INFORMATION TO USERS

This material was produced from a microfilm copy of the original document. While the most advanced technological means to photograph and reproduce this document have been used, the quality is heavily dependent upon the quality of the original submitted.

The following explanation of techniques is provided to help you understand markings or patterns which may appear on this reproduction.

1. The sign or “target” for pages apparently lacking from the document photographed is “Missing Page(s)”’. If it was possible to obtain the missing page(s) or section, they are spliced into the film along with adjacent pages. This may have necessitated cutting thru an image and duplicating adjacent pages to insure you complete continuity.

2. When an image on the film is obliterated with a large round black mark, it is an indication that the photographer suspected that the copy may have moved during exposure and thus cause a blurred image. You will find a good image of the page in the adjacent frame.

3. When a map, drawing or chart, etc., was part of the material being photographed the photographer followed a definite method in “sectioning” the material. It is customary to begin photoing at the upper left hand corner of a large sheet and to continue photoing from left to right in equal sections with a small overlap. If necessary, sectioning is continued again — beginning below the first row and continuing on until complete.

4. The majority of users indicate that the textual content is of greatest value, however, a somewhat higher quality reproduction could be made from “photographs” if essential to the understanding of the dissertation. Silver prints of “photographs” may be ordered at additional charge by writing the Order Department, giving the catalog number, title, author and specific pages you wish reproduced.

5. PLEASE NOTE: Some pages may have indistinct print. Filmed as received.

University Microfilms International
300 North Zeeb Road
Ann Arbor, Michigan 48106 USA
St John’s Road, Tyler’s Green
High Wycombe, Bucks, England HP10 8HR
Pinkerton, Cecilia Anne

An Evaluation of the Effectiveness of a Personal Problem Solving Training Program for Mildly and Moderately Mentally Retarded Adults in Their Self-Esteem, Adaptive Behavior, and Ability to Generate Alternative Solutions.

The Ohio State University, Ph.D., 1978

University Microfilms International 300 North Zeeb Road Ann Arbor MI 48106

© 1978

Cecilia Anne Pinkerton

All Rights Reserved
AN EVALUATION OF THE EFFECTIVENESS OF A PERSONAL PROBLEM SOLVING TRAINING PROGRAM FOR MILDLY AND MODERATELY RETARDED ADULTS ON THEIR SELF-ESTEEM, ADAPTIVE BEHAVIOR AND ABILITY TO GENERATE ALTERNATIVE SOLUTIONS

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

Cecilia A. Pinkerton, A.B., M.A.

* * * * *

The Ohio State University

1978

Reading Committee: Approved By

Henry Leland, Ph.D.
Barbara Edmonson, Ed.D.
Donald Cavin, Ed.D.

Adviser
Department of Psychology
ACKNOWLEDGMENTS

I wish to thank many people whose help has been invaluable to me. These people include: The volunteers at Concord Counseling Center for their great roleplaying for the videotape Questionnaire; Mike Davis for his filming and editing the videotape Questionnaire; Heidi Fishpaw for helping to test subjects; the group leaders: Cheryl Thomas, Holly Spencer, Joyce Simson, and Julie Torski; Keith Widaman for his statistical and computer advice, and Mary Kellar, Michelle Johnson and Jan Fast for their excellent typing. A special thanks goes to Carol Klein who helped test subjects, run computer programs, and gave much needed moral support.

I also want to thank my committee members—Don Cavin, Barbara Edmonson and especially to my advisor, Henry Leland, for their comments and advice.

Without the wonderful cooperation of the Franklin County Program and the great people who agreed to be participants in this research, this project would have never been possible. I hope they benefitted as much from this program as I did in insight to their lives. The psychology department is owed a special thanks for their support and encouragement.
To my husband, Bill, who put up with four-hundred separate piles of paper around our house, did an outstanding job as the male lead in the Videotape Questionnaire, and gave unending support, I thank very much.

Finally, I want to thank Lou Verna Haddox—wherever she may be—for returning my stolen data.
VITA

January 9, 1949........ Born - Washington, D.C.

1970.................. A. B., Psychology, Ohio University, Athens, Ohio

1970-1972............. Staff Psychology Associate, Orient State Institute, Orient, Ohio

1972-1973............. Psychology Trainee, Nisonger Center, Columbus, Ohio

1973.................. M. A., Developmental Psychology with minor in Developmental Disabilities, The Ohio State University, Columbus, Ohio

1974-1975............. Psychology - Associate, St. Ann's Psychiatric Unit, Columbus, Ohio

1975 to present........ Staff Psychology - Intern, Franklin County Program for the Mentally Retarded, Columbus, Ohio

FIELDS OF STUDY

Major Field: Developmental Psychology

Speciality: Developmental Disabilities


TABLE OF CONTENTS

ACKNOWLEDGMENTS ........................................ ii
VITA ........................................................................ iv
LIST OF TABLES .................................................. viii

Chapter
I. INTRODUCTION .............................................. 1
   Significance of the Study
   Purpose
   Research Questions

II. REVIEW OF THE LITERATURE ......................... 8
   Group Therapy with Mentally Retarded Adults
   Problem Solving
   Treatment Procedures with Problem Solving
   Measuring Alternative Solution Thinking
   Self-Esteem
   Measurement of Self-Esteem with the
   Mentally Retarded
   Adaptive Behavior and its Measurement

III. METHODOLOGY ........................................... 47
   Pilot Study
   Subjects for the Pilot Study
   Description of the Pilot Groups
      Treatment Group 1
      Treatment Group 2
      Control Group
   Results of Pilot Study and Recommendations
   Subjects of Final Study
   Instruments
      Videotape Questionnaire
      Coopersmith Self-Esteem Inventory
      Adaptive Behavior Scale
   Anecdotal Measures
   Procedure
      Pretesting
      Groups-Treatment and Control
      Group Leaders
      Post-testing
IV. ANECDOTAL RESULTS

Tapes of Sessions
  Group 1 (Treatment)
  Group 2 (Treatment)
  Group 3 (Control)
  Group 4 (Control)

Description of Group Members
  Group 1 (Treatment) Members
  Group 2 (Treatment) Members
  Group 3 (Control) Members
  Group 4 (Control) Members

V. STATISTICAL RESULTS

Reliability Data
  Research Questions 1-4
    Research Question 1
    Research Question 2
    Research Question 4
  Research Questions 5-8
    Research Question 5
    Research Question 6
    Research Question 7

VI. DISCUSSION

Summary
  Discussion and Implication of the Findings
  Correlational Findings of the Videotape Questionnaire with Other Measures
  Types of Responses to the Videotape Questionnaire
  Post-test Findings
  Limitations of the Present Research
  Areas of Further Research
    Videotape Questionnaire
    The Personal Problem Solving Program
    Basic Research on Problem Solving with Mentally Retarded Persons

APPENDIXES

A. Consent Form
B. Scripts of the Videotape Questionnaire
C. Directions for Videotape Questionnaire
<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Reliability for Adaptive Behavior Scale Domain Scores, 1974 Revision</td>
<td>46</td>
</tr>
<tr>
<td>2</td>
<td>Demographic Listing of Subjects' Age, Sex, Measured Intelligence, Adaptive Behavior Level, and Months in the Workshop Program for All Subjects in the Final Study</td>
<td>57</td>
</tr>
<tr>
<td>3</td>
<td>Changes in the Coopersmith Self-Esteem Inventory, Form C</td>
<td>63</td>
</tr>
<tr>
<td>4</td>
<td>Pearson Product Moment Correlation of Test-Retest Scores for Number of Relevant Responses to Individual Situations, Groups of Situations and Total Situations on Videotape Questionnaire</td>
<td>96</td>
</tr>
<tr>
<td>5</td>
<td>Pearson Product Moment Correlation of Test-Retest Scores for Number of Responses to Total Situations and the Response Frequency of the Types of Responses</td>
<td>98</td>
</tr>
<tr>
<td>6</td>
<td>Means, Standard Deviations and Correlation Coefficients between Total Scores on the Coopersmith Self-Esteem Inventory and Numbers of Relevant Responses to the Videotape Questionnaire for All Males, All Females and All Subjects</td>
<td>101</td>
</tr>
<tr>
<td>7</td>
<td>Means and Standard Deviations of Adaptive Behavior Scale Domains, Part 1 for All Males, All Females and All Subjects</td>
<td>101</td>
</tr>
<tr>
<td>8</td>
<td>Means and Standard Deviations of Adaptive Behavior Scale Domains, Part II for All Males, All Females and All Subjects</td>
<td>102</td>
</tr>
<tr>
<td>9</td>
<td>Correlation Coefficients between Numbers of Relevant Responses to the Videotape Questionnaire and Part 1 Domains of the Adaptive Behavior Scale for All Males, All Females and All Subjects</td>
<td>104</td>
</tr>
<tr>
<td>Table</td>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>10</td>
<td>Correlation Coefficients between Numbers of Relevant Responses to the Videotape Questionnaire and Part II Domains of the Adaptive Behavior Scale for All Males, All Females, and All Subjects</td>
<td>105</td>
</tr>
<tr>
<td>11</td>
<td>Rank Ordering, Means, and Standard Deviations of All Relevant Types of Responses to the Videotape Questionnaire for All Male Subjects N=23</td>
<td>107</td>
</tr>
<tr>
<td>12</td>
<td>Rank Ordering, Means, and Standard Deviations for All Relevant Types of Responses to the Videotape Questionnaire for All Female Subjects N=27</td>
<td>108</td>
</tr>
<tr>
<td>13</td>
<td>Rank Ordering, Means, and Standard Deviations of All Relevant Types of Responses to the Videotape Questionnaire for All Subjects N=50</td>
<td>109</td>
</tr>
<tr>
<td>14</td>
<td>Means and Standard Deviations of Total Number of Relevant Responses to the Videotape Questionnaire for the Treatment Groups, Control Groups, All Females and All Males for Time 1 (Pre-test) and Time 2 (Post-test)</td>
<td>110</td>
</tr>
<tr>
<td>15</td>
<td>Summary of Analysis of Variance on the Frequency of Relevant Responses to the Videotape Questionnaire</td>
<td>112</td>
</tr>
<tr>
<td>16</td>
<td>Means and Standard Deviations of the Total Scores on the Coopersmith Self-Esteem Inventory, for the Treatment Groups, Control Groups, All Females and All Males for Time 1 (Pre-test) and Time 2 (Post-test)</td>
<td>113</td>
</tr>
<tr>
<td>17</td>
<td>Analysis of Variance on the Coopersmith Self-Esteem Inventory</td>
<td>114</td>
</tr>
<tr>
<td>18</td>
<td>Summary of Multivariate Analysis of Variance on the Adaptive Behavior Scale Part I</td>
<td>116</td>
</tr>
<tr>
<td>19</td>
<td>Means and Standard Deviations of Vocational Activity for the Treatment and Control Groups for Time 1 and Time 2</td>
<td>119</td>
</tr>
<tr>
<td>20</td>
<td>Summary of Multivariate Analysis of Variance on the Adaptive Behavior Scale Part II</td>
<td>120</td>
</tr>
<tr>
<td>21</td>
<td>Means and Standard Deviations of Significant Findings for the Treatment and Control Groups for Time 1 and Time 2</td>
<td>122</td>
</tr>
</tbody>
</table>
CHAPTER 1

INTRODUCTION

Significance of the Study

In recent years there has been a greater emphasis on having adults with mental retardation demonstrate greater control over their lives (Wolfensberger 1972). Sheltered workshop staff have been urged, if not mandated, to have employees participate in their own rehabilitation plans. Parents of adults with mental retardation have also been urged to allow their sons and daughters more freedoms in determining their goals and desires. With all of this new participation comes the reality that these adults will be encountering new experiences and new problems. While much research has been done concerning skill training, Edmonson (1974) notes that little research has been done involving teaching mentally retarded adults to think for themselves - a factor that will surely be important as these adults acquire more independence and find themselves in situations in which they are alone without a supervisor or parent watching over them. Floor and Rosen (1975) also support this idea by their research in which they demonstrated the passivity and helplessness of individuals with mental retardation in problem situations and urged that
more research be directed towards helping retarded individuals find their own ways to solve problems.

Coping with problems also becomes an important factor when a sheltered shop employee leaves the shop for competitive employment. Chinn, Drew and Logan (1975) in reviewing studies of characteristics related to employability of retarded individuals noted that few persons lost their jobs because of actual inability to perform the tasks, but rather because of personality factors and the inability to adjust to the job situation. At sheltered workshops in Franklin County Ohio, Placement Counselors have verified these findings. Many people have been returned to the workshop from competitive employment because of their inability to handle problems at work rather than their actual work skills. Another group of sheltered shop employees who are qualified to be placed in competitive employment, have refused placement because of their fears of coping with new situations. Unfortunately, the sheltered shop program has been relatively ineffective in dealing with these personality problems. In a survey conducted by the investigator comparing the results of the 1975 vs. 1976 Adaptive Behavior Scale scores (Nihira, Foster, Shellhaas, Leland 1975) of 50 randomly selected workshop employees, there was found to be an increase in all of the areas on Part I (except the academic triad - numbers and time, language, and economic activity), however, there was little improvement on Part II of the scale measuring maladaptive behavior and in some cases an increase in
maladaptive behaviors was shown.

Although not all maladaptive behaviors stem from personal and interpersonal problems, it does seem evident that more research is needed on teaching adults with mental retardation to cope with their social environment. One approach to teaching people to cope more effectively has been the process of teaching them to solve personal and interpersonal problems. That learning to solve problems is related to mental health and coping is reflected in three basic assumptions according to Stone, Hinds and Schmidt (1975, p. 35):

(a) the inability to cope effectively with problems often leads to emotional and behavioral disturbances requiring psychological treatment, (b) that personal competence may be most efficiently facilitated by training individuals in general procedures and skills which allow them to deal independently with critical problems in living and, (C) that problem solving training is an important procedure because it is preventative and directly relevant to human concerns.

Shure, Platt, and Spivack (1976) reviewed research concerning interpersonal problem solving among children and adults. They suggested that increasing interpersonal problem solving led to increased self confidence, increased sense of inner controls and a decreased likelihood of feeling depressed and anxious. Thus they saw training in interpersonal problem-solving as a preventative mental health program.

D'Zurilla and Goldfried (1971) describe five basic steps in solving personal problems which include, (1) a general orientation
to solving problems—recognition that problem situations are a normal part of life, an assumption that one can cope with problems, sensitivity to the existence of problems, and a readiness to think before doing; (2) problem definition and formulation—defining the problem in detailed and concrete terms; (3) generation of alternatives—stating many possible solutions and holding judgment in check; (4) decision making—considering the circumstances and deciding on the best, most effective one that the person can do; and (5) verification—acting and then verifying whether the solution was satisfactory.

Because of the large scope of personal problem solving, the present research was to have focused primarily on one step, generating alternative solutions to personal problems. However, having started this research with that focus in mind it was found that it was difficult to study the process of generating alternative solutions by itself. All five steps in the process of personal problem solving seemed to be interdependent and it was impossible to devise a training program that dealt only with that aspect.

Generating alternative solutions was chosen as a primary focus for a number of reasons. Spivack, Platt, and Shure (1976) consider alternative solution thinking to interpersonal problems as the most significant personal problem solving skill serving as a direct mediator of a child's behavioral adjustment. Among
normal children this process seems to be most related to overall problem solving and behavioral adjustment (Shure et. al. 1971, Shure, Newman and Silver 1973, Shure and Spivack 1970a, 1970b, 1974a, 1975) and changes in alternative solution thinking were positively correlated with changes in adaptive behavior. Research (Platt et. al. 1974, Platt and Spivack 1972, 1973 and Elardo 1974) has shown that alternative solution thinking is also related to behavioral adjustment in adolescents and adult psychiatric patients although the relationship is not so direct as in children.

Although little research could be found on mentally retarded adults' ability to generate solutions to interpersonal and personal problems, group work by the experimenter with sheltered shop employees has found them to often be deficient in this area. When presented with a problem in the group, many group members give up easily, look to the group leader for the answer or make irrelevant remarks. If they are able to come up with a solution it seems difficult for them to consider that there also might be other possible solutions.

**Purpose**

The purpose of the present study is to investigate the effectiveness of a training program designed to increase the awareness of alternative solutions to personal and interpersonal
problems in the study population. The study population will consist of all employees in the Franklin County Program for the Mentally Retarded (Ohio), ARCraft Workshops who were white, moderately or mildly retarded, between the ages of 19-35, previously institutionalized for no more than one year without gross visual, hearing, or speech impairment, currently living with at least one parent, and displaying deficit coping skills as measured by the Adaptive Behavior Scale (two domain scores on Part II above the 50th decile). The study will investigate the effects of the training program on their ability to cope with everyday situations, their self-esteem, and their ability to generate a number of solutions to personal and interpersonal problems.

Research Questions

1. Will there be any significant relationship between the number of relevant alternative solutions generated to personal or interpersonal problems and self-esteem for adults in the study population?

2. Will there be any significant relationship between the number of relevant alternative solutions generated to personal or interpersonal problems and coping abilities at work for adults in the study population?

3. Will there be any sex differences in the relationship between self-esteem, coping abilities and the number of relevant
alternative solutions generated to personal or interpersonal problems for the adults in the study population.

4. Are the adults in the study able to think of a number of different types of ways of dealing with personal or interpersonal problems?

5. Can the number of relevant alternative solutions generated by adults in the study population for interpersonal or personal problems be increased by participation in training programs focusing on generating alternative solutions to personal and interpersonal problems?

6. Can the self-esteem of adults in the study population be increased by participation in training programs focusing on generating alternative solutions to personal and interpersonal problems?

7. Can the coping abilities at work of adults in the study population be increased by participation in training programs focusing on generating alternative solutions to personal and interpersonal problems?

8. Will there be any sex differences in terms of effectiveness of the training program on generating alternative solutions, increasing self-esteem or improving coping abilities for the adults in the study population?
CHAPTER II

REVIEW OF THE LITERATURE

The American Association on Mental Deficiency defines mental retardation as "significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, and manifested during the developmental period," (Grossman, 1977, p. 11), thus making adaptive behavior one of the essential aspects in the definition of mental retardation. Adaptive behavior refers to a person's effectiveness in coping with the natural and social demands of his or her environment (Nihira, Foster, Shellhaas and Leland, 1969). The individual's adaptive behavior is an important determinant of whether the mentally retarded person stays in the community or is institutionalized (Maney, Pace and Morrison, 1964; Shellhaas and Nihira, 1969).

Impairment in adaptive behavior may be seen in three areas, according to Heber (1961): (1) maturation, (2) learning, and (3) social adjustment. With adults there is less concern with academic success and more concern with the individual's personal, social and economic abilities and independence. Edmonson (1974) states that the domains of Self-direction, Responsibility, and Socialization of the Adaptive Behavior Scales (Nihira, Foster,
Shellhaas and Leland, 1969) appear to be critical areas of concern for those living outside of institutions. As Chinn, Drew and Logan (1975) have noted in reviewing predictive studies, personality and social variables are often more important in job success than actual work skills. Peckham (1951) and Brainerd (1954) have found that the most frequent reason for job termination of mentally retarded persons was that they were teased and ridiculed. It often took them several years to be accepted by non-retarded co-workers.

Gunzberg (1973) suggests that the mentally retarded person's social incompetency may not be just a matter of low intelligence and poor social skills. He suggests that there may be a third factor related to both of these and that may be a weakened ability and willingness to utilize the intellectual abilities of the person and to apply them to social situations. Thus while training in social skills is certainly important, adults may also need encouragement in using their potential skills.

One approach to developing social competency has been group therapy, using group members to encourage each individual to make the best use of their own particular skills.

**Group Therapy with Mentally Retarded Adults**

It was not until the 1950's that literature began to appear that stated therapy with persons with retardation was not only feasible, but in many cases successful. Until that time many psychological publications implied that psychotherapy with persons with mental retardation was impractical and useless. This is not hard to understand
since many personality and therapeutic theories were influenced by the work of Freud, who felt that a person must have normal intelligence and verbal ability to undergo successful therapy (psychoanalytic psychotherapy). Many therapists felt discouraged doing psychotherapy with persons with mental retardation and felt that their lack of verbal proficiency, inability to abstract or deal cognitively with behavior was a barrier to treatment.

It is true that there are some implications of low intelligence and restricted experience that require some modification in the therapeutic process, but these implications do not rule out the use of therapy. There is no evidence that the prognosis of therapy is poorer for persons with retardation than for any other group of individuals. Nor is there evidence, according to Sarason (Robinson and Robinson, 1965), that there is a typical "mentally retarded personality" that makes psychotherapy impossible.

The present trend is to improve the behavioral or emotional adjustment of the client in therapy. The therapist may select a more specific goal contingent on the nature of the individual, his behavioral or emotional problems, and the extent to which he is capable of responding to treatment. For example, this goal may be adjustment to living within an institution or a community setting, assisting the individual in coping with social and personality defects that make interpersonal relationships difficult, or realistic self-appraisal of the individual to help him come to terms with his assets and limitations.
Group therapy has been a popular technique in working with persons with retardation, especially since it allows a therapist to see several persons at one time.

Robinson and Robinson (1965) explained other advantages of group therapy. Group therapy sets up a small group of relationships that can be examined, varied, controlled, and rehearsed. The group gives opportunity for more varied types of behavior and thus more feedback than an individual therapy situation. Often by finding that "others are in the same boat" the individual learns that he is not alone and thus he reduces the tendency to tear himself down. A person who is afraid of close emotional contacts can be absorbed into the group at his own pace.

Wolberg (Slivkin and Berstein, 1970) gave additional reasons for the use of group therapy. The retarded person can correct his own misconceptions by listening to others and studying their actions. The interaction of getting and giving support to others permits the development of new interests, friends, and modes of identification. Group therapy also serves general purposes of psychotherapy such as the release of tension, the modification of destructive behavior, and the decrease in hyperactive and acting out behavior.

Sternlicht (1966) says group therapy can improve communication and social skills. It gives the person more self-esteem, self control and responsibility, and relief from his anxieties.

At present, there is little evidence to show that one type of technique is better than another in group therapy. However, there
has been some general agreement that a non-directive approach is usually not as effective as a more structured one and that non-directive therapy in the hands of a passive therapist can be downright chaotic. Slivkin and Berstein (1970) have suggested that the approach with mildly retarded adolescents be similar to used with schizophrenics. This would include the use of activities, active teaching, and the setting of clear limits. Robinson and Robinson (1965) reviewed some of the verbal techniques that have been used with the mildly retarded. These include (1) catharsis - simple ventilation of feelings, description of fantasies and memories; (2) reassurance - helping the person recognize his areas of competence; (3) support - helping with simple tasks as a means of paving the way for him to take action for himself; (4) advice - the client learns to ask when needed, to evaluate and utilize; (5) directed discussion - therapist gives direction to topic of conversation, keeps client from floundering; (6) clarification and reflection of feelings - helping client to reorganize and understand his feelings; (7) interpretation - helping a client to realize and understand his behavior, and (8) orthodox psychoanalytic techniques, although not widely used, have been successful in some groups.

Vail (1955) felt that the non-directive approach placed too much emphasis on communication. Indeed, this has been the overall conclusion of most therapists according to Steinlicht (1966).

One of the most widely used techniques in working with groups of mentally retarded adults has been role playing. Arnholter (1955)
recommended sociodrama as a cathartic activity, in terms of its tension releasing aspects, and as a practical way of learning new ways of responding to situations.

Buchan (1972) describes several ways to use role playing with EMR students. Role reversal - when people exchange roles for purposes of dramatization - gives the person an opportunity to see things from another's viewpoint, both how he appears to others and how it feels to be another person. In the "mirror technique" someone plays the part of that person, while he/she watches. Modeling shows how a particular situation might be handled.

Many of these ideas have been drawn from the work of Corsini (1966). He states that role playing is an ideal method of learning or unlearning various reactions to problems. It simultaneously involves the person in thinking, feeling and behavior. Not only does the person who presents the problem benefit from role playing, but the assistants do also. The more roles a person can understand, the more likely he or she is to be socially competent. By helping someone else, he or she becomes less self-centered as he/she becomes immersed in someone else's problem for a while. He becomes a quasi-therapist by saying how he felt in the role and how he viewed the other person. This begins to enlarge the person's inner world and develop social sense and empathy. In addition, seeing someone act similar to him or herself may be self-illuminating. Corsini feels that role playing helps keep people interested and puts them in a direct helping role.
Zisfein and Rosen (1973) use role playing to a great extent in what they call "Personal Adjustment Training." The three part training manuals are being used widely. The training employs a group dynamics approach which allows for peer support and immediate feedback. The structured curriculum deals primarily with observable behaviors. There are sessions on self-evaluation, acquiescence - exploitation, assertive training, heterosexual relationships, and independence - leadership training. There are five main points in their approach to therapy; (1) forcefulness with compassion and support, (2) recapitulation and integration of the material at the client level, (3) active therapist involvement, (4) reinforcement of positive self-concept and identity, and (5) using the client as a therapeutic agent. Zisfein and Rosen used this approach with institutionalized adults between the ages of 18 and 50 with mild or borderline retardation.

The investigator has used these training guides for several years with moderately or mildly retarded adults at sheltered workshops in Franklin County, Ohio. Many of the activities are not appropriate for this population because they are focused on people who will live independently in apartments and are working in very competitive jobs, while many adults at the workshop live at home with relatives and if they are placed on competitive jobs they receive supportive services from our staff. Some of the activities such as the personal evaluation procedures seem to be too complicated for this population.

Although the forceful criticism may work well with mildly and borderline retarded adults, it seems to be too threatening to most
of the sheltered shop employees. They do not seem to understand that the criticism is meant to be helpful and take it too heavily. However, with some individuals with extreme disruptive behavior in the group, it must be used. It has been the impression of the psychology staff at Franklin County that workshop employees need much more positive reinforcement before this would be an appropriate approach.

**Problem Solving**

One type of group that has been used recently among children and adults of normal intelligence is a "Problem-Solving" group, wherein group members learn to take a problem solving approach to their personal problems. This usually involves teaching or encouraging the person to stop and think about the problem, define it, think of a number of alternative solutions, evaluate the solutions, and then act on one of the alternatives. This approach was particularly interesting to the investigator since attempts to teach mentally retarded adults to deal with all personal problem situations was impossible. It was felt that an approach was needed wherein the adult learned to look at his own unique set of problems and to deal with these himself. Such an approach would give the person the ability to change his responses as the needs and demands of the situation changed as well as giving the person more control over his own life, hopefully resulting in greater independence and a sense of competency and self-worth, as the person learns to recognize and respond to problems.
Unfortunately, although the need for interpersonal problem solving among the mentally retarded has been recognized by Edmonson (1974), and Ross and Ross (1973), little research has been done in this area.

Most of the research concerning problem solving has concerned impersonal rather than interpersonal problem solving (Rouse, 1964; Corter and McKinney, 1968; and Katz, 1966). The research has shown that problem solving abilities can be improved through training programs, but how these abilities carry over into interpersonal situations is not known. Spivack, Platt and Shure (1976) speculated that a child’s interpersonal problem solving abilities may be independent of his impersonal problem solving abilities.

Ross and Ross (1969, 1971) observed that mentally retarded children lacked skill in everyday problem solving and tended toward passive avoidance when confronted with them. This frequently resulted in adult attention, but often in the form of over-protection. Ross and Ross felt that the ability to solve problems could result in an increase in a feeling of independence and ability to succeed in controlling one’s own environment.

Passive avoidance among mentally retarded adults has been discussed by Floor and Rosen (1975) under the concept of "learned helplessness." Through a set of behavioral measures and questionnaires, the researchers found that both institutionalized and non-institutionalized mentally retarded subjects exhibited significantly more signs of helplessness than non-retarded control subjects.
Retardation was a more important factor than institutionalization. They observed that the non-institutionalized mentally retarded adults often had extremely over-protective families and led quite sheltered lives. Decision-making was often denied.

Floor and Rosen urge that remedial procedures to encourage independent decision-making be established and that their effectiveness be measured.

The concept of "learned helplessness" was derived from work by Seligman (1975). He suggested that the failure to acquire certain behaviors might be the acquisition of a response pattern called "learned helplessness". In work with dogs, Overmeir and Seligman (1967) found that dogs who had received inescapable shock failed to learn an escape response. The dogs seem to have learned that the way they behaved didn't matter - that they had no control over what happened. Seligman found that a cure for this response pattern was to physically force the dog through an appropriate response. Such a conclusion suggests the use of role-playing to physically put people, who display "learned helplessness", through an appropriate response.

The development of training programs for mentally retarded children or adults in problem solving has been very limited. Ross and Ross (1973) developed a problem solving program for primary level EMR children. The training program was designed to give subjects practice in general problem solving and to encourage them to (a) improve their ability to listen to and understand problems, (b) identify the elements in a problem useful in solving it, (c) see
that problems have more than one solution and, (d) have confidence in their ability to offer solutions.

The program involved social situations such as games rather than interpersonal problem situations. The sessions involved presenting simple problem situations to the group to solve or presenting a simple game that required simple problem solving.

Ross and Ross felt that it was important for the EMR child to have opportunities for active participation in the group as well as for observation in order to facilitate verbal mediation processes necessary for generalization (Ross, 1971; Ross and Ross, 1971). They attribute the success of their program to the use of small groups which allowed for active participation as well as a chance to observe and verbally code the experience.

The emphasis on generating possible solutions followed Osborn's (1961) brainstorming method stressing the quantity rather than quality of the ideas. Ross and Ross found that initially their subjects were reluctant to offer suggestions because of the expectation of failure. Consequently they used the techniques of vicarious reinforcement and peer modeling (Bandura, 1969; Ross, 1969) or guided participation (Bandura 1969) when the fear of participating was severe.

In more recent research, Ross and Ross (1978) carried their training program further into evaluating several alternatives and deciding upon the best one. The subjects were young EMR children.
The training consisted of small group discussions of familiar social problems (i.e., the best way to disguise yourself for a costume party) and participation in table games. Topics discussed included the concept of choice, distinction between a choice and an order, basis for choosing one of several attractive alternatives, basis for choosing one of several unattractive alternatives, choices in emergency situations and choices based on logic.

The Yeshiva Social Learning Curriculum (Goldstein 1969) also has its focus on developing problem solving skills in social situations and was developed primarily for EMR children. It has also been used by TMR children in Franklin County Program for the Mentally Retarded Ohio. Having just completed a field test, no data is as yet available on the effectiveness of the program. The curriculum is strongly tied to school age activities and is not appropriate for adults in a workshop setting.

Because of the lack of research and training programs in personal problem solving for mentally retarded adults the investigator turned to research and training programs involving non-retarded persons.

The following is a review of some of that literature as well as a discussion, where appropriate, of how this literature may be relevant to persons with retardation.

D'Zurilla and Goldfried (1971) see learning to problem solve as an important process in

"that effectiveness in coping with problematic situations, along with its personal and social consequences, is often a necessary and sufficient condition for an emotional or..."
behavior disorder requiring psychological treatment and that general effectiveness may be most efficiently facilitated by training individuals in general procedures or skills which would allow them to deal independently with the critical problematic situations that confront them in day to day living." (p.109)

To D'Zurilla and Goldfried a problem solving method has the concept of self control but differs from most other forms of self control in that the entire procedure is performed without prior awareness of the "correct" response. In typical self control procedures the response to be manipulated is known in advance. The procedures in problem solving train the client to function as their own therapist.

D'Zurilla and Goldfried have developed a training program based upon the five stages in problem solving as seen as the consensus among researchers in the field of problem solving (Brim, Glass, Lavin and Goodman, 1962; Cofer, 1957; Crutchfield, 1969; Gagne', 1959; Hackman, 1967; Osborn, 1963; Parnes, 1967; Shaftel and Shaftel, 1967).

The first stage - general orientation - includes (1) acceptance of the fact that problematic situations are normal and that it is possible to do something about them, (2) recognition of problems when they occur, and (3) inhibition of the tendency to respond either on the first impulse or do nothing.

This general orientation, that problems are normal, is very important and influences the way the person responds to the problem
situation. As Ellis (1962) notes, failure to accept the fact that problems are normal, often results in depression when they do occur and the feeling "why do these things always happen to me."

Although the investigator could find no statistical data to support this assumption, work with adults individually and in groups in the Franklin County Program Ohio, has found many to express the feeling that having problems makes them a "bad" person and that they must have done something terrible. Problems are not seen as part of everyday life, something that happens to everyone. Also admitting to having a problem seemed to them to be an admission that they were incompetent at handling situations. Many of the adults seemed very determined to maintain that all was well even when their "body language" said the opposite.

The feeling that it is possible to cope effectively with problems is also extremely important. Bloom and Broder (1950) found that successful problem solvers had greater confidence in their ability to solve the problems presented to them than unsuccessful problem solvers. Lefcourt's (1966) and Rotter's (1966) reviews of research suggest that the greater the expectation of a person that they can solve a problem the greater the attempt to actually cope with it when it occurs.

The second area under general orientation - recognition of problems when they occur - has implications for mentally retarded persons in view of their problems in social perception as measured by the Test of Social Inference (Edmonson, deJung, Leland and Leach, 1974). Although the retarded person may be able to label the
elements in the situation, they may not be able to see the implications of a situation which constitute a problem.

An important feature of identifying problems involves the individual's affective reaction to them - the individual uses his emotions as a cue that there is a problem. Although there is research on the mentally retarded person's ability to identify emotions in others e.g. Ho (1973), the investigator could find no research on the ability of the retarded person to identify emotions in themselves. Admittedly, this is an extremely difficult area to investigate.

The third factor in the general orientation phase of problem solving - inhibiting the tendency to respond either on the first "impulse" or "do nothing", also has interesting implications for the retarded. It has already been noted that many retarded people have a tendency to do nothing (Ross and Ross, 1971) or act helpless (Floor and Rosen, 1975). Role playing was seen as an important remedial method for those who have a hesitancy to back away from decision making situations.

Guralnick (1971) used methods developed for "impulsive" children by Meichenbaum and Goodman (1971) with EMR children to solve complex perceptual discrimination problems. The method involves developing cognitive self-guiding private speech in the individual. Children tell themselves to "stop" and "think" and then go through the problem solving technique. First this is done overtly, later covertly. Guralnick found the procedure to be both feasible and
effective with EMR children and suggested its application to both learning and behavioral problems.

The second stage in the problem solving approach is problem definition and formulation. This ideally involves defining all aspects of the situation and formulating or classifying elements of the situation as to relevant or irrelevant information and identifying primary goals as well as subproblems, issues or conflicts. If necessary, the person should seek additional information.

Again, this may be very difficult for the retarded person with poor social perception skills. The inductive method as presented in *Yeshiva Social Learning Curriculum* (Goldstein, 1969) as well as *Social Perceptual Training* (Edmonson, Leach and Leland, 1970) may be important tools for this step in the problem solving process for mentally retarded individuals.

The third stage - generation of alternatives is a critical one since, according to Spivack, Platt and Shure (1976), "the more options a person generates, the more likely an effective solution is to emerge, because effectiveness depends at least in part upon an available display of reasonable options that may be weighed and evaluated." (p.160)

In generating alternatives the method of "brainstorming" (Osborn 1963) is often used. "Brainstorming" has four basic rules, (1) criticism is ruled out, (2) "free-wheeling" is welcomed, (3) quantity is valued and (4) combination and improvement are sought. Deferring judgment until all responses are in supposedly encourages
more good quality answers since the person does not censor.

There is some research with normal children, adolescents, and psychiatric patients linking alternative solution thinking with behavioral adjustment. Shure and Spivack (1970b) studying 60 four-year-olds found that poorly adjusted subjects scored significantly below better adjusted subjects on the number and range of solutions to the Preschool Interpersonal Problem Solving Test (PIP) (Shure and Spivack, 1974b).

Shure et. al. (1971) using items from the Devereux Child Behavior Rating Scale (DCB) and the PIPS compared preschool children with behavioral problems, acting out or withdrawal, with "normals". The children with "acting out" or withdrawal characteristics thought of significantly fewer solutions to the problems. Shure, Spivack and Powell (1972) replicated the study with similar results.

