INFORMATION TO USERS

This was produced from a copy of a document sent to us for microfilming. 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 material submitted.

The following explanation of techniques is provided to help you understand markings or notations 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 through an image and duplicating adjacent pages to assure you of complete continuity.

2. When an image on the film is obliterated with a round black mark it is an indication that the film inspector noticed either blurred copy because of movement during exposure, or duplicate copy. Unless we meant to delete copyrighted materials that should not have been filmed, you will find a good image of the page in the adjacent frame.

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

4. For any illustrations that cannot be reproduced satisfactorily by xerography, photographic prints can be purchased at additional cost and tipped into your xerographic copy. Requests can be made to our Dissertations Customer Services Department.

5. Some pages in any document may have indistinct print. In all cases we have filmed the best available copy.
SMITH, DAVID THOMAS
THE EFFECTIVENESS OF A COMPETENCY BASED
TRAINING PROGRAM FOR DEVELOPING CONSUMER
ADVOCACY GROUP SKILLS IN RETARDED ADULTS.

THE OHIO STATE UNIVERSITY, PH.D., 1979

© Copyright by
David Thomas Smith
1979
THE EFFECTIVENESS OF A COMPETENCY BASED TRAINING
PROGRAM FOR DEVELOPING CONSUMER ADVOCACY
GROUP SKILLS IN RETARDED ADULTS

DISSERTATION

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

By
David Thomas Smith, B.A., M.A.

* * * * *

The Ohio State University
1979

Reading Committee:
Dr. Barbara Edmonson
Dr. Henry Leland
Dr. Joseph Parnicky

Approved By

Dr. Barbara Edmonson
Adviser
Department of Psychology
ACKNOWLEDGMENTS

My belief in the power of groups extends beyond this study, to the group of persons who made the study possible. Dr. Edmonson deserves a special word of praise for her time and guidance. Her constructive feedback and didactic talents will serve as a model for my future growth as a professional. I also appreciated the time and suggestions of my other committee members, Drs. Leland and Parnicky.

The help of my peer group cannot go unnoticed. Ron Bridges, Rachel Christie, Teni Garrett, Alison Linn, and Doug McElwain gave freely of their time during the data collection period, and their competence was most appreciated.

Finally, a special word of thanks goes to Maggie, who was always available to share the joys and frustrations of such a major endeavor. Her proof reading was meticulous and her support and understanding were most helpful. As we begin our life together, our fulfillment and companionship will ever grow.
VITA

July 19, 1953 ........... Born - Cleveland, Ohio
1975 .................. B.A., Miami University, Oxford, Ohio
1976-1977 .............. Administrative Assistant, Ohio White House
                      Conference on Handicapped Individuals,
                      Columbus, Ohio
1976 .................. M.A., The Ohio State University, Columbus,
                      Ohio
1977-1978 .............. Graduate Research Associate for the Inter-
                      disciplinary Training Director, Nisonger
                      Center, Columbus, Ohio
1978-1979 .............. Psychology Trainee, Nisonger Center,
                      Columbus, Ohio

FIELDS OF STUDY

Major Field: Developmental Psychology

Specialty: Developmental Disabilities and Mental Retardation

       Studies in General Developmental Psychology. Professors John
       Horrocks, George Thompson, Charles Wenar, Dorothy Jackson,
       Gerald Winer, Henry Angelino

       Studies in Developmental Disabilities and Mental Retardation.
       Professors Barbara Edmonson and Henry Leland
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGMENTS</td>
<td>ii</td>
</tr>
<tr>
<td>VITA</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>viii</td>
</tr>
<tr>
<td>Chapter</td>
<td></td>
</tr>
<tr>
<td>I. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE</td>
<td>4</td>
</tr>
<tr>
<td>Self Determinism and Advocacy</td>
<td>5</td>
</tr>
<tr>
<td>Consumer Advocacy</td>
<td>6</td>
</tr>
<tr>
<td>Limitations of the Retarded Person for</td>
<td>11</td>
</tr>
<tr>
<td>Consumer Advocacy</td>
<td>20</td>
</tr>
<tr>
<td>Rationale for the Present Study</td>
<td></td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>34</td>
</tr>
<tr>
<td>Research Questions</td>
<td>34</td>
</tr>
<tr>
<td>Procedures</td>
<td>34</td>
</tr>
<tr>
<td>Measures</td>
<td>37</td>
</tr>
<tr>
<td>IV. ANECDOTAL RESULTS</td>
<td>42</td>
</tr>
<tr>
<td>Group One (Democratic Treatment)</td>
<td>42</td>
</tr>
<tr>
<td>Group Two (Democratic Treatment)</td>
<td>52</td>
</tr>
<tr>
<td>Group Three (Authoritarian Treatment)</td>
<td>61</td>
</tr>
<tr>
<td>Group Four (Authoritarian Treatment)</td>
<td>67</td>
</tr>
<tr>
<td>V. STATISTICAL RESULTS</td>
<td>74</td>
</tr>
<tr>
<td>Reliability</td>
<td>74</td>
</tr>
<tr>
<td>Hypothesis Testing</td>
<td>77</td>
</tr>
<tr>
<td>Evaluations of the Training Program</td>
<td>97</td>
</tr>
<tr>
<td>VI. DISCUSSION</td>
<td>101</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>101</td>
</tr>
<tr>
<td>Support for the Hypotheses</td>
<td>102</td>
</tr>
<tr>
<td>Implications of the Study</td>
<td>112</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table .......................... Page

1. Discrimination Complaints by Calendar Year to HEW's Office for Civil Rights .......................... 7
2. Competency Statements and Their Criteria for Consumer Advocacy .......................... 24
3. Inter-rater Reliability Coefficients Per Competency Question .......................... 75
4. The Test-Retest Reliability Coefficients for the Consumer Advocacy Competency Questions, Quality of Life Measure, and Locus of Control Scale .......................... 76
5. Mean Ratings on the Consumer Advocacy Competency Questions by Group .......................... 78
6. Univariate Analyses of Variance for the Consumer Advocacy Competency Questions .......................... 81
7. Dunn Post Hoc Analysis of Consumer Advocacy Questions 2, 4, 5, and 7's Variance Between the Individual Groups Nested Within Training Method .......................... 83
8. Dunn Post Hoc Analysis of Question 8's TIME by DA Interaction .......................... 87
9. Mean Quality of Life Pre and Post Training Scores for Each Group .......................... 89
10. Univariate Analysis of Variance for the Quality of Life Measure .......................... 89
11. Mean Locus of Control Scores by Group .......................... 91
12. Univariate Analysis of Variance for the Locus of Control Measure .......................... 91
13. Group Communication Pre and Posttest Averages Between the Raters with the Highest Agreement .......................... 93
14. Subject Evaluations of the Training Program by Training Technique and Overall .......................... 98
(List of Tables Continued)

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Evaluation Questionnaire Results from the Group Home Administrators</td>
<td>100</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Continuum of Potential Retarded Consumer Advocacy Situations</td>
<td>21</td>
</tr>
<tr>
<td>2.</td>
<td>Training Model for the Consumer Advocacy Program</td>
<td>23</td>
</tr>
<tr>
<td>3.</td>
<td>The Interaction Effect of the Time of Testing by Individual Groups for</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>Consumer Advocacy Competency Question 10</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Graph of the Interaction Effect of the Time of Testing by Training Method</td>
<td>87</td>
</tr>
<tr>
<td></td>
<td>for Consumer Advocacy Competency Question Number 8</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Graphs of the Group Communication Mean Values Comparing the Training Methods</td>
<td>95</td>
</tr>
<tr>
<td></td>
<td>and Time of Testing</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 1
INTRODUCTION

The principle of normalization involves creating conditions through which a handicapped person experiences the respect and rights to which any human being is entitled. Thus the choices, wishes, desires, and aspirations of a handicapped person have to be taken into consideration as much as possible in actions affecting him (Nirje, 1972). In society, one way to assert oneself and the endeavors one feels identified with is through cooperation within social bodies having similar interests and goals. This form of self determinism for the handicapped person has been slow in coming.

Within recent years, there has been an upsurge in self determinism/consumer advocacy by the physically handicapped. The White House Conference on Handicapped Individuals required 50 percent of the delegates to be handicapped, and attempted to promote greater participation of the physically handicapped in their destiny at all levels of government (WHCHI, 1977). The typical means of considering the interests of mentally retarded persons in the United States has been through parent or citizen advocates. Nirje (1972) describes methods of self determinism in Sweden, where there are local, regional, and national conferences of and for the retarded. In the United States, there are beginnings of this movement in Oregon (Heath, Schaaf, and Talkington, 1975).
Consumer advocacy refers to the active involvement of the handicapped person in policy decisions and the management of services aimed at meeting her or his needs. Handicapped people are referred to as consumers in the context of being consumers of social services which affect them. Consumer participation in government is actively supported by President Carter. A major goal of his administration is to ensure that each federal agency adequately responds to consumers' needs and provides sufficient opportunity for consumer participation in policy development (Church, 1978). Recent amendments to the Rehabilitation Act of 1973 (Public Law P.L. 93-112) were adopted, which authorized the creation of new Centers for Independent Living (P.L. 95-605). The new centers are required to have handicapped persons substantially involved in their operation.

Consumer advocacy may have great potential in terms of benefits to the mentally retarded individual. For instance, research has shown that the many problems of independent living stem more from ineffective coping strategies and behavioral problems than from a lack of self help skills (Rosen, Clark, & Kivitz, 1977). A group of retarded individuals could perhaps begin to utilize the strengths of each member in making decisions on their problems and concerns. As Edmonson (1974) notes, while much research has been conducted on skill training, little research has been done involving teaching mentally retarded adults to think for themselves. A major part of consumer advocacy is thinking and deciding for oneself.

Unfortunately, in functioning as a consumer advocate the mentally retarded adult risks serving only as a token participant, ineffectively
acquiescing to a professional advisor's directions. Just as the deinstitutionalization movement proceeded too rapidly, having retarded individuals act as consumer advocates is in danger of proceeding too rapidly and without adequate training. Consumer advocacy is viewed as a right and an ability.

Toward this end, this investigator developed a training program to foster consumer advocacy skills. Small groups of mentally retarded adults in group homes met to discuss and attempt to solve some of the problems and concerns affecting them. Four general training goals with accompanying competency statements made up the training model: Effective group functioning, self assertiveness, problem/concern communication, and problem solving/decision making skills.

The study was essentially a field trial of a competency based training program which is intended to increment consumer advocacy group skills for retarded adults. The study also attempted to learn whether consumer advocacy had a positive effect upon the retarded person's perceived quality of life and locus of control. In the process, the problems and concerns of these group home residents were recorded.
CHAPTER II
REVIEW OF THE LITERATURE

We are all members of groups, whether by chance or by intention. Some, by birth, are identified as part of an ethnic or racial group. Then, in addition we seek out and join groups with various purposes. Schachter (1959) felt that there are two general reasons people affiliate with a group. People may join a group as a means to an end or they may join because the group in and of itself represents their goals. Individuals join groups which are concerned with social change for the first reason, but perhaps indirectly they are members because of the second reason (where their needs for approval, support, and prestige are met). This study investigates whether a new type of group could meet some of the needs of mentally retarded adults.

This chapter will present a review of the literature concerning consumer advocacy with retarded individuals. The first section will discuss the concept of self advocacy as it relates to normalization. Then, the nature and direction that consumer advocacy has taken and is currently taking will be explored, in order to understand the Zeitgeist. The next section will review some of the possible limitations involved in having mentally retarded adults become consumer advocates. This will lead into the final section which develops, from the literature, the rationale for the present study.
Self Determinism and Advocacy

Nirje (1972) views the process of asserting oneself in "bodies of common interests" as not only a therapeutic device to relieve tension, but also the way of cultural exchange and political interaction. It provides modes of identification with one's self, helps define a "cause," and serves as a medium for establishing meaningful and functional social relationships. Nirje further notes that while voicing one's strivings for self determination and recognition through deliberations within a peer group might be the accepted way in society, it has taken a long time for handicapped groups to gain an adequate voice and representation in society. He adds that for the mentally retarded, where part of the basic handicap is an impairment in clear expression and adjustment to social demands, such aspirations as self determinism are not yet commonly accepted as feasible or even desired.

Normalization (Wolfensberger, 1972) is seen as both a means and an end. The formation of self-governing advocacy bodies of retarded adults could serve as both a means and an end of normalizing their conditions of life. In Denmark and Sweden, much of this has already been accomplished, where councils of the retarded have been recommended wherever possible (i.e., institutions, vocational schools, group homes, etc.). In 1968, a national conference of retarded adults was held in Sweden, where the delegates discussed problems of leisure time activities, residential living, and vocational training (Nirje, 1972). The non-retarded observers were not allowed to influence the deliberations other than to occasionally move the discussion from one issue to the next, and make supporting notes.
Nirje states that a major means of enhancing the capability for self determinism is through various forms of social training. Through weekend courses, the retarded in Sweden were provided orientation to the procedures of decision making, parliamentary techniques, and budgetary control. Nirje ends his discussion as follows:

When mentally retarded adults express their right to determinism in public and in action, and thus gain and experience due citizen respect, they also have something to teach, not only to other and obviously more capable minority groups, but also to society in general, something about the deeper importance of democratic opportunities, the respect due to everyone in a democratic society--and that otherwise, democracy is not complete (Nirje, 1972, p. 189).

Consumer Advocacy

Within the last five years there has been an upsurge in self determinism in America by consumers of social services. The physically handicapped and parents of handicapped children make up the bulk of this group who are called consumer advocates. The number of persons with handicaps has increased to over 35 million. This large segment of our population has often been denied the benefits and fundamental rights afforded to citizens of the United State and its Territories.

Some consumer advocate groups have long been around, but their goals have changed within recent years. The President's Committee on Employment of the Handicapped was established in 1947, and the National Association for the Physically Handicapped began in 1958. The American Coalition of Citizens with Disabilities came on the scene around 1973, as did the National Federation of the Blind. These organizations were formed primarily to increase the public's awareness about the nature
and problems of the handicapped (OGCEH, 1977). The consumer groups
now have added on to this public awareness goal by becoming or desiring
to become active in policies which affect them. The recent demonstra­
tions by consumer groups to press the Secretary of Health, Education and
Welfare (HEW), Joseph Califano, into signing Section 504 regulations of
the 1973 Rehabilitation Act are witness to this new direction ("Hire the
Handicapped," 1977). Sit-ins were held in ten cities where the American
Coalition of Citizens with Disabilities' regional offices were located,
in the offices of each regional director of HEW, and in Califano's office
in Washington, D.C. Table 1 shows the rise in consumer advocacy as
evidenced by the number of complaints of programs discriminating against
a handicapped person to HEW's Office for Civil Rights ("News on 504," 1978).

Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Received</th>
<th>Withdrawn</th>
<th>Lacked Merit</th>
<th>Corrective Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>1975</td>
<td>22</td>
<td>4</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>1976</td>
<td>61</td>
<td>2</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>1977</td>
<td>279</td>
<td>19</td>
<td>61</td>
<td>16</td>
</tr>
<tr>
<td>1978</td>
<td>168</td>
<td>3</td>
<td>12</td>
<td>8</td>
</tr>
</tbody>
</table>

The White House Conference on Handicapped Individuals (P.L. 93-516)
was authorized to assess and make recommendations concerning the problems
and potentials of individuals with mental or physical handicaps. The
law mandated that at least 50 percent of the delegates be handicapped,
thus recognizing that these people have the right and ability to determine
their destinies (WHCHI, 1977).

The process of the Conference
called for every State and Territory to conduct local and statewide forums
prior to the national Conference. The results of these local forums were often the growth of a local consumer advocacy group (Calnan & Smith, 1977).

President Carter's support of consumer advocacy in government was echoed when he spoke to the delegates of the White House Conference on Handicapped Individuals:

So it is a time of education both ways, and for a realization that only when we work together, the handicapped who are leaders, the handicapped who will always be dependent, the potentially handicapped child who wants to have that prevented and the non-handicapped adult leader, when we work together we can continue to make even greater progress ("Final Report," 1977, p. 101).

The recommendations from the conference unsurprisingly called for more active involvement by disabled persons on committees, boards, and advisory councils that provide services to meet the assessed needs ("Final Report," 1977). In response to this, agencies like the Rehabilitation Services Administration (RSA) have developed systems for establishing and maintaining communication with representatives of consumer advocacy groups (Church, 1978). Among the amendments to the Rehabilitation Act of 1973, a fifteen member National Council on the Handicapped is to be established. The Council, to be appointed by the President, must have at least five handicapped persons or their parents. The Council's duties include: continuing review and advice on all policies, programs, and activities concerning handicapped persons, including developmentally disabled persons. Congress emphasized that the Council must include adequate representation of developmentally disabled persons and their needs, and must review programs administered

The typical means of considering the rights and interests of mentally retarded persons in the United States has been in the form of parent or citizen advocates. Parents of mentally retarded children began to organize in groups shortly before World War II, but it was not until 1950 that a national group formed, which became what is known today as The National Association for Retarded Citizens (Rothstein, 1971). Though parent groups were initially organized to create public awareness of the problems their children faced, more recent parent advocacy has included being more active in developing their children's educational program. The recognition of the role and the rights of parents of handicapped children is one of the most significant changes in public policy brought about by P.L. 94-142 ("You Have New Rights," 1977).

In September of 1977, each state effected a system to protect and advocate the rights of persons with developmental disabilities, according to P.L. 94-103. The system was designed to have authority to pursue legal and other remedies and was to be independent of any state agency serving the developmentally disabled. Most states have opted for private, nonprofit corporations to implement the protection and advocacy requirements, while three states have chosen consumer agencies ("Programs for the Handicapped," 1978).

The mentally retarded person has typically not been encouraged to fill the role of a consumer advocate in the United States. In essence, the various advocates have been so concerned with speaking for the mentally retarded that they have seldom listened to or allowed the individuals who might best be expressing or developing skills to speak
for themselves. A group of 700 retarded individuals in Oregon calling themselves "People First" have begun a somewhat evolutionary effort to be self advocates (Heath, Schaaf, & Talkington, 1975).

The organization began in 1973 when a small group of mentally retarded residents from Fairview State Hospital in Oregon went to a conference in British Columbia, Canada called "First Convention for Mentally Handicapped in North America." The group decided to hold their own convention so that they could bring their questions, wishes, and feelings out in the open. With the aid of staff advisors, the group planned and conducted the conference, which was given the name "People First." The convention, the result of ten months work by the committee, became the stimulus for the organization of a consumer advocacy movement in Oregon. The conference provided a forum for the retarded persons to relate their feelings about their problems and concerns. At least 16 groups have since formed in Oregon.

There have been two conventions since then, and the most recent one in October of 1976 was attended by more than 900 mentally and physically handicapped persons (NICH, 1977). Some of the issues addressed included "What to do when others call you retarded and How do you talk for yourself." The degree of professional guidance is not clear from these reports of People First. Nor are there any data concerning their effectiveness.

A consumer advocacy curriculum was developed in Wisconsin to prepare people with developmental disabilities to become more effective self spokes-persons (Hallgren & Norsman, 1977). The twelve two hour sessions were designed to introduce students to basic concepts of individual differences, independence, human/civil rights and responsibilities, laws and the law
making process, and self advocacy. The curriculum seemed to be more of a human development course rather than an action oriented training program. Omitted from the course objectives were such competencies as how to organize and run meetings, and how to discuss concerns and attempt to solve them. The curriculum manual did not offer data on its effectiveness.

Undoubtedly other states have to, various degrees, involved retarded consumers in advocacy groups. The Zeitgeist is strong for these groups, and within Franklin County, Ohio there are some consumer groups of retarded adults within the sheltered workshops and group homes (Cohen, 1978). But as we will shortly see, such adventures could be frustrating and harmful if the limitations that mentally retarded persons often have with respect to consumer advocacy are not considered.

Limitations of the Retarded Person for Consumer Advocacy

Mentally retarded persons acting as consumer advocates, and similarly those involved in the deinstitutionalization movement, risk trying to proceed too rapidly, at too high a level, and without adequate training. In other words, when professionals realized that many retarded individuals should not be in large institutions, many clients were placed in living arrangements that required a greater degree of independence than they had been trained to accommodate (Mesibov, 1977). In essence, the deinstitutionalization movement failed to realize that there are a range of living alternatives, and that the retarded person needs to start at the least restrictive alternative and move through a logical
progression towards greater degrees of independence.

Similarly, retarded persons might suddenly and unpreparedly act as consumer representatives of councils which are dealing with complex and abstract policy decisions that are not clear even in professional circles. We risk providing token consumer participation, where the retarded person would be reinforced for acquiescing to the professional's directions. Rather than creating a new role of affecting change and control over one's future, the token situation would instill a let down feeling after great expectations about active participation in planning one's future. For this reason, the various limitations of the retarded persons with respect to consumer advocacy need to be understood from the outset.

Research has indicated some cognitive or information processing differences between the retarded and non-retarded which may produce barriers for effective consumer advocacy. With respect to attention, Sokolov (1963) found that mentally retarded subjects had an increased latency in the physiologically dependent variable and an increased number of trials was necessary before the mentally retarded subjects habituated to a constantly presented stimulus. According to Sokolov's frontal lobe analysis of incoming information, repeated presentation of a stimulus involves the construction of a model of the stimulus which is matched to other incoming stimuli. After the model is formed, and if the stimulus does not contain environmentally important information, the orienting response habituates. This is of adaptive importance, for without habituation, one would be continually distracted from the task in which one is participating.
Zeaman and House (1963) found that attention to relevant stimuli was important in solving discrimination learning tasks. They found that when the learning rate of developmentally advanced retarded subjects (i.e., higher mental ages) was compared to lower functioning retarded subjects, the length of the flat portion of the learning curve was initially longer for the latter group. After they began attending to the correct stimulus, the inclined part of the curve was similar for both groups. This indicates the failure of the mentally retarded to quickly and efficiently pick out the socially relevant stimulus.

Zeaman (1967) later hypothesized that the breadth of attention may be important in the comparison of learning characteristics between normal and mentally retarded individuals. Ulmand (1970) conducted an experiment that required the subject to attend to either one, two, four, or eight stimulus properties simultaneously in order to correctly perform the discrimination task. He found that retarded subjects were equal to normal subjects on one dimensional tasks, but were inferior on their performance with multidimensional tasks. Along these lines, Drotor (1970) found that non-retarded individuals would quickly abandon irrelevant material that had been relevant on previous learning trials. However, he found that this irrelevant material interfered with the performance of the retarded subjects even though they realized that it was no longer important. Thus, mentally retarded individuals seem to lack this adaptive cognitive tool of selective forgetting.

The Kounin (1941) view of the retarded's lifespace suggests that their boundaries are more rigid within the regions of their lifespace. The classic experiment in support of this view showed that retarded subjects tended to persist longer than non-retarded subjects.
at repetitive tasks that were highly related to the earlier satiated task. Zigler and Butterfield (1966) disagreed with Kounin's conclusions, stating within a cognitive-motivational framework that the retarded subjects persisted longer (attended longer) at the task due to a heightened motivation to please the experimenter. Zigler failed to find any difference between noninstitutionalized retarded persons and normal subjects on the repetitive tasks, supporting his theory of the heightened motivational factor.

The Atkinson and Shiffrin (1969) model helps explain the area of memory in relation to mental retardation. The model consists of three aspects: 1) a sensory store (ST) area which can handle a great deal of sensory input at any one time, although the material is quickly lost; 2) a short term store (STS) which handles sensory input attended to by the ST and which has been rehearsed or had mediational strategies to help it remain here up to 30 seconds; and 3) a long term store (LTS) which contains stimuli that require effort to remember. Retrieval from the LTS depends on the efficiency of executive control in terms of categorizing the material with high associative value. This relates to Hebb's (1949) notion that the greater the cell assemblies between two concepts, the greater their associational value.

Ellis (1970) proposed a reduced maintenance time of the stimulus trace in the ST of retarded individuals to account for the short term memory deficits found with retarded subjects. He found that long term memory (i.e., LTS) of the mentally retarded did not differ from that of normal people. Spitz (1967) proposed a general cortical sluggishness which interfered with the process of this short term memory. He found that for normal individuals the average number of memory slots in the
STS was seven, compared to four (plus or minus one) for retarded individuals.

With respect to mediational factors, Flavell (1970) designed a series of interesting developmental studies. He found that there is a progressive increase in the observable use of verbal rehearsal during memory tasks (K-5th grades). Additionally, he found that children who rehearse sequences of recall items (i.e., producers) retain them better than same-age non producers. But non producers could be quickly trained to rehearse verbally, precipitating mediated recall as effective as the spontaneous producing peer, indicating that young children's difficulty in memory tasks is more a production deficiency than a mediational deficiency. Ellis (1970) found that retarded subjects failed to rehearse material presented to them and did not exhibit the primacy-recency effect that has been known for years in verbal learning (Underwood, 1957). This effect is generally considered to result from the subjects rehearsing the first words of a series as others are presented, and relying on the STS for the last few bits of information.

Milgram and Furth (1963) found in a series of studies that retarded subjects did not use mediational strategies such as rehearsal and group related material, and thus proposed a mediational deficit in the retarded population. This view was changed when further work showed that retarded subjects did use mediational strategies if instructed to so do (Milgram, 1968). This links the retarded subjects with Flavell's children who demonstrated a production deficit rather than a mediational deficit.
These apparent cognitive deficits could significantly limit mentally retarded persons' effectiveness as consumer advocates. Groups of retarded persons which meet to consider common concerns might easily get off-task as the individuals attend to all stimuli, relevant or irrelevant. Consumer groups usually require members to deal with multidimensional tasks (e.g., changing complex policies), such that with an inferior ability to correctly perform on multidimensional tasks, the retarded member could have trouble in meetings which require breadth of attention and attention to relevance. In general, it would appear from this literature that retarded consumer groups would have difficulty retaining problems discussed and decisions made unless mediational strategies were available. The retarded members' egocentricity would hinder their ability to see the viewpoint of those on the other side of the particular issue. In other words, the motivations and reasons of staff actions could be difficult to grasp.

Retarded persons' adaptive behavior and personality limitations which might hinder consumer advocacy will now be discussed. Anyone who has worked with retarded individuals is aware that many display excessive degrees of acquiescent behaviors. Rosen, Floor, and Zisfein (1974) found that retarded students showed more acquiescent behavior than non-retarded students, but less than institutional residents. This predisposition to comply or say "Yes" represents a maladaptive behavior for community adjustment. Within the context of a consumer advocacy group, the acquiescing by members to the group's leader is apt to create an authoritarian group; and such a group may not meet the needs of the members.
The mental retardation literature includes many reports of the failure of mentally retarded persons to cope with problem situations arising in their daily lives (Cohen, 1960; Edgerton, 1967). The retarded person's helplessness involves an apparent inability to act in a manner necessary to extricate himself from economic and social crises. As with acquiescence, helplessness is conceptualized as a learned behavior which has been conditioned over a period of years. Floor and Rosen (1975) supported the idea that helplessness is a personality dimension compounded by relatively low IQ and overly sheltered experience at home or within an institution. The underlying notion of a consumer advocacy group is that it takes an active part in helping shape the member's destiny. If helplessness is a pervasive problem among mildly retarded persons, then remedial procedures would be needed to encourage independent decision-making and behavior, especially if they are to function as consumer advocates.

In present day parlance, one would say that the retarded generally lack assertiveness. Rosen and Zisfein (1975) attempted to train their retarded subjects with Personal Adjustment Training to be less compliant, passive, and helpless. Their objective indices failed to demonstrate greater change in persons receiving the training compared to a no-treatment control group, although clinical impressions and anecdotal reports from various staff members in the institution reported noticeable changes in some subjects' adaptive behavior. Retarded consumer advocacy groups might need special training that would help them to assert their needs and desires to authority.

Along these lines comes the thought that while much research has
been conducted regarding skill training, little research has been done involving teaching mentally retarded adults to think for themselves (Edmonson, 1974). The consumer advocacy group must be continually thinking and deciding without the aid of staff. The degree to which staff are involved would undoubtedly trigger the retarded member's conditioned responses to let the thinking be done by the staff.

Within the context of social learning theory, Rotter (1954) focuses on the interaction of the individual and his meaningful environment, i.e., the goal objects that determine the potential for a person to behave in a given situation and in relation to a specific goal are the value or importance of that goal to the individual, and his expectancy of achieving that goal. The concept of locus of control developed out of the second factor, where locus of control relates to the placement of responsibility for the outcome of events or behaviors, and there exist extensive evidence showing that people differ in their perceptions of control over the outcome of events. Bialer (1961) found that concepts of success and failure were related to mental age and to a shift from feelings of external locus of control to feelings of internal or personal control for outcomes. Mentally retarded adults who have an external locus of control may possibly feel that they cannot effect the outcome of their lives, so that a consumer advocacy group would be plagued from the outset.

Another area where mentally retarded individuals display deficiencies that could hinder their ability to be effective consumer advocates is their problem solving ability. Pinkerton (1978) noted that mildly and moderately retarded adults often have difficulty conceptualizing what problems are, and that concretizing their feelings is one way of dealing with this limitation. Ross and Ross (1971) observed that mentally
retarded children lacked skill in everyday problem solving and tended toward passive avoidance when confronted with problem situations. Guralnick (1976) relates the investigations concerning so-called "impulsive" children (Kagan, 1965) to the developmentally disabled, who also have not developed a more reflective cognitive style. Guralnick found that verbal mediation techniques (self instruction) were the most effective in modifying the problem solving strategies of handicapped children. This result cannot be generalized to retarded adults, however.

