 1974?

V. (Continued)

Of those who resigned, how many said they left because of (count more than one reason if necessary):

- | | |
|---|---|
| <input type="checkbox"/> pay not high enough | <input type="checkbox"/> work too strenuous physically |
| <input type="checkbox"/> personal reason, not related to job | <input type="checkbox"/> work too emotionally trying |
| <input type="checkbox"/> time schedule too confining | <input type="checkbox"/> moved to another group home or similar job |
| <input type="checkbox"/> didn't like living in | <input type="checkbox"/> lack of privacy |
| <input type="checkbox"/> responsibilities were beyond individual's capabilities | <input type="checkbox"/> lack of challenge or sense of accomplishment |
| <input type="checkbox"/> promotion within your organization | <input type="checkbox"/> decided to follow a different career |
| <input type="checkbox"/> return to school | <input type="checkbox"/> misunderstood nature of job |
| <input type="checkbox"/> other (please specify) _____ | |

Of those who resigned, how many were people you would have liked to keep on your staff? _____

Of those who resigned, how many had worked at the home:

- | | | |
|--|--|--|
| <input type="checkbox"/> less than one month | <input type="checkbox"/> one to three months | <input type="checkbox"/> 3 to 6 months |
| <input type="checkbox"/> 6 to 12 months | <input type="checkbox"/> one to two years | <input type="checkbox"/> more than 2 years |

Of those who were terminated by the administrator, how many left for each reason listed below:

Unable to:

- | | |
|---|--|
| <input type="checkbox"/> keep house properly | <input type="checkbox"/> work within budget |
| <input type="checkbox"/> do book work | <input type="checkbox"/> work with community |
| <input type="checkbox"/> work with residents | <input type="checkbox"/> work with families of residents |
| <input type="checkbox"/> plan and prepare meals | <input type="checkbox"/> work with other staff |
| | <input type="checkbox"/> take direction from supervisor |

V. (continued)

How many of the staff were terminated for:

dishonesty lack of punctuality, frequent absence
 other reasons (please specify): _____

Of those who were terminated, how many had worked at the home:

less than one month one to three months 3 to 6 months
 6 to 12 months one to two years more than two years

VI. Job benefits: Please check those your organization provides

paid vacation (____ days per year)
 paid sick leave (____ days per year)
 Group health insurance: employer paid employee paid shared
 Social Security
 Retirement plan: employer paid employee paid shared
 Other (specify) _____

VII. What do you see as the main problems in getting and keeping good staff?

not enough people are willing to apply, because the job does not appeal to them:
 pay and benefits too low don't want to work with the developmentally disabled
 work seems too hard job too confining
 other _____
 you can get good staff but can't hold them long enough
 it is hard to predict whether a person will work out until he has been on the job for a while
 there is little or no real problem getting and keeping staff
 other (specify) _____

VIII. How long do you think live-in staff ought to stay on the job, for maximum benefit to residents?

At least 6 months a year 2 years 3 or more

IX. Please add any comments you may have on how group homes can find good staff and keep them on the job long enough to be of real help to the residents:

X. We need as many samples as possible of group home personnel policies, job descriptions and staff manuals. With your permission, we would like to share these with other homes. If you have already given these materials to last year's evaluation team, to the Office of Developmental Disabilities or to the Association, please indicate and we will use those copies.

Are you attaching:

 written job descriptions: yes no, have none no, gave to evaluation team last year and they haven't changed

 lists of qualifications for positions: yes no, have none no, gave to team

staff manual or similar material: yes no, none no, gave to team

 personnel policies: yes no, have none no, gave to team

 Please check if we may share these with other group homes

Use of Community Resources

Please check in terms of your experience during calendar year 1974:

Community Services	USED			NEEDED				
	Programs Not designed for the developmentally disabled Special DD Programs	Often	Sometimes	Never	but not available	Available but not satisfactory	Available but no funds for pay	Not Needed
Public Library								
City or county recreation programs								
Facilities such as gym, pool, park, bowling alley								
Mental health clinic or center								
Other counselling agency								
Public health nurse								
Public health clinic (shots, TB X-ray, etc.)								
School extra-curricular activity (children)								
Community College								
Scouts, Camp Fire, YMCA or YWCA, etc.								
ODD Case Services								
Church								
Speech/hearing								
Physical therapy								
Psychology testing								
Vocational Rehabilitation								
Major medical or dental								
Legal services								
Counselling for resident's family								
Other (specify)								

WASHINGTON STATE ASSOCIATION OF GROUP HOMES

Group Home Staff Study - These two pages to be filled out for each employee, including administrator.

Name of Group Home _____

1. Name of staff member (if you prefer, you may assign each person a number and use this instead.

Administrator should keep a record of numbers assigned): _____

2. Job title _____ 3. Number of months on this job _____

4. Age: _____ 25 or under _____ 26/45 _____ 46 up 5. Sex: _____ m _____ f

6. Last week's work schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	from - to	from - to	from - to	from - to	from - to	from - to	from - to
Hours on duty							
Hours on call and sometimes on duty							
Hours off and free to leave the home							

Please check if this has not been a typical week's work schedule _____

Comments:

Outline for interviews
 Page two
 Activity Chart Continued

ACTIVITY	3:30 P.M.	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00 P.
Book keeping																		
Records																		
Planning, organizing program																		
Maintenance																		
Cooking																		
Teaching:																		
Household																		
Self-help																		
Recreation																		
Supervising residents at work																		
Doing housework res. personal general																		
Social interaction res.																		
Counsel, problem solving																		
Giving directions																		
Talking: parents																		
Talking: employers, etc.																		
Confer: staff																		
Confer: admin																		
Social: staff																		
Transport																		
Waiting (Dr.)																		
Shopping for res.																		
Shopping with res.																		
Personel (non work)																		
TV, read, sew with res.																		
TV, read, etc. with- out res.																		
Staff friends																		
Lead rec.																		
Partic. with res. in comm.																		
Training: staff																		
Tutoring																		
Med., other therapy																		
Can't account																		
Sleep																		