A relation between adjustment and alternative solution thinking was also seen in older children. Shure and Spivack (1970a) studied on fifth graders. They found that, regardless of SES, IQ or test verbosity, children with higher ratings on the Devereux Elementary School Behavior Rating Scale (Spivack and Swift, 1966, 1967) generated more alternative solutions to real life problems than those with behavioral difficulties.

Spivack, Platt and Shure (1976) consider alternative solution thinking as the most significant interpersonal cognitive problem solving skill for children, serving as a direct mediator of a child's behavioral adjustment. However, the link between alternative solution
thinking and behavioral adjustment is not as clear for older children where changes in alternative solution thinking are not as dramatic (Elardo, 1974; McClure, 1975). Nevertheless alternative solution thinking continues to be important although consideration of the consequences begins to weigh more heavily. Platt et. al. (1974) found that poorly adjusted adolescents had a deficiency in the ability to generate options in interpersonal situations, giving more irrelevant answers and fewer solutions. Platt and Spivack (1972a, 1973) found that alternative solution thinking was impaired in adult psychiatric patients in comparison to normals although the ability to recognize the effectiveness of the means was not impaired.

The implications for the retarded were noted earlier in discussing the research of Ross and Ross (1973).

The fourth stage is decision making among the number of alternatives possible. Goldfried and D'Zurilla (1969) feel that in training a person to improve his problem solving ability, the determination of the utility of a decision should be made in view of the person's own values. The person must decide which of the consequences he values most and which means of action are feasible.

The investigator found that in working with groups of mentally retarded adults they were often able to see the consequences of different courses of action. However, they often seemed to feel that they were not likely to have much effect on the situation or expected extremely negative reactions to any assertiveness, i.e. "They'd never let me go out again," "They'd fire me from the workshop," etc.
While some of their expectations may have been realistic, they often gave up immediately and did not attempt to think of an alternative that might be more feasible or less likely to meet with negative reactions.

The fifth stage, verification, involves assessing the actual outcome after the chosen course has taken place and deciding if the outcome was satisfactory. In this way corrections can be made if needed.

This implies that the person actually carry out a course of action. The person must remain objective enough to evaluate the outcome.

Treatment Procedures with Problem Solving

D'Zurilla and Goldfried (1971) recommend a "broad spectrum" (Lazarus, 1966) approach to treatment where problem solving training is used with other behavior modification techniques such as behavior reversal or desensitization. This is because people often have emotional inhibitions to enacting solutions as well as actual problem solving difficulties.

D'Zurilla and Goldfried see problem solving training as a behavior modification program. The problem solving process can be viewed as a "response chain" in operant conditioning, in which each "link" serves as a cue for the next and a conditioned reinforcer for the last and the entire chain is reinforced by the final outcome, problem resolution. Other principles of behavior modification used are modeling and social reinforcement.
Training of general orientation begins with an explanation and discussion of the rationale and course of treatment, as well as the changes that are expected to result from it. Also stressed is recognizing problems in one's daily life and decreasing the tendency to do something automatically without thinking. The client is asked to outline areas of daily living where problem situations might occur and the different kinds of situations that make situations problem-atic. He is then asked to keep a daily record of problems in his own life. The person is instructed to use his emotional reactions as signals for him to look for problem situations that may be setting off uncomfortable feelings.

In the second stage of problem solving, problem definition and formulation, the client is taught to state his problem in such a way as to provide the maximum of useful information for the rest of the process. They have noted that many people have the tendency to state their problems in vague, global terms which prohibits a clear understanding of the problem or what the person's goals are in the situation.

Next the person is trained to generate as many alternatives as possible following the steps in brainstorming. In the early stages of the program, people are given examples and prompts (questions, partial solutions) to encourage them to stay with the task and avoid giving up.

After all the possible alternatives are identified, training in decision making is introduced. Here the person must identify the
likely consequences of each strategy and assign values to them in order to determine the best strategy. Both the short range and long range consequences are discussed and evaluated.

Once the client has decided upon what he believes to be the most effective course, the therapist must then encourage him to act on the decision and then to verify his prediction of the outcome.

Programs similar to D'Zurilla and Goldfried's have been used with a wide number of people of varying ages.

Shure, Spivack, and Gordon (1972) developed a program for preschoolers in a Head Start Program. The subjects for their initial research were black four-year-olds. Of the 54 subjects remaining in the program (from an original 62), 22 were trained using the problem solving approach, 11 received "special attention" but no training and 21 were in the "no-treatment" group.

The program involved 50 training sessions conducted by research assistants using a script describing techniques for training, for maintaining interest and for eliciting responses. The lessons included: (1) listening, paying attention and language skills; (2) rudiments of logic; (3) multiple attributes - idea that a person can do more than one thing at a time; (4) beginnings of emotional awareness; (5) information gathering; (6) more emotional awareness; (7) beginning consequences; (8) lessons in fairness and (9) problem solving. As can be seen, this program covers much more than just problem solving and the training could be important for many areas of cognitive development.
The subjects were evaluated on the Preschool Interpersonal Problem Solving Test, the Peabody Picture Vocabulary Test, the Devereux Elementary School Behavior Rating Scale, and Social Competence Skills. A significantly greater number of the "trained" subjects increased their problem solving scores and within the training group alone, those whose initial score was below the group median had a higher change score than those whose score was above it. These same children also showed the most changes on the Behavior Rating Scale in the areas of Delay of Gratification, Comprehension, Creative Initiative and Irrelevant-Responsiveness. However, there was no significant differences among the three separate groups of children. The investigators studied the groups for seven weeks after the training was completed using teacher ratings and found the "trained" group decreased in aggressive behaviors displayed while the other two groups increased in aggressive behaviors. Although the results were not conclusive they suggested that the cognitive skills may precede overt behavioral adaptation and may act as "ego-controls."

Stone, Hinds, and Schmidt (1975) developed a program for elementary school children based upon the stages of problem solving (D'Zurilla and Goldfried, 1971). They used principles of social learning described by Bandura (1969), such as observational learning, simulation, behavioral performance, successive approximations and reinforcement. Children were provided with videotapes of models demonstrating problem solving procedures. These were
cartoon characters designed to stimulate the interest of the observers. Later the children were given the opportunity to "talk back" to the cartoon character and receive feedback on their ideas.

In addition, a problem solving game was constructed wherein real-life problem situations were presented for groups of children to solve. All responses were scored and oral feedback was given to the children by the experimenter.

The subjects for their study were 144 third, fourth, and fifth graders from lower middle class backgrounds. Children were randomly assigned to a treatment or control group at each grade level. Subjects were evaluated pre- and post-test with a videotape of two problem situations. They were measured on the frequency of facts, choices and solutions to the problem situations.

Post-test values showed significant differences between the total control and experimental groups on generation of facts, choices and solutions with experimental groups doing better. In addition, the grade levels made a difference in the effectiveness of the program. Differences between experimental and control groups did not reach significance for third graders in the areas of choices and solutions and for fifth graders in the area of facts. They suggested that the program may possibly be too sophisticated for the third graders. One factor that may confound the results is that the control group had no experience watching videotapes, while the treatment groups did in their treatment procedures.
Larcen, Chinsky, Allen, Lochman and Selinger (1974) use modeling, teacher reinforcement, brainstorming and some role playing in their program for third and fourth graders. Videotapes are shown where a child faces a problem and is trying to think of answers. During pauses in the tape, the teacher asks the class for options that the problem solver should consider.

Another method involves giving children lists of problems and asking them to see how many solutions they can think of. Children are also divided into teams and compete to see which group can think of the most solutions in a given time period. Role playing the alternative solutions is also encouraged.

Morrison (1977) developed a personal problem solving approach for the classroom which he says is a reality technique. "A reality technique is an approach that deals with life as it is perceived by the individual and assists the individual to satisfy his needs and to solve his personal problems within the circumstances of his life" (p. 45). The program is presented in a five step procedure (1) preparing the scene; (2) initiating the session; (3) searching for solutions; (4) seeking action commitments; and (5) terminating of the session. Morrison states the program is best used by dividing a class into smaller groups.

Morrison (1977) did not report any statistical results for the effectiveness of his program. He did, however, provide anecdotal results from sessions conducted with all age groups from kindergarten to adults in graduate school.
Some of the interesting observations of the session are noted below:

1. Initial reactions to the sessions were similar regardless of the population. These consisted of uncertainty, anxiousness, hesitancy, vocal resistance, tension within the groups, suspiciousness, and a lack of trust of the other participants. Tension reduction usually took the form of silliness or laughter. Vocal resistance was most evident with adults.

2. All ages and sexes dealt with personal problems and evidenced an ability to follow the procedures of the technique.

3. There were times when the groups did not have any problems to discuss. Ways of dealing with that ranged from cancelling the session, joining another group in progress, role playing, giving the group a problem to discuss, or open-ended discussion. Cancelling the session worked least well, an open-ended discussion worked best.

4. Problems relating to sexuality were frequently discussed.

5. The most difficult procedure was the requirement to have every member of the group express his own experience with the problem presented before proceeding to offer solutions.

6. There were times when the sessions did not function well but this did not result in a collapse of the usefulness of the technique.

7. Participants reported that the technique helped them solve their problems and came about in a variety of ways. Some
solutions resulted just from discussions and the feeling of talking about it. Other problems were solved by obtaining accurate information from the group. Still others were helped by understanding the normalcy of their problem. Some problems had no direct answer and the person had to learn to accept the condition as unchangeable.

8. Participants usually expressed a strong interest in continuing the sessions.

9. A post session effect consistently reported was mutual, helpful cooperation.

10. Teachers monitoring the group reported being more sensitive to the problems of the group members and consequently improved relationships with them.

11. Teachers made changes in the curriculum as a result of the sessions. They began adding more personal life circumstances into their lessons.

Coche and Flick (1975) used the problem solving approach with adult psychiatric patients. They considered their approach a highly structured group therapy. The subjects were 104 hospitalized patients: 41 in the experimental group, 40 in the control and 23 in the play-reading conditions.

The problem solving groups lasted two weeks with four one-hour sessions each week. During each session a group member would bring up an interpersonal problem. The leader would then assist in clarifying the problem. Group members were then asked to give as many possible
solutions as possible and then to discuss the feasibility or consequences of the solutions. Usually the group could handle several problems at each session. The patients were encouraged to report back to the group if they had used any of the solutions offered.

The control group received no special attention. The play reading group was conceived to control for a possible "Hawthorne Effect." Patients read contemporary comedies and were assigned to different roles. They spent the last fifteen minutes of the session discussing the session.

Subjects in the experimental group made significant gains over the other two groups on the Means-End Problem-Solving Procedure (MEPS) (Platt, Spivack, & Bloom, 1971), which requires examinees to provide the effective "means" for solving four given stories. More disturbed patients made somewhat greater strides than less disturbed ones, but these changes were not significant. The hospital stays of the problem-solving and the play reading group patients were shorter than those of the control groups.

Coche and Flick (1975) felt that problem solving groups may be a useful preparation for patients who will eventually be in more traditional psychotherapy groups. The high degree of structure allows adapting to group processes without being too fear arousing. They suggested using more role-playing to help integrate the emotions of the problems with the cognitive skills necessary in problem solving.

None of the programs described above were considered to be appropriate for the target population of this study. Consequently, it was deemed necessary to combine many of the aspects of these programs--
role playing, social reinforcement, peer modeling, vicarious learning, sharing of experiences and ideas, going through the steps involved in solving a problem--into a unique program that would fit the needs and interests of moderately and mildly retarded adults in a sheltered workshop.

**Measuring Alternative Solution Thinking**

In order to measure alternative solution thinking in young children Shure and Spivack (1974) developed the Preschool Interpersonal Problem Solving Test (PIPS). Children are presented two age relevant interpersonal problems and asked to think of as many solutions to the problems as they can. The two types of problems are (a) ways for one child to obtain a toy from another and (b) ways to avert the mother's anger which could result from damage to property.

For the purposes of maintaining interest, only one response per toy was required. Then the story is repeated with new characters and a new toy until no new solutions are expressed. The same procedure was followed for the damage to property story.

Responses were scored as solutions and also as solution categories. Simple enumerations such as "give him candy" and "give him ice cream" were given credit only once. Inter-rater reliability yielded a percent agreement of .94.

Variations on this measurement were used with fifth graders (Shure and Spivack, 1970a) by changing the type of situations presented.
Stone, Hinds, and Schmidt (1975) devised videotapes to present to elementary school children to test their ability to (a) find facts for solving the problem; (b) think of choices and (c) establish goals. The tapes were of child actors in problem situations ranging from fights with friends to reading problems. They had a minimum of narration, only that necessary to introduce the problem episodes. Subjects wore headsets connected to Sony audio recorders in order to record their answers to the problem situations.

Moos (1974) has also suggested using videotape presentations of problem situations because these would be more realistic than printed problem situations and the subjects would probably feel more involved and give more complete answers.

The Means-Ends Problem-Solving Procedure (MEPS) was developed by Platt, Spivack and Bloom (1971). The subjects are asked to think of appropriate and effective means of reaching a specific goal in the social sphere such as making friends, dating and dealing with peers, situations which may occur to adolescents. A sample story is:

John noticed his friends seemed to be avoiding him. John wanted to have friends and be liked. The story ends when John's friends like him again. You begin where he first notices his friends avoiding him.

The subjects then gave their answers to the examiner. They were scored for the number of effective "means" given to the four situations.

Platt and Spivack (1972) used a variation of this procedure with adult psychiatric patients. Stories were primarily of
interpersonal themes, although impersonal ones were also presented. They included how to become a leader, resolve a difficulty with one's boyfriend (or girlfriend), find a lost watch, successfully steal a diamond, gain revenge, make friends, meet and marry a person to whom one is attracted, regain a lost friendship, and "get even" with a friend for a slight. Stories were either presented orally or in written form depending on the person's ability to respond.

None of the measurements presented were considered to be appropriate for adults in a sheltered shop situation, because the kinds of situations confronting them are different from those of normal adolescents or adults. Videotaping of scenes relevant to mentally retarded adults seemed to be the most promising to facilitate identification of the actors. Using normal adults as actors, was suggested by the media specialist at Franklin County Program because in his experience mentally retarded viewers identified better with normal adults than with retarded adults in a film. For example, while watching Marc Gold's film "Try Another Way," one woman from the workshop broke into tears crying "Oh, I feel so sorry for those retarded people." A further explanation of the instrument developed by the investigator is given in the Methodology Section.

**Self-Esteem**

Many psychologists and researchers consider self-esteem an important motivational factor in a person's behavior. G. H. Mead (1934) felt that the individual internalizes the ideas and attitudes
expressed by key figures in his life towards himself. Thus he carries with him an attitude of how he feels others are or will react to him.

Kaplan (1975) sees three determinants of a person's self-esteem. Kaplan states that a person will tend to develop negative self-attitudes to the extent that (1) he has a history of possessing attributes and performing behaviors that, according to the criteria of high priority values, in his personal system of values, he evaluates negatively; (2) he has a history of perceiving and interpreting the behavior of highly valued other people as expressing negative attitudes toward him, either directly or indirectly, and/or (3) he is unable to protect himself from possibly self-devaluing experiences.

Coopersmith (1967) suggests that a negative self-attitude reflecting the individual's conviction that he is weak and inferior may lead him to conclude that his opinions are not worth stating and that he cannot affect the causes of action. Expectations of failure may lead to apprehension, anxiety and lack of persistence.

What connection self-esteem may have with behavior among persons with mental retardation is primarily speculative at this point and the area continues to be one of the most confusing with conflicting results constantly being reported. For example Guthrie, Butler, Gorlow and White (1964), and Gorlow, Butler and Guthrie (1963), found that mentally retarded individuals don't differ from other people in self-esteem. Other research (Ringness, 1961; Fine & Caldwell, 1967; McAfer & Cleland, 1965) says that the mentally retarded overestimate success and have unrealistic, inflated and
inaccurate self-perceptions. Still other research (Piers & Harris, 1964; Albezie-Miranda & Matlin, 1966) states that the mentally retarded have less favorable concepts.

Some of the problems may stem from many investigators' attempts to discover whether mentally retarded people have more positive or more negative self-esteem than those with normal intelligence. As Heber (1964) says, it does not seem profitable to search for personality variables universally descriptive of all mentally retarded persons. To do this would deny the determinants described by Kaplan of the unique histories of each individual in regards to their values, their acceptance by significant others, and their own self-protecting mechanisms.

Heber states that there is a paucity of experimental data bearing on the relationship between personality and behavioral variables.

However, one area of consistent evidence has been that of the relationship of self-esteem and academic achievement of retarded children. McCoy (1963), Wink (1963), Snyder, Jefferson & Strauss (1965), Snyder (1966) and Marascuillo (1969) have all reported findings that the more positive the self-concept the higher the achievement level.

The relationship of self-esteem to vocational adjustment is less clear. O'Neil (1968) and Daniels & Stewart (1970) failed to find significant relationships between vocational adjustment and self-concept. Katzen (1966) found that EMR adolescents who
tended to be self-rejecting had a more realistic vocational preference. Unfortunately, although there is an intuitive sense among professionals that self-esteem is positively related to job adjustment, the research in the area is certainly not conclusive. Several difficulties may be that the term vocational adjustment is almost as ill-defined as that of self-concept. Also many factors seem to enter into vocational adjustment, some outside the individual's control. For example, Brickey (1977) found that the physical layout of the job was more important than the personality or training of the workers in job productivity.

Measurement of Self-Esteem with the Mentally Retarded

There are several problems in evaluating a person's self-esteem according to Coopersmith (1967). A major one is the validity of the evaluation. Is the person trying to hide either from the person asking the questions or from himself? Do his answers reflect his true feelings? Gallagher (1959) enumerated even more problems when it comes to measuring the self-esteem of someone with retardation which include poor reading ability, poor perceptions of inner feelings, and deficiencies in relating these feelings.

There are a wide number of instruments that have been developed for use with mentally retarded persons. Some of the more popular include the Laurelton Self-Attitudes Scale (Guthrie, Butler & Corlow, 1961), a 150 item questionnaire developed for use with retarded girls; "The Way I Feel About Myself" (Piers & Harris, 1964);
The Tennessee Self-Concept Scale (Fitts, 1965) a Likert-type instrument; The Children's Self-Concept Scale (Lipsitt, 1958) and the Illinois Index of Self-Derogation (Goldstein, 1964).

While not specifically developed for use with the mentally retarded the Coopersmith Self-Esteem Inventory (1975) has been used successfully with EMR persons. This scale was devised to evaluate attitudes towards the self in social, work, family and personal areas. The original form of the scale, Form A, was developed for use with children and has been used with boys with learning disabilities (Bingham, 1975), and EMR children and adolescents (Monroe, 1975). Cline (1975) found high reliability measures on Form A among an EMR population at all grade levels.

Form C was adapted and developed for use with persons over fifteen years of age. The language and the situations were modified to make the items more meaningful for adults. The correlation between the total scores of Form A and Form C exceeds .80. The test-retest reliability with adults using Form C is .88 over a five month period and .93 after a one week test-retest. In this form the number of items has been cut down from 58 items in Form A to 25 items. Subjects receive only a single score with a maximum of 25, indicative of high self-esteem.

The items are short statements, answered "like me" or "unlike me." The original pool of items were drawn from Rogers and Dymond (1954) and research by Coopersmith. Five psychologists classified them as indicative of high or low self-esteem. Twenty-five items
were selected from an item analysis of the responses to a longer form. The shorter form correlated .86 with the longer form. One problem with the scale is that Taylor and Reitz (1968) have found correlations of .75 and .44 with the Edwards and the Mailowe-Crowne social desirability scales.

A number of studies dealing with SEI scores and personality variables have been done with normal children and adults. Significant relationships have been found correlating self-esteem with creativity, academic achievement, resistance to group pressures, willingness to express unpopular opinions, perceptual constancy (Coopersmith, 1967); perceived reciprocal liking (Simon & Bernstein, 1971); perceived popularity (Simon, 1972); anxiety (general and test) (Many, 1973); selection of difficult tasks (Goodstadt & Kipinis, 1971); effective communication between parents and youth (Matteson, 1973); and family adjustment (Matteson, 1973).

At the Franklin County Program, members of the psychology staff have been using the scale as a tool in group therapy. Members of the group filled out the scale with the group leader reading the statements. Then the group members discussed their answers with each other at later sessions. The adults seemed to find it to be clear and liked the format of the questions.

Adaptive Behavior and its Measurement

As stated earlier, adaptive behavior refers to a person's effectiveness in coping with the natural and social demands of his
or her environments. Extensive reviews of this concept can be found in Leland, et al. (1967) and Bennett (1975).

The AAMD Adaptive Behavior Scale (Nihira, Foster, Shellhaas, and Leland, 1969) was developed as a behavior rating scale for mentally retarded, emotionally maladjusted, and developmentally disabled individuals. Its' purpose is to measure the effectiveness of an individual in coping with natural and social demands of his or her environment.

The ABS manual (1975) states that the scale can serve many uses including an objective basis for comparing an individual's ratings over a period of time in order to evaluate the suitability of his or her current programming (Foster & Foster, 1967).

The scale is divided into two parts. Part I is designed to evaluate a person's skills and habits related to personal independence in daily living. There are 10 Domains and 23 Subdomains which have been organized along developmental lines. The 10 Domains and 23 Subdomains are:

I. Independent Functioning
   A. Eating Skills
   B. Toilet Use
   C. Cleanliness
   D. Appearance
   E. Care of Clothing
   F. Dressing and Undressing
   G. Travel
   H. General Independent Functioning

II. Physical Development
   A. Sensory Development
   B. Motor Development
III. Economic Activity
   A. Money Handling and Budgeting
   B. Shopping Skills

IV. Language Development
   A. Expression
   B. Comprehension
   C. Language Development

V. Number and Time Concept

VI. Occupation-Domestic
   A. Cleaning
   B. Kitchen Duties
   C. Other Domestic Activities

VII. Vocational Activity

VIII. Self-Direction
   A. Initiative
   B. Perseverance
   C. Leisure Time

IX. Responsibility

X. Socialization

Part II is a measure of the person's coping ability in meeting social expectations. It concerns the person's maladaptive behaviors related to personality and behavior disorders. Part II consists of fourteen Domains:

A. Violent and Destructive Behavior
B. Antisocial Behavior
C. Rebellious Behavior
D. Untrustworthy Behavior
E. Withdrawal
F. Stereotyped Behavior and Odd Mannerisms
G. Inappropriate Interpersonal Manners
H. Inappropriate Vocal Habits
I. Unacceptable or Eccentric Habits
The ABS Manual (1975) reports the inter-rater reliability of the new Revision of the AAMD Adaptive Behavior Scale which was administered to a total of 133 residents at three state training schools. Each resident was rated independently by two ward personnel, each of whom was from either the morning shift or evening shift. Table 1 shows the inter-rater reliability of the Adaptive Behavior Domains. The mean reliabilities for Part I range from .93 for Physical Development to .71 for Self-Direction. The mean reliability for all Domains in Part I is .86. The mean reliabilities for Part II range from .77 to .37 with a mean reliability of .57. This is a reduction in reliability from the original editions where reliabilities for Part II Domains ranged from .84 to .40 with an overall mean reliability of .67. Since there was no significant change made in the original for the revised form, the reduction in reliability may be attributable to variables other than the Scale itself i.e., population characteristics of the sample, types of raters, situational differences between the morning and evening shifts, etc.


TABLE 1

RELIABILITY FOR ADAPTIVE BEHAVIOR SCALE
DOMAIN SCORES, 1974 REVISION

<table>
<thead>
<tr>
<th>Part I</th>
<th>Mean Reliabilities$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>I  Independent Functioning</td>
<td>.92</td>
</tr>
<tr>
<td>II Physical Development</td>
<td>.93</td>
</tr>
<tr>
<td>III Economic Activity</td>
<td>.85</td>
</tr>
<tr>
<td>IV Language Development</td>
<td>.87</td>
</tr>
<tr>
<td>V  Numbers and Time</td>
<td>.86</td>
</tr>
<tr>
<td>VI Domestic Activity</td>
<td>.91</td>
</tr>
<tr>
<td>VII Vocational Activity</td>
<td>.78</td>
</tr>
<tr>
<td>VIII Self-Direction</td>
<td>.71</td>
</tr>
<tr>
<td>IX Responsibility</td>
<td>.83</td>
</tr>
<tr>
<td>X  Socialization</td>
<td>.77</td>
</tr>
<tr>
<td><strong>Mean Reliability, Part I</strong></td>
<td><strong>.86</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Mean Reliabilities$^a$</th>
</tr>
</thead>
<tbody>
<tr>
<td>I  Violent and Destructive Behavior</td>
<td>.59</td>
</tr>
<tr>
<td>II Antisocial Behavior</td>
<td>.68$^b$</td>
</tr>
<tr>
<td>III Rebellious Behavior</td>
<td>.55$^b$</td>
</tr>
<tr>
<td>IV Untrustworthy Behavior</td>
<td>.69</td>
</tr>
<tr>
<td>V  Withdrawal</td>
<td>.44</td>
</tr>
<tr>
<td>VI Stereotyped Behavior and Odd Mannerisms</td>
<td>.62$^b$</td>
</tr>
<tr>
<td>VII Inappropriate Interpersonal Manners</td>
<td>.47$^b$</td>
</tr>
<tr>
<td>VIII Unacceptable Vocal Habits</td>
<td>.37$^b$</td>
</tr>
<tr>
<td>IX Unacceptable or Eccentric Habits</td>
<td>.57$^b$</td>
</tr>
<tr>
<td>X  Self-Abusive Behavior</td>
<td>.49$^b$</td>
</tr>
<tr>
<td>XI Hyperactive Tendencies</td>
<td>.57</td>
</tr>
<tr>
<td>XII Sexually Aberrant Behavior</td>
<td>.52</td>
</tr>
<tr>
<td>XIII Psychological Disturbances</td>
<td>.45$^b$</td>
</tr>
<tr>
<td>XIV Use of Medications</td>
<td>.77$^b$</td>
</tr>
<tr>
<td><strong>Mean Reliability, Part II</strong></td>
<td><strong>.57</strong></td>
</tr>
</tbody>
</table>

*a - By Fisher's Z Transformation  
b - At least partially computed by Phi coefficient
CHAPTER III

METHODOLOGY

Pilot Study

Because of the exploratory nature of the study, a pilot study was done. It was necessary to determine whether the procedures in the treatment and control groups were appropriate and feasible.

Subjects for the Pilot Study

Subjects were randomly selected from all employees in the Franklin County Program for the Mentally Retarded (Ohio), ARCraft Workshops who were white, moderately or mildly retarded, between the ages of 19-35, previously institutionalized for no more than one year, without gross visual, hearing, or speech impairment, currently living with at least one parent, and displaying deficit coping skills as measured by the Adaptive Behavior Scale (two domain scores on Part II above the 50 decile). Twenty-four persons, 12 males and 12 females, fitting this description, were selected. Eight of the potential subjects (2 females, 6 males) refused to be in the study. Several of these persons stated they did not want to miss work (even though they would be paid) or did not feel they needed a group at that time. Others seemed afraid to join in a group and had a history of refusing to be in any groups at the Workshop. Eight new subjects were the selected. All
Subjects signed a consent form (See Appendix A) and took a letter home for their parents to read.

Subjects were then randomly assigned to one of three groups. There were 4 males and 4 females in the treatment group 1, 4 males and 4 females in treatment group 2, and 4 males and 4 females in the control group. Two males (one from treatment group, and one from the control) dropped out of the study before Session 1.

Description of the Pilot Groups

These groups met once a week and ran for ten weeks. The two treatment groups were conducted by the investigator. The control group was conducted by the rehabilitation supervisor of ARCraft East.

Treatment Group 1

This training group was to employ "traditional" educational practices: lectures, discussion, demonstration, and practice.

Session One:

This session included a general orientation to problem solving used by Platt and Spivack (1976) and D'Zurilla and Goldfried (1971). There was an explanation and discussion of the rationale of problem solving and the changes that were expected to result from it. The participants were encouraged to learn to cope using problem solving. It was stated that if people
learn to think of lots of ways to solve a problem they have a better chance of solving it - if one way doesn't work, another way could be tried. The participants were encouraged to learn to inhibit the tendency to be impulsive or do nothing and to learn to "think". Participants were told that there were other steps in problem solving - evaluating consequences and deciding on the best one - but this program would concern itself primarily with alternative solution thinking.

There was also a discussion about confidentiality of other group members' remarks.

Some pictures from magazines were used to illustrate different kinds of problems. A summary of the session was given.

Session Two:

Session One was reviewed. Then there was a discussion of the types of problem situations encountered by the participants. Since these situations often produce emotional reactions it was pointed out how these feelings can serve as useful signals to know when there is a problem. Group members gave examples of how they felt when they had problems and the group leader wrote these down.
The leader then gave an example of "brainstorming" or thinking of alternative solutions to problems. A summary of the session was then given.

Session Three:

Session Two was reviewed. Then the leader presented problems and asked for possible solutions. These were written down on charts.

The group broke into two teams to think of solutions to a problem.

At the end, the session was summarized.

Session Four through Ten:

Previous sessions were summarized. Group members were asked to give examples of problems. The other group members were asked to help think of solutions to the problem. The sessions were then summarized.

Treatment Group 2

This group was similar to Treatment Group 1. However, some behavioral techniques were added—role playing and making environment cues. Coche' and Flick (1975) stated that role-playing helped to promote the transfer of problem-solving in the group to real life situations.

Session One and Two:

Same as for treatment group one.
Session Three:

Group members were asked to make posters that could be placed at their work station or at home that would remind them to "think". The poster might be the word "THINK" or a lightbulb or whatever the person thought would remind him/her to stop and think of the alternatives to a problem. They were provided with pictures from magazines that they could paste onto poster board.

Session Four:

The leader presented problems and asked for possible solutions. These were written down on charts.

The group broke into two teams to think of solutions to a problem.

Session Five through Nine:

Group members were asked to present a problem. Other group members were asked to provide solutions. Then individuals were asked to act out the problem in front of the group and the possible solutions.

Individuals in the role-playing were praised by the leader and other members for their willingness to try the role-playing, for the number of solutions they came up with, for relevancy to the problem, and for creativity for thinking up the solutions.
Session Ten:

This was an overall review session.

Control Group

These sessions were primarily conversational in nature with some activities also provided. They were an attempt to control for a possible "Hawthorne" effect of attention.

Group members were asked to talk about general or personal interest topics, i.e. current events, hobbies, TV shows, movies, sports, family, work, food, friends, etc.

The group leader also brought in items for discussion - newspapers, books, magazines, comics, etc.

Members of the group were invited to bring to the group items of interest - pictures, pieces of work they have been doing, samples of hobbies, etc. - which they could discuss with the group.

Results of Pilot Study and Recommendations

1. The Treatment Group 1 - without role playing - was extremely boring to the participants. Group members showed this by constantly looking at their watches, yawning loudly, or asking frequently how much longer that particular session was, or how many more sessions they had to attend.
Recommendation: Drop the group using "traditional" techniques, since it was felt this might turn some subjects against participating in any other groups in the future.

2. Participants were not used to discussing problems. Many seemed to have the attitude of just ignoring their problems and hoping they would go away. Many were inexperienced at recognizing a problem when it happened.

   Recommendation: Spend more time developing the idea of what problems are and why it is important to solve them. Spend more time showing examples of problems.

3. Many participants seemed to feel uneasy about discussing their problems in front of other group members.

   Recommendations: Allow more time to build up trust before asking group members to present problems. The group leader should act as a role model and present some problems. Group members should be asked to share experiences that are similar to the one being presented so that a common bond might be developed. The group leader should have some problem situations on hand when no one can think of a problem. Most importantly, the group leader should spell out the rules about confidentiality and listening to others.

4. Many participants felt "left up in the air" by just presenting the possible solutions, they wanted some closure. They almost automatically came to a conclusion about which solution was best or asked the other group members for their opinions.
Recommendations: Include in the groups a chance for the person to decide which of the possible solutions they thought they might try.

5. Meeting once a week was not often enough. Group members often forgot what happened the previous week.

   Recommendation: Meet twice a week.

6. Breaking up into teams did not work because there was no one in the groups to record the answers.

   Recommendation: Drop this activity.
Subjects of Final Study

Originally, subjects were to be randomly selected from all employees in Franklin County Program for the Mentally Retarded (Ohio), ARCraft Workshops who were white, moderately or mildly retarded, between the ages of 19-35, previously institutionalized for no more than one year, without gross visual, hearing or speech impairment, currently living with at least one parent, and displaying deficit coping skills as measured by the Adaptive Behavior Scale (two domain scores above the 50th decile).

However, several groups had to be excluded. There were twenty people fitting this description who had been asked to participate in another research project being conducted at the same time in the workshops. There was another group of approximately seven persons who were already involved in an intensive therapy program at the workshops. Persons in the pilot study were also excluded. Eight people were excluded because of extremely poor attendance habits.

Consequently, there was a population of 45 possible subjects - 24 males and 20 females. All 45 were asked to participate in the study. Six males and one female refused to be in the study. Therefore, there were 38 people included in the final study - 19 males and 19 females.

Because it would not be possible to transport people to different workshops for the groups, groups had to be formed that just
contained people from that workshop. Consequently the male to female ratio in each group was not consistent. At workshops X and Y there were only enough subjects for one group at each. Workshop Z had enough subjects for two groups who were then randomly assigned to one of the two groups. Two of the four groups were then randomly assigned to be Treatment Groups, the other two were then assigned to be Control Groups.

Of the total 38 subjects, 6 males and 3 females dropped out of the study leaving 29 subjects for the final data analysis. Reasons for leaving varied. One male and one female had extremely poor attendance. Four males were placed on jobs outside the workshop. One male and two females stated that they preferred to work rather than to be in the groups. For the final analysis there were 5 males and 10 females in the Treatment Groups (2:5, 3:5) and 8 males and 5 females in the Control Groups (2:4, 6:1).

Table 2 presents a demographic description of the subjects' sex, age, IQ level, and Adaptive Behavior Scale level, months in the workshop program, as well as the mean age and months in the workshop for the total Treatment Group, total Control Group and total sample. As can be seen from the Table, the Control Group was, as a whole, older and had been in the workshop longer than the Treatment Group.
TABLE 2

DEMOGRAPHIC LISTING OF SUBJECTS' SEX, AGE, MEASURED INTELLIGENCE LEVEL, ADAPTIVE BEHAVIOR LEVEL, AND MONTHS IN THE WORKSHOP PROGRAM FOR ALL SUBJECTS IN THE FINAL STUDY

<table>
<thead>
<tr>
<th>ID</th>
<th>Sex</th>
<th>Age</th>
<th>IQ Level</th>
<th>AB Level</th>
<th>Mos. in Workshop</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>F</td>
<td>25</td>
<td>II</td>
<td>I</td>
<td>110</td>
</tr>
<tr>
<td>02</td>
<td>F</td>
<td>24</td>
<td>II</td>
<td>II</td>
<td>68</td>
</tr>
<tr>
<td>03</td>
<td>F</td>
<td>31</td>
<td>II</td>
<td>II</td>
<td>112</td>
</tr>
<tr>
<td>04</td>
<td>F</td>
<td>25</td>
<td>I</td>
<td>I</td>
<td>4</td>
</tr>
<tr>
<td>05</td>
<td>F</td>
<td>30</td>
<td>II</td>
<td>II</td>
<td>79</td>
</tr>
<tr>
<td>06</td>
<td>F</td>
<td>30</td>
<td>I</td>
<td>I</td>
<td>89</td>
</tr>
<tr>
<td>07</td>
<td>F</td>
<td>23</td>
<td>I</td>
<td>I</td>
<td>19</td>
</tr>
<tr>
<td>08</td>
<td>F</td>
<td>21</td>
<td>I</td>
<td>I</td>
<td>79</td>
</tr>
<tr>
<td>09</td>
<td>F</td>
<td>24</td>
<td>II</td>
<td>II</td>
<td>56</td>
</tr>
<tr>
<td>10</td>
<td>F</td>
<td>30</td>
<td>I</td>
<td>I</td>
<td>132</td>
</tr>
<tr>
<td>11</td>
<td>M</td>
<td>21</td>
<td>I</td>
<td>I</td>
<td>31</td>
</tr>
<tr>
<td>12</td>
<td>M</td>
<td>25</td>
<td>I</td>
<td>I</td>
<td>36</td>
</tr>
<tr>
<td>13</td>
<td>M</td>
<td>21</td>
<td>I</td>
<td>II</td>
<td>12</td>
</tr>
<tr>
<td>14</td>
<td>M</td>
<td>23</td>
<td>II</td>
<td>I</td>
<td>12</td>
</tr>
<tr>
<td>15</td>
<td>M</td>
<td>22</td>
<td>II</td>
<td>II</td>
<td>35</td>
</tr>
</tbody>
</table>

Mean of Treatment Group

26.9

59.1

Mean of Control Group

28.4

70.9

Mean of Total Sample

26.6

64.8
INSTRUMENTS

Videotape Questionnaire

This instrument was developed by the investigator to measure the number and type of alternative solutions generated to typical personal problem situations.