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. Pinkerton (1978) developed a training program to help retarded adults with their interpersonal problem solving. At the end of the training, the groups were able to generate greater alternatives to problems. However, whether the individuals were better interpersonal problem solvers is still an open question. Problem solving difficulties may limit effective consumer advocacy as retarded adults would possibly generate a paucity of solutions to their concerns and decide impulsively about their plan of action. Ineffective solutions would be unlikely reinforcers for the groups continued functioning.

One final aspect of mental retardation as a limitation to consumer advocacy is the question of whether the formation of self-directing groups consisting entirely of mentally retarded persons will not tend to set them apart and encourage segregation. As Kanner (1974) portrays, we are at the "dawn of a new era" in better integrating and encouraging normalizing conditions for retarded persons. Thus, the groups may appear
antithetical to current efforts to integrate retarded individuals with persons of all walks of life. Along this line of reasoning, the compromise would be to encourage the retarded to be with groups of "normal" individuals that might deal with the same issues that the consumer advocacy groups would (e.g., membership on a Developmental Disabilities Council).

**Rationale for the Present Study**

Despite one's belief in the dignity of risk (Perske, 1972), the above literature warns us that suddenly and unpreparedly encouraging retarded persons to assume the role of consumer advocate can lead to ineffective results. Furthermore, if the problems and aspirations presented by retarded adult consumer advocates are not dealt with realistically and with respect, but are instead essentially disregarded, then the persons treated this way will become injured and will experience the rejection and devaluation they have so often confronted. It is for this reason that a training program, cognizant of the limitations of the mentally retarded, was developed to facilitate more effective consumer advocacy.

Consumer advocacy broadly refers to methods of developing policy decisions which directly or indirectly affect a retarded person being made in consultation with the retarded person. Consumer advocacy is a relative term that can involve situations along a wide range of a continuum for the retarded person (see Figure 1). On the lower end of this continuum, consumer advocacy might be represented by the retarded choosing during a peer group meeting what they would like to do over the weekend.
Participation in community "People First"-type organizations might represent a moderate level along the continuum, and participation on a continuum of potential retarded consumer advocacy situations.

Concrete Issues
- Policies directly affects person
- Policies immediately affects person
- Issues relevant only to person or small group of peers
  Example: Group Home Council

Abstract Issues
- Policies indirectly affects person
- Policies have future influence for person
- Issues relevant to large group of persons
  Example: State Developmental Disabilities Planning and Advisory Council

Figure 1. Continuum of Potential Retarded Consumer Advocacy Situations
state and/or national Developmental Disabilities Council would repre-
sent one of the highest forms of consumer advocacy for a retarded
individual.

True consumer advocacy minimally involves an understanding of the
problems involved in one's service delivery and an ability to communi-
cate his/her perception of them. Retarded persons need to be trained
to act as effective consumer advocates, and they need to experience
gradual levels along the continuum of consumer participation before
the more complex consumer organizations can expect to benefit from
retarded advocates. This is the rationale behind the current training
program which involved consumer advocacy in the form of small groups
of mentally retarded adults meeting to discuss and attempting to solve
the problems immediately and directly affecting them. Such a group
deals with issues more "at home" or concrete to the retarded adult,
and hopefully more motivating.

The training program (see Manual in Appendix A) has four basic
components (see Figure2): 1) Effective Group Functioning, 2) Self
Assertiveness, 3) Problem/Concern Communication, and 4) Decision Making/
Problem Solving Skills. Each of the four components have one or more
competency statements (see Table 2), which determine the objectives of
training. The four training components were developed from theory,
research, and anecdotal information about attempts to form similar
groups in the Columbus, Ohio area.

"Problems" is a general term, and the group being developed by
the training program will deal with problems ranging from interpersonal
adjustment to staff grievances. According to Gagné (1965), problem
<table>
<thead>
<tr>
<th>Training Component</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Effective Group Functioning</td>
<td>Self Assertiveness</td>
<td>Problem/Concern Communication</td>
<td>Decision Making/Problem Solving Skills</td>
</tr>
</tbody>
</table>

| Purpose | To develop the ability to function within a democratic group. | To develop the ability to express opinions to authority and to have the desire to alleviate concerns. | To develop the ability to assess and communicate problems and concerns. | To develop the ability to arrive at potential solutions. |

| Competency Statement(s) | 1, 2, 3, 4, 5, 6 & 7 | 8 | 9 & 10 | 11, 12 & 13 |

Figure 2. Training Model for the Consumer Advocacy Program
Table 2

Competency Statements and Their Criteria for Consumer Advocacy

<table>
<thead>
<tr>
<th>Competency Statement</th>
<th>Criterion Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The individual is able to listen and follow the flow of a meeting which is</td>
<td>1. The individual can repeat the concerns/problems raised by fellow group members</td>
</tr>
<tr>
<td>discussing problems and concerns of the group.</td>
<td>when randomly asked.</td>
</tr>
<tr>
<td>2. The individual is aware that groups often may arrive at better decisions than</td>
<td>2. The individual agrees that group decisions are better and more constructive than</td>
</tr>
<tr>
<td>individuals.</td>
<td>individual decisions.</td>
</tr>
<tr>
<td>3. The individual is aware that groups are more effective in bringing about change</td>
<td>3. The individual can state reasons why a group of individuals who share a</td>
</tr>
<tr>
<td>than individuals.</td>
<td>particular concern are more likely to effect change than individuals.</td>
</tr>
<tr>
<td>4. The individual understands how to vote on a question by saying &quot;Yes/No&quot; or by</td>
<td>4. The individual can independently tell which side of an issue she/he prefers when</td>
</tr>
<tr>
<td>raising her/his hand according to the intention.</td>
<td>put up for a vote, and can vote in the correct way according to the preference stated</td>
</tr>
<tr>
<td></td>
<td>using a hand vote or by saying &quot;Yes or No.&quot;</td>
</tr>
<tr>
<td>5. The individual understands the concept of a majority when votes are taken to</td>
<td>5. The individual can tell the outcome of a vote after seeing the number of hand</td>
</tr>
<tr>
<td>determine how the group will act on an issue.</td>
<td>votes in favor and opposed.</td>
</tr>
<tr>
<td>6. The individual understands the purpose of an agenda.</td>
<td>6. The individual understands that the purpose of an agenda is to provide the topic</td>
</tr>
<tr>
<td></td>
<td>of discussion for the meeting.</td>
</tr>
<tr>
<td>7. The individual can record the minutes of a meeting.</td>
<td>7. The individual can independently repeat the main discussion topics into a tape</td>
</tr>
<tr>
<td></td>
<td>recorder.</td>
</tr>
<tr>
<td>Competency Statement</td>
<td>Criterion Statement</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8. The individual demonstrates self assertiveness during a meeting to a degree that is non-interfering but actively participating and on-task.</td>
<td>8. The individual can say &quot;no&quot; in appropriate situations that demand a negative reply. The individual can express personal opinions to authority figures when asked or deemed appropriate. The person will not sign a petition without determining its purpose.</td>
</tr>
<tr>
<td>9. The individual is able to raise problems and concerns relevant to his/her own situation.</td>
<td>9. The individual can explain a problem which she/he encountered, give an example of it, and clarify any questions concerning the nature of the problem.</td>
</tr>
<tr>
<td>10. The individual is able to raise problems and concerns common to a majority of his/her peers.</td>
<td>10. The individual can explain a problem which more than one of the group has experienced, give an example of it, and clarify any questions concerning the nature of the problem.</td>
</tr>
<tr>
<td>11. The individual is able to suggest constructive and productive solutions to issues involving the group's place of residence.</td>
<td>11. The individual can suggest one or two feasible solutions to an issue involving the group.</td>
</tr>
<tr>
<td>12. The group is able to arrive at a constructive and productive solution to an issue or task presented them.</td>
<td>12. When presented with $25.00, the group independently can effectively plan an activity which benefits the entire group.</td>
</tr>
<tr>
<td>13. The group demonstrates an ability at simple problem solving techniques.</td>
<td>13. The group (or individual) is able to democratically decide among possible solutions to a problem/concern the best possible means of solving the problem.</td>
</tr>
</tbody>
</table>
solving is a method of learning which requires the learner to discover a higher order principle without guidance and to generalize that principle to an entire class of stimulus situations embodying other problems of the same type. Golden (1977) found that a change in reinforcement occurring between the original training situation and the generalization situation will have a negative effect upon performance in the generalization situation. The consumer advocacy training attempts to help individuals in a group discover ways to solve the problems they face.

The first training component was developed when it was reported from similar groups (Cohen, 1978) that the retarded adults need to have some training in effective group functioning. Minimal competencies seemed to be in the areas of meeting structure, voting, leader functions, group versus individual power, and listening skills.

The second area of training, self assertiveness, was considered necessary for groups of retarded adults, who as discussed have been shown in research to demonstrate passivity and helplessness in problem situations. The decision of a viable solution to a problem lacks any benefit unless the group will assertively seek its implementation. The goals of the self assertiveness training were taken from Rosen and Zisfein's (1975) assertiveness training package within their Personal Adjustment Training program. The actual techniques were modified for the present group's purposes.

D'Zurilla and Goldfried (1971) propose five stages in the process of problem solving: 1) General orientation, 2) Problem definition,
3) Generation of alternatives, 4) Decision making, and 5) Verification or feedback. Within the first two stages of this paradigm, the third training component of Problem/Concern Communication was seen as important. The training includes having the group accept that they have individual and group problems, and then to be able to clearly define them.

The fourth training component of Decision Making/Problem Solving Skills roughly corresponds to D'Zurilla and Goldfried's third, fourth, and fifth stages. The group needs to be able to brainstorm (Osborne, 1963) possible solutions and come to a decision on the best solution. Heller (1978) has shown that group decisions by mentally retarded adults (mean IQ=65) are superior in feasibility and maturity to individual decisions. The present training attempts to encourage such a phenomenon for the group. The training has the group also take action on their decisions, so that feedback on the consequences can be directly realized. This is viewed as part of the verification process that is a key to the learning of effective problem solving.

The instructional methods for the training program include modeling, role playing, and positive reinforcement of appropriate responses. Bandura's (1969) social learning view has shown that the behavior of models can serve as a discriminative cue that will guide the individual's behavior in the same situation.

According to Corsini (1966), role playing is an ideal method of learning as it involves the person in thinking, feeling, and behaving. Role playing has been widely used in working with groups of mentally retarded adults. Buchan (1972), for instance, described several ways to use role playing with educable mentally retarded students.
The style of leadership for the experimental training program is
democratic. The literature on intellectually normal groups has fre­
quently contrasted the effectiveness of democratic training and
authoritarian training. A brief review of this literature, as well as
related studies with the mentally retarded will follow.

Lewin, Lippitt, and White's (1939) classic study of the social
climate of boy's task groups initiated most of the research concerning
the democratic and authoritarian leadership styles. Small groups of
11-year-old boys met after school for several weeks to make masks and
carry out similar activities. The adult leader of the groups acted
in either an authoritarian (e.g., dictated the group's activities,
frequently criticized the work, and often disrupted activity by suddenly
making the children begin a new project), democratic (e.g., worked with
the group to develop goals and to facilitate all decision making by the
group), or laissez-faire manner (e.g., non-committal and passive).
Authoritarian leadership resulted in more restlessness, discontent,
aggression, fighting, and damage to play materials. Apathy was another
reaction to authoritarian leadership. Apathy dominated in groups with
laissez-faire leaders. All but 1 of 20 boys preferred the democratic
leadership. The results regarding productivity were not clear cut.
Laissez-faire groups were poor in productivity. The largest number of
masks was produced by the authoritarian groups, but democratic groups
were better able to sustain effort when the leader was absent. Pro­
ductivity is a vague criteria; and one must ask "productivity for what??
These inconclusive results are limited to generalization concerning 11-
year-old intellectually normal males, involved in a mask producing task.
Subsequent researchers have varied in the degree to which they specify what is meant by democratic and authoritarian behavior, which confuses the conclusions which might be made. Gibb (1951) found that in experimental groups satisfaction with the leader was correlated .76 with authoritarian leadership and -.60 with group freedom. Torrence (1953) reported that crews critiqued by highly structured methods exhibited greater improvement in performance than those critiqued by less highly authoritarian methods. Shaw (1955) found that speed and accuracy of group performance were significantly higher under authoritarian than under democratic leadership. Member satisfaction, however, was higher under democratic leadership. Argyle, Gardner, and Ciofi (1958) reported high rates of productivity and reduced personnel turnover under democratic supervision in work groups. Homblin, Miller, and Wiggins (1961), in a study of experimental groups of students, reported no relationship between authoritarian leadership and group morale. Sales (1964) obtained no significant difference in performance scores of groups with democratic and authoritarian leaders. Snadowsky (1969) varied task complexity, communication net, and leadership in experimental groups. It was found that groups under authoritarian leaders required less time in planning phases, but were less efficient in task solution phases. Democratic leadership resulted in better member satisfaction in both phases of problem solving.

Anderson (1959) surveyed the literature bearing on leadership in education, challenging the often accepted hypothesis that a clear distinction can be made between authoritarian and democratic teachers. Eleven studies reviewed showed greater learning for learner-centered groups (e.g., more democratic), thirteen showed no difference, and
eight showed teacher-centered methods (e.g., more authoritarian) superior to learner-centered. It is a general finding with few exceptions that morale is higher in learner-centered groups. Perhaps if we assume that democratic leadership instills a greater desire in group members to succeed even without continuous supervision, one might conclude that democratic leadership has better long-term effects. To Carl Rogers (1969), a teacher-centered approach to the classroom has no long-range benefits in the development of the student as an authentic person. To be of real value to the learner, the quest for learning must be intrinsic, and authoritarian threats would be of short-term value only, according to Rogers.

The wealth of studies on authoritarian and democratic leadership styles with intellectually normal subjects are contrasted to a dearth of research conducted with mentally retarded subjects. Ricci (1970) found that with 60 mothers of retarded, emotionally disturbed, and "normal" children, the most authoritarian attitudes for child rearing were shown by the mothers of "normal" children, while the mothers of the emotionally disturbed had the least authoritarian attitudes.

Zigler and Yando's (1964) research on outerdirectedness suggests that retarded individuals rely on concrete, situational cues when performing problem-solving tasks, whereas children of average intelligence form strategies and solutions using their internal resources (inner directed behavior). According to Zigler's construct, the cognitive style of outerdirectedness is determined by the person's history of success and failure in executing cognitive problems. Although some studies have demonstrated conflicting results (e.g., Maguire, 1976),
the research may be very relevant in understanding the effectiveness of authoritarian and democratic training methods with retarded individuals. In various works examining the antecedents of outerdirectedness (e.g., Gordon & Maclean, 1977), researchers have found that the failure experience emanated from two sources: 1) tasks permitting no successful trials, and 2) examiner's negative comments referring to the subject's inadequate performance. An authoritarian style of instruction includes criticizing the group's work, which may lead to a more outerdirected group functioning. More democratic instruction may encourage the retarded individuals in the group to be more inner directed and perhaps productive. Hust (1979), for example, found that democratic training increased group verbal communication in comparison to authoritarian training for retarded children.

The above results suggests that group productivity does not vary consistently with directive and participative styles of leadership for normal or retarded individuals. There is a slight tendency for satisfaction to be related to participative leadership. Possible factors contributing to the contradictory findings are that many studies lack familiarity with other experimental studies of authoritarian-democratic leadership other than Lewin et. al.'s (1939) study. The studies' operational definition of leadership styles often lack precision, so that conclusions cannot be drawn across studies. The studies suggest that the effectiveness of training style may differ with the size and composition of the group and the situation in which the group is meeting.

As Hofstetter (1972) concludes, "involvement (whether democratic or not) increases motivation, a necessary but not sufficient condition for learning. Involvement can also force gross levels of conformity, lessening the scope of exposure and placing potential deviants in a position of
consequently inhibiting both learning and comprehension." (p. 241)

This manual presents the training program in 16 different sessions. Session 17 involves challenging the group with a task that they must work on together and explaining that their training is complete. The main intent of the task (what to do with $25.00) was to provide an additional measure of the group's effectiveness in comparison to another similar group with a more authoritarian training. However, the task itself may be viewed as another important part of the training program, acting like a superordinate goal (Sherif, 1961). In other words, when faced with a common goal individuals often become compelled to participate as a group in solving the common problem. In a sense, this task might add the binding factor that is necessary to give the individuals a feeling of an interdependent group.

The training program is intended to help the subjects become effective consumer advocates, which may also help the individuals in an habilitative sense. Cromwell (1963) has suggested that the degree to which a person participates in the consequences of his/her own actions influences the degree to which he/she views events as due to his/her own behavior (internal locus of control), rather than as due to external variables over which one has little control (external locus of control). Thus, to participate in advocacy planning with a group might increase the retarded individuals' sense of internalization of control.

Rosen, Clark, and Kivitz (1977) contend that if helplessness is a pervasive problem among mildly retarded persons, the next step would be to develop remedial procedures to encourage independent decision making and behavior. A consumer advocacy group of retarded individuals could perhaps begin to utilize the strengths of each member in making
decisions on their problems and concerns. As cited earlier, Heller (1978) demonstrated that groups of adult retarded individuals made more feasible and socially mature decisions than the individual alone. Perhaps active consumer advocacy groups would be an intermediary step towards independent decision making for retarded individuals.

Gunzberg (1973) suggests that the mentally retarded person's social incompetency may not be simply a matter of low intelligence and poor social skills. He suggests that there may be a third factor related to both of these—a weakened ability and willingness to utilize one's intellectual abilities and apply them to social situations. Thus, while training in social skills is certainly important, retarded adults may also need encouragement in practicing these skills. One approach to developing social competency has been group therapy, using group members to encourage each individual to make the best use of his own particular skills (Robinson & Robinson, 1965). Possibly the action-oriented consumer advocacy group could increase these skills.

The benefits of consumer advocacy might be extended until one has claimed it as a cure for mental retardation, but a final statement is important before presenting the study. There is more to the issue of consumer advocacy than pedagogic or therapeutic benefits. The principle concern of the study is to provide data on consumerism with the retarded, so they will eventually have an effective means of voicing their real experiences. The realistic content of their message is truly important.
CHAPTER III

METHODOLOGY

This chapter will explain the methodology that was utilized to obtain data testing the following research questions developed from the literature review.

Research Questions

1) Will a competency based consumer advocacy training program contribute to more effective consumer advocacy skills as defined by the competency statements for mentally retarded persons?

2) Will a competency based consumer advocacy training program lead to greater group communication skills for mentally retarded persons?

3) Does exercising the right to consumer advocacy by a retarded person lead to a more internal locus of control?

4) Does exercising the right to consumer advocacy by a retarded person lead to a more positive feeling about his/her quality of life?

5) Will a democratic training method produce greater gains on the consumer advocacy competencies, quality of life measure, locus of control scale, and group communication skills for mentally retarded persons than an authoritarian training method?

Procedures

Sample

The population from which the sample was drawn consisted of five
residential groups of seven to ten mildly and moderately retarded males and females older than 18 years of age who were residents of community group homes in Franklin County (Ohio), owned by the Association for the Developmentally Disabled (ADD). Intact groups were used for the study as the self advocacy training was specifically designed for group home residents. These five groups were selected as having adequate expressive language skills (i.e., ratings on the Adaptive Behavior Scale Language Development "Expression" score were 12 or greater). The introductory letter sent to the home administrators of these groups by ADD's psychologist is shown in Appendix B.

From the five ADD group homes in Franklin County whose residents met the age and cognitive requirements, four intact groups were randomly selected to participate in the experiment. From these four groups, two were randomly assigned to serve as experimental groups, and the other two were assigned as contrast groups. The individuals in these homes who signed the permission form (Appendix C) and who met the attendance criteria made up the sample groups.

Any individual who was present at two or more meetings in all of the four training goal areas and who attended at least half of the 17 meetings was included in the study. Thirty-three subjects were originally sampled for the study, and four subjects were dropped from the data analysis because they did not meet the attendance criteria. Thus, the study contained a total of 29 subjects, with 14 subjects composing the

---

1 One group lived in apartments of two to four residents each within an apartment complex. This group of residents was one of the four sampled.
two experimental groups and 15 subjects representing the contrast groups. Ten of the 29 subjects had perfect attendance records.

**Design**

A pretest-posttest contrast group design was used, where two of the groups separately received the experimental training, and the other two separately received a contrasting training approach. The experimental groups' training program is presented in Appendix A. These two groups, following the Lewin et al.'s (1939) description of democratic leadership, were trained on the consumer advocacy training objectives utilizing democratic leadership techniques. The democratic leader worked with the group to attain the training objectives. All decisions were made by the group. The democratic method was integrated into the training program in a way that was increasingly more complex and had an increasingly greater influence upon the participants' group meetings. Early in the training members voted on what to have for a drink at the next meeting. Gradually they were voting on what snacks to have and who should go purchase them. Towards the end of the training the members were voting on what decision the group wished to make concerning a group problem or concern. The voting paradigm from making a decision about snacks was to transfer to these latter decision making situations.

The contrast groups received the identical consumer advocacy training objectives, but with an authoritarian leadership style. The
differences in activities of the two authoritarian groups in comparison to the two democratic groups is presented in Appendix D. The essential distinction between the two sets of groups was that the choices or will of the contrast groups' members were not sought by the leader, so that their opinions were not reinforced to have a bearing on their group-related activities. The leader for all four of the groups was the principle investigator of this study.

Hust (1979) demonstrated the feasibility of employing field-theoretical constructs (e.g., democratic and authoritarian leadership) in predicting and explaining interpersonal behaviors produced by groups of retarded children of varying peer status configurations (e.g., high and low status). He found that the grouping of retarded male children into the prescribed status configurations had little differential effect upon the members' efficiency in problem solving, but that a more homogeneous assortment of roughly similar statuses produced greater morale and feelings of cohesiveness than a heterogeneous mixture of statuses.

Measures

The following presents the individual and group measures which provided the data for the study. The pre- and posttest measures of each subject's consumer advocacy competency, quality of life score, and locus of control score were administered together and recorded on the data sheet which is found in Appendix E. An individual
unaware of the subject's group assignment administered and recorded the measures, which typically required 15 to 30 minutes.

**Anecdotal Record**

Anecdotal measures were collected by recording the meetings and by writing a journal of each meeting's highlights. The anecdotal data were collected in an attempt to further test the study's hypothesis as well as add data concerning the qualitative processes occurring during the training.

**Consumer Advocacy Competencies**

As the previous chapter explained, the training manual was developed from a series of core competencies which would hopefully increase the subject's ability to function as an effective consumer advocate. These competencies and their respective criterion statements are presented in Table 2.

The level of the subjects' performance on all the competencies except 1, 5, 7, 12, and 13 was assessed using the questions shown in Appendix F. Questions 1 and 8 were selected from Heller's (1978) study on group decision-making by retarded adults, and were intended as measures of competency statement 11. Questions 2 and 4 are measures of competency statements 9 and 10, respectively. Appendix G shows the petition that was used for question 9. Questions 3 and 9 are aimed at assessing competency statement 8, while questions 5 and 6 correspond to competencies 2 and 3. Finally, questions 7 and 10 are evaluated through competency statements 4 and 6, respectively.
Competencies 1, 5, 7, 12, and 13 were considered important for the training, but it was felt that an accurate objective measure could not be produced to measure their change as a result of the training. They will be discussed along with the other anecdotal data that were recorded from the journal and tape recordings of the sessions.

For instance, the competency concerning the group's ability to arrive at a constructive and productive solution to a task (i.e., competency 12) was measured by having the group home administrator record the group's use of $25.00 given to them, as well as the administrator's rating of the groups on the set of criteria presented in Appendix H.

Three raters (college graduates) who were naive as to the study purpose and the subject's group memberships rated each subject's responses to questions 1, 2, 4, 5, 6, 8, and 10. The raters evaluated the quality of the subject's responses on a 1 to 7 scale according to the criteria presented in Appendix I. The higher the rating, the higher the perceived quality of the response. The objective scoring criteria for questions 3, 7 and 9 are presented in Appendix F.

Quality of Life

A measure of each subject's quality of life was developed from Neugarten, Havighurst, and Tobin's (1961) Life Satisfaction Index, which has been used to assess the quality of life of the aged. Appendix J presents the five questions that were asked each subject during the pre- and posttesting period. The quality of life questions
required a "yes," "no," or "don't know" response. The scores ranged from 0 to 10, with a high score representing a better perceived quality of life. The questions were not all positively stated so as to deter the subjects from acquiescing.

Locus of Control

The locus of control measure (see Appendix K) used the questions from Bialer's (1967) scale, which has been used with mentally retarded individuals. The words "child" or "kids" from Bialer's scale were changed to "persons" and the pronouns in the questions were matched to the subject's sex. The locus of control scores could range from 0 to 23, with a high score signifying a more internal perceived locus of control. Gozali and Bialer (1976) reported that their sample of mentally retarded individuals (mean IQ = 70) did not show a tendency to agree indiscriminately or to try to appear socially desirable.

Group Measures

Group pre- and posttest measures of the groups' basic communication skills (e.g., group interaction, on-task speech) during a 15 minute period were administered one week before the first training meeting and one week after the last training session. Each group was asked to discuss the following question: "What kinds of decisions should you be allowed to make in the home (apartment)?" The only further interaction by the questioner, who was the training facilitator, was to ask after a 30 second period of silence:
"O.K., what other kinds of decisions should you be allowed to make?"

Three independent observers, naive as to the group's training style, used the data sheet in Appendix L.

**Evaluations**

During the posttesting session, one week after the completion of the training program, the independent assessor asked each subject in the study the five evaluative questions. These questions (see Appendix M) were intended to provide some descriptive data about the subject's like or dislike of the consumer advocacy training. The questions were stated both positively and negatively in order to avoid the problems of a response set or acquiescence.

Each group home administrator was given the evaluation questionnaire, found in Appendix N, after the training sessions were complete. They were asked to respond anonymously to the questions and return them in the self-addressed stamped envelope.
CHAPTER IV
ANECDOTAL RESULTS

As the study was a field trial of a training program within a new area of research, the anecdotal data were felt to be an important source of information. During the study the meetings were tape recorded and a journal of notes was compiled for each group. This chapter will present a summary of the highlights from these records. Each group will be briefly described, along with a brief account of their meetings, followed by a description of their planning and use of the $25.00, and ending with an account of whether they continued to meet within two months after the training.

Group One (Democratic Treatment)

Description

Group one consisted of eight adult females living in a group home near the Ohio State University area. Two or three of these women were employed in competitive jobs, while the majority were enrolled in a sheltered workshop operated by the Franklin County Program for the Mentally Retarded. Most of these women had been clients at the Columbus State Institute (CSI) earlier in their lives. In the author's
judgment, the women functioned with high moderate to mild mental re-
tardation. One woman, who had Downs Syndrome, was the lowest functioning
of the group and was very often scolded for her off-task behavior.

**Training Session Highlights**

**Meeting 1**

While viewing the film *People First*, the women were very attent-
ive and responsive, even clapping to the music during the scene of a
social hour for the *People First* consumer advocacy conference.

When asked their opinions concerning the film, some interesting
comments emerged. All of the women said that they liked the movie.
Several expressed feeling sorry for "people like that," referring to
the persons depicted in wheelchairs and in institutions. They were
expressing a feeling of pity for persons with more severe handicaps
than theirs. This sentiment was somewhat disconcerting as the film
was intended to evoke feelings of identification, so the group could
see the reality and possibility existing for consumer advocate groups.

Statements by other women in the group indicated that they were
identifying with the characters in the film. Several women said "I
know her" while viewing some of the handicapped persons in the film.
One subject felt that the workshop looked like ArCraft, the workshop
where she worked. One subject stated that "the persons in the insti-
tutions should be given a chance to live in group homes like us."
And another subject said that "they (in the film) were trying to do
things on their own."
The group experienced the first consequence of their own decision as they voted not to have rules during the meetings. The feeling seemed to be that they already had enough rules in the group home.

The group home administrator ended the meeting by expressing the belief that this group needed to work together and learn how to make decisions on their own. She stressed that the group home was their home.

Meeting 2

The training meeting objectives were completed in half an hour. At the beginning, no one knew what an agenda or what minutes were. The group generally didn't like the attention training part, and one even said that it reminded her of school.

The group did not think of the possibility of using a tape recorder to record minutes. But when this was suggested, they unanimously agreed. Each person practiced saying the minutes, and they seemed to thoroughly enjoy hearing their voices on tape.

Meeting 3

When asked to tell one of the members absent at the previous meeting what occurred a week earlier, the woman who spoke up expressed herself as if she had read the training manual. The group was fairly accurate in voting behavior, although at times some members would conform to the will of the majority. They had a tendency to vote for the choice that they nominated, rather than switching to a choice nominated by another member. The recorder of the votes was able to print the names nominated and the kinds of drink suggested for the next meeting. Spelling errors were disregarded. The group decided to
have the facilitator bring Pepsi. The importance of the minutes was emphasized by using the Pepsi vote as an example. In other words, the group was told that if no Pepsi was brought at the next meeting and no record had been taken, it would have been one person's word against another.

Meeting 4

The group unanimously agreed that the whole group was better able to decide on rules than an individual. The reasons given were that the group would have more ideas than the individual, and that the group, rather than the staff, should decide on its own. Items 2 and 3 in the manual had to be pointed out by the facilitator.

Two members stated that it was better for a group than a person to change a problem because if a group would raise a concern, it would really be a problem. An example of the concept that numbers carry weight was that the President would be more likely to listen to groups of people than just one person.

The group's conception of a leader was one who made sure that the "job would get done," and would speak for the group at residents' council. Residents' council is a council made up of representatives from ADD's homes. The difference between an authoritarian type leader and a democratic leader was discussed using a Jimmy Carter vs. Hitler analogy.

One of the women brought her tape recorder to this and many subsequent meetings to record the minutes.
Meeting 5

The group mentioned that some of them had had assertiveness training in the past. The subjects easily adapted to role playing, and enjoyed acting out the situations. Their ability to model the instructor's lead was very good. The training was effective when the instructor would reinforce appropriate behaviors of the members, as the women responded well to verbal praise.