An item pool of problems encountered involving workshop employees was generated by a questionnaire to parents, workshop staff, and workshop employees. Twenty of the most common were filmed with a portable video-tape recorder using volunteers from a counseling center as the actors or actresses.

These twenty scenes were then edited and shown individually to three males and three females, selected randomly from the sample population. They were interviewed to determine the clarity of the scenes and best way to conduct the videotape questionnaire. One scene was completely confusing to the subjects. In several others, the sound quality was not good. Several scenes seemed to be similar in content to the subjects. Also it was found that the subjects became fatigued after thirty minutes of watching the tapes, so the final instrument included only eleven scenes.

The eleven scenes in the final study included: Five scenes concerning relationships with peers (a woman who is called names and insulted, a woman who wishes that she had a boyfriend, a man who hasn't been invited to a party that his friends are going to, a man and a woman who have a fight and the woman walks out, a woman who finds out that her best friend has been talking about her behind her back), two scenes concerning relationships with parents
(a woman who wants to wear a t-shirt to work but her mother doesn't want her to wear it, a man who wants to go to a movie with his friend but his mother says he can't go), and four scenes concerning work, (a man who is being bothered by another worker while he is trying to work, a woman who doesn't understand the directions that are being given to her by her instructor, a man who never gets any attention from his instructor, and a woman who is bored with her work). A complete script of the scenes can be found in Appendix B. Preceeding each scene is an announcer telling what the scene will be about. After the scene there is a pause where the examiner stops the tape to ask the subject questions.

All six people found the tapes interesting as well as fun. There seemed to be no difficulty relating to the scenes, whether the protagonist was male or female, and the viewers made comments like, "Oh, yes, that happened to me before," or "I've had that problem myself." The viewers remarked that they would like to come back and watch other scenes again.

The directions used by a trained examiner for giving the questionnaire are found in Appendix C. The examiner was instructed to keep asking, "Is there anything else the woman (or man) could do?" until the subject indicated no or just repeated the same answer(s). Everything the subject said was recorded by the examiner.

A manual was developed by the investigator to categorize and define the types of responses. See Appendix D. This was used by
the two raters who were trained by the investigator to evaluate
the subjects responses. The following is a list of the types of
responses:

A. Description of the scene only.
B. Description of a feeling rather than a solution.
C. Description of a consequence of the scene rather
   that a solution.
D. Statement of what the person should/should not have
done in the first place.
E. Report to parent(s).
F. Report to workshop staff.
G. Report to some other authority.
H. Talk over with other person involved.
I. Talk over with someone other than person involved.
J. Ignore the other person.
K. Leave the situation.
L. Make a sarcastic remark or insult the person.
M. Fight or argue (verbally).
N. Fight (physically).
O. Find something else to do (with implication of
getting one's mind off it).
P. Ask for help.
Q. Ask for clarification or an explanation.
R. Stand up for oneself - assert one's right (tells
   or shows other person).
S. Try not to worry about the situation.
T. Do nothing.
U. Make an excuse for own behavior.
V. Make a compromise or negotiation.
W. Give in to the other person.
X. Initiate meeting, talking or doing something
   with somebody.
Y. Try an action on ones own.
Z. Irrelevant response (loose connection with
   situation).
AA. Don't know (if only response given).
BB. Think about the situation for awhile.
CC. Do the same thing to the other person.
DD. Response not able to be understood.
EE. Release emotions.
FF. Get another job.
GG. Stop working.
Pilot Study of the Videotape Questionnaire

The subjects for the pilot Treatment and Control Groups were also the subjects for this pilot study. Two male subjects dropped out before the second administration of the questionnaire so there are only 22 subjects responses for analysis. Subjects were given two administrations of the questionnaire two weeks apart. This was done prior to the beginning of the groups. Subjects were given the questionnaire individually in a room away from their work area and by an examiner trained by the investigator.

The responses were tallied and categorized by raters who had been trained by the investigator using the manual and had reached .95 inter-rater reliability for number and type of response. Responses that were "repeats" of the same response were not tabulated for analysis.

Coopersmith Self-Esteem Inventory Form C (1975)

Pre-pilot Study

Although Form A had been used with boys with learning disabilities (Bingham, 1975), EMR children and adolescents (Monroe, 1975; Cline, 1975) with high reliability measures, the investigator could find no studies using the scale with adults with moderate retardation. Nor were there any studies found using Form C with adults with mental retardation. Therefore, a pre-pilot study was done to determine the feasibility of use of Form C with adults with moderate and mild mental retardation and to establish guidelines for instructions. Usually, Form C is given in a written form
and is self-administering. Since many of the adults in the sample population do not read, a method was needed to administer the test orally.

Three males and three females fitting the sample population were randomly selected and asked the questions on the inventory. They were probed to determine if they understood the question. On eight items the wording had to be changed to be understood. Three items stated in a negative manner i.e. "I am not as nice looking as most people.", had to be changed to be stated in a positive manner and the scoring was then reversed on those three items when tabulating the results. It seems that the adults did not hear the "not" in the statement. Changes in the original Form C are listed in Table 3. The entire revised form can be found in Appendix E.

A new introduction for the scale was written by the investigator (See Appendix F). The statement was then read to the subjects and they were asked, "Is that like you or not like you?" That the subjects were able to understand this format was evidenced by their responses of "Oh, yes, that's me!" or "Oh, no. I don't feel that way. That's not like me." The investigator found that it was necessary to maintain a blank expression to safeguard against influencing the subjects' responses.

Pilot Study of the Self-Esteem Inventory

The 22 subjects for the pilot study of the videotape questionnaire were also the subjects for this study. Subjects were given two administrations of the scale two weeks apart. This was
<table>
<thead>
<tr>
<th>Coppersmith Form C</th>
<th>Changed to</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. I'm popular with persons my own age.</td>
<td>8. Other people my own age like me.</td>
</tr>
<tr>
<td>9. My family usually considers my feelings.</td>
<td>9. My family usually tries to understand my feelings about things.</td>
</tr>
<tr>
<td>10. I give in very easily.</td>
<td>10. I give in to other people very easily in an argument.</td>
</tr>
<tr>
<td>12. It's pretty tough to be me.</td>
<td>12. It's pretty hard to be me.</td>
</tr>
<tr>
<td>15. I have a low opinion of myself.</td>
<td>15. I have a lot of bad feelings about myself.</td>
</tr>
<tr>
<td>18. I'm not as nice looking as most people.</td>
<td>18. I am as nice looking as most people (scoring reversed).</td>
</tr>
<tr>
<td>19. If I have something to say, I usually say it.</td>
<td>19. If I have something to say, then I usually say it.</td>
</tr>
<tr>
<td>23. I often get discouraged with what I am doing.</td>
<td>23. I often get upset with what I am doing.</td>
</tr>
<tr>
<td>24. Things usually don't bother me.</td>
<td>24. Things usually bother me (scoring reversed).</td>
</tr>
<tr>
<td>25. I can't be depended on.</td>
<td>25. I can be depended on to do something I said I would do (scoring reversed).</td>
</tr>
</tbody>
</table>
done prior to the beginning of the groups. Subjects were given the inventory individually in a room away from their work area and by an examiner trained by the investigator.

The Adaptive Behavior Scale

The most recent revision of the AAMD Adaptive Behavior Scale (Nihira, Foster, Shellhaas, and Leland, 1975) was used. There were no revisions necessary to this scale.
Anecdotal Measures

Several anecdotal measures were also used to suggest the effectiveness of the groups. Group leaders were asked to fill out a form on each group member's participation, see Appendix G. The group member's instructors were also asked to fill out a form about any changes in the group members' behavior, see Appendix H. This was done to ensure against missing some subtle changes that may not show up on the Adaptive Behavior Scale.

Group members were also interviewed using a form (see Appendix I) about their view of the group experience. It was considered possible that while progress might not show up on the more formal measures, group members might still feel that they gained something from their experience. This would be important in that it might influence how they felt in participating in future groups. Also group members may have acquired skills that they feel they could use in the future, but perhaps have not had the opportunity to use as yet.

In addition, the investigator listened to all tapes made during the sessions. Particularly interesting discussions were transcribed verbatim. Otherwise, the sessions were only summarized. The investigator looked at the amount of interaction and participation of individual group members as well as remarks that showed that new learning or insight might be taking place. Also, the investigator looked at situations in which group
members gave each other support. A complete summary of the tapes can be found in Appendix J. In some cases, tapes were unavailable due to mechanical failure or the group leader forgetting to turn the tape over. The tapes will be discussed further in the results and discussion chapters.

**Procedure**

**Pretesting**

After the participants had signed consent forms, the pretesting was done. Since all participants had a recent Adaptive Behavior Scale completed on them (within two weeks of the beginning of the groups) this was not done again. These had been filled out by the instructors as part of the yearly evaluation on all workshop employees. The instructors had no knowledge that these would be used to screen subjects for this research.

All subjects were then administered the Videotape Questionnaire and The Self-Esteem Inventory, Form C, by an examiner who was trained by the investigator. Subjects were seen individually in a room away from their regular work areas. All testing was done approximately one week prior to the beginning of the groups.

**Groups - Treatment and Control**

All four groups met twice a week for seven weeks for 45-60 minutes a session. They were conducted in rooms away from the
work areas in the workshops where the participants worked. The rooms at workshop X and Z were small, approximately 10' X 15', however the room at workshop Y, was approximately three times this size, since no other smaller rooms were available.

The group leaders used manuals for the basis of their sessions. These manuals were based on the results from the pilot Treatment and Control Groups. The Control Group was exactly the same as the Pilot Control Group. It consisted of free-floating conversation about anything the group members wanted to talk about. The group leader as well as the group members brought in materials for discussion. See Appendix K "Manual for Conversation."

Treatment group leaders used the "Manual for Personal Problem-Solving for Adults with Moderate and Mild Retardation." See Appendix L. The first five sessions were an introduction to problem-solving, identifying problems, emotional components of problems, and understanding why people have trouble solving problems. These sessions involved the group leader showing pictures or reading a story to illustrate a point, as well as discussion by all group members. In session five, group members made "think posters" to act as an environmental cue. Session six was a review session and an explanation of the problem-solving approach. The problem-solving approach consisted of nine steps, (1) explaining the problem, (2) having others in the group ask
questions about the problem, (3) role-playing the problem as it actually happens, (4) having others in the group share a problem like the one being presented, (5) thinking if the problem ever happened before (to the person presenting the problem), (6) thinking of all possible ways to handle the problem, (7) role-playing all the ways to handle the problem, (8) deciding which way to try first and (9) trying a way and then reporting back to the group how things turned out.

Session seven through twelve involved using the problem solving approach with individual group members presenting a problem. If no one in the group had a problem the leader could pick from any suggested in the manual. Session thirteen dealt with solving problems with just one other person or by oneself. Session fourteen was a general review and "wrap-up" session.

Since the sessions were not followed exactly, the group leaders had to adopt a pace dependent on the needs of the group members, the reader is referred to Appendix J for a summary of the actual group sessions.

**Group Leaders**

Group leaders were four female undergraduate or graduate students. One Treatment and one Control Group leader were graduate students, and one Treatment and One Control group leader were undergraduates. All had had experience working with persons with mental retardation, although none had ever worked in a group
before this. They were randomly assigned to run either a Treat-
ment or Control Group.

The investigator met with the group leaders individually
several times prior to the beginning of the groups. They were
given a number of references on sheltered workshops, normaliza-
tion and working with adults. The purpose of the groups they
were leading was explained to them. They were told that the in-
vestigator was studying the effects of several types of groups.
They were not told that their group was either a Treatment or a
Control Group and they had no opportunity to "compare notes"
with the other group leaders since they never saw each other.
All group leaders were given the same expectations - that being
in this group might lead to increased self-esteem and increased
ability to cope with the environment for the group members.
The group leaders were introduced to the group manuals which
they used throughout the sessions. See Appendix L for the
"Manual for Personal Problem Solving" and Appendix K for the
"Manual for Conversation." The investigator discussed the in-
structions sections and pointed out various precautions for
leading groups.

During the weeks when the groups were being run, the in-
vestigator met weekly with each group leader. After reviewing
the previous week's tapes of the sessions, the investigator was
able to provide feedback to the group leaders and then discuss
the coming week's sessions.

Several problems were encountered by the group leaders - some by all and some by just the group leaders of the problem-solving groups. All group leaders had occasional problems using vocabulary that was too difficult for the subjects to understand. After pointing this out, all group leaders decreased in their using of difficult words. The group leader of the Control Group at workshop X was at first too "saccharine" in her voice tone but immediately changed after listening to her first tape.

The group leaders of the Treatment Groups had problems of trying to follow the manual so closely, time-wise, that they did not respond to the needs of their group members ie. rather than discussing a problem of a group member, they cut them off in an effort to get through that day's session. After being reassured that the group members were more important than a time schedule, both group leaders relaxed and began relating more to the group members.

One of the Treatment Group leaders, at workshop Y had several other problems. She seemed to be too worried about getting "right" answers to questions and took on a "school-teacher" attitude. It took her several sessions to break out of this mode. She also did not offer enough encouragement and praise to the group members during the early sessions. She was also encouraged to give more personal examples to the group members in order to
convey a feeling of sharing with them. This group leader did improve and by the sixth session her group members were talking considerably more.

Both group leaders of the Treatment Groups had a tendency to ignore solutions that they felt were maladaptive. The investigator reminded them to write down all solutions suggested and to role play these also. They were instructed how to lead role-playing of physical violence without anyone touching anybody or anything else. Both group leaders followed through on this. Also both group leaders said they had difficulty not suggesting which solution the person should choose and "biting their tongue" when someone chose an "inferior" way of handling the problem.

Post-testing

Within one week of the end of the groups, the group members were individually retested with the Coopersmith Self-Esteem Inventory, Form C and the Videotape Questionnaire. They were also asked the questions in the Questionnaire for Group Members. Again this was done by an examiner trained by the investigator in a room away from their work area.

Workshop instructors of the group members were asked by the investigator to fill out another Adaptive Behavior Scale. Since the workshop instructors were aware that the person had
been in a research group they were also suspecting of the idea that this was to measure the person's progress. After filling out the Adaptive Behavior Scale, the instructors were interviewed with the "Questionnaire for Workshop Instructors."

The group leaders were asked after the groups were over to fill out a "Questionnaire for Group Leaders" on each group member.
CHAPTER IV

ANECDOTAL RESULTS

The results reported in this section are based on anecdotal reports from the tapes of the individual group sessions, the Questionnaire for Group Leaders, the Questionnaire for Group Members, and the Questionnaire for Instructors. Results based on the Coopersmith Self-Esteem Inventory, the Adaptive Behavior Scales and the Videotape Questionnaire will be reported in Chapter Five.

A brief summary of the group sessions is given in this section, although a complete summary may be found in Appendix J. Following this is a short synopsis of each participant who completed the seven weeks of groups. They are arranged according to their respective groups. The synopsis includes a description of their participation in the group, any changes noticed during the group sessions, the participants' reactions to the group, and any changes noted by the participants' instructor. Because the descriptions are often taken directly from quotes there may be occasional grammatical mistakes.

TAPES OF SESSIONS

A complete summary of the tapes can be found in Appendix J.
On the whole, all the groups had some very lively, spontaneous sessions and at other times sessions when no one seemed interested in interacting.

Group 1 at Workshop X (Treatment). Group Composition: 5 females, 2 males.

Two males in this group dropped out - one went into the hospital for an operation and one was placed on an evening janitorial crew and no longer came to the workshop on a regular basis. Consequently, this group was composed of five females and two males. It took this group until Session Five and Six to really get going. This may have been due partly to the personality of the group leader, described in the training of the group leaders sections, and partly due to the personalities of the group members who tended to be quiet and reserved, with the exception of one woman who displayed much inappropriate laughter. In the first several sessions, much of the group leader's time was spent in dealing with this woman. Consequently group members really did not begin role-playing until Session Nine. Several of the group members offered support to each other in discussing these problems. For instance in one session one of the group members came to the sudden realization that she had to do much of her own thinking and doing, and another woman supported this strongly. Other problems that were discussed included a boyfriend turning one of the group members down, parents embarrassing one of the women, and what to do when parents treat you like a child.
More of the group members became involved in the role-playing. They seemed more relaxed when they could have some non-verbal expression. The problems that were role-played included someone throwing a snowball at one of the men, someone "bugging" one of the men, parents treating one of the women in a childish way, an instructor who was constantly giving orders, and boyfriend/girlfriend problems.

Group 2 at Workshop Z (Treatment). Group composition: 5 females, 3 males.

Two males in this group dropped out after the fourth week when they were unexpectedly given on the job training through BVR. This group of people was very lively and willing to talk about their own personal problems in the early sessions. In fact, the group leader's one main problem was getting people to slow down and talk one at a time. People in the group were very eager to role play and often improvised quite well. They had a wealth of topics they were concerned about including what to do when others pick on you, if your (boy) girlfriend doesn't like you, if someone calls you names, if your parents fight, etc.

They seemed to give each other much support and advice. They were usually willing to model how another person could handle a problem. The poster-making session was alot of fun but the story examples seemed to be boring for them—they were more interested in doing things.

The group leader was a very enthusiastic person whom many of the group members enjoyed.
Group 3 at Workshop Z (Control). Group compositions: 4 females, 2 males.

One male and one female dropped out of the groups in the early sessions because they felt pressure to remain on the job. One male in another work area dropped out when his entire work group went to a local factory to work for several months. The group members seemed very relaxed with each other, although not as energetic as the people in Group 2 as a whole. The group leader was a very accepting, although "low key," person.

Topics of discussion generally centered on home matters: chores at home, leisure time activities at home, pets, various family members and relatives, vacations with family members, etc. Several people brought in pictures or albums to share with the other members.

Occasionally, group members brought up problem situations spontaneously. One man felt upset that other people made fun of him. Another person was upset and did not want to come back to the workshop. In a later session both males talked about problems at home with their families. Although the group leader did not go into depth of these problems, other group members did share their feelings and offer support.

Group 4 at Workshop Y (Control). Group composition: 6 males, 1 female.

In this group two female subjects dropped out - one because of a prolonged illness and one because she preferred to work. This group leader was very enthusiastic about the group and so were most of the group members.
Topics of discussion were varied including politics, sports, the coal strike, competitive jobs, sex, prostitution, drugs, and Easter Sunday activities. Many of these discussions were very lively. Also group members brought in musical instruments and sang songs. Later they critiqued their musical abilities.

Occasionally problem situations were discussed. For instance, one man brought in his new headphone/radio which he had brought when his family complained of his listening to the radio while they watched TV.

DESCRIPTION OF GROUP MEMBERS

Group 1 (Treatment) Members

Group Member 1A:

Participation in the group: "High participation, high interest, very attentive and would ask questions if she didn't understand something."

Changes noticed in the group: "At first she had the impression that the group leaders would give her all the answers. She later learned that she alone had to decide on the best alternative. She tried to work out some of her problems outside the group."

Subject's reactions: Said she liked the group and it "helped me solve my own problems."

Changes noted by instructor: "Seems less depressed."

Group Member 1B:

Participation in the group: "High participator. Willing to help others, but not as willing to talk about her own problems. Came across as having the attitude that
she was better than the others. She seemed more interested in the parent-child relationship topics than others."

**Changes noticed in the group:** No noticeable changes.

**Subject's reactions:** She said she liked the group, but that she did not like the tape recorder — she tended to watch what she was saying because of it. She felt that it, "helped me deal with problems — head into them, instead of avoiding them. I used to avoid them." Her main complaint was that "(we) didn't have enough time. Seven weeks is not long enough. We just hit the surface — nothing really deep."

**Changes noted by instructor:** "More coming to me in the morning. Used to be if she was upset we wouldn't know why. Now, she comes in and says 'I'm really bummed out!"

**Group Member 1C:**

**Participation in the group:** "Variable. Not very participative unless directly asked, but did share some personal problems. Most interested in boyfriend problems. Listened with interest to others."

**Changes noticed in the group:** "At the beginning she was very shy. Later she began talking more, but then decreased her talking during the last sessions."

**Subject's reactions:** She said she liked the group and felt that it helped her to get back with her boyfriend."
Changes noted by instructor: "Silliness isn't quite as frequent. Still wants attention, but more from boys now."

Group Member ID:

**Participation in the group:** "Did not participate verbally. If asked directly, she would answer mostly 'I don't know', or, 'yes' or 'no'. Her expression was usually unexpressive or sad-looking. Brightened up when others role-played or acted clownish."

**Changes noticed in the group:** "At first she did not want to come, but later came on her own. Seemed more at ease on a day when the group was smaller and even did some non-verbal role-playing."

**Subject's reactions:** Said she liked the group and would like to be in another one.

**Changes noted by instructor:** "Still cries, but will say 'I have a problem.' Then I will ask her what about. Little more assertive - will stand up for herself more and defend her actions. She would remind me that she had her group."

Group Member LE:

**Participation in the group:** "Did not participate in any relevant way. Demanded the group leader's attention before, during, and after the group, usually
unrelated to the topic of discussion. She did not pay attention to what others said, often laughing hysterically.

Changes noticed in the group: Her laughter decreased after the group leader talked to her individually about it, but reappeared in the last sessions. Other group members reacted negatively to her inappropriate behavior.

Subject's reactions: In questioning, she seemed to be aware of what the group had been about—"talked about problems. Roleplaying." She said the group had helped her, "not to cry or be upset."

Changes noted by instructor: None

Group Member 1F:

Participation in the group: "At first he did not participate verbally and displayed a lot of attention getting behavior. He would pull his chair back so that he was partially apart from the group."

Changes noticed in the group: Became very involved in the role-playing, spontaneously offering to play parts and model possible ways of behaving.

Subject's reactions: He said he did not like the group because there were not enough guys. He did feel that the group had helped him "talk problems out."

Changes noted by instructor: His case manager and instructor saw many changes in him. He was more willing
to talk and had made appointments to discuss personal problems rather than say "I'm quitting the workshop." He seemed to be handling a personal crisis in a more mature manner, getting upset only at lunchtime rather than while working.

Group Member 1G:

**Participation in the group:** High participator. Very attentive. Brought up problems of his own. However, occasionally he did not want to come because he wanted to continue working.

**Changes noticed in the group:** No noticeable changes.

**Subject's reactions:** Said he liked the group and that it "help me solve my problems - talking about problems. Helped me all the way."

**Changes noted by instructor:** "None. Still doesn't like changes. Still has flare-ups. Resists supervision."

Group 2 (Treatment) Members

Group Member 2A:

**Participation in the group:** "Variable - good some days, poor others. Some inappropriate behavior to attract attention from one of the male group members, i.e. laughing loudly, yawning, and pretending to be asleep. Would role play when asked, although embarrassed. Sometimes she did it poorly in an effort to appear 'cute'."
Changes noticed in the group: "Seemed to lose interest."

Subject's reactions: She said she liked the group and one of the reasons was that it was in a quiet room. "Out there is noisy." However, she did say the group "helped me and my brother and my mom."

Changes noted by instructor: Her instructor said she seemed to display more interest in being a woman than in being a little girl. However, she attributed this partly to working occasionally in another work area with an attractive male instructor.

Group Member 2B:

Participation in the group: "Most verbal member. Freely talked about personal problems - often ones most people would have difficulty discussing. Took real pride in being a leader, but had a tendency to be bossy."

Changes noted by instructor: "At first, she acted silly and immature and could not control her giggling. Later she improved tremendously, took the group seriously and would talk about serious problems without giggling. She seemed to lose interest in role-playing and preferred to just talk."

Subject's reactions: She had a very good understanding of the groups. Saying "(you) talk about certain problems - personal things. You 'posed to handle it
yourself, 'posed to explain the problem, ask questions, talk it over, and work out how you handle your own problems." She also said it helped her, but surprisingly, said that she did not like being in the group, "everyone has problems and I just don't like to discuss my problems and I wish I could handle it my own way. I don't want to be in it." Apparently she may have been unhappy with some of the solutions people had suggested to her problems.

Changes noted by instructor: No noticeable changes.

Group Member 2C:

**Participation in the group:** "Real interest by listening to others, nodding her head, making comments and agreements. No other participation unless asked."

Changes noticed in the group: Conversation about boys and sex lessened as sessions went on.

**Subject's reactions:** She said she liked the group and would like to be in another one because, "I have fun and all them people listen to me when I have a turn to talk."

Changes noted by instructor: "Seems to take things with better humor."
Group Member 2D:

**Participation in the group:** "One of the leading participators, especially in role-playing. Sometimes tried to dominate the attention by being 'overly willing' to talk about her problems. Good at listening and usually had advice to give others. Took real pride in role-playing."

**Changes noticed in the group:** No noticeable changes.

**Subject's reactions:** She showed good understanding of the group saying "(we) roleplayed our problems. Talked about problems, how to solve problems, ask questions, explain the problem. Had rules not to make fun of people or talk about people that were somewhere else. Don't smoke (?), tease people. Keep the problem in the group." She felt the group helped her and said she would like to be in another one to help her more.

**Changes noted by instructor:** "Doesn't cry as much. Handles stress better when people reproach her. Will talk about it. Will say 'Don't you think I'm handling it better?'"

Group Member 2E:

**Participation in the group:** Participated readily in role playing and discussion, although she was
adamant that she had no problems.

**Changes noticed in the group:** No noticeable changes.

**Subject's reactions:** She said she liked the group and felt it helped her, but that she would prefer to meet individually with someone rather than in a group.

**Changes noted by instructor:** Seemed less upset about things but instructor attributed this to a person leaving the workshop who made her upset.

**Group Member 2F:**

**Participation in the group:** High participation. Some of his stories were exaggerations or made up. Did not listen to others attentively and seemed to be waiting for pauses in the conversation. Had a crush on the group leader and made comments to impress her. Participated in role playing eagerly.

**Changes noticed in the group:** No noticeable changes.

**Subject's reactions:** He felt the group helped him "with a real big problem. A guy said he wanted to fight me so I sat down with him and asked him why. Finally I backed him into a corner and he said, 'Because I want to be a big shot.'"

**Changes noted by instructor:** No noticeable changes.
Group Member 2G:

Participation in the group: "Took real interest in the group. Occasionally would make silly remarks just to amuse the other members. Had trouble listening to others because pre-occupied with one of his own. He was not good at following through on suggestions given to him by other group members."

Changes noticed in the group: "At first, he got upset by the role-playing and felt people were really angry, etc. Later became more relaxed.

Subject's reactions: He said he liked the group because "(I) got bunch of girlfriends." He felt it helped, "get my problems off my chest."

Changes noted by instructor: "Seems more comfortable talking to others."

Group Member 2H:

Participation in the group: Low participation in the group. Never wanted to role play and did not answer most of the questions asked him.

Changes in the group: "He started coming to the sessions without anyone going to get him. While at first he sat away from the rest of the group, at the end he sat right in the middle. Began acting like he was interested in the group and appeared to listen to conversations. Made the most gains socially."
**Subject's reactions:** He said that he liked the group, but preferred to listen "I was too nervous." He was not sure if the group had helped him.

**Changes noted by the instructor:** "Talking more now. Is doing his work. Only missed two days in the past month while before he often missed work."

**Group 3 (control) Members**

**Group Member 3A:**

**Participation in the group:** "Held the group together. Brought things in to share. Wasn't as free to laugh as the others. Seemed to see herself in a leader role."

**Changes in the group:** No noticeable changes.

**Subject's reactions:** She said she liked it but didn't want to be in another group because her pay would be docked (although subjects were payed in this group, which was added to their paycheck, workshop employees are usually not payed for being in groups).

**Changes noted by instructor:** No noticeable changes. "Still lies. Still goes to director when upset about anything that goes wrong."

**Group Member 3B:**

**Participation in the group:** "Talked about what went on at home. Listened to others and made comments."
Changes in the group: "At the beginning only talked when asked or to correct others about misinformation. Later opened up more."

Subject's reactions: She said she liked it because "You can talk to your friends and get their ideas and give your ideas on different stuff." She felt it helped her and said "(It) gives you ideas that you're not the only one who has problems."

Changes noted by instructor: No noticeable changes.

Group Member 3C:

Participation in the group: Moderate participator.

Changes noticed in the group: "At the beginning she was more attentive to the group leader. At the end she was more interested in others and in asking questions."

Subject's reactions: She said she liked the group, "It was fun." She thought it helped her by, "talking better. Talk to somebody."

Changes noted by instructor: "Sounds more coherent. Hasn't been approaching me whispering. Talking more appropriately. Asking appropriate questions."

Group Member 3D:

Participation in the group: "Very shy. Had to be asked for information. Often tried to have conversation with just one other group member. Seemed to have lack
of experiences to talk about. Seemed to enjoy just
being there."

Changes noticed in the group: "Became more talka-
tive. Asked more questions."

Subject's reactions: She said she liked the group
and especially liked her group leader. She felt it
helped her to be with the other people.

Changes noted by instructor: No noticeable changes.

Group Member 3E:

Participation in the group: Quite active. Willing
to listen. Occasionally talked off the subject and
rambled.

Changes noticed in the group: Talked more. Started
asking questions like, "Does this happen to you? Do you
feel this too?" More eye contact as he talked.

Subject's reactions: He also felt that the best
thing about being in the group was the group leader.

Changes noted by instructor: No noticeable
changes.

Group Member 3F:

Participation in the group: In the beginning he
barely talked at all but was interested in coming.

Changes noticed in the group: Would talk to others
directly. Would bring up topics of discussion including
problem situations. More eye contact. While in the beginning he would only say one or two words, he later began rambling on about a subject. Not as many negative remarks later.

**Subject's reactions:** He said that he liked the group and thought it was fun. He was hesitant about being in another group unless it was during the summer since the room tended to be cold, "It'd be too cold again, you freeze."

**Changes noted by instructor:** "Is talking to other people more."

---

**Group 4 (control) Members**

**Group Member 4A:**

**Participation in the group:** "Regular contributor, mainly in the form of agreement or disagreement with the subject being discussed. Good listener. Most animated in talking about herself, her boyfriend and family."

**Changes noticed in the group:** "Began to expand her comments somewhat and assert herself. Began to focus attention toward the group asking others, 'what do you think of that?'".

**Subject's reactions:** She said she liked the group. She felt it helped her, but could not say how.
Changes noted by instructor: No noticeable changes. "Still has up and down days."

Group Member 4B:

Participation in the group: "Participated in only a few topics, usually antisocial in nature - sex, drugs, horror movies, stories of violence. Easily "taken in" by others' stories. Slept through portions of some sessions.

Changes noticed in the group: "Contributions grew in length. Directed comments to other group members besides just to group leader."

Subject's reactions: He said he liked the group and felt it helped him but could not say how.

Changes noted by instructor: Saw no improved behavior. Had one very bad day when he broke down crying after pressure had been building over a number of days.

Group Member 4C:

Participation in the group: "Constant participant, although much of his conversation was abrupt. 'Scholar' of the group in his posture, wealth of information and authoritative speaking manner. Not afraid to admit his fears. Helped bring grandiose tales back down to earth. Excellent listener."
Changes noticed in the group: "Little change."

Subject's reactions: He said he liked it and it helped him by talking about "all kinds of things."

Changes noted by instructor: "Dramatic changes. Asks to do things. Initiates conversation. Laughs out loud."

Group Member 4D:

Participation in the group: "Good listener. Could participate in a wide range of topics. Insisted on getting answers to his questions. Occasionally misunderstood the conversation and came out with irrelevant comments. At times, he seemed extremely self-deprecating but at other times he came to his own defense and to the defense of others."

Changes noticed in the group: "His ability to question others, rather than just agree or disagree, increased over time."

Subject's reactions: He liked the group but felt the room was too crowded and did not like the fact that several others occasionally fell asleep. "What're they doing sleeping?" He was not interested in being in another group because he did not want to lose money for work time.

Changes noted by instructor: He seemed to have been more upset lately which may have been related to problems
at home. Very worried about money and his job. Seemed very angry and ready to explode.

Group Member 4E:

**Participation in the group:** "Often slept. Had difficulty following the topics. Had a tendency to get off on story telling tangents."

**Changes noticed in the group:** "He spent some portions of the last sessions sleeping. When involved, he seemed better able to stick to the subject."

**Subject's reactions:** He said he liked being in the group.

**Changes noted by instructor:** "Seems a little more attentive to what's going on around him."

Group Member 4F:

**Participation in the group:** "Participated a good deal and at times was an effective facilitator for the group. Very supportive of others. Was good at drawing others into the conversation."

**Changes noticed in the group:** "Was able to focus more on the other group members than just on the group leader."

**Subject's reactions:** He said he liked the group very much but did not like the arguments. He felt it helped him learn "how to behave myself."
Changes noted by instructor: "Has been trying not to be so affected by others' teasing."

Group Member 4G:

Participation in the group: "Participated more than any other member. Tended to dominate conversation. Stories about himself seemed to be based on TV and then embellished. Worked hard to project a "macho" image."

Changes in the group: Tended to become more flamboyant and tried to become more physical with the group leader.

Subject's reactions: "I loved it." He also felt that the group had helped him solve his problems.

Changes noted by instructor: No noticeable changes.
CHAPTER V

STATISTICAL RESULTS

The results of this study will be presented in the order of reliability data and then data related to the research questions.

Reliability Data

To assess the overall reliability of Form C of the Coopersmith Self-Esteem Inventory on the 22 adults who participated in the test-retest study, a Pearson Product Moment Correlation was done between the subjects total scores at time_1 and time_2. The overall reliability for the total score was .83 which is statistically significant at .001 level.

Table 4 presents the Pearson Product Moment correlations done on the responses of the 22 test-retest subjects to the Videotape Questionnaire. Correlations are reported for the number of responses for the eleven individual situations and for the total score to all eleven situations (see page 61). Reliability correlations for the individual situations ranged from .02 to .69. Only three of these situations, a woman being called names by another woman, a man being bothered by a co-worker, and a man left when a woman walks out, were statistically significant. The reliability coefficient for the entire 11 scenes was .77 which was significant at < .001 level.
TABLE 4

PEARSON PRODUCT MOMENT CORRELATIONS OF TEST-RETEST SCORES FOR NUMBER OF RELEVANT RESPONSES TO INDIVIDUAL SITUATIONS, GROUPS OF SITUATIONS, AND TOTAL SITUATIONS ON VIDEOTAPE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Individual Situations</th>
<th>Test-Reetest Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Woman being called names</td>
<td>.55 **</td>
</tr>
<tr>
<td>2. Woman wanting a boyfriend</td>
<td>.39</td>
</tr>
<tr>
<td>3. Man not invited to a party</td>
<td>.27</td>
</tr>
<tr>
<td>4. Man left when woman walks out</td>
<td>.69 ****</td>
</tr>
<tr>
<td>5. Woman who wants to wear t-shirt</td>
<td>.02</td>
</tr>
<tr>
<td>6. Man who wants to go to the movies</td>
<td>.31</td>
</tr>
<tr>
<td>7. Woman who hears best friend has been talking about her</td>
<td>.20</td>
</tr>
<tr>
<td>8. Man being bothered by co-worker</td>
<td>.63 ***</td>
</tr>
<tr>
<td>9. Woman who doesn't understand the directions</td>
<td>.33</td>
</tr>
<tr>
<td>10. Man who doesn't get attention from instructor</td>
<td>.37</td>
</tr>
<tr>
<td>11. Woman bored with her work</td>
<td>.12</td>
</tr>
<tr>
<td>Total Situations (1-11)</td>
<td>.77 ****</td>
</tr>
</tbody>
</table>

* Significant at $\leq .05$ level
** Significant at $\leq .01$ level
*** Significant at $\leq .005$ level
**** Significant at $\leq .001$ level
Test-Retest correlations were also computed for the types of responses to the total situations. Table 5 presents these correlations. Again the subjects were the 22 persons in the pilot study. Of the test-retest correlations of the 33 types of responses, 16 were statistically significant at .05 level of which 11 were significant at .001 level. Of the responses not reaching statistical significance most had a very low number of responses, below 10 responses for all 22 subjects on time 1. The exceptions are "Find something else to do" which had a response of 17 and "Give in to the person" which was used 31 times. "Try not to worry" and "Make an excuse" were not used at all.