There was a tie in the vote on refreshments for the next meeting, and the vote recorder knew that a re-vote was necessary between the two that tied.

Meeting 6

There was a week break between meeting 5 and 6 because of Christmas and New Years day. During the assertiveness training to say "no," the women did not have much trouble saying "yes and no" appropriately. After going through the situations during the role playing, we talked about real life situations in which it would be difficult to say "no." An example was charity organization fund raising drives. The group voted to have Diet 7-Up and Little Debbie's cream cakes at the next meeting. For several meetings the group voted as the facilitator voted.

Meeting 7

During all these session it was effective to state that the instructor also had problems in these areas of assertiveness. Personal experiences with employers or other authority figures seemed helpful to the subjects in understanding the problem.

It was also effective to reinforce examples of assertiveness that
occurred naturally during the sessions. One excellent example occurred at this meeting. The instructor would refer to the group in the slang sense of "you guys." One of the women assertively stated, "I resent you calling us guys, we're women." Rather than explain the sex neutrality intended when using "guys," the instructor reinforced this person for being assertive to an authority figure. The habit of saying "guys" was slow to extinguish, though the group helped.

Meeting 8

The person in charge of snacks for this meeting brought them. This group always voted to have the snack at the end of the meeting.

The women enjoyed playing themselves as well as authority figures during the role playing situations. An insurance salesman was one type of salesperson used. The situation where the policeman was the authority figure was effective in simulating the real situation of a Columbus murder case allegedly involving a mentally retarded adult. Several women, when confused, broke down and admitted to the crime. Most said "no."

The group was asked how effective they felt the meetings were as this was the midpoint of the training. They all said they enjoyed the meetings and would be sad when the instructor would leave. One subject had trouble staying awake during this meeting, however.

Meeting 9

The group had little difficulty discussing individual problems. They had a tendency to want to try to solve the problems communicated, especially when the instructor began the session by relating one of his problems. Some of the individual problems given were:
1-Not working fast enough on her job,
2-Not being promoted at work because of a bad supervisor,
3-Interpersonal problems with another resident,
4-Boyfriend always getting in trouble,
5-Father being mad at resident,
6-Grief over loss of mother,
7-Being a slow learner.

Two of the eight women chose not to share their problems. One woman began crying while telling her problem of an interpersonal nature. Afterwards, it was noted to the group that part of problem communication involves sometimes displaying the true emotions experienced.

Meeting 10

The movie Cripples Need Not Apply (1960) was shown. The example of a person in a wheelchair was used to show that though he needed help for mobility, he was still able to be a lawyer and college professor. The characterization of a retarded person brought up a discussion of being called names like "retarded" by the public. The group felt that people made fun of them because they didn't know what it was like to be mentally retarded. The instructor attempted to have the group consider other groups of handicapped persons attempting to educate the public.

Meeting 11

The group continued to present problems and the instructor would ask the group if they were individual or group problems. Several women were concerned that one member was sleeping during the meeting. The majority felt that this was a group problem. As a result they made a rule about what to do should someone fall asleep in a meeting. Just as they voted for snacks, the group came up with several alternatives for dealing with this problem: 1) no snacks for a week, 2) no TV for
a week, 3) wake them up or have them leave if they won't, or 4) do nothing. The majority voted to remove the person's TV privilege for a week.

Meeting 12

The group came up with a number of group problems, differentiating well between individual and group problems. The problems included:

1-Getting a good job outside the workshop,
2-Stealing in the home,
3-Getting along with each other,
4-Having to do the "dirty work" for the staff,
5-People failing to do their chores,
6-People hogging the television,
7-People hogging the telephone,
8-People making fun of them.

Meeting 13

As the first meeting in decision making and problem solving, the instructor emphasized that the first step in solving a problem was to clearly state the problem. The group recalled most of the group problems listed above and one of the members wrote them on some newsprint. Four of the women voted to come up with a solution to people making fun of the, one voted to deal with the theft problem, one the chore problems, and one for people telling on each other. The facilitator did not vote as he did during the snack making decisions.

The group elected a highly verbal member to be their leader.

Meeting 14

The group's leader started the meeting by imitating the instructor by asking the group what came first and what was on the agenda. During the brain storming period, the group had a tendency to judge the ideas and had to be reminded not to comment at this point. The various alternative solutions raised by the group for the problem of people making fun of them were:
1-Talk to the person,  
2-Walk away from the person,  
3-Ignor them,  
4-Say "that hurts me,"  
5-Make fun of the person,  
6-Talk to a friend about it,  
7-Tell the person you are better at some things than they are,  
8-Tell them to leave you alone,  
9-Fight with them.

The first and fourth solution were combined during the discussion period, and these actions were subsequently voted as the best solutions.

There was a problem with some members not voting. The leader said that people who did not vote could not come back later and say that the solution was wrong. The instructor highlighted the fact that as a group, they had chosen the best solution.

Meeting 15

The who, what, when, where, and why was developed for the solution by putting these five words on the newsprint pad and asking the group to answer them. The "who" was everyone, the "what" was to say that it hurts me to the person, "when" was when someone does make fun of them, "where" was everywhere, and "why" was because they want to stop the person from making fun of them. The group was told to try out the planned action and to be prepared to report its effectiveness at the next meeting.

The snack person lost the money given to her for the second time, saying that someone grabbed it out of her hands on the street. The group simply had no snack and never voted to have her get snacks again.

Meeting 16

Several women reported instances when they used the recommended
solution. They were not able to tell if the solution stopped the person from making fun of them, but they said that they felt better by having a response to give. The group decided to continue with this plan of action.

The group decided to solve the problem of people hogging the TV.

The following options were given:

1-Vote on which programs to watch,
2-Take turns selecting programs,
3-No TV for anybody if there is a disagreement,
4-Share the TV,
5-Each person should have a night to plan program viewing,
6-Each person have one show each night to watch.

The fifth solution was selected by the majority, and they were told to decide the who, what, when, where, and why at a later meeting.

Meeting 17

The instructor was invited over for dinner and given a cake and "thank you" card. The group even returned the snack money for that week. The group decided to see the leader when they had a group problem that needed solving, and a meeting would be set up. They were obviously pleased with the $25.00 grant. The leader noted that some people were complaining about earlier decisions made by the group. These people were upset that their selection didn't win. The leader emphasized that everyone could not be happy always, but that in fairness the majority wins.

Use of $25.00 and Future Group Meetings

The group met within two weeks of the last training session, and unanimously decided to purchase a "home sweet home" plaque and buy spoons for the kitchen. According to the home administrator's check list (see Appendix H), all statements applied in the group's use of the $25.00.
The group was able to independently seek the opinions of each member and decide upon a use of the money that benefitted the group as a whole.

On a follow up visit, two weeks after the last training program, the leader indicated that she quit being the leader. She was feeling pressure from the staff to discipline the residents and the residents began to resent her for being an authority figure. The problem came to a head when one of the staff changed a group decision to have a party for the departing group home administrator. The leader was told to inform the group, and she thereby became the scapegoat of the residents' anger. The instructor discussed the need to bring these group problems to the group rather than trying to solve them herself. She might have said to the group in this case, "(staff person)" says that we cannot have the party after all, what should we do about it?" She agreed to remain as the leader for awhile.

In the two months following the training program, the group met twice, and have indicated a moderate interest in continuing to meet.

Group Two (Democratic Treatment)

Description

This group consisted of eight men living in a group home near the Ohio State University area, although only six were regular attendees. Two were employed in competitive job situations and the rest worked at a sheltered workshop. Many talked of living at CSI during part of their lives, and their levels of retardation ranged from high moderate to mild.
Training Session Highlights

Meeting 1

The group appeared to identify with the persons in the film People First, as the men made comments like, "some of them look like people around here" and "some of them look like people at ArCraft (a local workshop). When the leader in the film of the organization of retarded stated that they are people first, the audience in the group home clapped along with the audience in the film.

The group's comments after the film centered around the people who were in institutions. Several members stated that they would like to help the people at CSI, because "Those people will stay there unless they want to get out." One person said that it is bad out at CSI and that "They just drug people up." Commenting on the film, another person stated that they needed more people to form a group like the one in the film.

They voted to approve two rules for the group meetings. One was that there be no sleeping, and the other that only one person talk at a time.

Meeting 2

This meeting was finished in thirty minutes. Initially, no one knew what an agenda was, but, following the lesson they all could repeat the definition. Right after discussing the agenda, one member asked an off-task question. This person was as good as a shill, as he was told, "That is not on the agenda!"

The minutes of a meeting were thought to be related to time. After
learning about minutes, the group arrived at the idea to use a tape recorder to record the minutes. Each member had a chance to talk into the tape recorder and enjoyed hearing his voice on tape. This group was especially willing to please the instructor, and would eagerly answer questions.

Immediately after the training meeting the group had their own house meeting. Their leader said, "The first thing on the agenda is dirty dishes in the sink." The imitation of the instructor's modeling extended to the leader asking two persons what the group was discussing, exactly as had been done during the attention training. The group also took minutes by recording the entire meeting.

Meeting 3

During this fifteen minute meeting the group voted on having Pepsi to drink at the next session. The recorder of the votes put down the first letter of the last name of each nominee. One of the members had a tape recorder, which was used during all subsequent meetings.

Meeting 4

While discussing the role of a leader, one of the members mentioned that "Some leaders tell people what to do, and others have a vote." Several men testified that when they came to the house, the staff made all the rules. They admitted that the staff was better, but that sometimes they received contradictory privileges depending on which staff member they asked.

Meeting 5

When asked if they had taken assertiveness training before, the
The group was unfamiliar with the term. After hearing an explanation, one member said that "we'll need to be making decisions on our own some day when we get out."

After one member modeled the correct behavior, the instructor reinforced this and then showed an example of an unassertive person. The difference between assertiveness and obnoxiousness was highlighted when one of the members told of a person he saw in the bus station asking someone persistently for a light. Another group member pointed out how one of the group members was often obnoxious during some of the meetings by talking too close to people and too loudly. The group suggested that restaurants were places where people need to be assertive when given poorly cooked food. The group voted to have Little Debbies as a snack. The instructor had voted for a different snack.

Meeting 6

The group voted to have the snack at the beginning of the meeting, as they typically have in past and would in subsequent meetings. During this meeting of assertiveness practicing, it was noticed that the person who was thought by the group to be overly dominant and obnoxious often had the greatest difficulty in assertively saying "No" appropriately. The vote recorder made pictures of the snack nominations as he could not write.

Meeting 7

The group members usually wanted to take turns playing the authority role, particularly when the situation involved the group home administrator. Even after the instructor modeled a rather mild group home
administrator, the members would portray the administrator as very
defensive, harsh, and always right. Most members were able to give the
minutes, with any necessary verbal prompting coming from the group.

Meeting 8

One of the members told how he had practiced being assertive by
saying "no" to a lady who wanted to know the time. He said that later
he had to ask a person nicely for the time.

The person elected to get the snack was not able to get what was
voted on by the group. When asked what should be done, the group accepted
the substitute unquestioningly. The instructor had to emphasize the
responsibility and importance of getting the elected snack. Their vote
represented their acknowledgement of this point as they decided upon
having the snack person buy cookies, an easily found item.

Meeting 9

The group had a plethora of solutions to the instructor's modeled
problem. They also were able to readily share their problems. The
problems included:

1-People not cleaning up after themselves,
2-People stealing items left out accidently,
3-One of the members complaining all the time,
4-Getting "bawled out" all the time by the staff,
5-People "bugging me" at work,
6-One of the residents coming into person's rooms uninvited,
7-That same resident waking another person for his records.

The snack vote recorder thought there was a tie in the vote because
two of the lower vote numbers were the same, but the group knew that
the highest voted item won.
Meeting 10

The group continued to raise good problems and concerns. After each problem was presented, the instructor asked all who shared this problem or concern to raise his hand. When greater than half the group shared the problem, the group readily realized it was a group problem. The following problems were brought up:

1-People making fun of us-calling us retarded,
2-Someone made fun of me on the bus,
3-Girlfriend problems,
4-Girlfriend's parents lack of approval for their marriage,
5-One of the residents from another home bothering the group,
6-The same member mentioned last meeting was pointed out as a nuisance still.

While discussing the problem of people calling the group "retarded," one member said he'd tell the person all the "things retarded people could do." The analogy between the Black-White problems seemed helpful, as the group agreed that people were people no matter what their color of skin or problem.

Meeting 11

The movie Cripples Need Not Apply sparked a number of good comments by the group. One member said that "we have rights, people cannot run our lives, we're people first." Another member violently objected to the movie's statement that the retarded person portrayed could not get married unless the Governor approved. This person said "we have just as much right to marry as the next person." Another member said that he was going to get married as soon as he could afford it. The person elected to get the snack was absent, so the group voted to have the person pay back the instructor and be asked to leave the next meeting.
Meeting 12

As it turned out, the snack person who was absent at the last meeting bought the snacks, but a communication problem caused the snacks to be left in the staff room. The group re-voted to use the snacks for the next meeting and to allow the snack person to stay. The group came up with a number of good group problems or concerns:

1-Residents smoking in group meetings,
2-Members talking when other people talk,
3-Residents yelling and arguing with each other,
4-People in institutions who need to get out (patient abuse was cited),
5-Public behavior of group on Friday nights is often poor,
6-People making fun of the group,
7-Violating one another's privacy.

Meeting 13

The group was able to recall all of the group problems listed above and the vote was spread out. The problems of people in institutions turned out to win by only receiving two votes. A positive view of the spread of votes was that the members were thinking independently, rather than conforming to group pressure.

The elected leader asked the instructor to move from his seat. This leader was a bit demanding and did not want to take suggestions by the group. So it was good that the training instructor was able to provide feedback and reinforcement for inappropriate and appropriate leadership behaviors. This leader had to be told to allow the group to make the final decisions.

Meeting 14

The leader independently began the meeting perfectly asking for the minutes to be played and giving the agenda. During the snack period
one of the members brought up a problem that was raised at ADD's residents council meeting.

The group brainstormed a number of potential solutions to the concern of helping people in institutions. The alternatives were:

1. Show them how to be independent,
2. Go see them and talk to them,
3. Bring some people to the house,
4. Call the people in charge first,
5. Send a member of the home to the institution to see a staff person,
6. Take care of them,
7. Help them out and love them,
8. Be a volunteer,
9. Get all the ADD homes to be representatives,
10. Push them in wheelchairs,
11. Teach them bus training,
12. Teach them to get around,
13. Take them to church,
14. Pray for them,
15. Try to get them into group homes and try to open up new homes,
16. Have a ramp put in our house,
17. Try to be big brothers,
18. Teach them how to get along,
19. Bathe them,
20. Care for them.

The group consolidated items 2, 4, 5, 8, and 17 into one item and decided to eliminate items 6, 7, 10, 14, 19, and 20 before the final vote. The majority voted for the big brother solution, while two voted for item 3 and one for item 15.

Meeting 15

The who, what, when, where and why was voted upon. The group decided to use CSI since many came from there. They decided that one member would call the volunteer coordinator and set up a meeting with her, where two of the members would discuss the big brother plan. They felt that they should not go out to CSI without an approved plan.
Meeting 16

The group decided to work on the group problem of residents entering one another's rooms without permission. The solutions brainstormed were:

1-Ask the person to leave,
2-Do not go into rooms,
3-Put locks on the door,
4-Knock on the door,
5-No stealing,
6-Have a "Do not Disturb" sign put up,
7-Don't wake others when asleep,
8-Don't be nosey in other people's business,
9-Trust people,
10-Put things away.

From the solutions offered, several realized that the group was discussing two problems. One had to do with people entering rooms when the occupant was gone, and the other when the person was in the room. They voted twice considering the same alternatives for both problems. The group decision for the first problem was to have locks put on the doors, and the group solution for the second problem was to have "Do not Disturb" signs placed on the doors when privacy would be desired.

Progress on the big brother plan made at the last meeting was delayed due to difficulty in contacting the volunteer coordinator.

Meeting 17

They had set a meeting for the following Friday to talk with the volunteer coordinator about the big brother idea. The group was quite pleased to receive the grant money. The group made the decision to meet as a group every other week. Several requested to play back all the minutes of the previous meetings at the end.
Use of $25.00 and Future Group Meetings

The group met immediately after the 17th training session, and voted to use the money for a Friday night group bowling party. All statements on the list (Appendix H) were checked by the administrator except "the money was spent for a use that cost approximately $25.00." Not all the money was needed for bowling, so the remainder was used for a group activity the following week.

The group has met twice since the training program. Their plan to be big brothers has still not been implemented.

Group Three (Authoritarian Training)

Description of the Group

Group three consisted of five men and three women, one of whom (female) did not meet the attendance criteria. One resident was employed competitively in the community while the rest worked at the county sheltered workshop. One nonworking member was seeking employment in the community. Their house, located in the Ohio State University area, was older looking than the other group homes. Two of the women had moved in recently. The levels of retardation were moderate to mild. Two of the men had mild cerebral palsy.

Training Session Highlights

Meeting 1

Although meeting the expressive verbal requirements of the study,
this group generally seemed less verbally interactive. As an example, their only comment on the film was that it "was good." Several members commented that they thought they knew several of the characters.

Meeting 2

The group members enjoyed taking turns giving the minutes. This meeting lasted 35 minutes.

Meeting 3

This meeting was short as the group had a fair knowledge of voting. Most seemed to enjoy expressing their opinions by voting on various subjects, although one or two would fail to vote occasionally. When questioned, nonvoters were inattentive to the voting rather than opinionless.

Meeting 4

An interesting response was given when a tie vote occurred for the choice between group versus individual effectiveness for decision making. The member said that the "staff should break the tie." Pepsi was brought for this meeting. When a member had been assigned to do the minutes, the group was less attentive and helpful than when the group had elected a person to record minutes.

Meeting 5

Everyone enjoyed the role playing situations, and often wanted to assume the role that the instructor modeled. The members responded well to positive reinforcement of appropriate assertiveness. The group practiced being assertive to each other as friends. Since
several of the members were new, this allowed them to interact in a positive manner. One of the members brought his own tape recorder (also brought to future meetings), although he insisted that the instructor operate it so as not to break the tape.

Meeting 6

During the objective training to increase nonacquiescence, several of the group members failed to attend to the questions and said "yes." The group was helpful in pointing out the error, which seemed to put peer pressure on these members to listen closely to the questions. One woman still acquiesced to all questions. The group was pleased to have the snack of punch and cake. This was the last meeting for a week and a half due to Christmas and New Years Holidays.

Meeting 7

When asked for examples of authority figures, group members named the administrators of ADD, who were the authority figures in their world. The group explained that they were permitted to watch television as late as they wished, providing they maintained their morning schedules. Thus, situation 2 was switched to having them try to change their curfew.

Meeting 8

Three of the group members were very unassertive when role playing situations 2 and 3. They would buy the sale item in situation 2 and confess committing the crime in situation 3.

Everyone had had an opportunity to record the minutes, and several
persons performed this task quite well. The instructor demanded help from the group members while one recorded, so as to maintain the group's attention.

Meeting 9

The following individual problems were related by several group members:

1-The cerebral palsied man fell on the ice and no one helped,
2-Getting depressed when there is no work to do at the workshop,
3-Becoming bored at work when sitting around,
4-People mistook one's depression for anger directed at them, and
5-Transportation to work and around town.

Meeting 10

The group said that they liked the film *Cripples Need Not Apply*. While discussing the problems of the handicapped, one person asked what the word handicapped meant. Another member defined it as a person without hands. Several noted the transportation problem raised in the film, and stated that when the local buses would not run, they could not go to work and earn money. Another resident said that she also wants to learn to do things on her own like in the movie. The man who was looking for a job reinforced the concept of employer discrimination on the basis of a handicapped as depicted in the film. According to him, he had been turned down several times because he was retarded.

Meeting 11

The group members raised their hands if they felt that the problem or concern affected them, thus making it a group problem or concern.
The problems raised at this meeting included:

1-People not doing their chores in the house,
2-Wanting to get a new job on the outside,
3-Wanting to get the house painted a new color,
4-Not being able to get up late on Saturdays,
5-Theft in the house.

Meeting 12

The group continued to discuss only group problems. New group concerns included:

1-Buying new house furniture,
2-Being able to come and go as they pleased.

The group's concern for their house was both justified and encouraging. Wanting changes in the physical structure of the house hinted that they perceived the house to be theirs.

Meeting 13

The decision making process became a bit democratic at this meeting, which was later thought to be a major confound. The instructor allowed the group to vote for a group problem to solve from those raised earlier.

The four group problems with the respective number of votes in parenthesis were:

1-People not doing their chores (3),
2-Theft in the house (4),
3-Not being able to sleep late on Saturday mornings (0),
4-The house needing paint inside (1).

The leader elected (who also should have been assigned) was the highest functioning of the group. He was not pleased about the responsibility, however.
Meeting 14

The various alternatives brainstormed for dealing with the problem of stealing were:

1-Nothing could be done,
2-Staff should watch for stealing,
3-Have the staff do something,
4-The thief should be put in jail,
5-Lock boxes should be used for all valuables,
6-Bedroom doors should have locks,
7-The person should be caught stealing.

The winning decision was number 5. Interestingly, the second choice was to have the staff keep watch.

Meeting 15

One of the group members volunteered to go to the staff and ask for lock boxes as part of the who, what and where of the plan of action. At ADD's residents council meeting one of the members brought up several of the group problems that had been mentioned at the previous training, namely getting the house painted and getting new furniture.

Meeting 16

The group decided to deal with the problem of the house needing paint. They voted to tell the group home administrator which rooms needed paint and what colors they wanted.

The member responsible for talking to the staff about lock boxes had not done so, but assured the group that he would. The instructor told another group member to remind this person to see the staff soon.

Meeting 17

The group voted to have a meeting once a week on Thursdays. They were quite pleased with the grant, and one of the residents immediately
took the money to the safe upstairs, so as to avoid theft problems.

**Use of $25.00 and Future Group Meetings**

The group did not meet every Thursday as planned. In fact, the decision to use the $25.00 was still not made two months later, at the time of this writing. The group home administrator was told to place the money in the house's general fund.

**Group Four (Authoritarian Training)**

**Description of Group**

This group consisted of six women and four men who lived in four apartment units within an apartment complex. Two of the apartments which housed five very independent residents, had staff members only visiting them daily for consultation. Six of the residents held competitive employment, three worked in a sheltered workshop, and the other was seeking competitive employment. One woman had moderate cerebral palsy. Several had been residents of CSI, and several had been EMR students in high school living at home. Their levels of retardation were high, moderate to mild.

**Training Session Highlights**

**Meeting 1**

The members' comments on the film *People First* were diverse. One said "I felt sorry for them, I won't say retarded." Another said,
"They were trying to say something, but couldn't," referring to a cerebral palsied speaker whose words had to be dubbed. One person said that he wasn't aware that there were people like that in other states (filmed in Oregon). Another man said that "they got together in groups and even better, they are people."

Meeting 2

The group was able to arrive at the solution to use a tape recorder to record the minutes. One member offered to and did bring his tape recorder for subsequent meetings. The group enjoyed using the tape recorder to do the minutes, although many acted like adolescents, being embarrassed to hear their voices on tape. The meeting lasted about 40 minutes.

Meeting 3

While discussing the meaning of voting, the group seemed to know aspects of the process, but could not spontaneously report the concepts of democracy underlying voting. One member said that voting was "being over 18." The group was good at voting on the opinion statements asked of them.

Meeting 4

7-up was brought for them to drink at the meeting, although several indicated that they were dieting, and refused the drink. It was difficult not to seek the group's decision to prevent such an occurrence.

While discussing group decision making, several initially felt that individuals were more effective than groups. They wished to
finish their apartment training and get out on their own. The difference between needing groups to help with everyday living versus needing groups to help with larger scale community change was discussed to emphasize when groups would be needed. In other words, if the decision affected only the individual, then he would be best for making the decision. Should larger scale effects occur, then the group decision making would be necessary.

Meeting 5

The group was missing four members, so that the assertiveness training was a bit slow. One member kept avoiding the questions by saying "why don't you ask someone else what time it is." He was taking the questions literally rather than role playing.

Meeting 6

Most members were good at saying 'No' when appropriate. Two members had trouble assertively leading the group in directions. One said that he didn't need to do the exercise. But when finally convinced to try leading the group, he was probably the least assertive.

Meeting 7

All but one of the members were present, and the group enjoyed role playing the situations so much that they didn't want to finish. Several group members made up original twists to the basic situations, bringing in their own work or apartment experiences. In fact, after going through the situation, the group could discuss the implications of nonassertive behavior on their own lives. While role playing an authority figure, the member would be really hard on the other person,
amusing the group.

This was the last meeting for two weeks due to the Christmas and New Years Holidays.

Meeting 8

During the break, one of the men described how he was assertive when asking politely for the time of day. During the third situation, three group members eventually admitted to robbing the store, and the group had to help them realize their error.

Meeting 9

The group members expressed a number of problems that they were experiencing:

1- Wanting to learn to read,
2- Boss reporting erroneous attendance record to group home administrator,
3- Fellow employee yelling, then saying he was just kidding,
4- Being allowed to go home only once a month,
5- Being treated badly at work,
6- Having to work overtime,
7- Receiving repeated phone calls from man while on the job,
8- Finding a job on the "outside."

After the meeting one member asked the instructor if he could be excused from future meetings. He exercised his right to withdraw from the study, although he did attend several later meetings.

Meeting 10

Problems were discussed in terms of being individual or group related. Several that were brought up included:

1- The problems of aging (by a 50-60 year old man),
2- Learning how to drive a car,
3- Learning how to read.
Meeting 11

The movie *Cripples Need Not Apply* evoked some new comments on problems. One said only, "I heard these things before." Others began discussing the problem of people making fun of them at work. Another talked about the problems of discrimination in hiring practices.

The instructor eventually asked the group, "why do people always make fun of the handicapped?" Their responses included:

- People don't have all their marbles,
- They don't want to be involved,
- People are ignorant of us,
- We must show them we are O.K.,
- People making fun of us don't know that it will come back to them.

Meeting 12

The discussion was slow. One reason may have been that the different apartments operate with separate rules, so that their problems as a total group were few. One of the members offered to bake a cake for the next meeting, stating that it was unfair for the leader to always have to bring the snacks.

Meeting 13

This authoritarianly trained group democratically decided which group problem they wished to discuss. It seemed that the motivation level would plummet if they were not able to work on a group chosen problem or concern.

The group problems nominated to be voted on were:

1-Getting a job,
2-Deciding on where/when to have group recreation,
3-Decision concerning going out to eat,
4-Doing chores.
The group decided that the first problem was the most pressing, with number two receiving several votes and number three receiving one vote.

The elected leader was a very strong willed and fairly articulate person.

Meeting 14

Although one person had the problem of finding a job immediately, it was considered a group problem as all could need help with the process some day. The solutions that were brainstormed for helping this person get a job included:

1-Go in person to the places of employment,
2-Ask the person for a trial period,
3-Ask previous employer for a reference,
4-Dress appropriately for the interview,
5-Look for want ads,
6-Check with the employment agency,
7-Maintain a clean appearance,
8-Talk with prospective employer about work experience.

The group voted to pick three solutions as many were valid and it was difficult to single out one "best" choice. They chose numbers 1, 2, and 6 in order of priority. It was observed that the members often voted for the alternative that they had nominated.

Meeting 15

The leader began the meeting independently. The who, what, when, where and why were fairly well worked out during the decision making. The group became a bit more specific by asking where the person wanted to work, and then having that become the "where" to try out the plan of action.

Meeting 16

Unfortunately, the training meetings are spaced too close together
(one day) to allow the person to try implementing the group decision and be able to report back.

At this meeting, the group worked on the problem of deciding where and when to go out to eat together each week. The solutions brainstormed were:

1-Flip a coin,
2-Steak House,
3-Vote on one night each week,
4-Draw a name from a hat and have the winner decide,
5-Rotate having a leader each week.

The solution to put names in a hat each week won with three votes. All the rest had one vote except number three, suggesting that the nominator of the alternative usually voted for his/her nomination.

Meeting 17

The person had been able to check out the particular job he wanted, but found that applications were not being taken until spring. In the meantime he found a job at a nearby restaurant.

The group decided to meet every other month, and set the next meeting date for the next month. They were pleased with the grant.

Use of $25.00 and Future Group Meetings

All the group members except one decided at their weekly house meeting (with staff present) to use the money for bowling. The staff did not participate in the decision or activity, but did report that the members had a "very good time."

The group has been meeting weekly with the staff, but has not functioned independently as a consumer advocacy group.
CHAPTER V

STATISTICAL RESULTS

This chapter will present the results of the quantitative data collected and the subsequent statistical analyses. Reliability information will be reported first, followed by specific tests of the study's hypotheses.

Reliability

Inter-rater Reliability

The degree of rater agreement for the seven consumer advocacy competency questions was measured by comparing the three raters' ratings of the 29 subjects' responses in terms of Pearson product-moment correlation coefficients. Three of the ten consumer advocacy competency questions (i.e., 3, 7 and 9) had objective scoring criteria precluding rater judgments. The resultant inter-rater reliability coefficients for both pre- and posttest responses are presented in Table 8. All coefficients were above .6, and 23 of the 42 ratings were above .8.