Of the statistically significant test-retest correlations of types of responses, most had a higher number of responses for all 22 subjects ranging between 13 and 41 uses of that category on time 1. The exceptions were "Fight physically" which was only used once, "Try an action on one's own" which was used six times, and "Do the same thing to the other person" which was used five times.

Research Questions 1-4

The first four research questions used data from Time 1 of all 22 pilot study subjects and the 28 final study subjects, making a total of 50 Ss, 23 males and 27 females. Time 1 was used so as not to contaminate the data with the effects of treatment for the final study subjects. Question 3 concerning sex differences is incorporated into questions 1 and 2.
<table>
<thead>
<tr>
<th>Types of Responses</th>
<th>Response Frequency</th>
<th>Test-Retest Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description of scene</td>
<td>4</td>
<td>.15</td>
</tr>
<tr>
<td>Description of feeling</td>
<td>14</td>
<td>.73 ****</td>
</tr>
<tr>
<td>Description of consequence</td>
<td>2</td>
<td>-.07</td>
</tr>
<tr>
<td>Statement of what person should have done</td>
<td>19</td>
<td>.51 *</td>
</tr>
<tr>
<td>Report to parents</td>
<td>8</td>
<td>.29</td>
</tr>
<tr>
<td>Report to workshop staff</td>
<td>14</td>
<td>.69 ****</td>
</tr>
<tr>
<td>Report to some other authority</td>
<td>10</td>
<td>.22</td>
</tr>
<tr>
<td>Talk over with person involved</td>
<td>31</td>
<td>.77 ****</td>
</tr>
<tr>
<td>Talk over with some other person</td>
<td>15</td>
<td>.82 ****</td>
</tr>
<tr>
<td>Ignore the person</td>
<td>26</td>
<td>.69 ****</td>
</tr>
<tr>
<td>Leave the situation physically</td>
<td>17</td>
<td>.51</td>
</tr>
<tr>
<td>Make a sarcastic remark</td>
<td>22</td>
<td>-.07</td>
</tr>
<tr>
<td>Fight or argue verbally</td>
<td>5</td>
<td>.10</td>
</tr>
<tr>
<td>Fight physically</td>
<td>1</td>
<td>.69 ****</td>
</tr>
<tr>
<td>Find something else to do</td>
<td>17</td>
<td>.40</td>
</tr>
<tr>
<td>Ask for help</td>
<td>2</td>
<td>.08</td>
</tr>
<tr>
<td>Ask for clarification</td>
<td>10</td>
<td>.38</td>
</tr>
<tr>
<td>Stand up for oneself</td>
<td>27</td>
<td>.78 ****</td>
</tr>
<tr>
<td>Try not to worry</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Do nothing</td>
<td>17</td>
<td>.55 *</td>
</tr>
<tr>
<td>Make excuse</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Make a compromise</td>
<td>3</td>
<td>-.12</td>
</tr>
<tr>
<td>Give in to the other person</td>
<td>31</td>
<td>.35</td>
</tr>
<tr>
<td>Initiate meeting or talking</td>
<td>41</td>
<td>.49 *</td>
</tr>
<tr>
<td>Try an action on one's own</td>
<td>6</td>
<td>.50 *</td>
</tr>
<tr>
<td>Think about the situation</td>
<td>3</td>
<td>.15</td>
</tr>
<tr>
<td>Do the same thing to other person</td>
<td>5</td>
<td>.77 ****</td>
</tr>
<tr>
<td>Release emotions</td>
<td>1</td>
<td>.05</td>
</tr>
<tr>
<td>Get another job</td>
<td>11</td>
<td>1.00 ****</td>
</tr>
<tr>
<td>Stop working</td>
<td>1</td>
<td>.35</td>
</tr>
<tr>
<td>Don't know</td>
<td>25</td>
<td>.83 ****</td>
</tr>
<tr>
<td>Irrelevant response</td>
<td>26</td>
<td>.81 ****</td>
</tr>
<tr>
<td>Response not able to be understood</td>
<td>5</td>
<td>.05</td>
</tr>
</tbody>
</table>

* Significant at $\leq .05$ level
** Significant at $\leq .01$ level
*** Significant at $\leq .005$ level
**** Significant at $\leq .001$ level
Research Question 1: Will there be any significant relationship between the number of relevant alternative solutions generated to personal or interpersonal problems and self-esteem for adults in the study population?

Relevant responses were defined as all the responses minus the descriptive, don't know, irrelevant, and response not able to be understood.

Table 6 presents the means, standard deviations and correlation coefficients between the total scores on the Coopersmith Self-Esteem Inventory and the numbers of relevant responses to the Videotape Questionnaire. Women scored slightly higher on the Coopersmith, while men scored slightly higher on the Videotape Questionnaire. None of the correlations between the Coopersmith and the Videotape Questionnaire were statistically significant and all were slightly negatively correlated; -.248 for men, -.054 for women, and -.157 for all subjects.

Research Question 2: Will there be any significant relationship between the number of relevant alternative solutions generated to personal or interpersonal problems and coping abilities for adults in the study population?

Table 7 presents the means and standard deviations of the Adaptive Behavior Scale Domains, Part I while Table 8 presents Part II Domains for all males, all females and all subjects. It should be noted that some of the Part II domains were very seldom used in describing the behavior of the subjects. Means that were
<table>
<thead>
<tr>
<th></th>
<th>Coopersmith Self-Esteem Inventory</th>
<th>Videotape Questionnaire</th>
<th>Correlation Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means</td>
<td>13.17</td>
<td>15.13</td>
<td>-.248</td>
</tr>
<tr>
<td>SD</td>
<td>3.71</td>
<td>7.38</td>
<td></td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=27</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means</td>
<td>15.52</td>
<td>14.00</td>
<td>-.054</td>
</tr>
<tr>
<td>SD</td>
<td>4.14</td>
<td>6.86</td>
<td></td>
</tr>
<tr>
<td><strong>All</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N=50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means</td>
<td>14.44</td>
<td>14.52</td>
<td>-.157</td>
</tr>
<tr>
<td>SD</td>
<td>4.09</td>
<td>7.05</td>
<td></td>
</tr>
<tr>
<td>Domains</td>
<td>Males Means</td>
<td>N=23 SD</td>
<td>Females Means</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------</td>
<td>---------</td>
<td>---------------</td>
</tr>
<tr>
<td>I Independent Functioning</td>
<td>93.56</td>
<td>6.39</td>
<td>92.56</td>
</tr>
<tr>
<td>II Physical Development</td>
<td>22.61</td>
<td>2.02</td>
<td>22.15</td>
</tr>
<tr>
<td>III Economic Activity</td>
<td>9.43</td>
<td>4.06</td>
<td>6.63</td>
</tr>
<tr>
<td>IV Language Development</td>
<td>30.17</td>
<td>5.48</td>
<td>28.63</td>
</tr>
<tr>
<td>V Numbers and Time</td>
<td>8.52</td>
<td>2.86</td>
<td>8.81</td>
</tr>
<tr>
<td>VI Domestic Activity</td>
<td>11.00</td>
<td>4.32</td>
<td>12.55</td>
</tr>
<tr>
<td>VII Vocational Activity</td>
<td>8.83</td>
<td>1.82</td>
<td>8.70</td>
</tr>
<tr>
<td>VIII Self-Direc.</td>
<td>16.91</td>
<td>3.49</td>
<td>15.93</td>
</tr>
<tr>
<td>IX Responsibility</td>
<td>4.91</td>
<td>.73</td>
<td>4.70</td>
</tr>
<tr>
<td>X Socialization</td>
<td>21.35</td>
<td>2.84</td>
<td>21.11</td>
</tr>
<tr>
<td>Part I Total</td>
<td>227.30</td>
<td>26.47</td>
<td>221.78</td>
</tr>
<tr>
<td>Domains</td>
<td>Males N=23</td>
<td>Females N=27</td>
<td>All N=50</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------</td>
<td>--------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
<td>Means</td>
</tr>
<tr>
<td>I Violent &amp; Destructive Behavior</td>
<td>1.74</td>
<td>2.28</td>
<td>.59</td>
</tr>
<tr>
<td>II Antisocial Behavior</td>
<td>5.74</td>
<td>4.59</td>
<td>4.11</td>
</tr>
<tr>
<td>III Rebellious Behavior</td>
<td>4.83</td>
<td>4.60</td>
<td>3.26</td>
</tr>
<tr>
<td>IV Untrustworthy Behavior</td>
<td>1.49</td>
<td>2.13</td>
<td>2.41</td>
</tr>
<tr>
<td>V Withdrawal</td>
<td>2.70</td>
<td>4.60</td>
<td>1.04</td>
</tr>
<tr>
<td>VI Stereotyped Beh. &amp; Odd Mnrsm.</td>
<td>.91</td>
<td>2.13</td>
<td>.22</td>
</tr>
<tr>
<td>VII Inappropriate Interpersonal Manners</td>
<td>.70</td>
<td>1.40</td>
<td>.19</td>
</tr>
<tr>
<td>VIII Unacceptable Vocal Habits</td>
<td>1.13</td>
<td>1.84</td>
<td>.56</td>
</tr>
<tr>
<td>IX Unacceptable Ecc. Habits</td>
<td>.12</td>
<td>.34</td>
<td>.26</td>
</tr>
<tr>
<td>X Self-Abusive Behavior</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>XI Hyperactive Behavior</td>
<td>.39</td>
<td>.84</td>
<td>.33</td>
</tr>
<tr>
<td>XII Sexually Aber. Behavior</td>
<td>.26</td>
<td>.62</td>
<td>.37</td>
</tr>
<tr>
<td>XIII Psychological Disturbances</td>
<td>6.09</td>
<td>5.95</td>
<td>8.78</td>
</tr>
<tr>
<td>Part II Total</td>
<td>26.09</td>
<td>17.92</td>
<td>22.11</td>
</tr>
</tbody>
</table>
less than 1.00 for males were Stereotyped Behavior and Odd Mannerisms, Inappropriate Interpersonal Manners, Unacceptable or Eccentric Habits, Hyperactive Behavior and Sexually Aberrant Behavior. Means that were less than 1.00 for females were Violent and Destructive Behavior, Stereotyped Behavior and Odd Mannerisms, Inappropriate Interpersonal Manners, Unacceptable Vocal Habits, Unacceptable or Eccentric Habits, Hyperactive Behavior and Sexually Aberrant Behavior. The Self-Abusive Domain was not used for either males or females.

Table 9 shows the correlation coefficients between the numbers of relevant responses to the Videotape Questionnaire and Part 1 Domains of the ABS for all males, all females and all subjects. Only one of these correlations was statistically significant, that being the correlation between Economic Activity and the Videotape Questionnaire for all 50 subjects which was .292, significant at .05 level. Surprisingly, Independent Functioning, Vocational Activity and Self-Direction were slightly negatively correlated with the Videotape responses for male subjects and physical development and responsibility were negatively correlated with the videotape responses for female subjects.

The correlation coefficients between the number of relevant responses to the Videotape Questionnaire and Part II Domains of the ABS for all males, all females and all subjects are shown in Table 10. Again, only one of these correlations was statistically significant, Unacceptable or Eccentric Habits for female subjects (-.387 significant at .05 level). Most of these correlations were negative.
TABLE 9

CORRELATION COEFFICIENTS BETWEEN NUMBERS OF RELEVANT RESPONSES TO THE VIDEOTAPE QUESTIONNAIRE AND PART 1 DOMAINS OF THE ADAPTIVE BEHAVIOR SCALE FOR ALL MALES, ALL FEMALES, AND ALL SUBJECTS

<table>
<thead>
<tr>
<th>Domains</th>
<th>Males N=23</th>
<th>Females N=27</th>
<th>All N=50</th>
</tr>
</thead>
<tbody>
<tr>
<td>I  Independent Functioning</td>
<td>-.137</td>
<td>.208</td>
<td>.065</td>
</tr>
<tr>
<td>II Physical Development</td>
<td>.159</td>
<td>-.107</td>
<td>.036</td>
</tr>
<tr>
<td>III Economic Activity</td>
<td>.335</td>
<td>.224</td>
<td>.292*</td>
</tr>
<tr>
<td>IV Language Development</td>
<td>.008</td>
<td>.302</td>
<td>.175</td>
</tr>
<tr>
<td>V  Numbers and Time</td>
<td>.145</td>
<td>.175</td>
<td>.153</td>
</tr>
<tr>
<td>VI Domestic Activity</td>
<td>.074</td>
<td>.109</td>
<td>.062</td>
</tr>
<tr>
<td>VII Vocational Activity</td>
<td>-.221</td>
<td>.194</td>
<td>-.015</td>
</tr>
<tr>
<td>VIII Self-Direction</td>
<td>-.077</td>
<td>.239</td>
<td>.092</td>
</tr>
<tr>
<td>IX Responsibility</td>
<td>.212</td>
<td>-.111</td>
<td>.035</td>
</tr>
<tr>
<td>X  Socialization</td>
<td>.065</td>
<td>.287</td>
<td>.186</td>
</tr>
<tr>
<td>Part 1 Total</td>
<td>.048</td>
<td>.310</td>
<td>.175</td>
</tr>
</tbody>
</table>

* Significant at ≤.05 level
<table>
<thead>
<tr>
<th>Domains</th>
<th>Males N=23</th>
<th>Females N=27</th>
<th>All N=50</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Violent &amp; Destructive Behavior</td>
<td>-.111</td>
<td>-.058</td>
<td>-.059</td>
</tr>
<tr>
<td>II Antisocial Behavior</td>
<td>.076</td>
<td>.195</td>
<td>.149</td>
</tr>
<tr>
<td>III Rebellious Behavior</td>
<td>-.062</td>
<td>-.438</td>
<td>-.178</td>
</tr>
<tr>
<td>IV Untrustworthy Behavior</td>
<td>.181</td>
<td>.127</td>
<td>.129</td>
</tr>
<tr>
<td>V Withdrawal</td>
<td>-.011</td>
<td>-.181</td>
<td>-.040</td>
</tr>
<tr>
<td>VI Stereotyped Behavior &amp; Odd Mannerisms</td>
<td>-.011</td>
<td>.329</td>
<td>.087</td>
</tr>
<tr>
<td>VII Inappropriate Interpersonal Manners</td>
<td>-.239</td>
<td>-.372</td>
<td>-.231</td>
</tr>
<tr>
<td>VIII Unacceptable Vocal Habits</td>
<td>-.396</td>
<td>-.007</td>
<td>-.231</td>
</tr>
<tr>
<td>IX Unacceptable or Eccentric Habits</td>
<td>-.007</td>
<td>-.387*</td>
<td>-.253</td>
</tr>
<tr>
<td>X Self-Abusive Behavior</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>XI Hyperactive Behavior</td>
<td>.138</td>
<td>.296</td>
<td>.222</td>
</tr>
<tr>
<td>XII Sexually Aberrant Behavior</td>
<td>-.127</td>
<td>-.150</td>
<td>-.142</td>
</tr>
<tr>
<td>XIII Psychological Disturbances</td>
<td>.161</td>
<td>-.179</td>
<td>-.046</td>
</tr>
<tr>
<td>Part II Total</td>
<td>.003</td>
<td>-.116</td>
<td>-.043</td>
</tr>
</tbody>
</table>

* Significant at ≤ .05 level
Research Question 4: Are adults in the study population able to think of a number of different types of ways of dealing with personal or interpersonal problems?

Tables 11, 12, and 13 give the rank ordering, means and standard deviations of all relevant types of responses to the Videotape Questionnaire for all males, females and all subjects respectively. These rank orderings should not be taken as "absolutes" due to the low test-retest reliability and low frequency of responses to some of the types of responses. However, they do provide an approximate overview and suggest that the subjects were able to think of a variety of types of responses to handle the problems presented.

Research Questions 5-8

The last four research questions used data only from the final study for which there were 28 total subjects: 5 males and 10 females in the Treatment Groups and 8 males and 5 females in the Control Groups. Question 8 concerning sex differences is incorporated into questions 5-7.

Research Question 5: Can the number of relevant alternative solutions generated by adults in the study population for interpersonal or personal problems be increased by participation in the training program?

Table 14 presents the means and standard deviations of the total number of relevant responses to the Videotape Questionnaire for the
TABLE 11
RANK ORDERING, MEANS, AND STANDARD DEVIATIONS OF ALL RELEVANT TYPES OF RESPONSES TO THE VIDEOTAPE QUESTIONNAIRE FOR ALL MALE SUBJECTS  N=23

<table>
<thead>
<tr>
<th>Type of Response</th>
<th>Means</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Talk over with person involved.</td>
<td>2.00</td>
<td>2.50</td>
</tr>
<tr>
<td>2. Give in to the other person.</td>
<td>1.43</td>
<td>.73</td>
</tr>
<tr>
<td>3. Leave the situation physically.</td>
<td>1.39</td>
<td>1.23</td>
</tr>
<tr>
<td>4. Stand up for oneself.</td>
<td>1.35</td>
<td>1.30</td>
</tr>
<tr>
<td>5. Do nothing.</td>
<td>1.30</td>
<td>1.79</td>
</tr>
<tr>
<td>6. Ignore the other person.</td>
<td>1.09</td>
<td>1.00</td>
</tr>
<tr>
<td>7. Try an action on one's own.</td>
<td>1.00</td>
<td>1.24</td>
</tr>
<tr>
<td>8. Initiate meeting, talking or doing something with somebody.</td>
<td>.96</td>
<td>1.22</td>
</tr>
<tr>
<td>9. Find something else to do.</td>
<td>.74</td>
<td>.81</td>
</tr>
<tr>
<td>10. Talk over with someone other than the person involved.</td>
<td>.57</td>
<td>.84</td>
</tr>
<tr>
<td>11. Report to workshop staff.</td>
<td>.52</td>
<td>.79</td>
</tr>
<tr>
<td>Get another job.</td>
<td>.52</td>
<td>.79</td>
</tr>
<tr>
<td>12. Ask for clarification or explanation.</td>
<td>.43</td>
<td>.59</td>
</tr>
<tr>
<td>13. Fight or argue verbally.</td>
<td>.39</td>
<td>.58</td>
</tr>
<tr>
<td>14. Report to some other authority.</td>
<td>.26</td>
<td>.54</td>
</tr>
<tr>
<td>Do the same thing to the other person.</td>
<td>.26</td>
<td>.62</td>
</tr>
<tr>
<td>15. Make a compromise or negotiation.</td>
<td>.17</td>
<td>.39</td>
</tr>
<tr>
<td>16. Report to parents.</td>
<td>.13</td>
<td>.46</td>
</tr>
<tr>
<td>Make a sarcastic remark or insult the person.</td>
<td>.13</td>
<td>.46</td>
</tr>
<tr>
<td>Fight physically.</td>
<td>.13</td>
<td>.34</td>
</tr>
<tr>
<td>Think about the situation for awhile.</td>
<td>.13</td>
<td>.34</td>
</tr>
<tr>
<td>17. Ask for help.</td>
<td>.09</td>
<td>.29</td>
</tr>
<tr>
<td>18. Stop working.</td>
<td>.09</td>
<td>.20</td>
</tr>
<tr>
<td>19. Try not to worry about the situation.</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>Release emotions.</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>Make an excuse for own behavior.</td>
<td>.00</td>
<td>.00</td>
</tr>
</tbody>
</table>
TABLE 12

RANK ORDERING, MEANS, AND STANDARD DEVIATIONS OF ALL RELEVANT TYPES OF RESPONSES TO THE VIDEOTAPE QUESTIONNAIRE FOR ALL FEMALE SUBJECTS  
\(N=27\)

<table>
<thead>
<tr>
<th>Types of Response</th>
<th>Means</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Talk over with the person involved.</td>
<td>2.37</td>
<td>2.37</td>
</tr>
<tr>
<td>2. Initiate meeting, talking, or doing something with someone.</td>
<td>1.30</td>
<td>1.17</td>
</tr>
<tr>
<td>3. Give in to the other person.</td>
<td>1.22</td>
<td>.85</td>
</tr>
<tr>
<td>4. Try an action on one's own</td>
<td>1.15</td>
<td>1.79</td>
</tr>
<tr>
<td>5. Stand up for oneself.</td>
<td>1.07</td>
<td>1.30</td>
</tr>
<tr>
<td>6. Ignore the other person.</td>
<td>1.00</td>
<td>1.90</td>
</tr>
<tr>
<td>7. Do nothing.</td>
<td>.93</td>
<td>1.27</td>
</tr>
<tr>
<td>8. Talk over with someone other than the person involved</td>
<td>.81</td>
<td>1.54</td>
</tr>
<tr>
<td>9. Leave the situation physically.</td>
<td>.67</td>
<td>1.18</td>
</tr>
<tr>
<td>10. Report to workshop staff.</td>
<td>.59</td>
<td>1.01</td>
</tr>
<tr>
<td>11. Find something else to do.</td>
<td>.52</td>
<td>1.05</td>
</tr>
<tr>
<td>12. Get another job.</td>
<td>.30</td>
<td>.47</td>
</tr>
<tr>
<td>13. Ask for clarification or explanation.</td>
<td>.30</td>
<td>.47</td>
</tr>
<tr>
<td>14. Make a sarcastic remark or insult the person.</td>
<td>.19</td>
<td>.48</td>
</tr>
<tr>
<td>15. Think about the situation for awhile.</td>
<td>.19</td>
<td>.48</td>
</tr>
<tr>
<td>16. Do the same thing to the other person.</td>
<td>.15</td>
<td>.36</td>
</tr>
<tr>
<td>17. Ask for help.</td>
<td>.11</td>
<td>.32</td>
</tr>
<tr>
<td>18. Make an excuse for own behavior.</td>
<td>.07</td>
<td>.27</td>
</tr>
<tr>
<td>19. Try not to worry about the situation.</td>
<td>.07</td>
<td>.27</td>
</tr>
<tr>
<td>20. Fight or argue verbally.</td>
<td>.04</td>
<td>.19</td>
</tr>
<tr>
<td>21. Make a compromise or negotiation.</td>
<td>.04</td>
<td>.19</td>
</tr>
<tr>
<td>22. Release emotions.</td>
<td>.04</td>
<td>.19</td>
</tr>
<tr>
<td>23. Fight physically.</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>24. Stop working.</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>Types of Response</td>
<td>Means</td>
<td>SD</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>1. Talk over with other person.</td>
<td>2.20</td>
<td>2.41</td>
</tr>
<tr>
<td>2. Give in to the other person.</td>
<td>1.32</td>
<td>.79</td>
</tr>
<tr>
<td>3. Stand up for oneself.</td>
<td>1.20</td>
<td>1.29</td>
</tr>
<tr>
<td>4. Initiate meeting, talking or doing something with somebody.</td>
<td>1.14</td>
<td>1.20</td>
</tr>
<tr>
<td>5. Do nothing.</td>
<td>1.10</td>
<td>1.53</td>
</tr>
<tr>
<td>6. Try an action on one's own.</td>
<td>1.08</td>
<td>1.55</td>
</tr>
<tr>
<td>7. Ignore the other person.</td>
<td>1.04</td>
<td>1.54</td>
</tr>
<tr>
<td>8. Leave the situation.</td>
<td>1.00</td>
<td>1.25</td>
</tr>
<tr>
<td>9. Talk over with someone other than the person involved.</td>
<td>.70</td>
<td>1.27</td>
</tr>
<tr>
<td>10. Find something else to do.</td>
<td>.62</td>
<td>.95</td>
</tr>
<tr>
<td>11. Report to workshop staff.</td>
<td>.56</td>
<td>.91</td>
</tr>
<tr>
<td>12. Get another job.</td>
<td>.40</td>
<td>.64</td>
</tr>
<tr>
<td>13. Ask for clarification or an explanation.</td>
<td>.36</td>
<td>.53</td>
</tr>
<tr>
<td>14. Fight or argue verbally.</td>
<td>.28</td>
<td>.54</td>
</tr>
<tr>
<td>15. Report to some authority.</td>
<td>.24</td>
<td>.56</td>
</tr>
<tr>
<td>16. Report to parents.</td>
<td>.18</td>
<td>.66</td>
</tr>
<tr>
<td>Do the same thing to other person.</td>
<td>.18</td>
<td>.48</td>
</tr>
<tr>
<td>17. Make a sarcastic remark.</td>
<td>.16</td>
<td>.47</td>
</tr>
<tr>
<td>18. Think about the situation for awhile.</td>
<td>.14</td>
<td>.35</td>
</tr>
<tr>
<td>19. Make a compromise or negotiation.</td>
<td>.10</td>
<td>.30</td>
</tr>
<tr>
<td>20. Ask for help.</td>
<td>.08</td>
<td>.27</td>
</tr>
<tr>
<td>21. Fight physically.</td>
<td>.06</td>
<td>.24</td>
</tr>
<tr>
<td>Stop working</td>
<td>.06</td>
<td>.24</td>
</tr>
<tr>
<td>22. Make an excuse for own behavior.</td>
<td>.02</td>
<td>.14</td>
</tr>
<tr>
<td>Release emotions.</td>
<td>.02</td>
<td>.14</td>
</tr>
<tr>
<td>23. Try not to worry about the situation.</td>
<td>.00</td>
<td>.00</td>
</tr>
</tbody>
</table>
TABLE 14

MEANS AND STANDARD DEVIATIONS OF TOTAL NUMBER OF RELEVANT RESPONSES TO THE VIDEOTAPE QUESTIONNAIRE FOR THE TREATMENT GROUPS, CONTROL GROUPS, ALL FEMALES AND ALL MALES FOR TIME 1 (PRE-TEST) AND TIME 2 (POST-TEST)

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
<td>Means</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=5</td>
<td>15.80</td>
<td>4.09</td>
<td>23.20</td>
<td>4.69</td>
</tr>
<tr>
<td>Females N=10</td>
<td>12.20</td>
<td>7.54</td>
<td>26.70</td>
<td>10.71</td>
</tr>
<tr>
<td>All N=15</td>
<td>13.40</td>
<td>6.66</td>
<td>25.53</td>
<td>9.10</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=8</td>
<td>16.25</td>
<td>8.07</td>
<td>11.88</td>
<td>7.16</td>
</tr>
<tr>
<td>Females N=5</td>
<td>14.20</td>
<td>7.01</td>
<td>18.80</td>
<td>6.06</td>
</tr>
<tr>
<td>All N=13</td>
<td>15.46</td>
<td>7.44</td>
<td>14.54</td>
<td>7.38</td>
</tr>
<tr>
<td><strong>All Females</strong></td>
<td>12.87</td>
<td>7.18</td>
<td>24.07</td>
<td>9.95</td>
</tr>
<tr>
<td><strong>All Males</strong></td>
<td>16.08</td>
<td>6.60</td>
<td>16.23</td>
<td>8.37</td>
</tr>
</tbody>
</table>
treatment groups, control groups, all females and all males for time<sub>1</sub> (pre-test) and time<sub>2</sub> (post-test).

The summary of the analysis of variance of the frequency of relevant responses to the videotape questionnaire is presented in Table 15. The results indicate that there were no significant differences between the groups or sexes in their number of relevant responses before they began either the treatment or control training sessions. Time had a significant effect at .001 level for all subjects on the number of relevant responses given. The treatment groups made significant increase in the number of responses given in comparison to the control group. This, too, was significant at .001 level. Sex was also a factor, with female subjects making significant improvement in comparison to male subjects. Again, this was at .001 level.

Research Question 6: Can the self-esteem of adults in the study population be increased by participation in the training program?

Table 16 presents the means and standard deviations of the total scores on the Coopersmith Self-Esteem Inventory for the treatment groups, control groups, all females and all males for time<sub>1</sub> (pre-test) and time<sub>2</sub> (post-test).

The summary of the analysis of variance on the Coopersmith Self-Esteem Inventory is presented in Table 17. The results show there were no significant differences between the groups or sexes
### TABLE 15

**SUMMARY OF ANALYSIS OF VARIANCE ON THE FREQUENCY OF RELEVANT RESPONSES TO THE VIDEOTAPE QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Source</th>
<th>Hypothesis</th>
<th>Error</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SS</td>
<td>df</td>
</tr>
<tr>
<td><strong>Between Subjects Effects</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group (G)</td>
<td>20.46</td>
<td>1</td>
</tr>
<tr>
<td>Sex (S)</td>
<td>1.66</td>
<td>1</td>
</tr>
<tr>
<td>G x S</td>
<td>1.80</td>
<td>1</td>
</tr>
<tr>
<td><strong>Within Subjects Effect: Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time (T)</td>
<td>46.92</td>
<td>1</td>
</tr>
<tr>
<td><strong>Interaction of Between Subjects Effects &amp; Time</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G x T</td>
<td>34.17</td>
<td>1</td>
</tr>
<tr>
<td>S x T</td>
<td>18.79</td>
<td>1</td>
</tr>
<tr>
<td>G x S x T</td>
<td>.26</td>
<td>1</td>
</tr>
</tbody>
</table>

**** Significant at .001 level
TABLE 16

MEANS AND STANDARD DEVIATIONS OF THE TOTAL SCORES ON THE COOPERSMITH SELF-ESTEEM INVENTORY FOR THE TREATMENT GROUPS, CONTROL GROUPS, ALL FEMALES AND ALL MALES FOR TIME 1 (PRE-TEST) AND TIME 2 (POST-TEST)

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th>Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=5</td>
<td>15.80</td>
<td>4.82</td>
</tr>
<tr>
<td>Females N=10</td>
<td>15.90</td>
<td>5.06</td>
</tr>
<tr>
<td>All N=15</td>
<td>15.87</td>
<td>4.81</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=8</td>
<td>13.12</td>
<td>3.09</td>
</tr>
<tr>
<td>Females N=5</td>
<td>14.80</td>
<td>3.70</td>
</tr>
<tr>
<td>All N=13</td>
<td>13.77</td>
<td>3.30</td>
</tr>
<tr>
<td>All Females N=15</td>
<td>15.53</td>
<td>4.55</td>
</tr>
<tr>
<td>All Males N=13</td>
<td>14.15</td>
<td>3.89</td>
</tr>
</tbody>
</table>
### TABLE 17

**ANALYSIS OF VARIANCE ON THE COOPERSMITH SELF-ESTEEM INVENTORY**

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Between Subjects effect</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group (G)</td>
<td>29.28</td>
<td>1</td>
<td>29.28</td>
<td>.92</td>
</tr>
<tr>
<td>Sex (S)</td>
<td>3.36</td>
<td>1</td>
<td>3.36</td>
<td>.11</td>
</tr>
<tr>
<td>G x S</td>
<td>15.84</td>
<td>1</td>
<td>15.84</td>
<td>.50</td>
</tr>
<tr>
<td><strong>Within Subjects Effect: Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time (T)</td>
<td>12.07</td>
<td>1</td>
<td>12.07</td>
<td>2.08</td>
</tr>
<tr>
<td><strong>Interaction of Between Subjects Effects &amp; Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G x T</td>
<td>1.80</td>
<td>1</td>
<td>1.80</td>
<td>.59</td>
</tr>
<tr>
<td>S x T</td>
<td>1.80</td>
<td>1</td>
<td>1.80</td>
<td>.31</td>
</tr>
<tr>
<td>G x S x T</td>
<td>1.35</td>
<td>1</td>
<td>1.35</td>
<td>.23</td>
</tr>
</tbody>
</table>
in their total scores on the **Coopersmith Self-Esteem Inventory** before either the treatment or control training sessions began. Neither time nor the type of group had a significant effect on the total scores on the **Coopersmith Self-Esteem Inventory**. All groups and sexes improved slightly except the females in the treatment group which stayed the same.

**Research Question 7:** Can the coping abilities at work of adults in the study population be increased by participation in the training program?