Test-Retest Reliability

A week to ten days after the pretest assessment of the subjects'
### Table 3

**Inter-rater Reliability Coefficients Per Competency Question**

*(n=29)*

#### Pretest

Raters (R) Compared

<table>
<thead>
<tr>
<th>Consumer Advocacy Competency Questions</th>
<th>R1-R2</th>
<th>R1-R3</th>
<th>R2-R3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.890</td>
<td>.846</td>
<td>.853</td>
</tr>
<tr>
<td>2</td>
<td>.691</td>
<td>.669</td>
<td>.757</td>
</tr>
<tr>
<td>4</td>
<td>.780</td>
<td>.828</td>
<td>.829</td>
</tr>
<tr>
<td>5</td>
<td>.836</td>
<td>.878</td>
<td>.863</td>
</tr>
<tr>
<td>6</td>
<td>.726</td>
<td>.807</td>
<td>.773</td>
</tr>
<tr>
<td>8</td>
<td>.844</td>
<td>.783</td>
<td>.634</td>
</tr>
<tr>
<td>10</td>
<td>1.000</td>
<td>1.000</td>
<td>1.000</td>
</tr>
</tbody>
</table>

#### Posttest

Raters Compared

<table>
<thead>
<tr>
<th>Consumer Advocacy Competency Questions</th>
<th>R1-R2</th>
<th>R1-R3</th>
<th>R2-R3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.668</td>
<td>.767</td>
<td>.811</td>
</tr>
<tr>
<td>2</td>
<td>.705</td>
<td>.686</td>
<td>.741</td>
</tr>
<tr>
<td>4</td>
<td>.901</td>
<td>.803</td>
<td>.811</td>
</tr>
<tr>
<td>5</td>
<td>.713</td>
<td>.676</td>
<td>.859</td>
</tr>
<tr>
<td>6</td>
<td>.824</td>
<td>.857</td>
<td>.656</td>
</tr>
<tr>
<td>8</td>
<td>.601</td>
<td>.772</td>
<td>.648</td>
</tr>
<tr>
<td>10</td>
<td>.911</td>
<td>.810</td>
<td>.810</td>
</tr>
</tbody>
</table>
performance on the ten consumer advocacy competency questions, quality of life scale, and locus of control measure, 22 subjects were retested because of their availability on a random sample of half of these individually administered items. Because the agreement between raters was reasonably high, their ratings of the subjects' responses to the consumer advocacy questions requiring a rating were averaged when computing the test-retest values. Table 4 gives these test-retest reliability coefficients using the Pearson product-moment correlation coefficient for the randomly choosen consumer advocacy competency questions, quality of life questions, and locus of control questions. As Table 4 shows, the test-retest value for the consumer advocacy competency questions was reasonably high to suggest that the questions are fairly consistently responded to from one time to the next.

Table 4
The Test-Retest Reliability Coefficients for the Consumer Advocacy Competency Questions, Quality of Life Measure, and Locus of Control Scale
(n=22)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Test-Retest r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Advocacy Competency Questions</td>
<td>.77**</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>.46*</td>
</tr>
<tr>
<td>Locus of Control</td>
<td>.44*</td>
</tr>
</tbody>
</table>

* p<.05
** p<.001
The test-retest value for the quality of life measure is somewhat low, probably because the range of scores was only 0 to 4. When three of the 22 subjects' test-retest data that differed by two to four points were removed from the analysis, the test-retest correlation coefficient for the remaining 19 subjects was .68. Thus, a test-retest coefficient of .46, significant at the .05 level of probability, is perhaps a reasonably high indicator of the subjects' scores stability within a week to ten days in view of the low range of values.

The test-retest reliability coefficient for the randomly sampled locus of control items was similarly low, though significantly correlated at the .05 level of significance. Again, the range of scores was low (i.e., 5 to 12), such that a high correlation coefficient is difficult to establish. A test-retest correlation coefficient of .60 is obtained when three of the subjects whose test-retest data differed by two to four points are removed from the analysis.

Hypothesis Testing

Consumer Advocacy Competency Questions

As the agreement between raters was reasonably high, their ratings of the subjects' responses to the consumer advocacy competency questions were averaged and the average was used as the subject's competency score. These data are presented in Appendix 0.

Table 5 gives the mean ratings by groups for each question for both the pre- and posttest assessments. To test the hypotheses that the training program increased the subjects' consumer advocacy competency
Table 5
Mean Ratings on the Consumer Advocacy Competency Questions by Group
(7 Point Ceiling)

**Pretest**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Democratic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1(8)</td>
<td>3.582</td>
<td>4.912</td>
<td>7.000</td>
<td>4.205</td>
<td>5.079</td>
<td>3.664</td>
<td>5.500</td>
<td>2.956</td>
<td>1.000</td>
<td>1.000</td>
</tr>
<tr>
<td>Group 2(5)</td>
<td>3.832</td>
<td>4.053</td>
<td>6.000</td>
<td>2.722</td>
<td>4.497</td>
<td>3.665</td>
<td>4.000</td>
<td>3.885</td>
<td>1.000</td>
<td>1.000</td>
</tr>
<tr>
<td><strong>Authoritarian</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1(7)</td>
<td>2.711</td>
<td>2.378</td>
<td>7.000</td>
<td>2.141</td>
<td>2.807</td>
<td>2.426</td>
<td>4.428</td>
<td>2.807</td>
<td>1.000</td>
<td>1.000</td>
</tr>
<tr>
<td>Group 2(8)</td>
<td>4.206</td>
<td>4.248</td>
<td>7.000</td>
<td>2.664</td>
<td>4.372</td>
<td>3.415</td>
<td>7.000</td>
<td>2.958</td>
<td>1.000</td>
<td>1.000</td>
</tr>
</tbody>
</table>

**Posttest**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Democratic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2(6)</td>
<td>3.887</td>
<td>5.218</td>
<td>7.000</td>
<td>2.830</td>
<td>4.998</td>
<td>3.943</td>
<td>6.000</td>
<td>3.721</td>
<td>3.000</td>
<td>5.888</td>
</tr>
<tr>
<td><strong>Authoritarian</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1(7)</td>
<td>3.141</td>
<td>2.758</td>
<td>7.000</td>
<td>2.998</td>
<td>3.568</td>
<td>2.427</td>
<td>4.428</td>
<td>3.473</td>
<td>1.857</td>
<td>2.284</td>
</tr>
<tr>
<td>Group 2(8)</td>
<td>4.372</td>
<td>3.164</td>
<td>7.000</td>
<td>4.039</td>
<td>5.662</td>
<td>4.418</td>
<td>7.000</td>
<td>3.706</td>
<td>4.000</td>
<td>5.749</td>
</tr>
</tbody>
</table>

(n)
ratings and that differences in gains could be attributed to the method of training (i.e., democratic versus authoritarian), ten 2 X 2 X 2 univariate analyses of variance were computed. Because the correlations between questions were low (average r=.17), a multivariate analysis of variance was not necessary, and the differences between pre- and post-training group ratings on each competency question could be analyzed separately using univariate analysis of variance. The analysis of variance model had three factors: 1) training methods (democratic-authoritarian), 2) groups within training methods (groups 1-2), and 3) time of testing (pre- and posttest). The univariate analysis of variance can analyze differences within each factor as well as interactions between factors. Factor 2, groups nested within training methods, was included to determine whether differences existed in the four experimental groups overall. Whenever there are no significant differences due to groups nested within training methods, this factor may then be pooled, which means that it can become the error term of variance within groups. In essence the group factor is being collapsed as a separate level of variance.

Whenever there are significant differences for the groups by time interaction, then there is at least one difference in the individual group means on the dependent variable within the pretest, the posttest, or between the changes in group means across time. The differences must be analyzed using a post hoc test, because any significant differences between groups may influence the interpretation of significant differences between training method. In other words, the superiority of a democratic training method over an authoritarian
method from the pretest to the posttest, though significant, may simply be a result of the authoritarian groups being higher initially, which this interaction effect analyzes.

Table 6 contains the results of the univariate analyses of variance for each consumer advocacy competency question. An examination of the F values shows that the comparison between the mean consumer advocacy scores of the two groups nested within the democratic and authoritarian training method (GRP(DA)), summed across pre- and post-testing, differed significantly on four questions. This means that one or more of the groups differed from the other groups when the pre- and posttest scores were combined.

Table 7 contains the Dunn post hoc analysis of the four consumer advocacy competency questions' group differences. For consumer advocacy competency questions 2 and 5, the first group within the authoritarian training method was differing significantly in comparison to the remaining three groups. For consumer advocacy competency question 4, group one within the democratic training method and group 2 within the authoritarian training method were significantly different from the other two groups. With question 7, the two groups within the authoritarian training method were significantly different. Because of these differences obtained, the two groups within the training methods cannot be considered equal and thus must be analyzed individually when considering differences from the democratic and authoritarian training methods.

For the other 6 consumer advocacy competency questions, where no significance was shown for the factor of groups, the groups were
Table 6
Univariate Analyses of Variance for the Consumer Advocacy Competency Questions

<table>
<thead>
<tr>
<th>Questions</th>
<th>Source</th>
<th>df</th>
<th>F Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GRP(DA)(^a)</td>
<td>1,14</td>
<td>2.59</td>
</tr>
<tr>
<td></td>
<td>DA(^b)</td>
<td>1,15</td>
<td>.05</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)(^c)</td>
<td>2,36</td>
<td>.53</td>
</tr>
<tr>
<td></td>
<td>TIME(^d)</td>
<td>1,38</td>
<td>1.66</td>
</tr>
<tr>
<td></td>
<td>TIME X DA(^e)</td>
<td>2,38</td>
<td>.09</td>
</tr>
<tr>
<td>2</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>5.34*</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,1</td>
<td>4.40</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>3.17</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>.23</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>1.06</td>
</tr>
<tr>
<td>3</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>1.51</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,15</td>
<td>1.46</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>1.37</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>1.75</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>1.04</td>
</tr>
<tr>
<td>4</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>10.20*</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,1</td>
<td>.19</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>.66</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>4.82*</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>.08</td>
</tr>
<tr>
<td>5</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>7.66*</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,1</td>
<td>.56</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>.31</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>7.18*</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>1.53</td>
</tr>
</tbody>
</table>

p < .05
(Table 6 Continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Source</th>
<th>df</th>
<th>F Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>2.34</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,15</td>
<td>.87</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>.59</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>1.88</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>.01</td>
</tr>
<tr>
<td>7</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>5.97*</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,15</td>
<td>.05</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>.23</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>1.20</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>1.20</td>
</tr>
<tr>
<td>8</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>1.50</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,15</td>
<td>.18</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>.18</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>3.33*</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>3.30*</td>
</tr>
<tr>
<td>9</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>.18</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,15</td>
<td>.18</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>.91</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,38</td>
<td>12.43*</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,38</td>
<td>.03</td>
</tr>
<tr>
<td>10</td>
<td>GRP(DA)</td>
<td>1,14</td>
<td>1.41</td>
</tr>
<tr>
<td></td>
<td>DA</td>
<td>1,15</td>
<td>3.52</td>
</tr>
<tr>
<td></td>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>5.37*</td>
</tr>
<tr>
<td></td>
<td>TIME</td>
<td>1,2</td>
<td>16.55*</td>
</tr>
<tr>
<td></td>
<td>TIME X DA</td>
<td>2,2</td>
<td>.59</td>
</tr>
</tbody>
</table>

*aVariance between two groups nested within the democratic and authoritarian training methods
bVariance between democratic and authoritarian methods
cVariance due to interaction between individual groups by pre and posttest assessments nested within the training methods
dVariance between pre and posttest assessments
eVariance due to interaction between pre and posttest assessments by training methods
f(Meyers, 1972, p. 232)
Table 7

Dunn Post Hoc Analysis

of Consumer Advocacy Questions 2, 4, 5, and 7's

Variance Between the Individual Groups Nested Within Training Method

<table>
<thead>
<tr>
<th>Democratic Means</th>
<th>Authoritarian Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1 (D1)</td>
<td>Group 2 (D2)</td>
</tr>
<tr>
<td>Question 2</td>
<td>8.1</td>
</tr>
<tr>
<td>Question 4</td>
<td>9.9</td>
</tr>
<tr>
<td>Question 5</td>
<td>10.4</td>
</tr>
<tr>
<td>Question 7</td>
<td>11.8</td>
</tr>
</tbody>
</table>

Groups Compared | Question 2 t Value | Question 4 t Value | Question 5 t Value | Question 7 t Value
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 with D2</td>
<td>1.29</td>
<td>5.00*</td>
<td>1.69</td>
<td>1.38</td>
</tr>
<tr>
<td>D1 with A1</td>
<td>3.89*</td>
<td>5.66*</td>
<td>7.84*</td>
<td>2.40</td>
</tr>
<tr>
<td>D1 with A2</td>
<td>.52</td>
<td>1.58</td>
<td>.60</td>
<td>1.82</td>
</tr>
<tr>
<td>D2 with A1</td>
<td>3.45*</td>
<td>.33</td>
<td>5.64*</td>
<td>.89</td>
</tr>
<tr>
<td>D2 with A2</td>
<td>1.56</td>
<td>3.55*</td>
<td>1.11</td>
<td>3.07</td>
</tr>
<tr>
<td>A2 with A1</td>
<td>4.57*</td>
<td>4.11*</td>
<td>7.11*</td>
<td>4.16*</td>
</tr>
</tbody>
</table>

*p < .05
statistically equal when summed across time. Groups could then be pooled as an error term (within training methods variance) for the analysis of the difference between democratic and authoritarian trained groups summed across time.

Differences between the sum of the pre- and post- consumer advocacy scores of the democratically and authoritarianly trained groups (DA) were not significant for any of the ten consumer advocacy competency questions according to the F values from Table 6.

The comparison of the variance due to the interaction of the individual groups by pre- and posttest assessments nested within the democratic and authoritarian training methods produced only one significant F value. Thus, when comparing the four groups initially, as they change across time, and at the posttest; a significant difference exists between one or more of the groups. As the graph of consumer advocacy competency question 10's group by time interaction displays in Figure 3, the significant difference was because of authoritarian group 1's significant difference (p<.05 using the Dunn post hoc test) from the other posttest group mean ratings. Thus, this consumer advocacy competency question cannot have the variance between groups and time of testing interaction pooled as an error term for testing the differences between time of testing and the interaction of the training method by time of testing differences. The other nine questions could collapse the mean scores for the individual groups across time and use the group by time sum of squares as an error term when analyzing the differences due to time of testing and the interaction of the training method by time of testing.
An examination of the F values in Table 6 for the main effect between the pre- and posttest time of assessment mean scores, not necessarily attributable to the democratic or authoritarian training method, reveals five consumer advocacy competency questions that were significantly different over time. Thus, the groups on consumer advocacy competency questions 4, 5, 8, 9, and 10 showed a significant increase in their mean scores from the pre- to the posttesting, regardless of whether they received the democratic or authoritarian training method.

Finally, the only significant difference found in Table 6 because of the comparison between the interaction of the time of testing and the group's training method was on consumer advocacy competency question 8.

Figure 3. The Interaction Effect of the Time of Testing by Individual Groups for Consumer Advocacy Competency Question 10.
This indicates that there was not a significant difference because of the training methods across time on the mean scores for the other nine questions.