Table 18 presents the summary of the multivariate analysis of variance on the Adaptive Behavior Scale Part 1. The results indicate that there was a significant difference at $<.05$ level between the sexes in the total Part 1 scores before the training session. Females had a mean Part 1 score of 222.20 (SD 23.58) while males had a mean Part 1 score of 229.85 (SD 24.20). There was also a significant difference at $.05$ level between the treatment and control groups on Independent Functioning. The control groups had a mean Independent Functioning score of 95.77 (SD 4.70) while the treatment groups had a mean Independent Functioning score of 90.27 (SD 8.00). Time did not have a significant effect on any Part 1 domains when analyzed by itself. Time was significant in connection with the type of group and sex of the group members for Vocational Activity. The treatment group made a significant increase at $.05$ level in the Vocational Activity score which was $.27$ points. The difference was particularly significant for male treatment group members where
### TABLE 18

**SUMMARY OF MULTIVARIATE ANALYSIS OF VARIANCE ON THE ADAPTIVE BEHAVIOR SCALE PART I**

<table>
<thead>
<tr>
<th>Source</th>
<th>Hypothesis</th>
<th></th>
<th></th>
<th>Error</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SS</td>
<td>df</td>
<td>MS</td>
<td>SS</td>
<td>df</td>
<td>MS</td>
<td>F</td>
<td></td>
</tr>
<tr>
<td><strong>Between Subjects Effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group (G)</td>
<td>10</td>
<td>15</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functioning Physical Development</td>
<td>396.06</td>
<td>1</td>
<td>396.06</td>
<td>2162.56</td>
<td>24</td>
<td>90.11</td>
<td>4.40*</td>
<td></td>
</tr>
<tr>
<td>Economic Activity</td>
<td>17.11</td>
<td>1</td>
<td>17.11</td>
<td>131.14</td>
<td>24</td>
<td>5.46</td>
<td>3.13</td>
<td></td>
</tr>
<tr>
<td>Language Development</td>
<td>.29</td>
<td>1</td>
<td>.29</td>
<td>445.45</td>
<td>24</td>
<td>18.56</td>
<td>.02</td>
<td></td>
</tr>
<tr>
<td>Numbers &amp; Time Domestic Activity</td>
<td>53.79</td>
<td>1</td>
<td>53.79</td>
<td>1852.45</td>
<td>24</td>
<td>77.18</td>
<td>.70</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7.08</td>
<td>1</td>
<td>7.08</td>
<td>313.54</td>
<td>24</td>
<td>13.06</td>
<td>.54</td>
<td></td>
</tr>
<tr>
<td>Vocational Activity</td>
<td>22.05</td>
<td>1</td>
<td>22.05</td>
<td>55.75</td>
<td>24</td>
<td>23.16</td>
<td>.95</td>
<td></td>
</tr>
<tr>
<td>Sex (S)</td>
<td>10</td>
<td>15</td>
<td>2.58*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Functioning</td>
<td>.24</td>
<td>1</td>
<td>.24</td>
<td>2162.56</td>
<td>24</td>
<td>90.11</td>
<td>.00</td>
<td></td>
</tr>
<tr>
<td>Physical Development</td>
<td>.84</td>
<td>1</td>
<td>.84</td>
<td>131.14</td>
<td>24</td>
<td>5.46</td>
<td>.15</td>
<td></td>
</tr>
<tr>
<td>Economic Activity</td>
<td>64.80</td>
<td>1</td>
<td>64.80</td>
<td>445.45</td>
<td>24</td>
<td>18.56</td>
<td>3.49</td>
<td></td>
</tr>
<tr>
<td>Language Development</td>
<td>48.67</td>
<td>1</td>
<td>48.67</td>
<td>1852.45</td>
<td>24</td>
<td>77.18</td>
<td>.63</td>
<td></td>
</tr>
<tr>
<td>Numbers &amp; Time Domestic Activity</td>
<td>1.62</td>
<td>1</td>
<td>1.62</td>
<td>313.54</td>
<td>24</td>
<td>13.06</td>
<td>.12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>46.60</td>
<td>1</td>
<td>46.60</td>
<td>555.75</td>
<td>24</td>
<td>23.16</td>
<td>1.97</td>
<td></td>
</tr>
<tr>
<td>Voc. Act.</td>
<td>6.16</td>
<td>1</td>
<td>6.16</td>
<td>129.34</td>
<td>24</td>
<td>5.39</td>
<td>1.14</td>
<td></td>
</tr>
<tr>
<td>Self-dir.</td>
<td>40.90</td>
<td>1</td>
<td>40.90</td>
<td>382.55</td>
<td>24</td>
<td>15.94</td>
<td>2.57</td>
<td></td>
</tr>
<tr>
<td>Responsibility</td>
<td>2.96</td>
<td>1</td>
<td>2.96</td>
<td>30.64</td>
<td>24</td>
<td>1.28</td>
<td>2.32</td>
<td></td>
</tr>
<tr>
<td>Socialization</td>
<td>5.94</td>
<td>1</td>
<td>5.94</td>
<td>411.79</td>
<td>24</td>
<td>17.16</td>
<td>.35</td>
<td></td>
</tr>
<tr>
<td>G x S</td>
<td>10</td>
<td>15</td>
<td>1.12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 10 (continued)

<table>
<thead>
<tr>
<th>Source</th>
<th>Hypothesis</th>
<th>Error</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SS</td>
<td>df</td>
</tr>
</tbody>
</table>
| Within Subjects Effect: Time
| Time (T)        | 10  | 15  | .72 |
| Interaction of Between Subjects Effects & Time
| G x T           |     |     |     |
| Independent     |     |     |     |
| Functioning     | .03 | 1   | .03 | 3.60| 24  | .15 | .21 |
| Phys. Dev.      | .00 | 1   | .00 | .84 | 24  | .04 | .13 |
| Econ. Act.      | .01 | 1   | .01 | .45 | 24  | .02 | .43 |
| Lang. Dev.      | .01 | 1   | .01 | 17.85| 24  | .74 | .01 |
| Nos. & Time     | .08 | 1   | .08 | .84 | 24  | .04 | 2.42|
| Dom. Act.       | .00 | 1   | .00 | .00 | 24  | .00 | .00 |
| Voc. Act.       | .68 | 1   | .68 | 3.84| 24  | .16 | 4.28*|
| Self-Dir.       | .29 | 1   | .29 | 5.80| 24  | .24 | 1.19|
| Responsibility  | .22 | 1   | .22 | 4.04| 24  | .17 | 1.31|
| Socialization   | .02 | 1   | .02 | 9.89| 24  | .41 | .06 |
| S x T           |     |     |     |
| G x S x T       | .03 | 1   | .03 | 3.60| 24  | .15 | .21 |
| Indep. Func.    | .08 | 1   | .08 | .83 | 24  | .04 | 2.42|
| Phys. Dev.      | .01 | 1   | .01 | .45 | 24  | .02 | .43 |
| Econ. Act.      | .07 | 1   | .07 | 17.85| 24  | .74 | .10 |
| Lang. Dev.      | .08 | 1   | .08 | .84 | 24  | .04 | 2.42|
| Nos. & Time     | .00 | 1   | .00 | .00 | 24  | .00 | .00 |
| Dom. Act.       | .68 | 1   | .68 | 3.84| 24  | .16 | 4.28*|
| Voc. Act.       | .29 | 1   | .29 | 5.80| 24  | .24 | 1.19|
| Self-Dir.       | .22 | 1   | .22 | 4.04| 24  | .17 | 1.31|
| Responsibility  | 1.20| 1   | 1.20| 9.89| 24  | .41 | 2.91|

* Significant at $\leq .05$ level
the improvement was .80 points. Table 19 presents the means and standard deviations of Vocational Activity for the treatment and control groups for time₁ and time₂.

Table 20 presents the summary of the multivariate analysis of variance on the Adaptive Behavior Scale Part 2. The means and standard deviations of domains with significant findings--Psychological Disturbances, Antisocial Behavior, Rebellious Behavior, and Untrustworthy Behavior--for the treatment and control groups for time₁ and time₂ are presented in Table 21.

The results indicate a significant difference between the sexes and the groups before training sessions on Psychological Disturbances. The treatment groups scored significantly higher (at < .05 level) than the control groups, 11.87 to 4.46 respectively. The females scored significantly higher (at < .05 level) than the males, 11.47 to 4.92 respectively.

Time acted as a significant effect for four domains--Antisocial and Untrustworthy Behavior decreased significantly at .05 level after the treatment and control sessions, Psychological Disturbances decreased significantly at .01 level after the sessions, and Rebellious Behavior decreased significantly at .001 level.

Only one domain, Psychological Disturbances, showed a significant difference between the treatment and control groups' changes in scores following the sessions. The treatment groups decreased from 11.87 to 8.33, while the control groups actually increased from 4.46 to 4.69.
## TABLE 19

MEANS AND STANDARD DEVIATIONS OF VOCATIONAL ACTIVITY FOR THE TREATMENT AND CONTROL GROUPS FOR TIME 1 AND TIME 2

<table>
<thead>
<tr>
<th></th>
<th>Time 1 Means</th>
<th>Time 1 SD</th>
<th>Time 2 Means</th>
<th>Time 2 SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=5</td>
<td>8.80</td>
<td>1.64</td>
<td>9.60</td>
<td>.55</td>
</tr>
<tr>
<td>Females N=10</td>
<td>8.70</td>
<td>1.70</td>
<td>8.70</td>
<td>1.70</td>
</tr>
<tr>
<td>All N=15</td>
<td>8.73</td>
<td>1.62</td>
<td>9.00</td>
<td>1.46</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=8</td>
<td>9.75</td>
<td>1.39</td>
<td>9.62</td>
<td>1.41</td>
</tr>
<tr>
<td>Females N=5</td>
<td>8.80</td>
<td>2.28</td>
<td>8.80</td>
<td>2.28</td>
</tr>
<tr>
<td>All N=13</td>
<td>9.38</td>
<td>1.76</td>
<td>9.31</td>
<td>1.75</td>
</tr>
<tr>
<td>Source</td>
<td>SS</td>
<td>df</td>
<td>MS</td>
<td>SS</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----</td>
<td>----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Between Subjects Effects</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Group (G)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent</td>
<td>5.20</td>
<td>1</td>
<td>5.20</td>
<td>82.00</td>
</tr>
<tr>
<td>Antisocial</td>
<td>14.28</td>
<td>1</td>
<td>14.28</td>
<td>582.34</td>
</tr>
<tr>
<td>Rebellious</td>
<td>1.10</td>
<td>1</td>
<td>1.10</td>
<td>227.89</td>
</tr>
<tr>
<td>Untrustworthy</td>
<td>6.73</td>
<td>1</td>
<td>6.73</td>
<td>181.80</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>1.06</td>
<td>1</td>
<td>1.06</td>
<td>298.75</td>
</tr>
<tr>
<td>Stereo. Beh.</td>
<td>3.04</td>
<td>1</td>
<td>3.04</td>
<td>35.55</td>
</tr>
<tr>
<td>Inappropriate Intper. Man.</td>
<td>.18</td>
<td>1</td>
<td>.18</td>
<td>23.44</td>
</tr>
<tr>
<td>Unaccept. Voc. Habits</td>
<td>.10</td>
<td>1</td>
<td>.10</td>
<td>67.55</td>
</tr>
<tr>
<td>Ecc. Habits</td>
<td>.01</td>
<td>1</td>
<td>.01</td>
<td>11.44</td>
</tr>
<tr>
<td>Self-Abus. Beh.</td>
<td>.00</td>
<td>1</td>
<td>.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Hyperac. Tend.</td>
<td>.00</td>
<td>1</td>
<td>.00</td>
<td>9.40</td>
</tr>
<tr>
<td>Sex. Aberrant</td>
<td>2.31</td>
<td>1</td>
<td>2.31</td>
<td>50.40</td>
</tr>
<tr>
<td>Psych. Dist.</td>
<td>216.48</td>
<td>1</td>
<td>216.48</td>
<td>942.85</td>
</tr>
<tr>
<td><strong>Sex (S)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Violent</td>
<td>9.52</td>
<td>1</td>
<td>9.52</td>
<td>82.00</td>
</tr>
<tr>
<td>Antisocial</td>
<td>2.66</td>
<td>1</td>
<td>2.66</td>
<td>582.34</td>
</tr>
<tr>
<td>Rebellious</td>
<td>4.51</td>
<td>1</td>
<td>4.51</td>
<td>227.89</td>
</tr>
<tr>
<td>Untrustworthy</td>
<td>25.99</td>
<td>1</td>
<td>25.99</td>
<td>181.80</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>18.82</td>
<td>1</td>
<td>18.82</td>
<td>298.75</td>
</tr>
<tr>
<td>Stereo. Beh.</td>
<td>1.25</td>
<td>1</td>
<td>1.25</td>
<td>35.55</td>
</tr>
<tr>
<td>Inappropriate Intper. Man.</td>
<td>.18</td>
<td>1</td>
<td>.18</td>
<td>23.44</td>
</tr>
<tr>
<td>Unaccept. Voc. Habits</td>
<td>.45</td>
<td>1</td>
<td>.45</td>
<td>67.55</td>
</tr>
<tr>
<td>Ecc. Habits</td>
<td>.92</td>
<td>1</td>
<td>.92</td>
<td>11.44</td>
</tr>
<tr>
<td>Self-Abus. Beh.</td>
<td>.00</td>
<td>1</td>
<td>.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Hyperac. Tend.</td>
<td>.58</td>
<td>1</td>
<td>.58</td>
<td>9.40</td>
</tr>
<tr>
<td>Sex. Aberrant</td>
<td>.65</td>
<td>1</td>
<td>.65</td>
<td>50.40</td>
</tr>
<tr>
<td>Psych. Dist.</td>
<td>260.64</td>
<td>1</td>
<td>260.64</td>
<td>942.85</td>
</tr>
<tr>
<td><strong>G x S</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>12</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TABLE 20
SUMMARY OF MULTIVARIATE ANALYSIS OF VARIANCE ON THE ADAPTIVE BEHAVIOR SCALE PART II
TABLE 20 (continued)

<table>
<thead>
<tr>
<th>Source</th>
<th>Hypothesis Effect</th>
<th>Within Subjects Effect: Time</th>
<th>Interaction of Between Subjects Effects &amp; Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SS</td>
<td>df</td>
<td>MS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time (T)</td>
<td>13</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Violent</td>
<td>0.00</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>Antisocial</td>
<td>19.45</td>
<td>1</td>
<td>19.45</td>
</tr>
<tr>
<td>Rebellious</td>
<td>17.16</td>
<td>1</td>
<td>17.16</td>
</tr>
<tr>
<td>Untrustworthy</td>
<td>7.88</td>
<td>1</td>
<td>7.88</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>3.02</td>
<td>1</td>
<td>3.02</td>
</tr>
<tr>
<td>Sterio. Beh.</td>
<td>.07</td>
<td>1</td>
<td>.07</td>
</tr>
<tr>
<td>Inappropriate</td>
<td>.88</td>
<td>1</td>
<td>.88</td>
</tr>
<tr>
<td>Unaccept. Voc.</td>
<td>.45</td>
<td>1</td>
<td>.45</td>
</tr>
<tr>
<td>Ecc. Habits</td>
<td>.29</td>
<td>1</td>
<td>.29</td>
</tr>
<tr>
<td>Self-Abus.Beh.</td>
<td>.00</td>
<td>0</td>
<td>.00</td>
</tr>
<tr>
<td>Hyperac. Tend.</td>
<td>.02</td>
<td>1</td>
<td>.02</td>
</tr>
<tr>
<td>Sex. Aberrant</td>
<td>.00</td>
<td>1</td>
<td>.00</td>
</tr>
<tr>
<td>Psych. Dist.</td>
<td>44.64</td>
<td>1</td>
<td>44.64</td>
</tr>
<tr>
<td>S x T</td>
<td>13</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>G x S x T</td>
<td>13</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 21

MEANS AND STANDARD DEVIATIONS OF DOMAINS OF SIGNIFICANT FINDINGS FOR THE TREATMENT AND CONTROL GROUPS FOR TIME 1 AND TIME 2

#### Psychological Disturbances

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
<td>Means</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=5</td>
<td>6.60</td>
<td>2.59</td>
<td>3.80</td>
<td>2.28</td>
</tr>
<tr>
<td>Females N=10</td>
<td>14.40</td>
<td>7.14</td>
<td>10.60</td>
<td>5.36</td>
</tr>
<tr>
<td>All N=15</td>
<td>11.87</td>
<td>6.96</td>
<td>8.33</td>
<td>5.35</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=8</td>
<td>3.75</td>
<td>1.58</td>
<td>4.00</td>
<td>2.07</td>
</tr>
<tr>
<td>Females N=5</td>
<td>5.60</td>
<td>5.68</td>
<td>3.80</td>
<td>5.93</td>
</tr>
<tr>
<td>All N=13</td>
<td>4.46</td>
<td>3.62</td>
<td>4.69</td>
<td>3.88</td>
</tr>
<tr>
<td>All Males N=13</td>
<td>4.92</td>
<td>2.47</td>
<td>3.92</td>
<td>2.06</td>
</tr>
<tr>
<td>All Females N=15</td>
<td>11.47</td>
<td>7.78</td>
<td>9.00</td>
<td>5.82</td>
</tr>
</tbody>
</table>

#### Antisocial Behavior

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
<td>Means</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=5</td>
<td>4.40</td>
<td>2.51</td>
<td>3.20</td>
<td>1.92</td>
</tr>
<tr>
<td>Females N=10</td>
<td>6.30</td>
<td>5.29</td>
<td>4.30</td>
<td>3.72</td>
</tr>
<tr>
<td>All N=15</td>
<td>5.67</td>
<td>4.55</td>
<td>4.80</td>
<td>3.19</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=8</td>
<td>3.88</td>
<td>3.18</td>
<td>3.50</td>
<td>3.34</td>
</tr>
<tr>
<td>Females N=5</td>
<td>3.40</td>
<td>2.51</td>
<td>3.00</td>
<td>2.55</td>
</tr>
<tr>
<td>All N=13</td>
<td>3.69</td>
<td>2.84</td>
<td>3.31</td>
<td>2.95</td>
</tr>
</tbody>
</table>

#### Rebellious Behavior

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
<td>Means</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=5</td>
<td>3.60</td>
<td>2.97</td>
<td>1.20</td>
<td>1.30</td>
</tr>
<tr>
<td>Females N=10</td>
<td>4.10</td>
<td>2.62</td>
<td>2.80</td>
<td>2.04</td>
</tr>
<tr>
<td>All N=15</td>
<td>3.93</td>
<td>2.32</td>
<td>2.27</td>
<td>1.94</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=8</td>
<td>2.62</td>
<td>1.60</td>
<td>2.50</td>
<td>1.60</td>
</tr>
<tr>
<td>Females N=5</td>
<td>3.20</td>
<td>3.83</td>
<td>2.20</td>
<td>2.86</td>
</tr>
<tr>
<td>All N=13</td>
<td>2.85</td>
<td>2.34</td>
<td>2.38</td>
<td>2.06</td>
</tr>
</tbody>
</table>

#### Untrustworthy Behavior

<table>
<thead>
<tr>
<th></th>
<th>Time 1</th>
<th></th>
<th>Time 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
<td>Means</td>
<td>SD</td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=5</td>
<td>.80</td>
<td>1.10</td>
<td>.40</td>
<td>.39</td>
</tr>
<tr>
<td>Females N=10</td>
<td>3.60</td>
<td>3.08</td>
<td>2.00</td>
<td>2.34</td>
</tr>
<tr>
<td>All N=15</td>
<td>2.80</td>
<td>2.93</td>
<td>1.47</td>
<td>2.23</td>
</tr>
<tr>
<td><strong>Control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males N=8</td>
<td>.88</td>
<td>1.34</td>
<td>.62</td>
<td>1.41</td>
</tr>
<tr>
<td>Females N=5</td>
<td>1.20</td>
<td>1.79</td>
<td>1.40</td>
<td>2.19</td>
</tr>
<tr>
<td>All N=13</td>
<td>1.00</td>
<td>1.47</td>
<td>.92</td>
<td>1.71</td>
</tr>
</tbody>
</table>
CHAPTER VI

DISCUSSION

Summary

The purpose of the present study was to investigate the effectiveness of a personal problem solving training program designed for adults with mild and moderate mental retardation on their ability to generate alternative solutions to personal problems, improve self-esteem and improve ability to cope with everyday situations.

Because a review of the literature found there was no personal problem solving training program developed specifically for mildly and moderately retarded adults, it was necessary for the investigator to develop one. Ideas for the program were drawn from a number of sources including the problem solving approaches of D'Zurilla and Goldfried (1971), Stone, Hind, and Schmidt (1975), Shure and Spivack (1974), Larcen, et al. (1974), Ross and Ross (1973), Morrison (1977), and Siegel and Spivack (1973). Also used were ideas involving roleplaying from Corsini (1966), Coche' and Flick (1975), and Zisfein and Rosen (1973). In addition, the investigator drew on her own years of experience in working with mentally retarded adults in groups.
Because of the exploratory nature of the study, a pilot study was done. It was necessary to determine whether the procedures in the treatment and control groups were appropriate and feasible.

Subjects for the pilot study were 22 persons (10 males and 12 females) selected from all employees in Franklin County Program for the Mentally Retarded's ARCraft Workshops who were white, moderately or mildly retarded, between the ages of 19-35, previously institutionalized no more than one year, without gross visual, hearing, or speech impairment, currently living with at least one parent, and displaying deficit coping skills as measured by the Adaptive Behavior Scale (two domain scores on Part II above the 50 decile).

There were two types of pilot treatment groups and one pilot control group each having eight group members and one group leader. One treatment group employed "traditional" educational practices: lectures, discussion, demonstration and verbal practice. The other treatment group added several behavioral techniques - role playing and making environmental cues. The control group was primarily conversational in nature, group members were asked to talk about general or personal interest topics.

The results of the pilot study indicated a number of changes for the final study. The group without role playing was extremely boring, therefore, this treatment procedure was dropped. More time was needed to develop the idea of what problems are and why it is important to solve them since many of the adults were inexperienced
at recognizing a problem when it happened or just ignored them and hoped they would go away. More time was also needed to build up trust among group members since many participants seemed to feel uneasy about talking in front of others. The group leader had to act as a role model and present some personal problems of her own. Groups members were asked to share experiences that were similar to the one being presented so that a common bond might be developed. The group leader needed to have some problem situations on hand when no one can think of a problem. Most importantly, the group leader needed to spell out the rules about confidentiality and listening to others.

A very important finding was that many participants felt "left up in the air" by just presenting the possible solutions; they wanted some closure. They almost automatically came to a conclusion about which solution was best or asked the other group members for their opinions. Consequently it was necessary to expand the program to give individuals a chance to decide which possible solution they might try first.

For the final study these ideas were incorporated into a fourteen session treatment program. The groups met twice a week. They were led by female undergraduate or graduate students who received training from the investigator, both before and while the groups were going. The treatment group began with five sessions focusing on identifying problems, emotional components of problems, and understanding why people have trouble solving problems.
These sessions involved the group leader showing pictures or reading a story to illustrate a point, as well as discussion by all group members. In session five group members made "think posters" to act as an environmental cue. Session six was a review session and an explanation of the problem solving approach. The problem-solving approach consisted of nine steps (1) explaining the problem; (2) having others in the group ask questions about the problem; (3) role playing the problem as it actually happens; (4) having others in the group share a problem like the one being presented; (5) thinking if the problem ever happened before (to the person presenting the problem); (6) thinking of all possible ways to handle the problem; (7) role-playing all the ways to handle the problem; (8) deciding which way to try first and (9) trying a way and then reporting back to the group how things turned out.

Session seven through twelve involved using the problem solving approach with individual group members presenting a problem. If no one in the group had a problem the leader could pick from many suggested in the manual. Session thirteen dealt with solving problems with just one other person or by oneself. Session fourteen was a general review and "wrap-up" session. There was much emphasis on peer and leader reinforcement of participation.

The control groups for the final study followed the same format as for the pilot study. They were allowed to talk about any topic or bring in items for discussion.
The subjects for the final study met the same criteria as for the pilot study. Of the original 45 possible subjects, seven refused to be in the study, leaving a total of 38 subjects. Because it was not possible to transport people to different workshops, groups had to be formed that just contained people from that workshop. Consequently the male to female ratio in each group was not consistent. At workshops X and Y there were only enough subjects for one group at each. Workshop Z had enough subjects for two groups who were then randomly assigned to one of the two groups. Two of the four groups were then randomly assigned to be treatment groups, the other two were then assigned to be control groups. The group leaders were then randomly assigned to one of the groups and then trained.

Ten people dropped out of the study before the groups were completed. Their reasons ranged from illness, to preferring to work, to being placed outside the workshop. For the final analyses there were 4 males and 10 females in the Treatment Groups (2:5, 3:5) and 8 males and 6 females in the Control Groups (2:5, 6:1).

The instruments used to measure the effectiveness of the program were a revision of the Coopersmith Self-Esteem Inventory (Form C), a Videotape Questionnaire developed by the investigator to measure the number of alternatives generated to personal problem situations, the AAMD Adaptive Behavior Scale, and a number of anecdotal questionnaires (for the group member, for the group leaders, and for the group members' instructors). In addition the investigator
listened to tapes of the individual sessions.

Because there were no reported reliability studies on using the Coopersmith Self-Esteem Inventory (Form C) with this population, a reliability study was conducted. The 22 pilot study subjects were tested with the Coopersmith two-weeks apart. The Pearson Product Moment Correlation for the test-retest was .83.

The Videotape Questionnaire consisted of eleven scenes of personal problem situations which were based on problems of workshop employees. Again, the 22 pilot study subjects were used for a test-retest study. The overall reliability for relevant responses was .77, significant at \(< .001\) level. The reliability for most of the individual situations was below .39, however, three scenes had correlations above .55. Of the 33 types of responses, to the situations, sixteen were above .51 (significant at \(< .05\) level). Many of the responses with low correlations also had a low response rate. Consequently, in this study only the number of relevant responses to the total situations was analyzed.

In addition to using these instruments to measure the effectiveness of the training groups, they were also used to evaluate the relationship between alternative solution thinking and self-esteem and adaptive behavior. Correlations between the number of relevant responses on the Videotape Questionnaire and the Coopersmith Self Esteem Inventory for all 50 subjects (22 pilot and 28 final study subjects) at time 1 found no statistically significant correlations for males, females or total subjects. Correlations between the
number of relevant responses on the Videotape Questionnaire and the Adaptive Behavior Scale domains found only two statistically significant correlations - Economic Activity and the number of relevant responses for all subjects and Unacceptable Vocal Habits and the number of relevant responses for female subjects.

Looking at the results of the final study, it was found that the treatment groups did make a significant increase in the number of relevant alternative solution responses on the Videotape Questionnaire in comparison to the control group subjects, although both treatment and control groups had a significant increase. Sex was also significant with females making more gains than males.

There were no statistically significant changes in the Cooper-smith Self-Esteem Inventory responses when analyzed for group, time or sex effect. There were some increases for all groups from time₁ to time₂ except for female treatment subjects but these were not significant.

Analysis of the Adaptive Behavior Scale domains indicated significant gains in Vocational Activity for the treatment group -- particularly treatment group males -- in comparison to the control group subjects. Being either the treatment or control group had a significant effect in decreasing Antisocial Behavior, Rebellious Behavior, Untrustworthy Behavior, and Psychological Disturbances. Treatment group members also had significantly decreased Psychological Disturbances scores in comparison to the control group members after the training sessions.
Discussion and Implications of the Findings

Correlational Findings of the Videotape Questionnaire with Other Measures

The lack of statistical significance of the correlations between the number of relevant responses to the Videotape Questionnaire and total score on the Coopersmith Self-Esteem Inventory would seem to suggest that for this population the ability to think of alternative solutions is not related to their self-esteem. In fact there seemed to be a slightly negative correlation between the two. This finding seems to be in contradiction with Shure, Platt and Spivack (1976) who suggest a stronger relationship between proficiency in solving problems and self-concept. Of course, alternative solution thinking is only one step in problem solving and it may be that for mentally retarded adults being able to think of a number of alternatives does not necessarily ensure good problem resolution. Although it seems logical that the greater number of viable alternatives the person imagines, the greater their likelihood of solving the solution successfully, this has not actually been shown with mentally retarded adults.

Another possible explanation concerns Kaplan's (1975) idea that self-esteem is related to the values of the individual. If a person does not value a quality and has little competence in that area, it has little effect on self-esteem. For the adults in this study it is not known if they value the ability to solve their own problems. In fact, as suggested by Floor and Rosen (1975),
many of these individuals have little experience with making their own decisions. Some may actually de-value problem solving and see it as possibly having negative consequences because of the chances of making mistakes. More research is needed before more conclusive relationships can be drawn.

A lack of statistical significance of correlations between the number of relevant responses to the Videotape Questionnaire and the Adaptive Behavior Scale domains was also found. Two correlations were significant - Economic Activity and Videotape responses for all subjects (positive correlation) and Unacceptable Vocal Habits and Videotape responses for female subjects (negative correlation) -- however, considering the large number of correlations (69) it is highly possible that these two were significant by chance alone. These findings are again in contradiction with Shure, Platt and Spivack (1976) whose review of alternative thinking research suggested a rather direct link between behavioral adjustment and alternative solution thinking in children. It may be that even though the adults in the present study are functioning intellectually on a lower level, they may be on a different level than "normal" children and some other step in the problem solving process may act as a more direct mediator of behavioral adjustment.

Types of Responses to the Videotape Questionnaire

The results of the rank ordering of the types of relevant responses to the Videotape Questionnaire indicated that the subjects in the study were able to formulate a number of different types
of solutions to the problem situations. They were able to think of what might be considered assertive or independent responses -- standing up for oneself, trying an action on one's own, initiating meeting, talking or doing something with someone -- as well as more passive responses -- giving in to the other person and doing nothing. The subjects' responses also showed they considered negotiation a viable possibility (i.e., "talk it over with the other person"). Among other frequently used responses were ignoring the other person and leaving the situation. These results should not be interpreted as the primary or only ways of dealing with situations thought of by mentally retarded adults. It needs to be remembered that the situations portrayed in the Videotape Questionnaire are limited and may have only elicited certain kinds of responses. Also the responses were only those the person was willing to verbalize to the interviewer, there may be others that were thought but not said.

No attempt was made to analyze the quality or appropriateness of the types of responses, although analysis of individual response sheets showed a wide variety of quality. Some subjects gave very lengthy, well-considered solutions while others responded in such a way that they were obviously just parroting "pat" responses. Such analysis would be interesting but beyond the scope of this research.

The results are encouraging that as a group the adults, even before treatment, were able to think of a wide range of types of
responses. Of course, there were individual differences and while some subjects were able to see several different types of solutions for each situation, others gave only the same response for each situation.

Post-test Findings

The results discussed in this section concern the 28 subjects in the final study and the difference between their pre and post test results.

The most important finding is that the treatment group did make a significant difference in comparison to the control group in the number of alternative solutions presented in response to the Videotape Questionnaire. Although the female control group members increased slightly and the male control group members decreased in number of responses, the treatment group members doubled the number of responses made. This seems to indicate that the treatment procedure was effective in helping the adults learn to think of alternative solutions to personal problems. One might argue that perhaps the treatment group members just felt more comfortable in suggestive solutions in that they had been reinforced in the group for doing that. However, even if that were the case, it would be important because it would mean that the group members felt their opinions and ideas were worth verbalizing. Consequently, the adults may be more likely to try some of their ideas.

Although all groups made some gains on the Coopersmith Self-Esteem Inventory, except the female treatment group members, none
of these gains were statistically significant. One of the reasons for this may be the shortness of the training period. Seven weeks may not be long enough to effect significant changes in one's self-esteem. If Shure, Spivack and Gordon (1972) are right in suggesting that behavioral improvements may follow the cognitive changes of learning to think about problems, it may be that self-esteem would follow the behavioral improvements. For example, the adult may realize that his attempts to solve problems are meeting with positive results and then start to think of himself in new ways. The retarded adult may not meet with much positive reinforcement, outside of group sessions, for beginning to solve problems on his own. Parents, friends, or instructors may resist having the adult act on his own. Also, many first tries may result in failure. As one female treatment group member said almost in tears, "I tried and it didn't work." It may take a long period of support for the adults to really feel positive about their competency in handling problems.

The results from the Adaptive Behavior Scale indicated a significant gain in Vocational Activity on Part 1, for the treatment group subjects, especially males, in comparison to control group members. This may be due to the fact that there were several role playing sessions in the treatment groups on handling on-the-job problems—handling criticism from a supervisor, handling bossiness or teasing from fellow workers, etc. Talking and role-playing may have resulted in better work attitudes and skills.
Both control and treatment group members showed a significant decrease in Antisocial Behavior, Rebellious Behavior, Untrustworthy Behavior, and Psychological Disturbances. This may suggest that both groups acted as a socializing experience for the group members. Both groups required a certain amount of discipline -- speaking one at a time, listening to others, and showing respect by not laughing at others or talking about them outside the group. In both types of groups concern was expressed towards the other group members, queries were made about their well-being, and friendships developed. Control group members did bring up problems on their own and other members showed support by sympathizing, offering comfort, and giving suggestions. Many of the control group members felt that the groups had helped them by talking to other people. Apparently, then, just being in a group with some ground rules for mutual respect had a therapeutic effect.

In addition to the decrease in maladaptive behavior made by all groups, there was a significant decrease in Psychological Disturbances for the treatment group members in comparison to the control group members. Psychological Disturbances on the ABS includes the descriptors of "tends to overestimate own abilities," "reacts poorly to criticism," "reacts poorly to frustration," "demands excessive attention or praise," "seems to feel persecuted," "has hypochondriacal tendencies," and "has other signs of emotional instabilities" (mood changes, crying, insecurity, suicide attempts, etc.). Changes along these lines were also noted by the instructors.
in the anecdotal interviews. Many of the instructors of treatment group members noticed that the subjects seemed more open to talk about their problems directly. Participants would tell their instructors they had a problem rather than cry or act upset. Much of the group process emphasized changes that might be connected with the area of Psychological Disturbances. Group members were encouraged to take responsibility for themselves and handling their own problems. They were given support to the effect that they could make changes. This may have helped to instill a feeling of confidence in the group members.

Listening to the tapes of the sessions and the anecdotal results brought a number of interesting findings. The treatment groups showed some of the same observations noted by Morrison (1977) in his review of problem solving groups of "normal" children and adults. See page 32.

There was an initial reaction of uncertainty, anxiety, tension, and suspiciousness. This was true of both treatment groups. In one group this took the form of quietness and hesitancy to speak and in the other it took the form of silliness and giggling. It was important that group leaders understood that these were tension reducing mechanisms for the participants. These reactions both seemed to last for three or four sessions. Gradually the quiet group became more talkative and the "giggly" group became more serious. The form the tension reduction takes is probably a function of the personalities of the groups members and the group leader.
People in both treatment groups showed the ability to deal with personal problems and follow the procedures. The investigator and group leaders were struck by the seriousness of the problems presented -- a father who was an alcoholic, parents who fought and scared the person, inter-family conflicts and favoritism, parents denying personal freedoms, people calling names ("retarded" or obscene names), being turned down by a boy (girl) friend, or an instructor who was constantly giving orders, etc. There was never a time when the instructors had to rely on the "Problem Situations for Role-Playing" in the manual. In fact it was the impression of the group leaders that they could have continued the groups for many sessions without group members running out of problems to present.

Several of the group members spoke of the steps in problem solving spontaneously in the post-group interview, i.e., "(You) talk about certain problems--personal things. You 'posed to handle it yourself, 'posed to explain the problem, ask questions, talk it over, and work out how you handle your own problems." Another woman said "(We) roleplayed our problems. Talked about problems, how to solve problems, ask questions, explain the problem."

The most difficult procedure with these groups, as Morrison also found, was that of having other group members express their own experience with the problem being presented. The investigator found that in the pilot studies this was extremely difficult for the group members to do. There may be a number of reasons for this--
group members may not have remembered similar experiences, they may not have had similar experiences, they may have felt too uncomfortable talking about similar experiences, or if they were "brain-damaged" they might have had difficulty imagining non-present events. Gradually the individuals became more comfortable with the procedure but it seemed that they would have benefited from extended work on this.

There were sessions, too, when things did not go well. It was important then to reassure the group leaders that this did not mean the groups were useless and that sometimes there were just "bad" days. Group leaders usually reported that the next session went fine.

Participants reported that the technique helped them solve their problems and this came about in a variety of ways. Group members said things such as the following about the groups: "Helped me solve my own problems." "Helped me deal with problems--head into them, instead of avoiding them." "Helped me get back with my boyfriend." "Helped me not to cry or be upset." "Helped me talk things out." "Helped me and my brother and my mom." "All them people listen to me when I have a turn to talk." "Helped me with a real big problem." "I got a bunch of girlfriends." "I got problems off my chest."

Most participants expressed an interest in continuing the session although there were some exceptions--one woman said she would rather meet individually with someone, another said she
was tired of the groups, some were not sure if they would like another group.

The most consistent post-session effect reported was not cooperation, but more emotional stability. Many instructors said they noticed that the group members seemed more relaxed, more likely to talk about problems, less likely to cry, or showed a better sense of humor about things.

The groups also had effects on the group leaders. They both reported a feeling of being more aware of the kinds of problems facing the group members. They also felt more respect and sensitivity toward the people in their groups.

Both expressed the opinion that using the manual was ideal for them as beginning group leaders since it added structure and helped curb some of their anxiety as to what to say, but allowed enough flexibility for changes when needed. The investigator found that beginning group leaders may need varying amounts of feedback during the training program. Some may need extensive training while others may need just the reinforcement that they are doing things right. An experienced group leader may be able to use the manual as is (although it is the investigator's opinion that everyone can use some reinforcement and feedback now and then).

Some of these effects were also noted in control group members. There was some initial uneasiness although not as much as in the treatment groups, perhaps because of less pressure of the loose
structure. However, there definitely was a "warming up" period. Occasionally problem situations were discussed, most of which concerned family members. While the group leaders and members did not probe the problem they did offer support. Group members did usually say the group helped them but could usually not say how it had helped (possibly indicating the group had an overall positive effect). Both control group leaders also said they enjoyed the groups and felt they had given them insight into the participants' lives. Most of the instructors of the control group members saw no noticeable changes, however a few did report that the participants seemed more willing to talk about things or more sociable.

**Limitations of the Present Research**

The conclusions and implications of the present study are limited by the small sample size. Another problem with the sampling was that in two of the workshops, because of lack of numbers, it was not possible to randomly assign people to groups. More conclusive evidence could be made from a study using a larger sample size.

The relationship between alternative solution thinking and adaptive behavior might be better studied using subjects with more diversity of adaptive behavior. Most of the subjects in the present study were functioning in the upper levels of the Adaptive Behavior Scale, Part I.
Although the revision of the Coopersmith Self-Esteem Inventory showed significant test-retest reliability scores, there was no validity information available on these for this population.

The anecdotal information may have been biased by the respondents possible saying what they thought the researcher wanted to hear, although it was the opinion of the interviewer, that the respondents were very blunt and honest. Instructors who were interviewed seemed to have no hesitation in saying there was no change or on the other hand praising the changes highly.

One problem with the Adaptive Behavior Scale, Part II, is one inherent in its construction. Items are weighted on the basis of frequency rather than severity. This is a problem in that some items may be serious enough to be of concern when occurring only infrequently. While this is not a problem when using the instrument in a clinical situation, it is a problem in a research situation.

Because all group leaders were female, this may have had a possible effect on the difference in responses by males and females.

Areas for Further Research

Videotape Questionnaire

A number of revisions could be made in Videotape Questionnaire. First of all, a number of "warm up" situations might be added to aid the subjects' comfortableness with the questionnaire.

Another test-retest reliability study might be done using a larger sample size. One reason for the low reliability of the
individual scenes may have been the low frequency of responses to individual scenes. With such a small sample size (N=22) small changes in scores from time$_1$ to time$_2$ could result in low reliability coefficients. Using a larger sample might also result in better reliability scores for some of the lesser-used types of responses.

The types of responses made could be analyzed, either by themselves or grouping them into categories, i.e., Assertive, Aggressive, Passive, etc. Categorizing could be done by having raters Q-sort all the relevant types of responses into such categories. Then the investigator could study whether a treatment program was able to increase or decrease the number of assertive, aggressive, passive, etc., answers a person gave in response to personal situations.

The Questionnaire could also be used to investigate the consequences the person saw to the alternative solutions as well as what the person saw as the best solution. For example after the person gave an alternative solution, he might be queried "What would happen if he/she did that?" At the end of all the solutions he/she might also be asked "Which do you think is best?" and "Why?" A further probe might be "Which would you personally do?" and "Why?" Such information might be important in evaluating the person's understanding of consequences as well as their own feelings about what is possible for them in their own unique situations.

Validating the instrument would be very difficult at present. The investigator knows of no similar instruments for this population
to validate it against. Finding out whether subjects do indeed think of as many alternatives in real situations as they do to the videotape situations has obvious difficulties of not being able to get inside our subjects' heads. Naturalistic observations such as those being done by Edgerton's group in California reported at the 1978 AAMD convention is both extremely expensive and time consuming. There are a number of ethical questions involved in such close observations as well as the question of what effect does the observer have on the observed person.

The Personal Problem Solving Program

The present program could be used with a more diverse group of subjects of differing ages, intellectual levels, race, living situation, and adaptive behavior. In fact the investigator has used the program with other groups although no pre and post tests were used. These participants were senior (ages 16-21) and junior (13-16) students in the Franklin County Program for the Mentally Retarded. They were male and female, white and black, living at home or in foster homes, and with a wider range of adaptive behaviors. Although the illustrative problems had to be revised occasionally, these adolescents responded well to all parts of the program. They were very enthusiastic about the role-playing and vied for the chance to be involved. They were much less inhibited about talking about themselves than were the adults in the workshops. This may be because there is much more personal interaction in the classrooms than in the sheltered workshops. The
program may not be as successful with more severely retarded individuals but again this needs to be investigated.

It may also be interesting to study the effectiveness of the training program on evaluating the consequences of solutions and deciding on the best one. This might be done by using a variation of the Videotape Questionnaire suggested above. The quality of the types of responses and diversity of types of responses should also be analyzed before and after the training program.

Follow-up studies are definitely needed to examine the long range effects of the program. In the present study it was impossible to do a follow-up study because many subjects were committed to other groups and training programs immediately following the end of these groups which would have confounded the results of a follow-up. Follow-up is particularly important in view of Shure, Spivack and Gordon (1972) suggestion that behavioral improvements may follow the cognitive improvement of learning to stop and think of alternatives. It may be, then, that self-esteem would follow the adaptive behavior improvements i.e., after the person sees that he is coping better in his environment he improves his opinion of himself. Of course, more research is needed to make any definite statements in this area.

If the follow-up studies show the effects to be only of short duration it would be important to determine what supports the individuals need to retain their improvements. Would follow-up training sessions once a week, bi-monthly or monthly be adequate
in reinforcing the individual to try to solve personal problems?

There seem to be some definite improvements that could be made in the program that might be studied. Due to time limitations placed upon the investigator by the workshops where the study took place, these groups were only seven weeks. However, the program might be improved by expanding the number of sessions. As one participant put it "We were just scratching the surface."

The role-playing could have continued for more sessions. The session involving learning to solve problems with one other person or by oneself should definitely be expanded to "wean" the group members from the group to dependence on oneself. If the clinician was not concerned with pre and post measures the Videotape Questionnaire could serve as a stimulus for discussion and role-playing in some of the earlier sessions to create interest in the program. In fact this was done with some of the school age students. They enjoyed watching the tapes and seemed to gain an idea of what was involved in role-playing from watching them.

Another area of research would be determining who might benefit most from this type of program. Would adults in the workshop who did not display maladaptive behavior also benefit from the program, perhaps increasing their competencies? Would "withdrawn" or "aggressive" adults do better with this program?

It would also be important to know what conjunctive therapy programs would maximize the effect of this program. Several ideas have occurred to the investigator although these are by no means
the only ones. A diary keeping method such as that used by Edmonson (1974) might be useful in helping the adults identify problem situations in their lives. By checking off when these occur, they may become more attuned to how they felt and what they do when problems arise.

Another method might be to include instructors (or other rehabilitation workers) and parents in the problem-solving process. When a problem occurs for the adult, they could step into the situation and go through the problem solving process with the adult asking such questions as, "What happened?" "What do you think you could do about it?" "Is there anything else?" "What do you think will happen if you do that?" "Which way will you try first?" In working with an individual the instructor, rehabilitation worker or parents' intrusion may be more involved at first and then gradually phased out. In addition to helping the structured training process generalize to real-life situations, this process may also help instructors, parents and others in developing an approach that allows them to give guidance to the adult without actually taking over the situation (as unfortunately often happens).

Basic Research on Problem-Solving with Mentally Retarded Persons

There are many questions left unanswered by the present research concerning personal problem solving by mentally retarded adults. These include some of the following: How might we better prepare the person for problem solving before adulthood, which
steps in the problem solving process are most critical, would some­
one who could think of a wide range of types of solutions have
better coping abilities, how might we stimulate the person to
actually use the process in actual situations, what factors act
as determinants in promoting or blocking the process. This is
only a partial list. Since the area is so new, the questions
are large in scope.

In conclusion it seems that the present training program
was somewhat successful in improving the alternative solutions
thinking and adaptive behavior of the mildly and moderately re­
tarded adults in the study. It seems to be a program and a process
warranting further investigation in helping mentally retarded
adults towards competency and independent living.
APPENDIX A

CONSENT FORM

The reason for this study has been explained to me. I have been told what I might expect from being in this study and how it might affect me. I know that I will be in a group that meets two times a week for seven weeks. I understand that I will be payed for being in the groups. The groups will be run by someone trained by Cecilia Pinkerton.

I understand that I will be asked some questions both before and after the groups. Also my instructor will be asked to fill out an Adaptive Behavior Scale about me. I understand that all this information will be kept secret by Ms. Pinkerton and that no one else will know this information about myself. After the groups are run there will be some groups to ask any questions about the study and explain more about what I did in the group.

I understand that if I have any more questions about the study, those questions will be answered. I know that being in this study is up to me and that I do not have to be in this study. I may stop being in the study if I wish at any time.

Witness

Signed

(Subject)

Investigator

Signed

(Legal Guardian)

Date
APPENDIX B

SCRIPTS OF THE VIDEOTAPE QUESTIONNAIRE

Scene 1

(Man, Bill, and woman, Donna sitting in chairs drinking coffee)

Bill: Boy, it sure feels good to sit down for a minute.

Donna: Yeah, I thought we'd never get through.

Bill: It's the hardest job we've had this week.

Mary: (enters room) Hi Bill (sitting down next to Donna)

Bill: Oh! Hi, Mary!

Mary: (shoving Donna on one side) Move over! Stupid, move over.
   Hey, are you old enough to drink coffee anyway? Why don't you go ask your mother.
   (to Bill) Heard you got a new job. How's that going?

Bill: Fine.

Mary: (to Donna) I heard you're going really slow.

(Scene stops with people just sitting.)

Scene 2

(Woman, Patty, sitting in chair writing - Mary comes in.)

Mary: Hi Patty.

Patty: Hi Mary.

   You look really happy.
Mary: I am happy. John is my new boyfriend. He told me he really likes me. I like him too. We have the best time. I'm really glad. We just talk all the time. We get along so good. It's really fun.

Patty: You sound really happy. I wish I had a boyfriend. I don't know what to do. I wish I knew what to do to get a boyfriend.

(Scene ends with Patty sitting in her chair)

Scene 3

(Bill, Mary and Sue are sitting together)

Sue: Oh, I can't wait to go to this party. I haven't partied in so long.

Mary: Me either, Oh! Me either.

Sue: I'm going to boogie all night long.

Mary: Me either. Oh, I can't wait.

Sue: Yeah, I think it should be good.

Mary: What are you going to wear?

Sue: Well, I'd like to wear my jeans. I really feel more comfortable in jeans. What about you?

Mary: Oh, I think I'm gonna get something new. (To Bill) What are you going to wear.

Bill: Um. I wasn't invited to the party.

Sue: You weren't invited?

Bill: No.
Sue: Oh what a downer.

Bill: Yeah, I didn't have anything to do that night.

Sue: Oh. I'd really like you to go. It's going to be fun.

Bill: Yeah, but I wasn't invited.

(Scene closes with Bill looking down.)

**Scene 4**

(Bill and Sue are standing across from each other)

Bill: I disagree. I'd never do something like that.

Sue: We have always done it this way and it has always worked.

Bill: You're wrong this time. You're absolutely wrong.

Sue: This is a ridiculous conversation. We have always done it this way and it has always worked. I'm not even going to argue the point. This is ridiculous. I'm going to leave.

I'm going.

(Scene closes with door slamming and Bill standing there.)

**Scene 5**

(Sue standing looking at herself)

Sue: Boy, this shirt looks so good on me. I just love it. Wait 'til the guys in the shop see me in this today.

(Mom comes in)

Mom, I'm ready to go to work.

Mom: You're not going to wear that to work, a t-shirt. Ohhhh!

(Scene closes with Sue and her mom standing)
Scene 6

(Bill sitting at desk, talking on the phone)

Bill: Yeah, I'd really like to see that movie with you John . . .
    Yeah, okay. Pick me up about seven. Okay, goodbye. Wow!
    Wow!
    (Mom walks in)

Hi, Mom. Oh, I'm going to go to a movie with John. Isn't that great?

Mom: Well, I don't know why you're so happy cause you can't go.

(Scene closes with Bill looking down at floor.)

Scene 7

(Sue and Donna sitting and talking)

Donna: Hey. I heard you had some trouble with your parents the other night.

Sue: Who told you that?

Donna: Sally did.

Sue: Sally told you that?

Donna: Yeah. She said that you're a real smart mouth. You talk back to people. You always get in trouble cause you're such a mean person.

Sue: Sally told you that?

Donna: Yeah.

Sue: She's been my best friend for years. Boy, I'm really hurt that she would talk behind my back like that.

Donna: What a bummer.

(Scene closes with Donna and Sue looking down.)
Scene 8
(Bill and Mary working at a table on a ceramic contract)

Mary: Hey Bill. Did you see TV last night?
Bill: Um, my brush is going to dry out.
Mary: Did you watch the Fonz? You didn't watch the Fonz?
Bill: Um, my brush is going to dry out.
Mary: Let me tell you what happened last night. Oh, the Fonz was gr-e-a-t. Oh, he was great. Listen, he got a new girlfriend. He went to the drive in.
Bill: Um.
Mary: No, let me tell you about this. He went to the drive in. He got a new girlfriend. Oh, it was great. Oh, I love the Fonz. It was the best show I've ever seen. Oh, it was great. I've got to tell you some more.

(Scene closes with Mary still talking to Bill.)

Scene 9
(Patty sitting with a number of papers in front of her.)

Patty: Hi Mrs. Hostettler.

Mrs. H: Hi, Patty. Let me show you how to do this. You always take the green one and get three of these and four of these sheets and then put them in exactly like this in this folder. Then when you have a red one you take four of these and fourteen of these and these have to go in this way. Then when there's a blue one you take six of these and thirteen of these white ones and put them in exactly like that. Now you finish them off and I'll be back in a few minutes when you're finished.

Patty: Wow. I don't know where to start.

(Scene ends with her looking at the papers.)
Scene 10

(Patty, Bill, and Mary are sitting at a table sanding.)

Mrs. H: (To Patty) That is really good work Patty. It looks good. I wouldn't be surprised if you get a raise soon. You're doing great.

(To Mary) That's okay Mary. Just try working a little bit faster. You're a little bit slow today. See this little knich here. Try to rub it down so it's completely smooth.

(as she walks away) Just keep working.

Bill: She talked to you about your work, didn't she?

Patty: Yeah.

Bill: And she talked to you too (to Mary)?

Boy, she never talks to me.

(Scene closes with Bill putting his work down on the table.)

Scene 11

(Mary and Patty working on contract, putting car parts on a rod.)

Mary: (looking at her watch). Well, it's time for a break. Boy, I'm so bored doing this. I hate doing this. I've been putting these on in my sleep.

Patty: Yeah, but what can I do.

Mary: I don't know, but I'm so bored.

(Scene closes with Mary sitting looking at her work.)
APPENDIX C

DIRECTIONS FOR VIDEOTAPE QUESTIONNAIRE

"I have some films, or scenes, I want you to watch on the TV. The scenes show people who are having a problem of some kind. Before each scene an announcer will tell what the scene is to be about. After each scene, I will ask you how the person could handle or solve the problem - what the person could do about it. I want to see how many different ways of handling the problem you can think of so I will keep asking if there are any other ways of handling the problem until you cannot think of any others. There are no right or wrong answers - it is just what you think. There will be eleven scenes altogether."

"Here is the first one - watch it carefully." (Repeat, 'watch this carefully' after answering questions. Ask, 'is there anything else?' after each response until the person indicates no or just repeats previous responses. Record all of the responses. If it's not clear what the person said or meant you can ask them, 'tell me more about that,' or 'I'm not sure what you said (meant)."

1. What could the woman who is being called names by the other woman do in this situation?

2. What could she do to get her own boyfriend?
3. What could he do if he wasn't invited to a party that his friends were invited to?
4. What could he do if she walks out while they were having a fight?
5. What could she do if her mother doesn't want her to wear a t-shirt to work?
6. What could he do if his mother says he can't go to the movies with his friend?
7. What can she do if she hears that her best friend has been talking about her behind her back?
8. What can he do if another worker is bothering him while he is trying to work?
9. What can she do if she doesn't understand the directions her instructor gave her?
10. What can he do if the instructor doesn't talk to him and he doesn't get any attention from her?
11. What can she do if she is bored and tired of her work?
APPENDIX D

WORKING MANUAL FOR RATING RESPONSES
TO VIDEOTAPE QUESTIONNAIRE

After reading each response, decide into which category it best fits and mark it down. Below is a list of categories, their definitions, when necessary, and some examples.

Repeat responses are not rated. These occur when the person repeats the same response or with just slight variances. For example in response to Scene 6, a subject might say, "ask her," "ask her why" and then later "ask her why he can't go." These would be counted as just one response.

A. Description of the scene only.

**Definition:** Response is just a description of something happening in the scene, what the characters are saying or doing.

* e.g. to Scene 5: "She's wearing a t-shirt."
  to Scene 4: "They're fighting."

B. Description of feeling rather than a solution.

**Definition:** Response is just a description of what one of the characters in the scene might be feeling.

* e.g. to Scene 3: "He really feels bad."
C. Description of a consequence of the scene rather than a solution.

Definition: Response is a prediction of what might happen in the future, what the consequences might be.

e.g. to Scene 4: "If they keep going like that, they'll get a divorce."

D. Statement of what the person should/should not have done in the first place.

Definition: Response is description of how person might have avoided the problem in the first place, rather than how to deal with the problem at hand.

e.g. to Scene 6: "He should have asked his mother first before he told his friend he could go."

E. Report to Parent(s).

Definition: This response implies that the person reports it to parents so that they can take charge rather than to seek advice. This response used for "tell" rather than "ask" or "talk to" parent responses.

e.g. to Scene 10: "Tell his parents. They'll tell the workshop instructor."
F. Report to workshop staff.

**Definition:** This response implies that the person reports it to workshop staff so that they can take charge rather than to seek advice. This response used for "tell" rather than "ask" or "talk to" workshop staff responses.

* e.g. to Scene 8: "Tell the instructor."

G. Report to some other authority (other than parents or workshop staff).

**Definition:** This response implies that the person reports it to some authority figure so that they can take charge rather than to seek advice. It is used for "tell" rather than "ask" or "talk to" responses.

* e.g. to Scene 4: "Call the police."

H. Talk over with the person involved.

**Definition:** This response is used when it is implied that the person try to talk over the problem with the other person involved and work things out or get feedback. It is not used with "tell her/him" responses that imply that no response is expected or wanted back from the other person.

* e.g. to Scene 7: "She should talk to her friend and ask her if it's true, that she's been talking behind her back."
I. Talk over with someone other than person involved.

**Definition:** This response is used when it is implied that the person should go to someone to get advice, talk things out, or express his/her feelings.

- e.g. to Scene 2: "Talk to her parents. Ask them how to get a boyfriend."
- e.g. to Scene 7: "Talk to her boss and get things straightened out."

J. Ignore the other person.

**Definition:** Used when person says to ignore them or to not look at them, etc.

- e.g. to Scene 1: "Ignore her. Don't look at her."

K. Leave the situation physically.

- e.g. to Scene 8: "Walk away."

L. Make a sarcastic remark or insult the person.

- e.g. to Scene 3: "He could make a nasty remark to him (guy having the party)."

M. Fight (verbally) or argue.

**Definition:** This response includes use of threats, yelling, screaming, etc.

- e.g. to Scene 4: "Yell at her out the window. 'You just wait!'"
N. Fight (physically).

   e.g. to Scene 1: "Smack her".
   e.g. to Scene 7: "Punch her out."

O. Find something else to do.

   Definition: Response used when it is suggested the person could do something else to take their mind off the situation or to have fun.
   e.g. to Scene 3: "Have a party of his own."
   e.g. to Scene 6: "Go watch television."

P. Ask for help.

   Definition: This is slightly different from Q. Here it is implied that the person is actually asking for some physical help rather than just advice or further explanation.
   e.g. to Scene 9: "Ask her instructor to help her with it."

Q. Ask for clarification or an explanation.

   Definition: This response is used where it is suggested that the person ask for more verbal help, such as an explanation.
   e.g. to Scene 9: "Ask her instructor if she can tell her again."

R. Stand up for one's self (shows or tells the other person).

   Definition: This response is used where it is implied that the person stand up for their rights, assert
themselves by telling or showing the other person how they feel. It is not used when it is implied that person just talk the situation over. It is meant to be used when it is implied the person is not asking for a dialogue.

e.g. to Scene 1: "Tell her,'I was sitting here first.'"

e.g. to Scene 5: "Go ahead and wear it anyway."

e.g. to Scene 6: "Go anyway. He's old enough."

e.g. to Scene 8: "Tell her 'Please be quiet. I'm trying to work.'"

S. Try not to worry about the situation.

e.g. to Scene 10: "Try not to think about it."

T. Do nothing.

Definition: Here it is implied that the person should just leave the situation as it is or that the person should make no response to the situation.

e.g. to Scene 10: "Don't do nothin." "Nothing he should do."

U. Make an excuse for own behavior.

Definition: Here it is implied that the person should try to come up with some excuse to the other person.

e.g. to Scene 4: "Tell her,'I don't know why I acted that way. I must not be feeling well.'"
V. Make a compromise or negotiation.

**Definition:** This response implies that the person should talk with the other person and try to reach a mutual agreement.

* e.g. to Scene 6: "He could ask his mother - if I do my homework can I go."

W. Give in to the other person.

**Definition:** Used when it is implied that the person should just accept the other's wishes without questioning or expressing his/her opinion.

* e.g. to Scene 5: "Take it off."
* e.g. to Scene 6: "Don't go."

X. Initiate meeting, talking or doing something with somebody.

**Definition:** This response used with the idea of getting to know somebody new.

* e.g. to Scene 2: "Go out and meet one."
* e.g. to Scene 7: "Find another friend."

Y. Try an action on one's own.

**Definition:** This implies that the person tries an action without help from anyone else and that may be a risk of sorts - it is not used if another category describes the behavior more specifically.

* e.g. to Scene 9: "She could go ahead and try it on her own."
Z. Irrelevant response.

**Definition:** This is used when the response has very loose or no connection with the scene portrayed or if the subject makes up a story using the person but it is not related to the scene portrayed.

e.g. to Scene 3: "This boy doesn't wear clean clothes, hair not neat, eyes kind of black, but good fine boy and he knows what he's doing and knew what he was doing, etc."

AA. Don't know.

**Definition:** Used when the subject states they can't think of anything. It is used only when this is the only response to the scene.

BB. Think about the situation for awhile.

**Definition:** A response that implies stopping to think over the problem before doing something.

e.g. to Scene 11: "She could try to think if if there's another job she would like to do."

e.g. to Scene 4: "Sit down and think about it."

CC. Do the same thing back to the other person.

**Definition:** With this response the idea is implied that the person is trying to let the other person know how
it feels to be in that situation by doing the same thing to them or is trying to get back at them.

e.g. to Scene 1: "She could call her names."
e.g. to Scene 3: "He could have a party and not invite him to the party and see how he likes it."

DD. Response not able to be understood.

Definition: This response should be used only if the subjects response is completely incomprehensible.

EE. Release of emotions.

Definition: Used when implied that a solution is to just release emotions.

e.g. to Scene 3: "He could sit and cry."
e.g. to Scene 7: "She could start yelling."

FF. Get another job.

Definition: This response is used especially with the "work" scenes. Implies that the answer is to change job areas.

e.g. to Scene 11: "Get another job."

GG. Stop working.

Definition: Used especially with "work" scenes, it implies that person just stop working.

e.g. to Scene 11: "Stop working."
## APPENDIX E

**REVISED COOPERSMITH SELF-ESTEEM INVENTORY**

**Form C-25 items**

<table>
<thead>
<tr>
<th></th>
<th>LIKE ME</th>
<th>UNLIKE ME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I often wish I were someone else.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>2. I find it very hard to talk in front of a group.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>3. There are lots of things about myself I'd change if I could.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>4. I can make up my mind without too much trouble.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>5. I'm a lot of fun to be with.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>6. I get upset easily at home.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>7. It takes me a long time to get used to anything new.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>8. Other people my own age like me.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>9. My family usually tries to understand my feelings about things.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>10. I give in to other people very easily in an argument.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>11. My family expects too much of me.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>12. It's pretty hard to be me.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>13. Things are all mixed up in my life.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>14. People usually follow my ideas.</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td></td>
<td>LIKE ME</td>
<td>UNLIKE ME</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>-----------</td>
</tr>
<tr>
<td>15.</td>
<td>I have a lot of bad feelings about myself.</td>
<td>( )</td>
</tr>
<tr>
<td>16.</td>
<td>There are many times when I would like to leave home.</td>
<td>( )</td>
</tr>
<tr>
<td>17.</td>
<td>I often feel upset with my work.</td>
<td>( )</td>
</tr>
<tr>
<td>18.</td>
<td>I am as nice looking as most people.</td>
<td>( )</td>
</tr>
<tr>
<td>19.</td>
<td>If I have something to say then I usually say it.</td>
<td>( )</td>
</tr>
<tr>
<td>20.</td>
<td>My family understands me.</td>
<td>( )</td>
</tr>
<tr>
<td>21.</td>
<td>Most people are better liked than I am.</td>
<td>( )</td>
</tr>
<tr>
<td>22.</td>
<td>I usually feel as if my family is pushing me.</td>
<td>( )</td>
</tr>
<tr>
<td>23.</td>
<td>I often get upset with what I am doing.</td>
<td>( )</td>
</tr>
<tr>
<td>24.</td>
<td>Things usually bother me.</td>
<td>( )</td>
</tr>
<tr>
<td>25.</td>
<td>I can be depended on to do something I said I would do.</td>
<td>( )</td>
</tr>
</tbody>
</table>
APPENDIX F

INSTRUCTIONS FOR COOPERSMITH SELF-ESTEEM INVENTORY

"I have some questions I would like to ask you about yourself. I will read something. I would like to know if the statement is like you or not like you. For example, if I said, 'I have ____ hair' (not hair color of subject). Is that like your or not like you? If I said, 'I have ____ hair' (hair color of subject). Is that like you or not like you? How about if I said, 'I like to have fun'. Is that like you or not like you?"

"Okay. I want you to try these. Keep in mind there are no right or wrong answers - it is just how you feel."

Read the statement to the person and then ask, 'Is that like you or not like you?' If the person says they are not sure, or 'sometimes like me, sometimes not', tell them that you must put down one of them so they should try to decide if it is more like them or more not like them. Maintain a blank expression during the testing, do not say 'okay' or nod your head after the responses.
APPENDIX G

QUESTIONNAIRE FOR GROUP LEADERS

Name of Person ___________________________

Attendance (No. of sessions)_________________

How much did this person participate in the group?

What changes, if any, did you notice about this person from the first to the last session?

General comments about this person in relation to the group (general attitude, willingness to talk, ability to listen to others, interest in the sessions, or anything else noteworthy).
APPENDIX H

QUESTIONNAIRE FOR INSTRUCTORS

Name:

Have you seen any other changes in this person's behavior in the last two months that were not on the ABS? If so, what were they?

Did this person talk to you about the group? If so, what did they say?
APPENDIX I

QUESTIONNAIRE FOR GROUP MEMBERS

Name:

What was the group you were in like?

What did you do in it?

Did you like being in the group?

What did you like best.

Was there anything you didn't like?

What:

What did you get out of being in it?

Do you think it helped you? How?

Would you be in another group like this if you had the chance? Why or why not?

171
APPENDIX J

SUMMARY OF SESSIONS

Treatment Group #1 at Workshop X

Session 1

People introduced selves ... Group leaders explained the program ... One woman began screaming for attention ... One man worried about being bored ... They made comments about the pictures ... At the end, people talked about their jobs.

Session 2

They went over the rules in the group ... One woman began screaming again ... Problems the group members said they had included: parents treating them like a baby, a sister getting a divorce, a mother who worried that they would do something wrong, when people on their paper route left without telling them, and wanting more freedom ... Talked about how they felt when they had a problem.

Session 3

Discussed the concept again of what problems are ... Discussed feelings when you have a problem. The group members suggested the feelings of: afraid, nervous, depressed, mad, sad, crying, feeling like fighting, upset ... Discussed the pictured problem situations
and how they might feel for not agreeing with IHP: "rejected", "like why don't they come to me first"; for someone bossing you around: "don't like it"; for feeling lonely: "like a zombie", "not wanted", "rejected"; for waiting for someone to show up: "impatient", "sad", "unhappy", "feel like going out with somebody else"; for food burnt: "feel like not eating it"; for waiting by the phone but no one calls: "feel like kicking someone", "sad", "unhappy", "put down", "upset", "wouldn't feel like they were your friends"; for someone cutting in front of you in line: "sad", "mad", "like ditchin' 'em back." One woman screamed occasionally.

Session 4

Went over story of Jim, Susan, and Larry ... They gave ideas for what Larry could do to make maney: get another job, budget, save up for it, borrow money.

Session 5

They talked about Lisa's story and suggested what Lisa could do if she was lonely: go for walk, go to the store, go swimming, go to the movies, play baseball, play the radio, call another friend, go to a dance ... They worked on the Think posters and showed them to each other.

Session 6

Talked about where they had put their Think posters at home ...

One woman discussed her problem about her boyfriend.
Session 7

Reviewed the previous sessions. Talked about sharing problems with others. One woman brought up her problem of finding a boyfriend. Others made suggestions as to how to make boyfriends and places to go. Another woman discussed a disagreement with her mother.

Session 8

Reviewed the previous session. The steps in problem solving were explained. The group leader demonstrated role-playing. Talked about having a positive attitude that you can solve problems. An interesting conversation ensued.

One woman said, "I tried something with my parents. Asked them to come out to the workshop and see my job, but my parents wouldn't come. I thought you were always right—that you could solve all my problems."

The group leader replied, "I'm not always right. You have to decide what you want to do."

She asked incredulously, "You mean I have to solve my own problems?"

"I'll help you but I can't be the one to talk to your parents," answered the group leader.

"Cause you're not really helping yourself. Like I used to help my little brother with his homework, but he wasn't really learning anything. I was doing all the work for him," added another group member.
They continued discussing how the first woman could gain more independence.

Session 9

Reviewed the problem solving steps ... Two problems were discussed—one man had had snowballs thrown at him, one woman's mother had said she didn't like the skirt she was wearing. They tried to decide what the consequences would be for various strategies.

Session 10

Roleplayed the problem of the man who had had snowballs thrown at him. Tried the solutions of reporting it to the instructor and ignoring the other person. The man agreed to try ignoring people who tried to start fights with him.

Session 11

Roleplayed problem of woman who felt she was being ignored and babied at home and how she could get positive attention from them. Discussed and roleplayed the alternatives of telling them directly, having the instructor tell her parents, running away from home and get mad at them. The woman decided that she wanted her instructor to talk to her mother.

Session 12

Discussed how woman's problem from previous session had worked out. She hadn't tried anything. Talked about the man who had been in the snowball fight and asked if he had been successful at talking directly with people with whom he was mad. He was encouraged to keep
trying ... Talked about how bosses can't solve your problems for you ... One woman brought up problem of not liking the work she was doing and didn't feel it paid well enough. Apparently her mother had told her she should be making more. Others in the group related other problems with their instructor. Discussed the alternatives of sharing feelings with her instructor, talking to her mother, beating up her mother, quitting the workshop, or having a conference with her instructor and her mother. They roleplayed the alternatives. She decided having her mother talk to her instructor was best ... One man brought up his problem of feeling uncomfortable with his instructor but didn't want to roleplay. Discussed how to deal with feeling too much pressure from an instructor. Roleplayed the alternatives of: telling the instructor to do it himself, talk to his case manager, tell him you don't want to do it, saying "no". Discussed the consequences especially of losing one's job. The man decided that talking to his case manager was the best idea.

Session 13

Talked about who they talk to when they have a problem when they are having trouble thinking of how to solve a problem. The group members felt it was best to try to solve the problem first by themselves. Roleplayed talking to a friend on the phone. Group leader demonstrated it first with another woman. Then two other people in the group role-played. Problems that were roleplayed were wanting to get an outside job and someone who always borrowed money ... Went through procedures of solving problems by oneself. The group leader helped the members through the steps while they went through them in their heads.
Session 14

Reviewed previous session ... Talked about the benefits of trying to solve one's problems and of trying to think of a number of solutions ... Discussed what they thought of the group.

Treatment Group #2 at Workshop Z

Session 1

Introduced selves ... Group leader explained the purpose of the group ... Brought up problems they were having: people who gossiped, people who cussed, growing up and taking responsibility, getting along with others ... Went over the rules for the group. They suggested additional rules; don't tease others, don't say something "nasty", don't touch someone "nasty", don't flirt, and don't chew gum ... In the free time at the end they talked about who they call on the phone after work, girlfriends and boyfriends, rumors around the building and how long they had been at the workshop.

Session 2

Reviewed the previous session and the rules of the group ...

The group members brought up examples of problems: someone gossiping or cussing, wanting an outside job but parents won't let them have one, someone stealing something, being "clocked-out" on the job, someone threatening someone else and the possibility of the workshop closing down (due to the energy crisis) ... One woman insisted she never had problems and the group members talked about this.
Session 3

Talked about feelings when people have problems ... One man talked about how he backed away from a fight ... Discussed the feelings of discouraged, scared, "crossed-up", depressed, angry, upset, hurt, feeling like crying ... A woman brought up problem of missing a dance ... Discussed people who gossip ... Talked about the feeling of loss. People talked about relatives or pets who had died ... Discussed the problem of being bossed by co-workers ... Went over the pictures illustrating problems. All could relate to the problems presented.

Session 4

Reviewed feelings associated with problems ... One woman brought up the problem of a co-worker who wanted to fight her. Other group members offered solutions to her. They decided with this particular girl many of her threats might be just talk ... Went over story of Jim and Susan. Discussed concept of sharing problems and trying even when you might be afraid of making a mistake. Talked about Larry's problem and made suggestions for getting his radio: asking for a raise, getting a cheaper radio, doing handwork for some people, making some things to sell, and saving his lunch money ... Discussed how talking things out with others can help.

Session 5

Reviewed the previous session ... Same woman (from session 4) brought up problem about people who didn't like her. She felt that her problem with that woman had been solved after talking to her but felt there were others who didn't like her ... Another woman brought up
problem of her friends' parents complaining that she called too much ...

Two men in the group were upset because they both liked the same girl (not in the group). Decided she should decide which one she wanted for a boyfriend and that they should talk it over with her. This led to a discussion among other group members of problems with girl or boyfriends ... Group leader went over the story of Lisa. The group members made suggestions of what she could do.

Session 6

Made Think posters. Talked about these as they made them and where they were going to hang them ... Talked about why people call others names.

Session 7

One man brought up a problem he had with his girlfriend. He didn't have time to go see his girlfriend on Saturday and she was made that he didn't call. He was upset that he had tried to solve it himself by talking to her but that didn't work. Group members suggested that he talk to her again, preferably in person ... Group leader went over the steps in the problem solving approach. One woman brought up the problem of a man at the workshop calling her and saying that he wanted to "feel her". Group went through the problem solving approach. Group leader had to play the man since other group members were too embarrassed. They suggested that she try to solve it by telling him she didn't like it, hang up on him, or get her mom or dad to get on the phone and talk to him.
Session 8

Group leader reviewed the problem solving approach. One man brought up problem of his girlfriend "going out" with another guy. He got mad and "blew his top". He didn't know why she had gone out on him. All group members could relate to the feeling of jealousy and losing a boy or girlfriend. They suggested that he go talk to her, go to her parents and talk to them, buy her flowers or candy, "kiss and makeup", send her a card or a letter, made sure he cares about her, and ask her to go out. They roleplayed the solutions. The woman roleplaying had some trouble understanding that she was just acting and not really his girlfriend.

Session 9

Two members of the group had left the workshop. Others discussed this ... One woman brought up the problem of people calling her names. Everyone agreed this was a problem for everybody. They suggested and roleplayed the suggestions of: ignoring the person, walking away, getting mad at them and having her friends yell at them. The woman decided that she wanted to have her friends take care of the situation ... A woman brought up the problem of her dad drinking and her mom and dad fighting. When that happens she has to go to her room. Group members brought up the solutions: asking her dad to go to A.A., going to a group like Alateen herself, talking to her mom about the problem, going to her neighbors instead of her room, and yelling at her mom and dad.
Session 10

Group members roleplayed the solutions from the previous sessions. The woman decided she would try to talk to her mother.

Session 11

A woman brought in pictures of when she was young. She felt she looked better then and that now her teeth stuck out. However she did not want to talk about it more ... One woman felt that another man in the group was "using her" while his regular girlfriend was out of town. They did not roleplay the situation but just tried to talk about it. The man decided he wanted to quit the meetings but then decided that he would not. The man claimed he no longer liked his old girlfriend. The woman was very firm that she didn't want to be involved in this situation and be "used".

Session 12

The problem came up again of people saying silly or "nasty" things again. Similar suggestions as presented in a previous session were discussed ... One woman had a problem of breaking something in the workshop and having to pay for it. They suggested she talk to her instructor and apologize or ask how much the glasses cost. The group members did not want to roleplay the situation.

Session 13

A man brought up the problem that his girlfriend has another boyfriend. One woman in the group said she was uncomfortable since the girlfriend was a friend of hers. The man was concerned about how
he could get her out of his mind. He felt he should try to get another girlfriend ... They talked about who they go to for support and roleplayed talking to another person about a problem ... Went through the problem solving procedure by themselves with the group leader acting as a guide.

Session 14

Reviewed previous sessions and the problem solving approach ... Discussed how they felt about the group ... Most of the group members said they would like to be in another group.

Control Group #1 at Workshop Z

Session 1

Introduced selves ... Group leader discussed the purpose of the group ... The group members talked about the kinds of jobs they did.

Session 2

One woman brought in her needlework ... Other group members commented on it and praised her work ... They discussed their own hobbies.

Session 3

Topics that were discussed included: chores, pets, birthdays, divorce, "The Waltons", Oral Roberts, "Star Trek", what people do on Saturdays ... One man said he was going to Special Olympics and never coming back. Other group members told him how much they needed
him ... Another man said he wanted to go see the circus but that other people laughed at him when he said he wanted to go and this upset him.

Session 4

A woman brought in some embroidery work to show the group ... Group members talked again about the kinds of work they did at home—handiwork and chores ... They discussed the new workshop that was being built—Arcraft South. They talked about its location, who the Staff would be, and who would go there.

Session 5

One man brought up a problem of man at the workshop who was always getting mad ... Others discussed various kinds of people who caused problems for others at the workshop ... Talked about what they did when they were sick and various ailments they had. They talked about various kinds of doctors: regular, eye doctor and dentist ... One man recounted a fishing trip. This led to stories about swimming ... One man said he was going to a flower show that day.

Session 6

One man showed the group his new watch. Others discussed their jewelry and watches ... A woman talked about a party she was planning for her mother ... Another woman talked about an accident she had seen the day before. Others discussed safety precautions on the job.

Session 7

One man discussed wanting to see the circus. Others talked about what there was to see there ... They talked about their jobs—whether
they were good workers and mistakes they had made on the job.

Session 8

Group members related funny incidents involving their pets ... People talked about the clothes they were wearing and why they had chosen them ... One woman talked about a relative who had gotten a divorce ... They discussed their favorite foods.

Session 9

The group members discussed their vacations ... Favorite TV shows were evaluated, especially the Bionic Woman ... Favorite singers were then discussed. People in the group said they would like to learn to sing.

Session 10

One woman talked about her church. Some of the group said they went to church, others didn't go ... Group members discussed hobbies and collections of things: stamps and coins. One woman talked about her paintings.

Session 11

One woman brought in her photo album. She went through it and people discussed the pictures. The pictures included her relatives, her hobbies, and places where she had lived.

Session 12

Vacations were discussed again. Camping and visiting a farm were talked about in length ... Some group members recounted more incidents involving their pets.
Session 13

One man came to the group very upset about a fight at his house the previous evening. Apparently his father drinks and there are often fights. Others in the group tried to offer support. Another man talked about the fights at his house and how upset these made him.

Session 14

Previous sessions were reviewed... The group members expressed pleasure at having been in the group and were sorry it was over.

Control Group #2 at Workshop Y

Session 1

Introduced selves and talked about the groups ... Discussed the coal strike, fighting and killing. Talked about the plight of the coal miners and their three year contract, one person discussed what "Mr. Peanut Man" (her nickname for Carter) had said in a press-conference.

Session 2

One man brought in his guitar and the others listened to him sing. Then he passed it around for others to try. Then they all sang together ... Another man brought in photos of his family.

Session 3

More guitar playing and singing. Another man brought in a tambourine to play along. They listened to the tape of their singing and decided they sounded like "frogs".
Session 4

They had a heated discussion of who was the best U.S. President. Nixon and Carter were evaluated but J.F.K. won, hands down.

Session 5

One male who had been quiet in previous sessions suggested that they talk about sex ... They discussed pimping and prostitutes.

Session 6

The group members were interested in the group leaders forthcoming vacation to Florida. They were curious to know if she would wear a bikini ... Discussed various vacations people had planned.

Session 7

They spoke about Easter Sunday activities ... One man talked about several deaths that took place on Good Friday ... Another man talked about how he had stayed home on Easter ... Another man recounted an incident in which he got punched in the eye by neighbor kids.

Session 8

Big argument about the Duke/Kentucky basketball and who favored which side. Talked about betting—the pros and cons.

Session 9

One man showed a headphone/radio he had bought. He had had the habit of listening to both the radio and watching TV at the same time. His family had told him they couldn't stand the situation any longer so bought the headphone to solve his problem.
Session 10

Talked about the basketball game again ... Talked about being hillbillies. Some felt very proud that they were hillbillies ...
Talked about who was the strongest in the group ... Discussed their heroes--Superman, Robin Hood, and Dennis the Menace ... One man talked about a trip to Mexico ... Talked about "grass" (marijuana). One man stated that he was an undercover agent and related his (supposed) experiences.

Session 11

Discussed haircuts, hairstyles and shaving ... Talked about what they did over the weekend. Some people had been to parties and said what they were like ... One man said he was never invited to parties. Others in the group gave him suggestions such as having one himself ... Talked about "Wide World of Sports" and a championship diver ...
Discussed the virtues of Howard Cosell ... People related swimming experiences.

Session 12

Talked about clothing styles, where to buy clothes, what goes together. Related how dressing well impresses women. One man seemed to have been dressed up for the group leader.

Session 13

One man talked about how his mother was sick ... They discussed illnesses of various family members and friends ... Talked about the kinds of food one should eat ... Tried to decide what kinds of drugs were best.
Session 14

Talked about it being the last group session ... Some expressed interest in being in another group. Others were reluctant because in most groups they are not paid for their participation ... Talked about airplane trips and cannibals—the dangers of plane crashes ... One man talked about being a subject in Sandman's research—he felt that this would teach him to read. Talked about making decisions in being in research—would they be afraid to do or take certain things. Decided that their parents should read all notes and see if the research was harmful. Talked about what being normal meant—felt it was related to being able to read.
APPENDIX K

MANUAL FOR

CONVERSATION GROUP

for Adults with Moderate & Mild Mental Retardation

Cecilia A. Pinkerton

Copyright Cecilia Pinkerton, 1978
INSTRUCTIONS FOR USING MANUAL

INTRODUCTION

This program has been developed to help adults with mild and moderate retardation learn to make conversation with other people. Mentally retarded adults often have difficulty making conversation. They may feel they have nothing of importance to say and that no one will listen to them. Because of limited mobility in the community they may not have the opportunities to practice talking with others.

It is important for adults working in a sheltered workshop to feel comfortable talking with other people - including peers, instructors, family and strangers. This may lead to increased success on the job, increased success in dealing with others, improved self-esteem, and a decrease in maladaptive behavior.

GENERAL RULES FOR GROUP LEADERS

1. The people in your group are adults. It is very important that you talk in a normal tone of voice and expression - not overly harsh or overly sweet - as you would talk to any other adult. Avoid a "saccharine" or "Miss Francis - Ding Dong School" voice.

2. Refer to the members of your group as group members, adults, employees or men and women. Avoid the terms "kids", girls or boys.

3. It is important to be enthusiastic about the group. This does not mean you are a "cheerleader" since many of the group sessions may be serious in nature. Rather it means that you maintain an active interest in all that is going on.

4. Praise can be an effective tool in bolstering self-confidence. When an adult attempts an answer, he should be
reinforced for his effort. The person will be more likely to talk when he feels he will not be punished for a wrong answer. Praise can be verbal or non-verbal and should be immediate. Non-verbal praise can simply be a hand on the shoulder, a smile, or nodding the head. Praise should be descriptive so the adult knows what exactly he is saying or doing that is appropriate.

EXAMPLE:

"That was an interesting point, Mary."

"Thank you for playing the part of the mother, Jane, I think you did a good job."

5. You can also encourage other group members to give praise. Praise may actually be more effective coming from other members rather than from the group leader. In addition, practice at giving praise may lead to praising others outside the group. You might encourage these statements through remarks like, "I think Bob made a very interesting remark, don't you?"

6. Encourage participation by remarks like "I'd like to hear what you have to say", "I think you can do it", "you're an important member of this group." However, it is important not to push anyone into talking when they do not want to or doing something they do not want to. It is important to respect the rights of the individual. If a person is reluctant to talk or role play you might make a statement like, "It's okay if you don't want to talk. Maybe later you might want to. If you do please feel free to join in."

You can encourage talking by using the following comments:

a. "Oh?" "So?" "Then?" "And?"

b. The repetition of one or two key words.

c. "Tell me more."
d. "How did you feel about that?"
e. "Give me an example."
f. "What does this mean to you?"
g. "Ummm-hmmm."

7. You, as a leader, can also give a personal example in order to encourage participation. This will help create an accepting atmosphere. Members will feel that if you are willing to talk about yourself than maybe it is okay for them. Try to make the example one that they can relate to. The group leader can tell the group how, when, or why he has felt a certain way or talk about someone they are close to (mother, friend).

8. If no one responds you can call on specific people that you think might participate. They may be helpful in breaking the ice.

9. In a group discussion, answers may be given that are partially correct, totally unrelated to the question, give insufficient information, or are only a simple "yes" or "no". A variety of reasons could be given to explain why the response to the question was not satisfying: a) the question may not have been understood; b) the adult may not know how to answer a question; or c) the adult may lack the self-confidence to believe he has anything important to say.

It may be necessary for you to rephrase the question in simpler or different terms if no one answers your question. If people still don't understand you might come back to that question later.

Since the type of questions the group leader asks affects the way the adult responds, try to avoid a question that
asks for a "yes" or "no" answer i.e., "Do you ever get angry?"

Alternatives:  a. Tell me how you feel when you get angry.
   b. What is anger?
   c. Why do you feel anger?

You may want to prompt some answers by suggesting some possible responses. i.e. "Does anybody remember what we did last week?" If no one answers you might ask, "Does anybody remember when we role played the problem of not having enough money?" If the answer is partially correct, the group leader can tell the person which part is right and try to correct the wrong answer with requests like:
   "What might be some other reasons?"
   "How might you say it in another way?"

10. If a person is struggling with what he's saying, don't jump in too quickly to "save the day." This gives the person an easy out and makes you do all the work. Furthermore it increases dependency on others to talk for them and what you say for them may not be what they were going to say.

11. You can try to tie together things that the group members are saying. Try to see how something seemingly irrelevant may be related to another's statement. You can say something like, "That problem is almost like Linda's, isn't it? you were both upset about not getting to go someplace." However, if the remark is too far off the subject suggest that they talk about it at another time or after the group. Do not be punitive.

12. Maintaining the group rules - explained in Session One - will help to increase participation since group members will feel safer to respond.

13. Occasionally there may be someone in your group who makes derogatory remarks to the other group members. It is
important that you deal with this person immediately and let them know that their remarks are inappropriate; that they are in the group to help each other, not to hurt each other. See if their remark can be phrased in a more positive way, i.e. if Jim makes a remark like "I don't want to sit next to Tom. He smells!", ask Tom how he feels about the remark. Tom might say he feels bad or perhaps say nothing. You might say to Jim, "Jim, the way you said that really hurt Tom's feelings. Do you see that? I don't think you really want to hurt his feelings. Is there another way you can say that? Perhaps you could tell Tom that you would like him much better if he took better care of himself." Praise Jim for rephrasing his remark and remind him that how he says something will make a difference as to how others feel about him. It is important that you give Jim some room to change his remark so that he does not become the "bad guy" of the group. If this continues to be a problem you might talk to him after the group or refer him to the rehabilitation staff for further counseling. Again, this is not a common occurrence, but if it happens, it needs to be dealt with immediately for the safety of the group members.

14. There may be one or two persons in the group who do a great deal of talking. It is important that they do not dominate the conversation, since others may feel inhibited or may use this as an excuse to themselves for not talking. You may say to the "over-talker" something like "you've really had some great ideas and have been working really hard. I want to find out what some of the other people think."

15. If you feel confused or lost with what is going on in the group, just say so. Probably everyone else in the group will feel the same way and you can straighten things out at this point.
16. Before beginning each session it is helpful to "break the ice" by discussing briefly some neutral subject - the weather, what happened over the weekend, etc.

17. Summarize throughout the group what is happening in the session to help pull the session together. Ask the group members to summarize also.

18. Sometimes the group may seem very tedious or repetitious. However, this is the way groups often go. There is more hard work and less glamour to a successful group than to what is seen on TV as a group experience. It is more important for members to go away with useful skills than for them to have a "peak" or exciting group experience.

19. Be relaxed as much as possible. If you feel like you made a mistake or missed saying something important, you can tell the group that you missed something. It is actually a positive thing for group members to realize that the group leader can make mistakes too. However, you can never be completely on top of the situation and even the most experienced leaders will miss points and make mistakes.

20. Remember that you are a model for the group members. They will look to you for examples of appropriate actions and talk.
SPECIFIC POINTS FOR USING THIS MANUAL

1. The groups will meet for fourteen sessions - twice a week for seven weeks. The first session has been written out for you. The words in quotations (" ) are for you to say. You may change the language slightly to suit your own style of conversation but it is important to cover all the material inside the quotations.

Sentences beginning with an asterick (*) are things for you to do.

Sessions 2-14 are largely improvisational on your part and therefore can not be written out fully.

2. Keep a record of all in attendance at each meeting.

3. Tape record each session. Since these tapes are 30 minutes on each side, you will have to remember to turn the tape over half way through each session.

4. A list of "Supplemental Materials" is given below. These are materials you may want to bring into the group to stimulate conversation if group members do not bring anything in.

SUPPLEMENTAL MATERIALS

TV guide
TV magazines
Movie Star magazines
Fashion magazines
Sports magazines
A hobby
Maps
Recent news magazines
Recent newspapers
Recent workshop newsletter
Interesting pictures
Session 1

* Introductions - ask everybody to say their names and give yours.

* Ask if anyone was ever in a group before. Ask questions such as:
  "What did you think of it?"
  "What did you do in the group?"
  "Did you like it?"

"In this group we will be doing a lot of talking. We will be getting to know one another. We will be talking about lots of different things. Do you have some ideas of things we might talk about in this group?"

* Discuss if there are some ideas and write these down for later use. Ask if they would like to discuss the following if they are not mentioned by the group members: movie stars, TV stars, TV shows, movies, their clothes, things that they have at home, favorite foods, what their houses are like, what their families are like, what their childhood was like, places they would like to go, what's going on in the world, their favorite music, their hobbies or things they like to do for fun, what chores they do around the house, different kinds of jobs, what's going on at the workshop, and holidays.

"Well, it sounds like we will have some interesting things to talk about. I hope everyone will feel good about talking in this group. If you have something to say I hope you will feel free to say it - as long as nobody else is talking. If you don't understand something that is being talked about, please say so. If you don't ask, we won't know that you didn't understand. Sometimes I am not good at explaining things so I need to know if I'm not making sense to people:

"We will be meeting here every _______ and _______ for the next six weeks at ______ o'clock. Each time together will be
forty-five minutes, pretty close to an hour. I would like it if people try to remember to come at that time. What might help people remember? I had one idea - I will give you these cards with the day and time marked on it. What if people cannot read? If you cannot read, you can give the card to your instructor or someone else and ask them to help you remember. Or sometimes just having the card will help you remember. By coming on time, we can get started on time and can really work together. It will also help me because I won't have to go get you and sometime I might not see you - maybe if you were getting a drink of water."

"Are there any questions about this?"

"There are certain rules we will have to follow to work well in this group."

"The first one is that: We don't talk to other people about what other people said in the group. I don't tell what _______ said when I leave the group. _______ doesn't tell _______ what _______ said either. Everything we say in the group will be secret to us. This will be hard because sometimes people might be very excited about what went on in the group but still we must try not to tell what other people said. Of course, it would be fine if you want to talk about what you said or maybe something you learned about - just as long as you don't talk about other people."

*Discuss: "What do you think about this rule?"

"Another thing is that if people bring up things that are bothering them - nobody else should make fun of them or laugh at them or call them names. This is very important so that we will all feel good about talking and not be afraid to talk out."

*Discuss: "What do you think about this rule?"

"A third rule is that nobody talks when somebody else is talking - if two people are talking no one can hear or understand
either one of them and so nobody is happy. It is sometimes hard to wait when you have something to say, but again, it is very important to do this - everyone deserves a chance to talk and have people listen."

"Are there any questions about this?"

"Does anybody have any other rules that we ought to think about in this group?"

* If so - discuss these.
  * Are they relevant to the group?
  "What do other members think about that idea?"
  * Discuss

"For the remaining time I think it would be good to get to know each other."

* Open questions to discuss, such as:
  "What jobs are people on?"
  "What jobs would they like to do?"

Session 2

"Last time we talked about what we would be doing in this group. Does anyone remember some of the things we discussed?"

* If people remember, discuss these, and then go over the points below:
  1. "We'll be talking with each other about many things and trying to get to know each other better."
  2. "We want everyone to join in and talk."
  3. "Ask questions if you don't understand something."
  4. "We'll meet here every _____ at _____ o'clock. I want everyone to be on time."
5. "There are some rules for the group. The first one is everything we say in here is secret. We don't talk about what other people have said. Second, we don't laugh or make fun of what somebody else has said. We don't call them names. We want everybody to feel good about talking in here. A third rule is that no one talks when somebody else is already talking."

* Based on interest from previous meeting, begin discussing a topic that seemed to have a lot of interest for the group members. For example, if the topic was movie stars, ask questions such as:

"Who is your favorite movie star?"
"What movie was he/she in?"
"Have you ever seen a movie star in person?"

If the conversation seems to wane after a while you might pick another subject or ask group members if there is something they would like to talk about.

More than likely the conversation will not stop but rather shift to another topic. This is fine and is in fact how most conversations go.

(Towards the end of the session)

"Well our time is starting to run out. If anyone would like to bring something in to discuss next time that would be fine. This can be anything - a photograph, a magazine, a hobbie you are working on, a map - just anything you think is interesting and might be interesting to the other group members. But don't bring too much at one time. If you have a lot of things maybe you can bring one in each time. Also, do not bring in anything that is very valuable or expensive, or that might get broken. Does anyone have anything they
they might bring in?"

* Discuss these possibilities.

"So, our time is about up, see you on _____ at ______ o'clock."

Session 3-13

* Begin each session by asking if anyone has brought anything to show to the group or if anyone has anything they would like to talk about. If not, you should begin with a topic you think will be of interest. You can bring something from the list of Supplemental Materials or something else.

End each session by summarizing what you have been talking about and by reminding them of the next meeting. At the end of Session 13 remind them that the next meeting will be their last.

Session 14

*Remind people at the beginning that this is their last session. Ask if they have anything they would like to say about the group - did they like coming, did they like the topics that were discussed, etc.

At the end of the session remind them that this is the last session. You might want to say that you have enjoyed being in the group with them, etc. Also thank them for their participation.
APPENDIX L

MANUAL FOR

PERSONAL PROBLEM-SOLVING GROUPS

for Adults with Moderate & Mild Mental retardation

Cecilia A. Pinkerton

Copyright Cecilia Pinkerton 1978

---

203
INSTRUCTIONS FOR USING MANUAL

INTRODUCTION

This program has been developed to help adults with mild and moderate retardation learn to solve personal problems for themselves. Research has shown that mentally retarded adults often fail on competitive jobs because they lack personal and interpersonal skills. They may have problems making friends, handling criticism or teasing, or knowing when to admit they don't understand a direction.

It is important for adults working in a sheltered workshop to learn to handle personal problems for themselves. The results may lead to increased success on the job, increased success in dealing with others, improved self-esteem and a decrease in maladaptive behavior.

GENERAL RULES FOR GROUP LEADERS

1. The people in your group are adults. It is very important that you talk in a normal tone of voice and expression - not overly harsh or overly sweet - as you would talk to any other adult. Avoid a "saccharine" or "Miss Francis - Ding Dong School" voice.

2. Refer to the members of your group as group members, adults, employees or men and women. Avoid the terms "kids", girls or boys.

3. It is important to be enthusiastic about the group. This does not mean you are a "cheerleader" since many of the group sessions may be serious in nature. Rather it means that you maintain an active interest in all that is going on.

4. Praise can be an effective tool in bolstering self-confidence. When an adult attempts an answer, he should be
reinforced for his effort. The person will be more likely to talk when he feels he will not be punished for a wrong answer. Praise can be verbal or non-verbal and should be immediate. Non-verbal praise can simply be a hand on the shoulder, a smile, or nodding the head. Praise should be descriptive so the adult knows what exactly he is saying or doing that is appropriate.

EXAMPLE:

"That was an interesting point, Mary."

"Thank you for playing the part of the mother, Jane, I think you did a good job."

5. You can also encourage other group members to give praise. Praise may actually be more effective coming from other members rather than from the group leader. In addition, practice at giving praise may lead to praising others outside the group. You might encourage these statements through remarks like, "I think Bob made a very interesting remark, don't you?"

6. Encourage participation by remarks like "I'd like to hear what you have to say", "I think you can do it", "you're an important member of this group." However, it is important not to push anyone into talking when they do not want to or doing something they do not want to. It is important to respect the rights of the individual. If a person is reluctant to talk or role play you might make a statement like, "It's okay if you don't want to talk. Maybe later you might want to. If you do please feel free to join in."

You can encourage talking by using the following comments:

a. "Oh?" "So?" "Then?" "And?"

b. The repetition of one or two key words.

c. "Tell me more."
d. "How did you feel about that?"

e. "Give me an example."

f. "What does this mean to you?"

g. "Ummm-hmmm."

7. You, as a leader, can also give a personal example in order to encourage participation. This will help create an accepting atmosphere. Members will feel that if you are willing to talk about yourself than maybe it is okay for them. Try to make the example one that they can relate to. The group leader can tell the group how, when, or why he has felt a certain way or talk about someone they are close to (mother, friend).

8. If no one responds you can call on specific people that you think might participate. They may be helpful in breaking the ice.

9. In a group discussion, answers may be given that are partially correct, totally unrelated to the question, give insufficient information, or are only a simple "yes" or "no". A variety of reasons could be given to explain why the response to the question was not satisfying: a) the question may not have been understood; b) the adult may not know how to answer a question; or c) the adult may lack the self-confidence to believe he has anything important to say.

It may be necessary for you to rephrase the question in simpler or different terms if no one answers your question. If people still don't understand you might come back to that question later.

Since the type of questions the group leader asks affects the way the adult responds, try to avoid a question that
asks for a "yes" or "no" answer ie, "Do you ever get angry?"
Alternatives: a. Tell me how you feel when you get angry.
   b. What is anger?
   c. Why do you feel anger?

You may want to prompt some answers by suggesting some possible responses. ie. "Does anybody remember what we did last week?" If no one answers you might ask, "Does anybody remember when we role played the problem of not having enough money?" If the answer is partially correct, the group leader can tell the person which part is right and try to correct the wrong answer with requests like:
   "What might be some other reasons?"
   "How might you say it in another way?"

10. If a person is struggling with what he's saying, don't jump in too quickly to "save the day." This gives the person an easy out and makes you do all the work. Furthermore it increases dependency on others to talk for them and what you say for them may not be what they were going to say.

11. You can try to tie together things that the group members are saying. Try to see how something seemingly irrelevant may be related to another's statement. You can say something like, "That problem is almost like Linda's, isn't it? you were both upset about not getting to go someplace." However, if the remark is too far off the subject suggest that they talk about it at another time or after the group. Do not be punitive.

12. Maintaining the group rules - explained in Session One - will help to increase participation since group members will feel safer to respond.

13. Occasionally there may be someone in your group who makes derogatory remarks to the other group members. It is
important that you deal with this person immediately and let
them know that their remarks are inappropriate, that they
are in the group to help each other, not to hurt each other.
See if their remark can be phrased in a more positive way,
ie. if Jim makes a remark like "I don't want to sit next to
Tom. He smells!", ask Tom how he feels about the remark.
Tom might say he feels bad or perhaps say nothing. You
might say to Jim, "Jim, the way you said that really hurt
Tom's feelings. Do you see that? I don't think you really
want to hurt his feelings. Is there another way you can
say that? Perhaps you could tell Tom that you would like
him much better if he took better care of himself." Praise
Jim for rephrasing his remark and remind him that how he says
something will make a difference as to how others feel about
him. It is important that you give Jim some room to change
his remark so that he does not become the "bad guy" of the
group. If this continues to be a problem you might talk to
him after the group or refer him to the rehabilitation staff
for further counseling. Again, this is not a common occur­
ence, but if it happens, it needs to be dealt with immediately
for the safety of the group members.

14. There may be one or two persons in the group who do a great
deal of talking. It is important that they do not dominate
the conversation, since others may feel inhibited or may
use this as an excuse to themselves for not talking. You
may say to the "over-talker" something like "you've really
had some great ideas and have been working really hard. I
want to find out what some of the other people think."

15. If you feel confused or lost with what is going on in the
group, just say so. Probably everyone else in the group
will feel the same way and you can straighten things out at
this point.
16. Before beginning each session it is helpful to "break the ice" by discussing briefly some neutral subject - the weather, what happened over the weekend, etc.

17. Summarize throughout the group what is happening in the session to help pull the session together. Ask the group members to summarize also.

18. Sometimes the group may seem very tedious or repetitious. However, this is the way groups often go. There is more hard work and less glamour to a successful group than to what is seen on TV as a group experience. It is more important for members to go away with useful skills than for them to have a "peak" or exciting group experience.

19. Be relaxed as much as possible. If you feel like you made a mistake or missed saying something important, you can tell the group that you missed something. It is actually a positive thing for group members to realize that the group leader can make mistakes too. However, you can never be completely on top of the situation and even the most experienced leaders will miss points and make mistakes.

20. Remember that you are a model for the group members. They will look to you for examples of appropriate actions and talk.
SPECIFIC POINTS FOR USING THIS MANUAL

1. The groups will meet for fourteen sessions - twice a week for seven weeks. The sessions have been written out for you. The words in quotations ("") are for you to say. You may change the language slightly to suit your own style of conversation but it is important to cover all the material inside the quotations.

Sentences beginning with an asterick (*) are things for you to do. Sometimes these will be pictures to show, discussions to lead, or activities to do.

2. Keep a record of all in attendance at each meeting.

3. Tape record each session. Since these tapes are 30 minutes on each side you will have to remember to turn the tape over half way through each session.

4. You may find you do not have enough time to finish a session in the allotted time period. In that case, finish at the regular time and finish the material for that session at the next session. Or you may find that you are left with some time. You may then review the material already presented or start on the next session.

5. A list of objectives for each session has been included to help you understand the goals for each session.
OBJECTIVES OF THE SESSIONS

Session 1

1. Introduce group members.
2. Explain purpose of the group.
3. Explain that the group will require work.
4. Encourage participation.
5. Explain what will be happening in the group.
6. Lay down the ground rules for the group.

Session 2

1. Review points from Session 1.
2. Explain what a problem is.
3. Give people the feeling that everyone has problems - they are not alone.
4. Recognize some of the feelings associated with problems so they are able to identify problem situations.
5. Recognize what some problem situations might be so they are able to identify problem situations.

Session 3

1. Review points from Session 2.
2. Continue to recognize feelings associated with problems.
3. Continue to recognize what some problem situations might be.

Session 4

1. Recognize things that keep people from handling problems.
a. Pretending they don't have problems.
b. Being afraid of making a mistake.
c. Giving up too soon.

Session 5
1. Review points from session 4.
2. Recognize the need for coming up with more than one solution to a problem.
3. Recognize need to stop and think about a problem before doing anything.

Session 6
1. Review points from Sessions 1-5.
2. Introduce the problem-solving approach.

Session 7
1. Demonstrate problem-solving approach.

Session 8-12
1. Familiarize group members with the problem-solving approach.
2. Allow group members time to discuss and work on their own personal problems.
3. Review previous sessions and discuss how solutions have worked out.
Session 13

1. Learn how to use the problem-solving approach with one other person.

2. Practice using the problem-solving approach by oneself.

Session 14

1. Review previous sessions.

2. Allow time for group members to talk about being in the group.
PROBLEM SITUATIONS FOR ROLE-PLAYING

1. You're feeling too much pressure from your instructor to get a job done.

2. A neighbor calls you "retarded".

3. A friend wants to borrow some money but they still owe you $.25 from another time.

4. You'd like to sit by a certain person at lunch but don't know if they'd like to sit by you.

5. Someone asks you to do something with them that you know is wrong.

6. You want to go out to dinner but your parents won't take you.

7. You need to get into the bathroom but someone is in there.

8. A stranger is talking to you on the bus and you don't want to talk to him.

9. You're on a diet and someone offers you fattening food.

10. There's a new person at workshop you'd like to meet.

11. Somebody asks you to go somewhere tomorrow but you already have something planned.

12. Someone asks you to sign a paper but you can't read.

13. Someone comes to the door selling soap and wants you to but it.

14. Another worker asks you to do their work.

15. You're upset because someone ignored you.


17. Your friend is teasing you and you don't like it.
18. Your friend gives you an expensive present that you don't feel you can accept.

19. Your boy(girl) friend has been talking to another girl(boy). You are jealous.

20. You decide you don't like your (boy)girl friend anymore.

21. Your (boy)girl friend decides they don't like you anymore.

22. Your (boy)girl friend calls you too much and your parents don't like it.

23. Your (boy)girl friend gets mad every time you talk to another (boy)girl.

24. Your (boy)girl friend wants you to do something you don't want to do.

25. Your (boy)girl friend is a terrible dancer and doesn't like to dance, but you like to dance.

26. Parents won't let you learn how to do something (like ride the city bus) you want to do.

27. You're worried because a family member is sick.

28. Your parents don't like your friend(s).

29. Your parents are mad because you haven't been doing your chores.

30. You'd like to go somewhere with your parents but are afraid they might be busy.

31. Your sister/brother is playing the stereo very loud while you are thinking about something.

32. You walk into a room and your best friend turns the other way.

33. You think you deserve a raise but don't know what to do about it.
SESSION 1

1. * Introductions - ask everybody to say their names.

2. * Ask if anyone there was ever in a group before? Ask questions such as:
   What did they think of it?
   What did they do?
   Did they like it?

3. * Ask what they think this group is going to be about?

4. * Explain what the group will be about.
   "We're going to be talking about things we would like to change, things we have problems with, things we'd like to be different in our lives, things that we don't like.
   "Some kinds of situations that might be discussed are _____." * Show illustrations 1, 2, 3. "We're then going to talk about what we can do to handle these problems or situations so that we'll feel better or happier and things will be the way we want them to be. We'll be trying to think of many ways to handle a problem as we can. The reason that this is important is that when we can think of many ways to handle something - if the first way doesn't work we can try another way."
   * Give an example
   * Show illustration 4

"From being in this group, I hope that everyone here, including myself, will learn how to think of lots of ways to handle or change things so that we are happier with our lives. To change things means we will all have to work on thinking about problems - I will have to work, you will have to work hard too. Working on finding ways to change things or handle problems isn't easy at all, it's hard work. Sometimes talking about problems or things we want
to change will make us unhappy or sad — so we won't always feel like laughing in here. But if we work on solving or handling these things we can change things so we are happier in the future and the next time that problem comes up we will be able to think of what we can do. I think everybody here can work hard."

"In the groups I will be asking questions and hope you will feel free to answer and talk about things."

"Also I want people to feel free to talk about things we are talking about even if I don't directly ask you. For example, if I said - 'What's going on in this picture.' If you have something to say about it just go ahead — as long as somebody else is not talking."

"Or if we are talking about something and you want to say something about that, just go ahead — again, as long as no one is talking."

"We will also be doing some role playing — this is where we act out or pretend to be in a certain situation. For example, we might act out a shopping trip; maybe __________ might play the store clerk, and __________ would pretend to be shopping for some new clothes. They would act out this scene in front of the group with __________ saying things someone shopping might say. The reason we will act out or role play things in the group is that it will give us a chance to practice — to practice handling the situation and feeling the feelings that go with it before we actually do it in real life. Just like people on TV practice their parts before they actually make the TV show, we will practice too so that when we actually get into the situation we will feel better and have some ideas of what to do."
"I hope that everyone will try to work hard in this group and think about what is going on in it, I will be working hard too."

"Does anyone have questions about What I've just been talking about. Any questions at all?"

"Perhaps you might think of questions later. If you do, please ask. Or if at any time you are confused or don't understand what we are talking about please ask. If you don't ask, I won't know that you didn't understand. Sometimes I am not good at explaining things so I need to know if I'm not making sense to people."

"We will be meeting here every _______ and _______ for the next six weeks at ______ o'clock. Each time together will be forty-five minutes, pretty close to an hour. I would like it if people try to remember to come at that time. What might help people remember? I had one idea - I will give you these cards with the day and time marked on it. What if people cannot read?" If you cannot read, you can give the card to your instructor or someone else and ask them to help you remember. Or sometimes just having the card will help you remember. By coming on time, we can get started on time and can really work together. It will also help me because I won't have to go get you and sometimes I might not see you - maybe if you were getting a drink of water."

"Are there any questions about this?"

"There are certain rules we will have to follow to work well in this group."

"The first one is that: We don't talk to other people about
what other people said in the group. I don't tell what ______ said when I leave the group. ______ doesn't tell what ______ said either. Everything we say in the group will be secret to us. This will be hard because sometimes people might be very excited about what went on in the group but still we must try not to tell what other people said. Of course, it would be fine if you want to talk about what you said or maybe something you learned about - just as long as you don't talk about other people."

"What do you think about this rule?" *Discuss

"Another thing is that if people bring up things that are bothering them - nobody else should make fun of them or laugh at them or call them names. This is very important so that we will all feel good about talking and not be afraid to talk out."

"What do you think about this rule?" *Discuss

"A third rule is that nobody talks when somebody else is talking - if two people are talking no one can hear or understand either one of them and so nobody is happy. It is sometimes hard to wait when you have something to say, but again, it is very important to do this - everyone deserves a chance to talk and have people listen."

"Are there any questions about this?"

"Does anybody have any other rules that we ought to think about in this group?"

* If so - discuss these.
  *Are they relevant to the group?
  "What do other members think about that idea?" *Discuss
"For the remaining time I think it would be good to get to know each other.

* Open questions to discuss, such as:
  "What jobs are people on?"
  "What jobs would they like to do?"
SESSION 2

"Last time we talked about what we would be doing in this group. Does anyone remember some of the things I mentioned and we discussed?" * If people remember some, discuss these and then go over points below.

* Points to go over briefly:

1. "We'll be talking about problems or things we'd like to change, or things we'd like to be different in our lives."

2. "We'll all have to work hard in the group - listening and talking."

3. "We'll be doing some role playing, where we act out situations later on in the groups."

4. "Feel free to ask questions when you don't understand something."

5. "We'll meet here every ______ and _____ at ______ o'clock. I want everyone to be on time."

6. "There are some rules for the group. The first one is everything we say in here is secret. We don't talk about what other people have said. Second, we don't laugh or make fun of what somebody else has said. We don't call them names. We want everybody to feel good about talking in here. A third rule is that no one talks when somebody else is already talking."

"Today we're going to talk about what problems are."

"Problems might be when:" *Show pictures.

"Something is happening that you don't like." Picture 5

"When you feel unhappy about something." Picture 6

"When you feel miserable about something." Picture 7
"When you feel angry about somethin." Picture 8
"When there is something you'd like to change." Picture 9
"When something bothers you." Picture 10

"Does anybody have any other ideas about what problems are?"
* Discuss.

"So, problems are when something is bugging you or you can't figure out what to do."

"Who has problems?"
* Discuss if people volunteer.

"I think everyone has problems. Old people, young people, parents, children, instructors, people who work in stores, people who work in factories, even the President of the United States. I have problems and I'm sure that sometimes you have things that bug or bother you too. Everyone has problems - that's because things can't always go our way."

"There are times when:
other people want what we want. * Show example: Picture 11;
or when we want something but can't have it. * Show example: Picture 12; when we disagree with somebody about something because we have different tastes or opinions. * Show example: Picture 13.
These are just some examples of things that bother people, get them upset." "We'll be talking about more of these later." "For now, I hope you understand that you are not a bad person just because you have problems. Everyone has them."

"Sometimes when something is troubling you, you might feel like the only person in the world with a problem - it might look like everyone else is very happy - but this is not really true because everyone has troubles sometime. If you talk over these things you might find out that other people have things that are bothering them too."
"What do you think about this?"

"Has anyone here ever felt like they were the only one in the world with a problem, or that there must be something wrong with you because you have a problem? I know I have felt that way before." *Discuss.

"That's one of the reasons we are having this group - because it helps to talk about problems."

"We find out that we are not the only one's in the world with a problem. That other people are like us - maybe they don't have the same things bugging them but they do have things that bug them."

"By talking with other people in a group we can sometimes come up with ideas or ways to handle the problem. Why would it be good to find a way to handle the problem - how would we feel?"

*Discuss their answers and make the following suggestions.  
"We might feel happier,  
more relaxed,  
not afraid,  
which would be very nice wouldn't it?"  "That's why we're having this group - so that we can find ways to handle our problems and feel happier."

"Now, let's talk about some other types of problems so that when we come across them we can spot them quickly. Can you think of some other problems people have sometimes?"

* Discuss and write down.

"Here are some more things that bother people sometimes:"  
* Show pictures and discuss. Pictures 14, 15, 16, 17.

"How do you think a person feels when this happens?"

"Has this ever happened to you or someone you know? How did you feel?"
(At end of time.)

"So today we've talked about what problems are - they are when something bugs or bothers us, when we want to change something, when we feel upset, depressed, lonely or angry."

"We've said that everyone has problems sometimes - everyone has things go wrong sometimes and it does not mean that you are bad or weird because you have problems."

"We've said that sometimes when we have problems we may feel alone, like the only one in the world, depressed, scared or upset. By talking things over we can feel better and can share with other people."

We've said that by learning to solve or handle things that bother us we might feel happier, more relaxed and not afraid."

Does anybody have anything they want to add before we go today?"

* Discuss if they do

"So, we'll meet again at _______. See you then."
SESSION 3

"Last time we talked about what problems are, how we feel when we have problems, and why it is important to handle or solve our problems. Does anybody remember some of the things we said?"

* Discuss and go over the points below if they are not mentioned.

"We said that problems are when something is bugging or bothering us, when something isn't going right, or when we don't like the way something is and want to change it. When we have problems we often feel upset, depressed, sometimes angry, sometimes we feel like the only person in the world who has problems. It is important to try to handle our problems because then we often feel happier, more relaxed and not afraid or upset. We will feel better."

"Last week I showed some pictures of people in problem situations: We talked about how they might feel. What were some of the feelings we said people might have when they have a problem?"

* Discuss and write them down on chart.

* Mention the following if not brought up in the discussion.
  - sad, upset, angry, lonesome, unhappy, mad, grouchy, blue, down and out, don't feel good, have a headache, depressed, throw a temper, nervous, uptight, wound-up, feel like fighting, helpless, like there's no hope, uneasy, feel like the whole world's against you, scared, rejected, feel like crying, sick, frightened -
  "Everybody feels these ways sometimes and when we feel one of these ways we know there is something wrong - there is something that needs to be changed - there is a problem that we need to work on and fix."

  "Let's go over some more problems that might go on in our lives and talk about them."

* Show pictures, explain what the problem is and discuss questions like "How do you think a person feels when this happens? Has
this ever happened to you or someone you knew? How did you feel about it?" Show pictures 18-25.

(at end of time)

"So, today we've talked about some problems that people have sometimes. We've also talked about how people feel when they have problems. And we've said that people often feel better when they see they have a problem and then do something about it. Does anybody have anything to add to what we've said?"

* Discuss if they do.

"So we will meet again on _________ at _________. See you then."
SESSION 4

"Last time we met we talked about some of the problems that come up in people's lives and how they might feel about them. Today we are going to talk about why it is sometimes hard to work on problems and to change things."

"First of all it is hard to work on handling a problem if we try to pretend there isn't a problem when there really is one. Let me explain what I mean by telling the story of a young man named Jim."

* Show picture of Jim. No. 26

"This is Jim. He is 24 years old and lives with his parents and sister in another city. He goes to a workshop like this one and works on a shrink-wrap machine. Jim had been going with a girl named Betty." * Show picture of Betty. "Betty was a very nice young woman." * Show picture of Betty and Jim. "She and Jim got along very well. They always sat together on breaks and at lunch. They would talk about what they had done at home the night before and what they had seen on TV. Sometimes they would call each other on the phone at night and talk for awhile. They usually went to recreation together and really had a good time. At Christmas they exchanged presents. However, after Christmas, Betty found out that her father was being transferred to another city in another state. A few weeks after that Betty moved away."

* Show picture of Jim sitting by himself. No. 29

"Jim was very unhappy and upset but when people asked him how he felt about Betty moving, he said it didn't bother him and when his parents asked how he felt about Betty moving he said it didn't matter. Jim stopped going to recreation and started staying home in the evenings not doing anything at all. At lunch and on breaks he would just sit by himself. His friends tried to talk
to him and asked him what was wrong, but Jim always said 'nothing's wrong.' Nothing's bothering me,' and motioned for people to leave him alone."

* Ask the following questions.

"What was happening in the story?"
"What was Jim doing to handle his problem?"
"Do you think that was a good way to handle the problem?"

"Okay, we've heard the story of Jim whose girlfriend moved to another city. He was very unhappy but instead of doing anything he just pretended there was nothing wrong and when friends talked to him he tried to pretend nothing was wrong. This didn't make anything better - he was still unhappy. So trying to pretend that there was no problem when there really was one really didn't help."

"Let me continue the story. One day Jim's friend, Steve, came over to talk to Jim."

* Show picture of Steve and Jim. No. 30

"Steve said to Jim, 'Jim, I think you are pretending that everything is okay when it really isn't. You look really unhappy. You don't go to recreation anymore and you just sit by yourself at lunch and on breaks. I don't believe that nothing's the matter. I think you're very unhappy since Betty moved away. I think you really miss her and you don't know what to do about it.' "

"Jim looked up at his friend and said,'you know Steve, you're right. I have been upset since Betty left. I really miss her. I've been trying to pretend nothing was the matter. I thought if I pretended everything was okay that I would be happy and the problem would go away. But now, Steve, I see that doesn't work. Problems don't just go away because we pretend they are not there. Now I need to think of some ways to get back in the swing of things and feel happier even though Betty is gone. Can you help me?' 'Sure',
Steve answered. So the two of them sat down and thought of some ways Jim could feel better even though he missed Betty. Jim decided to start going to recreation again and sitting with his friends during lunch time and break. He decided he would start trying to meet new people and make new friends. Jim also got someone's help in writing a letter to Betty to tell her how much he missed her. He told her that even though they might not be able to see each other for a long time he would still like to keep in touch with her."

"After that, Jim started to feel a lot better and started doing more things with other people. He's even met another girl that he likes and even though they aren't as close as he and Betty were, he enjoys being with her. Jim thinks that he has learned a lesson by this - that you can't get rid of problems by pretending they aren't there. You have to think about them and then do something about them."

"So this is one story of someone who tried to pretend he didn't have a problem but it didn't help, did it? Pretending you don't have problems doesn't make them go away. You need to see that there is a problem and then do something about it. Are there any questions or anything you want to say about this?"

* Discuss these.

"Another reason why it is sometimes hard to handle a problem is that we might be so afraid of making a mistake that we don't do anything at all. And, if you don't do anything you can never solve the problem. Here is a story about a woman named Susan who was always afraid of making a mistake."

* Show picture of Susan. No. 31

"Here is Susan. She is 20 years old. She lives with her mother in another town. She was working in a workshop like this
one and worked in the cafeteria. Susan wanted to get a job outside the workshop and work in a restaurant."

* Show picture of Director and Susan. No. 32

"One day one of the directors of the workshop came to Susan and said, 'Susan, there is an opening for someone to work at Howard Johnson's restaurant. We want some people from our workshop to apply for the job and we want you to be one of those people to apply. Before the real interview with someone at Howard Johnson's, we are going to have a practice interview tomorrow. This interview will be for you to practice what to say in an interview in order to get a job. Are you interested?' Susan shook her head yes. 'Okay,' said the director, 'I'll see you tomorrow for the practice interview at 10:00.'"

"Susan was really excited." * Show picture of Susan at home. No. 33. "That night she was trying to decide what to wear. She tried on all of her dresses to see which one she should wear the next day. Susan decided she didn't really look good in any of them. That night as she tried to sleep she tossed and turned. She kept worrying about what she would say the next day in the practice interview. She was very worried she would say or do the wrong thing. When it was time to get up the next morning Susan still hadn't slept.

* Show picture of Susan in the morning. No. 34. She looked terrible, she had bags under her eyes and her hair was really a mess from all the tossing and turning. Susan decided the only way not to make a mistake was not to go into the interview. She decided she would call in sick to the workshop. So she called up the workshop and told them she wouldn't be in that day and went back to bed. She knew she would miss the practice interview but she was so afraid of making a mistake and looking silly in the interview that she didn't want to even try it."
* Ask the following questions:
"What happened in the story?"
"What did Susan do to handle her problem?"
"Do you think calling in sick was a good way to handle the problem?"

"Let me continue the story. The next day, Susan went back to work. The director came up to Susan and said, 'well, I'm sorry you weren't here yesterday. You missed the practice interview. Joan did so well, though, that she is going for a real interview at the restaurant tomorrow. Sorry you missed it, you would have done real well, I'm sure.' "Then he walked away. Susan felt really terrible."

* Show picture of Susan and Joan. No. 35

"Later that day she saw Joan and stopped her saying, 'Joan, I hear you did really well in the interview. Gee, weren't you scared?' Joan answered, 'Sure I was scared. Who wouldn't be? And I know I made some mistakes too but I guess everybody does. I hope I can do just as well tomorrow at the real interview, but even if I don't get the job I will learn something from all these interviews.' As Joan walked away, Susan said 'Good luck.' She really felt bad then. She saw that Joan wasn't afraid to make mistakes and had made a few of them and might still get the job. She saw that she had lost the chance to interview, plus a day's pay - all because she was afraid of making a mistake. She felt really bad."

* Discuss the story so far asking questions like:
"What do you think of the story?"
"Have you ever been afraid to do something?"
* Discuss a personal experience when you were afraid to do something.

"Fortunately this story about Susan has a happy ending. She
realized that being afraid to say or do anything wasn't going to get her anywhere. If she was always afraid to interview she would never get a job outside the workshop. So, she went in one day to the director and asked if she could have another chance. He arranged a practice interview for her and she did very well, even though she did make some mistakes."

*Show picture of Susan interviewing. No. 36

"Several weeks later there was an opening at a McDonald's and Susan went to apply for it. She did really well and now is working at McDonald's. She really likes it and is making good pay. Susan says that she's learned that it is okay to be afraid as long as you don't let being afraid stop you. You need to go ahead and try even if it does mean you might make a mistake. If you just give up, you'll never get what you want."

"So there was a story of someone who was afraid of making a mistake and almost didn't get her dream of working outside the workshop because of it. Does anyone have something they want to add about this story or questions they want to ask."

* Discuss if there are comments. No. 37

"Another reason why some people don't handle problems is that they give up too soon. That is what Larry did - he gave up thinking about a problem before it was ever solved."

* Show picture of Larry.

"This is Larry. He is 28 and lives with his parents and goes to a workshop like this one. Larry works on the janitorial crew. Larry really like to listen to music on his break and he liked to listen to it at home. The only problem was that his father liked listening to a different radio station than Larry did."

* Show picture of Larry and Dad arguing. No. 38
"Larry liked the rock and roll station but his father thought rock and roll was terrible. One day Larry saw a radio in a store window on his way home from work."

*Show picture of Larry looking in store window. No. 39

"'That's it', thought Larry, 'I could get my own radio and then I could listen to my radio station and my dad could listen to his.' "The only problem with this was when Larry looked at the price tag on the radio. It was $40.00. 'Wow', thought Larry, 'that's really expensive. I only make $10.00 a week now and I need most of that for lunch money and bus money. Well, I guess I better give up on that idea. It was a dumb idea anyway.' So Larry decided he would have to just go on fighting with his dad about which station to listen to."

* Discuss the story asking questions like:

"What happened in the story?"

"Have you ever wanted something but didn't have enough money for it?"

"Do you think it was a good idea for Larry to just give up on his idea so quickly?"

* Show picture of Larry talking to mom. No 40

"Let me continue with the story. That night Larry told his mother about his idea of buying his own radio, but that he decided it was a dumb idea since he didn't have $40.00. 'Wait a minute, Larry,' his mother said. 'That's not a dumb idea, it's a good idea. You just give up too soon and didn't stick with it long enough to figure out how to get a radio. Let's sit down and think of some ways you could get a radio.' So they sat down and thought."

* Ask group if they can think of any ways Larry could get enough money to buy a radio. Record these on a chart. Praise attempts.
"Well, here are some of the answers they came up with."

"They thought (1) Larry could pack his lunch and save his lunch money. (2) Larry could earn extra money around the house. (3) Larry could look for a cheaper radio. Maybe he could find one that didn't cost so much."

* Compare list with one made up by group members.

"Larry decided he would look for a cheaper radio and then pack his lunch to save money for it. That is what he did and now Larry has his own radio and listens to his music in the evening. As an extra bonus, Larry and his dad don't fight as much anymore and they get along much better. Infact, sometimes Larry's dad comes in to play cards with Larry and listens to the music with him."

"So Larry learned that it pays to stick with an idea and not give up too easily, even if it seems like a really hard problem."

* Discuss with group the idea of sticking to something; asking questions like "Have you ever had a really hard problem that you felt like giving up on?" "Why is it important to stick to it?" Ask if anybody has anything to add or questions to ask and discuss if they do."

"So today we've talked about reasons why some people have trouble handling problems. Sometimes people pretend, like Jim did, that they don't have a problem when they really do. This doesn't help because problems don't go away just because we pretend they are not there."

"Sometimes people are afraid of making a mistake, like Susan was, and end up doing nothing at all. This doesn't work because then you don't solve the problem at all."
"Sometimes people give up too quickly like Larry did at first. They think the problem is too hard and so they don't try to solve it. This doesn't work either."

The main points that I wanted to make from these stories are:

1. If you have a problem, do something about it. Don't pretend you don't have one when you do. Go ahead and try to think of some ways to handle it. Get help if you need to.

2. It's all right to be afraid but don't get so afraid that you don't do anything. Everyone gets afraid once in awhile and everyone makes mistakes. You still should try to go ahead and handle the problem.

3. Some problems are very hard and will take a long time to think of answers. Don't give up to easily or too quickly. Give yourself a chance to think of some answers."

Does anyone have any questions or anything they want to add to this?"

* Discuss if they do.

"Then we will meet on _________ at _________. See you then."
"Last time we talked about some of the reasons why people sometimes have trouble handling problems. We heard the story of Jim (* Show picture of Jim) who tried to pretend that he didn't miss his girlfriend who moved away. He found out that didn't work so he started thinking about what he should do to feel better and started doing more things. We heard about Susan (* Show picture of Susan) who was so afraid of making mistakes that she missed an important interview for a job. Finally she realized that she would never get an outside job if she didn't take a chance - even if she made a few mistakes. So she finally did interview for a job and got one. We also heard about Larry (* Show picture of Larry) who gave up too quickly on his idea to get a radio. His mother told him to try to think of some ideas and he came up with an idea that worked. We said that to handle problems we need to (1) see that we have a problem and work on it - pretending it isn't there won't make it go away, (2) we need to face problems even if we are afraid of saying or doing the wrong thing, and (3) we have to keep thinking about how to handle a problem - we can't give up too quickly or too easily."

"Another reason that people sometimes have trouble handling a problem is that they only think of one way to handle the problem. If they only have one way to handle it and that doesn't work, then they still have the problem. But if the person can think of many ways to handle the problem, if the first way doesn't work, they can try the next one or the next one."

"Let me tell you the story of Lisa. She is 23 and lives with her parents.

* Show picture of Lisa. No. 41
She works in a workshop like this one and works in the ceramics department. Her parents work until late and on weekends too."
When they get home they are often tired and don't want to do anything. Lisa used to be very close with her brother but now he is married and doesn't come by the house very much. At home she likes to watch TV and listen to the stereo. But lately all that's on TV are repeats that she has seen before and the stereo is broken. She has been really bored lately.

* Show picture of Lisa calling a friend. No. 42

She had one idea and that was to call a friend up and talk to her. So she called and found out her friend had gone out of town to visit some relatives. So Lisa said to herself 'well, since that idea didn't work there's nothing else to do.'

* Discuss the scene with the following questions:

"What do you think Lisa should do? Should she give up after trying only one thing?"

"What else could Lisa do if she is bored at home?"

* Write down these suggestions on a chart.

"Now if Lisa had some of these ideas she could try them. That way if one of them didn't work out she could try another way."

"So you can see that it helps to think of many ways to handle a problem. And there are many ways to handle problems. We will be talking about some of them over the next few weeks."

"One of the first things to do when you have a problem is to stop and think about it before doing anything. Sometimes you can think of how to handle the problem right away, other problems will take a long time to figure out. The most important thing is to think about it. To help us remind ourselves to think we are going to make THINK posters for our rooms. Lots of people have posters or signs in their rooms to remind them of certain important things. Have you ever seen someone with a poster in their room or perhaps
have one yourself?

* Discuss.

Well when we are finished making these today you can take them home to help you remind yourself to think about a situation."

* Allow about 15-20 minutes for making posters.
Help out when necessary and make one for yourself.
When done, have members show each other their poster and talk about where they might hang it.

"So one of the first things to do when you have a problem is to think about it for awhile. Try to decide exactly what's going on - exactly what the problem is."

"Today we've talked about some of the things you should do when you have a problem. We said that you should try to think of as many ways of handling a problem as you can and that you need to stop and think first before doing anything. We made THINK posters to hang up at home to help remind us to think. Does anyone have any questions or things they would like to add before we close?"

* Discuss.

"So we'll stop for today and meet again on ________ at ________. See you then."
SESSION 6

"Last time we made THINK posters for ourselves to help re­mind us to think out a problem before doing anything. Do you have them at home?"

* Discuss what people have done with them and whether it has helped to remind them to think.

"We also heard the story about Lisa (* show picture of Lisa) who was bored at home and called up a friend but she was away. Then Lisa gave up and decided that there wasn't anything else she could do. We said that Lisa should have thought of several things and we came up with some ideas. We said that it helps to come up with several ideas to handle something - that way if the first way doesn't work we can try another way."

"Today let's review some of the things we've talked about since we first began meeting together. What are some of the things we have been talking about in the groups so far?"

* Discuss their points and review the following points if not mentioned.

1. To make the meetings go well, we said there were certain rules:
   a. We don't talk about what other people have said in the group - what we say is secret.
   b. We don't make fun of other people in the group - nobody should laugh or make fun of others here.
   c. Nobody talks while somebody else is talking.

2. We've been talking about how to handle problems so that we can feel better and be happier.
3. We've said that problems are when something is bothering you, when you can't figure out what to do, or when you want to change something. We talked about what some kinds of problems are. What were some problems we mentioned that people sometimes have? Discuss.

4. We've said that everyone has problems and that it doesn't mean that you are bad or weird because you have problems.

5. We've said that some of the ways people feel when they have problems are sad, depressed, upset. Can you think of any others? Discuss.

6. We talked about some of the things to do when you have a problem. We said it was important to think about them - that is why we made THINK posters.
   We said that even if the problem is very hard that you shouldn't give up too easily or quickly.
   We said not to be afraid of making a mistake - everyone makes them and it's okay - it is important to go ahead and try anyway. We also said that it doesn't help to pretend you don't have a problem when you really do. Problems don't go away by pretending they are not there - you have to work on them to make things better.

"Wow, we've really discussed a lot of things in here. Does anybody have any questions?"

* Discuss

"Today we're going to begin practicing how to handle problem situations when they come up. There is a certain way we will use
in this group to handle problems."

"The first step will be to tell about the problem. The person in the group will tell as much as they can about the problem they are having. Other members of the group can then ask the person questions so that they can understand the problem better. The other members might ask questions like when did it happen, how did you feel, and so on."

* Write on chart. 1. Explain the problem. 2. Others can ask questions about the problem.

"Next we will role play or act out the situation so that everyone has a good idea what the situation is like. By seeing it acted out we have a better idea what went on. It's like if a friend tells you about a movie, you have some idea of what happened but not all of what happened. But when you go to the movie and see it played out then you know exactly what happened. So step number 3 is to role play the problem."

* Write on chart. 3. Role play the problem.

"Next, the group members should share with the group a problem that they had that was like the one being presented. We have already done some of that. For instance, when I told the story about Larry who needed money for a radio, I asked if anyone here had ever wanted to buy something but didn't have enough money. Also when I told the story of Lisa who was bored at home, I asked if anybody had ever been bored at home and not had anything to do. It is important that we share with other people problems that we have had like the one being presented because then the person knows that they are not the only one in the world who has had that problem. It will make them feel better. Also if we remember problems that are like the one the person is talking about, it will help us remember how we solved that problem and maybe the other person can
use some of those ways, too. So the next step then is to have others share a problem that is like the one being talked about."

* Write on chart 4. Others should share a problem like the one being presented.

"Next the person who has the problem should try to think if something like this has ever happened to him or her before and what they did about it before and whether those things worked. For example if the person's problem was needing money to buy something they should think if there was ever a time before that when they needed money. Maybe there was - maybe they needed money to buy a new pair of shoes. Well, what did they do then - how did they try to get money then? Did it work - did they get the money? So the next step is to try to think if the same problem has ever happened before."

* Write on chart 5. Think if the problem has ever happened before.

"The next step is to think of all the different things that the person could do to handle the problem. Other people in the group should also think about what he or she could do. It is very important to think of as many things as possible so there are many ideas to choose from. So the next step is to think of all the ways to handle the problem that we can."

* Write on chart 6. Think of all possible ways to handle the problem.

"Then we will role play or act out all the ways of handling the problem that we have thought of. So step 7 is to role play the different ways of handling the problem so we can see what ways might work and what ways might not work."

* Write on chart 7. Role play ways to handle the problem.
"The next step is for the person with the problem to decide which way they will try first to handle the problem. This has to be their decision since they are the one who must live with what they decide to do. What I am trying to say is that you can't live my life and I can't live yours. You are the person that must decide what you are going to do. You know better than anybody what you want to do and which way you would like to try. The way I like to do things might not work for you. So the next step is to decide which way to try first."

* Write on chart 8. Decide which way to try first.

"The last step is to go ahead and try that way. It won't do anybody any good if we think of lots of ways to handle problems in this group but then not do anything about them when they really happen. So we have to be willing to go ahead and try out the problem and then report back to the group how things turned out. If things turned out well, we can all be happy about that. Or if things didn't turn out too well maybe we can think of another way to handle the situation. So the last step is to try out a way to handle the problem and then report back to the group how things turned out."

* Write on chart 9. Try a way and report back to group how things turned out.

"Let's try a problem for an example."

* Use a personal situation of your own similar to one that members of the group might encounter or pick a situation illustrated in Session 2 or 3 or listed under "Problem Situations for Role Playing. Keep chart of steps out in view and go down each step in order. If using an imaginary situation you should tell the group that you will pretend the problem is yours so that steps 2 and 5 can also be used."
Use following procedure:

1. Point to the first step and explain that step. Tell what happened, tell all about the problem.

2. After telling as much as possible, point to step two. Ask the other group members if they have any questions to ask you about the problem. If a question is irrelevant you might try to see if the question was merely phrased wrong or really irrelevant. In some cases, you might be able to turn a seemingly irrelevant question into a relevant one. If the question is unmistakably irrelevant you can tell the questioner that while it was an interesting question it won't help at this particular time. Suggest that they might talk about this later outside the group.

After the others have asked questions you might suggest some questions if you think there is a need. This may serve as a model for furthering questioning from the other group members.

3. When the problem seems clear to all, point out that you are going to step 3 - role playing the situation. You should play one of the parts in the situation. Ask for volunteer(s) to play the other person(s). If there are no volunteer(s), choose someone that you think could handle the part. Then role play the situation. When done comment on whether this is close to how the problem might have happened. If not, try again. Thank people for role playing and praise them for
their efforts, ie. "Thank you, Jane, for playing the part of the mother. I think you did a nice job."

Ask players how they felt in their parts, ie. "Jane, how did you feel as the mother?"

4. At this point your time may be up for this session. If not, go onto the next session. Otherwise, close the session.

"Our time is about up so we will continue this next time. We've talked about a lot of things today. We discussed what we have been talking about in this group since we first started meeting. We talked about the way we will work on problems in this group. We'll continue talking about this next time. Does anyone have any questions?"

* Discuss if they do.

"Okay, we'll meet again on _________ at _________. See you then."
SESSION 7

"Last time we talked about the steps we will be following in learning how to handle problems. Let's go over these steps now."

* Bring out chart and go over the steps.

"We started working on a problem last time. It was ______. I talked about the problem. Then other people asked me questions about the problem. Then we went to Step 3 and we role played the problem."

"Today we're going to go on to the next step which is having other people in the group share with us if a problem like this has ever happened to them."

* 1. Lead a discussion about whether a problem like this has ever happened to members of the group.

2. Go on to the next step on the chart by saying if this problem ever happened before - what happened, how was it like this present problem, what did you do then.

"Now we come to a very important step. We are going to think of many ways of handling this problem. Remember we have said it is important to think of many possible ways of handling the problem so that if one way doesn't work we can try another way. By thinking of many ways to handle the problem we also have a better chance of coming up with a really good solution. So let's try to think of as many ways as we can to solve or handle this problem. I will write them down on this chart.

* Encourage group members to think of ways to handle the problem. You can offer some suggestions also, but try to allow plenty of time for the group members to come up with ideas. Give positive feedback
for ideas such as, "Hey, that's an idea." or "It seems like you're really thinking," etc. Write down all suggestions on the chart.

"Okay, we really thought of some ideas to handle this problem. Let's go to the next step and role play these ideas. This will help us decide which idea to try first."

* Again ask for volunteers to role play. Role play each suggestion and before going on to the next idea ask the people role-playing how they felt in their roles. Ask the group members what they thought about that solution.

If a role playing situation involves physical fighting make it very clear to the role players that they are actually not to hit each other - that they should stand apart - at least five feet - and pretend to fight.

At the end of this part - or during - give positive feedback to the role players as well as to the observers for giving their reactions.

"The next step is to decide which way to try first. Since I brought up the problem, I need to make the decision. I think ____________, (Talk about the solution you think is best)."

* The last step is to report back to the group.
If you presented a real problem, tell the group members you will report back to them. If the problem was not really yours - tell the group members that while this problem was just meant to be an example, you will report back to them if it should come up the way in which you handled it.
"Now we've gone through all the steps for this problem. Let's go back over what we did."

* Pointing to the chart, read each step and discuss what you did in handling that problem.

"Now, I'd like if we can, to help someone else in this group with a problem. If you have one that you'd like the group to work on please tell us. This doesn't have to be a big problem, small problems are okay too. But if you have a big problem we can work on that too. Maybe you would like to think about this for a minute."

* Allow several minutes to think. If more than one person comes up with a problem, write them down and deal with them in the order presented. If no one has a problem pick another one from "Problem Situations for Role Playing."

Work through each problem following the steps on the chart, as you did with the first problem. If one of the group members is presenting the problem try to get them to make a commitment about reporting back to the group how they handled their problem.

Continue working on problems until time is up.

"We've really worked hard today on these problems. I really like the way people have tried working on these things. See you ________ at ________."
SESSION 8 - 12

* At the beginning of each session, ask group members who have presented problems if they have anything to report about their problem. You should be specific such as "Anne, last time you talked about a problem you were having with your sister borrowing your clothes without asking you. After we worked on the problem, you decided you wanted to have a talk with her and your mother. Did you try that? How did it work out?"

Then ask if anyone has a problem they would like to work on. Then proceed through the steps outlined on the chart. Ask the person presenting the problem or other group members if they can remember the next step. If they cannot, remind them of the next step. This will help them to remember the steps themselves. Go through all the steps with each problem.

Occasionally there may be times when no one has a problem to work on. Then you may select one from the "Problem Situations for Role-Playing" list and ask someone to pretend it is their problem. Another idea is to use the pictures used in Sessions 1-3. You can fold up these pictures and let the group members pick them out of a "hat" and then pretend that this is their problem. If the person is pretending this to be his/her problem, you may have to help them make up details for step 1 and 2 - explaining the problem and answering questions about it. Step 5 - thinking if the problem ever happened before - may have to be passed by. And Step 9 - reporting back to the group on how things turned out may have to be dropped also.
Stress the importance of, (1) stopping to think about the problem and (2) thinking of many solutions to each problem. Praise group members for their participation in, (1) thinking of times when a problem like the one presented happened to them, (2) thinking of ways to handle a problem, and (3) role playing. Praise those who present a problem to the group for their willingness to talk about themselves and to try to work on a problem. Reassure them that working on problems in the group is a step towards working on problems that happen at work, at home, or anywhere, and that by working on their problems they are more likely to have happier and more interesting lives.

End each session by summarizing what happened and by asking if anyone has any questions about what they did that day. Remind people of the next group meeting.
SESSION 13

"We've been working on some problem situations in this group for a couple of weeks. We've been getting help from each other on thinking of ideas to handle a problem and then acting the problem out. This has been great but sometimes when we have a problem outside of this group we won't always have so many people around to help us. Sometime we will have to think of how to handle the problem all by ourselves. At other times we can get help from someone if there is time. Who are some people we can get help from?"

* Lead discussion. If not mentioned, suggest the following: parents, instructors, friends, calling someone on the phone. Ask questions like: Do you ever call up your friends on the phone when you have a problem. What do you say to them? If someone calls you up on the phone with a problem what could you say to them? How could you help them (suggest things like help them to talk about the problem, share with them anytime when you have had a problem like theirs, try to get them to think of some ways to handle the problem, offer some suggestions).

* Ask another person who you think can role play well to role play talking on the phone with you. Ask the other person to think of a problem and pretend it is theirs or give them one if they can't think of one. Then role play talking on the phone about a problem. While talking you should (1) get the person to explain about the problem, (2) share a similar experience, (3) ask if it has ever happened before, (4) try to get them to think of some ways to handle the problem, (5) offer some suggestions, (6) ask them what might happen if they try the different ways.

* When done ask for two more volunteers to role play. The setting for this one can be at break time or after work, etc.,
or wherever the two people want it to be. Try to let them decide which one will be the "helper" or "helpee" but if they have trouble you can decide. You can help the "helper" with questions if she/he gets stuck by whispering in their ear an idea or asking another group member to whisper in their ear if they have an idea.

* Continue this until you have approximately 20 minutes left.

"Of course when you are by yourself you will have to go through these steps by yourself and think about these things to yourself in your head rather than out loud. Let's go through these steps and discuss how we would change these steps if we had to do them by ourselves rather than in a group."

"First of all rather than explaining the problem to other people and having them ask questions and then roleplaying the problem you will have to think about the problem yourself in your head. Let's try that now. Everyone think of something that's happened lately that was a problem - it can be a big problem or just a small problem - it doesn't matter. Does everybody have a problem in your mind?"

* Ask each person in the room if they don't shake their head. "You don't have to tell us what it is if you don't want to, I just wanted to see if everyone has one in mind right now."

"Next, if you are by yourself you can think if the problem ever happened before and if it did, how did you handle it that time. Okay, let's try that. Try to remember if the problem you are thinking about ever happened to you before? How did you handle it that time?"

* Ask group members if they are able to remember another time when this same kind of problem happened.

"Now you must think to yourself of all the different possible ways of handling the problem. For some problems you might be able to think of some ways right away and sometimes you'll have to think for
a long time, maybe even a few days or more. Let's take several minutes to think of some ways to handle the problem you are thinking about." * Ask group members after a couple of minutes if they have been able to think of some ways to handle their problem. If they have not, reassure them that sometimes problems take a long time to come up with some answers. Ask the group what you can do if you are really stuck about a problem.

"Next if you thought of some ways to handle the problem you will have to imagine in your mind what would happen in your head. This is sometimes very hard, but again, I want you to practice this now. Try to "roleplay" in your mind what would happen if you tried some of these ways." * After a minute or so ask the group members if they are able to do this. "Of course, if you were doing this outside the group you might want to take longer to think about these things."

"Next you will want to decide which way to try. And then what would be the next step?" * If no one says to try it, you should.

"If that doesn't work, what do you think you should do?" * Allow for a response but if no one says try another way, you should. "Sometimes problems will take a while to handle, especially when they are hard ones. You deserve a pat on the back to yourself for trying no matter what happens. I want everyone to say to themselves right now, "I did a good job for trying." You can say that to yourself whether what you tried worked or not."

"This is a way you can use to solve your own problems. Sometimes you will want to go to others for help, but sometimes you will want to think about the problem yourself. Before we meet again I would like you to try this way by yourself to solve a problem of your own. Of course, many of you already do this, but I want you to practice this anyway."

"Next time is our last time to meet together as a group so if you have something you've been wanting to say but haven't, you should try to remember to say it next time."
SESSION 14

"Did anyone try solving a problem on your own since we last met?"

* Ask the individual group members if they did, how did things turn out, how did they feel about themselves for trying, did they tell themselves that they did a good job for trying?

"This is our last day of group meetings. Since it is our last day, I'd like to know what you thought of the group, what you got out of being in the group, if you have any questions you want to ask about anything we've said in here, or if there is something you've wanted to say but haven't."

* Open it up for discussion at this point. If the discussion starts to wane you might ask one of those questions again.

* During the last part of the session you may want to express how you felt about being in the group, what you got out of it, etc.. If group members ask if they can be in another group you can take their names down and tell them that someone at the workshop will have to get back to them about that since you are not in charge of that. Thank all the group members for their participation in the groups and praise them for their willingness to try.
You see someone stealing something

Your instructor says she doesn't like your work
Someone tries to start a fight with you.

You don't think you look as nice as you want to.
You're bored at home.

You and your best friend both want the same boyfriend.
You don't have enough money.

You want more freedom.
You want to watch something different than your father.

You don't want to go somewhere with your parents.
You are afraid to talk in front of a lot of people.

Your boss forgets to give you your paycheck.
You'd like to get a job outside the workshop.

pick you up

someone free to
You don't agree with something on your rehab plan.

Another worker is bossing you around.
You feel lonely.

You're waiting for someone who hasn't shown up.
Your food from the workshop cafeteria is burnt.

No one calls you to wish you happy birthday.
Someone cuts in front of you in line.

You have trouble getting up in the morning.
Jim and Betty
Steve and Jim

Susan
Joan and Susan
BIBLIOGRAPHY


Bingham, G. Career attitudes and self-esteem among boys with and without specific learning disabilities. Dissertations Abstracts International, 1975, 36(2) 815 A.


275
Cline, R. A description of self-esteem measures among educable mentally retarded children and their non retarded peers.  
Dissertations Abstracts International, 1975, 36(4) 2133A.

Coche', E. and Flick, A. Problem-solving training groups for hospitalized psychiatric patients.  

Cofer, C. N. Reasoning an associative process: III. The role of verbal responses in problem-solving.  

Coopersmith, S. The antecedents of self-esteem.  

Corsini, R. J. Roleplaying in psychotherapy: A manual.  

Corter, H. M. and McKinney, J. D. Flexibility training with educable and bright normal children.  
American Journal of Mental Deficiency, 1968, 72, 603-609.

Crutchfield, R. S. Nurturing the cognitive skills of productive thinking.  

Daniels, L. K. and Stewart, J. A. Mentally retarded adults perceptions of self and parent related to their vocational adjustment.  

D'Zurilla, T. J. and Goldfried, M. R. Problem solving and behavior modification.  


Edmonson, B. Arguing for a concept of competence.  
Mental Retardation, 1974, Volume 12, No. 6, 14-15.

Edmonson, B. Measurement of social participation of retarded adults.  
American Journal of Mental Deficiency, 1974, 78(4), 494-501.


Ho, C. C. *Accuracy of trainable mentally retarded adults in recognition of emotions*. Unpublished manuscript. The Ohio State University, 1974.


Monroe, K. *Self-esteem of educable mentally retarded students in segregated and integrated classes.* *Dissertations Abstracts International,* 1975, 36(2) 788A.


Ross, D. and Ross, S. An application of social learning theory to a curriculum for the young educable mentally retarded child. Unpublished manuscript, University of California, 1971.
Ross, D. and Ross, S. An application of social learning theory to a curriculum for the young educable mentally retarded child. Unpublished manuscript, University of California, 1971.


Shure, M. B. and Spivack, G. A mental health program for kindergarten children: Training script. Philadelphia Department of Mental Health Sciences, Hahnemann Community Mental Health/Mental Retardation Center, 1974a.


Vail, D. J. An unsuccessful experiment in group therapy. American Journal of Mental Deficiency, 1955, 60, 144-151.


Zisfein, L. and Rosen, M. A personal adjustment training, group counseling program. Mental Retardation, 1974, 12, 50-53.