Considering several of the consumer advocacy competency questions individually, it can be noted from Table 6 that no significant differences from any variance sources were found for question 3. By inspecting the cell means for question 3 in Table 5, the reason becomes clear. All groups except one had the highest average possible at the time of the pretest, leaving no room for improvement. Therefore, this question was a poor measure of the acquiescing competency for these particular groups of subjects.

In order to determine which differences between means (i.e., pre- and posttest, democratic and authoritarian training) were significant for consumer advocacy competency question 8, the means were graphed (see Figure 4) and the Dunn post hoc test was conducted (see Table 8). The Dunn analysis reveals that the authoritarian groups scored significantly lower on the pretest assessment, significantly higher on the posttest, and showed a significantly greater increase on the posttest assessment. This result is contrary to the hypothesized superior increase resulting from a more democratic training method.

A large variability was noted within each group of subject's scores for many of the consumer advocacy competency questions, evidenced by the large mean square error term. The larger the error term within groups, the more difficult it becomes to show significance between different group means. As this study had the constraints of such a small sample of groups, with greater groups and thus subjects the error
Mean Score on Consumer Advocacy Competency Question Number 8

Figure 4. Graph of the Interaction Effect of the Time of Testing by Training Method for Consumer Advocacy Competency Question Number 8.

Table 8

Dunn Post Hoc Analysis of Question 8's TIME by DA Interaction

<table>
<thead>
<tr>
<th>Means</th>
<th>Dunn Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Time</strong></td>
<td></td>
</tr>
<tr>
<td>Democratic Training</td>
<td>Pretest</td>
</tr>
<tr>
<td>Method</td>
<td>6.841</td>
</tr>
<tr>
<td>Authoritarian Training</td>
<td>a</td>
</tr>
<tr>
<td>Method</td>
<td>5.764</td>
</tr>
<tr>
<td>c</td>
<td>d</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05
term may decrease. Thus, with a field trial of the consumer advocacy training program, the trends should be noted from the group means to warrant whether there is a greater likelihood of showing significance in future research with greater subjects.

The trend of the mean ratings in Table 5 for consumer advocacy competency question 1 is for an increase in all of the groups, but with no real difference between the democratic and authoritarian training group mean increases. The group means for consumer advocacy question 6 increased on the posttest when compared to the pretest for all groups but group one of the authoritarian training group. For question 7, both authoritarian groups remained the same while the democratic groups increased over time (although the second authoritarian group was at the maximum mean rating on the pretest).

**Quality of Life**

To test the hypothesis that the training program significantly increased the subjects' quality of life score and that the democratic training created significantly greater increases in the subjects' quality of life scores, the following analyses were conducted. Scores obtained from the five Life Satisfaction Index questions answered by each individual were averaged for each group. Table 9 presents these mean scores that were used as the measures of the quality of life. Once again a univariate analysis of variance was used (see Table 10) to investigate the variance due to training method, groups nested within training method, and time of testing factors. An examination
### Table 9

Mean Quality of Life Pre and Post Training Scores for Each Group

<table>
<thead>
<tr>
<th>Time</th>
<th>Democratic 1 (n=8)</th>
<th>Democratic 2 (n=6)</th>
<th>Authoritarian 1 (n=7)</th>
<th>Authoritarian 2 (n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posttest</td>
<td>8.125</td>
<td>8.333</td>
<td>7.142</td>
<td>8.500</td>
</tr>
</tbody>
</table>

### Table 10

Univariate Analysis of Variance for the Quality of Life Measure

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>F Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRP(DA)</td>
<td>1,14</td>
<td>1.41</td>
</tr>
<tr>
<td>DA</td>
<td>1,15</td>
<td>1.67</td>
</tr>
<tr>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>3.11</td>
</tr>
<tr>
<td>TIME</td>
<td>1,38</td>
<td>.19</td>
</tr>
<tr>
<td>TIME X DA</td>
<td>2,38</td>
<td>.01</td>
</tr>
</tbody>
</table>
of the F values from Table 10 shows that no significant differences were produced over time or between training methods, so that this variable remained relatively stable for the subjects at the completion of the training program. Two of the groups increased slightly, one remained the same, and the final one declined over time.

Locus of Control

To test the hypothesis that the training program significantly increased the subjects' loci of control scores and that the democratic training created significantly greater increases in the subjects' loci of control scores, the following analyses were conducted. Scores obtained from the modified Bialer Locus of Control Scale as answered by each individual were averaged to provide group mean scores as shown in Table 11. In order to investigate differences due to training method and over time, the univariate analysis of variance was used once again. The factors were training method, groups nested within training methods, and the time of testing. Table 12 presents the univariate analysis of variance, and no significant F values were produced by any of the main sources of variance or their interactions. Thus, there were no significant differences between the individual group means summed across time within the training methods, nor between the democratic and authoritarian group means summed across time. Furthermore, lack of significance was found for the differences between the individual group means at the time of the pretest, posttest or between the individual group changes. There was no overall change in all the groups between
Table 11
Mean Locus of Control Scores by Group (23 Point Ceiling)

<table>
<thead>
<tr>
<th>Time</th>
<th>Democratic 1(n=8)</th>
<th>Democratic 2(n=6)</th>
<th>Authoritarian 1(n=7)</th>
<th>Authoritarian 2(n=8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posttest</td>
<td>12.250</td>
<td>12.833</td>
<td>10.428</td>
<td>12.625</td>
</tr>
</tbody>
</table>

Table 12
Univariate Analysis of Variance for the Locus of Control Measure

<table>
<thead>
<tr>
<th>Source</th>
<th>df</th>
<th>F Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRP(DA)</td>
<td>1,14</td>
<td>.20</td>
</tr>
<tr>
<td>DA</td>
<td>1,15</td>
<td>2.24</td>
</tr>
<tr>
<td>GRP X TIME(DA)</td>
<td>2,36</td>
<td>.22</td>
</tr>
<tr>
<td>TIME</td>
<td>1,38</td>
<td>2.71</td>
</tr>
<tr>
<td>TIME X DA</td>
<td>2,38</td>
<td>.01</td>
</tr>
</tbody>
</table>
the pre- and posttesting, nor was there a significant interactive difference as a result of the time by training method comparisons.

**Group Communication**

The raw data from the group communication items are presented in Appendix P. Examination of the Rater Agreement columns in Appendix P shows that rater agreements ranged from 20 percent to 100 percent, depending upon the group and time of observation. The median was 75 percent.

To test the hypothesis that the training program increased the groups' communication skills and that the democratic training produced greater increases than the authoritarian training, the following computations were conducted. As the basis for determining whether an increase in total communication questions, on-task and inter-subject comments occurred subsequent to the training, the mean of the frequencies reported by the two raters was used. In each instance it was the two raters with the highest agreement on the measure whose tallies were averaged. As an example, the pretest scores for total comments by group 1 was 15, as this was reported by raters 1 and 2 (100 percent agreement).

These rater means are presented in Table 13, where the highest percentages of agreement for each group ranged from 44 to 100 percent, with an across groups percent agreement of 87. These individual group values were subsequently averaged within the democratic and authoritarian training methods. The graphs of these mean values comparing the training
Table 13

Group Communication Pre and Posttest
Averages Between the Raters with the Highest Agreement

<table>
<thead>
<tr>
<th>Total Comments/Questions by Group Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest (% Agreement)</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Demo-</td>
</tr>
<tr>
<td>cratic</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Authoritarian</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Comments/Questions Directed to Another Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest (% Agreement)</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Demo-</td>
</tr>
<tr>
<td>cratic</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Authoritarian</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Number of On-Task Comments/Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest (% Agreement)</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Demo-</td>
</tr>
<tr>
<td>cratic</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Authoritarian</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of Different People Who Talked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest (% Agreement)</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Demo-</td>
</tr>
<tr>
<td>cratic</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Authoritarian</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>
methods by pre- and posttesting values are contained in Figure 5. No meaningful statistical analyses can be performed on the group communication items because of the questionable rater agreement on some measures, and the restricted range of scores in some groups. The graphs are used to demonstrate trends existing with the data.

The graph for the total number of comments/questions by group members shows that the democratic groups were an average of 15 comments higher than the authoritarian groups during the pretest. The authoritarian groups' posttest averages increased by 8 comments, but were still lower than the democratic groups' average number of comments. The democratic groups' average posttest increase was 30 comments, which was 38 comments greater than the authoritarianly conducted groups.

The graph of the average total comments directed towards another group member suggests that this aspect of group communication remained virtually the same across time for the authoritarian groups. The democratic groups, initially 5 interactive comments on an average above the authoritarian groups, increased an average of 15 comments directed at other members during the posttest period.

Analyzing the graph of the on-task comments suggests that once again the democratic groups increased more than did the authoritarian groups. The authoritarian groups averaged 7 fewer on-task comments during the pretest assessment, and 29 fewer for the posttest period. The democratic and authoritarian groups increased 27 and 5 on-task comments respectively on the average.
Figure 5. Graphs of the Group Communication Mean Values Comparing the Training Methods and Time of Testing.
Total Number of On-Task Comments/Questions

Mean Frequency Of On-Task Comments/Questions for Highest Agreeing Raters

Percentage of Different People Who Talked

Mean Frequency of Percentage of Group Members Talking for the Highest Agreeing Raters
Finally, the measure of how many persons spoke during the group communication assessments was transferred to a percentage score of the total number of persons speaking from the groups, since the number of subjects was different across groups and time. As the graph shows, both groups were very similar. They increased an average of about 16 percent in group member participation from the pre- to the post-test assessment.

Evaluations of the Training Program

Subject Evaluations

The subjects' responses to the independent experimenter's evaluative questions were tallied and the percentages of response opinions were determined for each training method as well as all the subjects. Table 14 shows these percentages by question.

All the subjects reported liking the group meetings. Eighty-five percent of the democratic subjects said "yes" that the group helped them, and 15 percent said the group helped them "sometimes." One hundred percent of the authoritarian subjects agreed that the group helped them. For democratic and authoritarian subjects, 93 percent and 80 percent respectively responded "no" when asked if the leader was boring. Only one person from each training method said "yes" that the leader was boring, and two subjects in the authoritarian groups responded "sometimes." One hundred percent of the subjects answered "yes" to the question of whether they hoped the group would
Table 14

Subject Evaluations of the Training Program by Training Technique and Overall

<table>
<thead>
<tr>
<th>Question</th>
<th>Democratic Training Groups</th>
<th>Authoritarian Training Groups</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you like the group meetings?</td>
<td>D: 100% (14)</td>
<td>A: 100% (15)</td>
<td>100% (14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the group help you?</td>
<td>D: 85% (12)</td>
<td>A: 100% (15)</td>
<td>100% (14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Was the leader ever boring?</td>
<td>D: 7% (1)</td>
<td>A: 7% (1)</td>
<td>93% (13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you hope the group will still meet?</td>
<td>D: 100% (14)</td>
<td>A: 100% (15)</td>
<td>100% (14)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are you glad that the training is finished?</td>
<td>D: 28% (4)</td>
<td>A: 60% (9)</td>
<td>72% (10)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a Democratic Training Groups
b Authoritarian Training Groups
 Overall
still meet. Finally, whether they were glad that the training group was finished, 28 percent of the democratic group members agreed and 72 percent disagreed. However, the trend reversed for the authoritarian group members, as 60 percent responded "yes" to being glad the training group was over, 13 percent responded "sometimes," and 27 percent responded "no."

Administrators

Table 15 gives the results of the four group home administrator's evaluation of the training. All of the administrators reported that the research was clearly explained to them, reported a need for consumer group participation by mentally retarded persons, and said that they would encourage the group to meet occasionally. Three of the four administrators thought that the groups liked and benefited from the training, and one of the four reported that the group benefited and liked the training "sometimes." Finally, three of the four thought that the groups will continue to meet "sometimes," and one felt that the group would not continue to meet as a consumer advocacy group.
Table 15
Evaluation Questionnaire Results from the
Group Home Administrators
(n=4)

<table>
<thead>
<tr>
<th>Questions</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the research clearly explained to you at the start?</td>
<td>4</td>
</tr>
<tr>
<td>2. Do you think that the group liked being a part of the research?</td>
<td>3</td>
</tr>
<tr>
<td>3. Do you think that the group members benefited from the training?</td>
<td>3</td>
</tr>
<tr>
<td>4. Do you see a need for consumer group participation by mentally retarded persons?</td>
<td>4</td>
</tr>
<tr>
<td>5. Will you encourage the group to continue to meet occasionally?</td>
<td>4</td>
</tr>
<tr>
<td>6. Do you think that the group will continue to meet as a consumer advocacy group?</td>
<td>-</td>
</tr>
</tbody>
</table>


CHAPTER VI
DISCUSSION

This chapter will provide a discussion of the anecdotal and statistical results compiled from the study as they relate to the original hypotheses and to consumer advocacy by the retarded in general. Caution will be exercised to prevent overgeneralizations from the data; and the limitations of the study will be noted at the outset. The habilitative implications and recommended research from the study will also be discussed.

Limitations of the Study

The study's limitations will be discussed first so that the ensuing discussion can reflect the study's results within the constraints of scientific rigor. The study is labeled as a field trial of a training program because of no control for the Hawthorne effect. Causation of changes cannot be directly attributed to the training program, nor can the subjects' changes be generalized to other groups of mentally retarded individuals. The reason being that only five groups were available from a single geographic location. The subjects were not randomly assigned to the groups as intact groups were desired and used. The individual subject and group changes recorded will be discussed with caution and cognizance of the need for further research before claiming the effectiveness of the consumer advocacy training
Another limitation involves the validity of the consumer advocacy competencies developed and measured. Whether they are important competencies for effective consumer advocacy and whether the measures developed validly reflect the intended competencies is an empirical question that will require additional study. The criterion and construct validity of the quality of life measure is similarly in question. The test-retest reliability of the quality of life and the locus of control measures was far below an acceptable level for use in future research.

Finally, the principal investigator as the facilitator/instructor of all groups eliminated the confound of differences due to differing instructors, but may have introduced an experimenter bias effect. The same level of motivation to achieve positive results might not exist for other instructors and thus, the training program might prove less effective than it was in this study.

Support for the Hypotheses

The competencies listed in Table 3 will be discussed individually to consider the study's impact upon the various areas which were deemed important for retarded individuals to demonstrate effective consumer advocacy. The first competency statement dealing with the individual's ability to listen and follow the flow of a meeting was measured anecdotally. In all groups there were individuals whose
attention spans were short, although the majority of the group members could attend well to the hour or shorter meetings. The democratic groups appeared at times to display this competency better, which presumably could result from group members playing an active role in the decision making. The technique of randomly calling on subjects to train better attention, used during the second meeting in the training manual, was a negative procedure. Instead, the subject matter must be interesting and positive enough to achieve this competency. The evaluations by the subjects suggested (see Table 12) the group meetings were perceived as interesting and beneficial. As the majority of the authoritarian group members were glad that the training was finished and the majority of the democratic group members were not glad that the training was complete, one might infer that having a more active role in the training created a more positive view of the meetings and led to longer attention spans.

The second consumer advocacy competency, dealing with the individual's awareness that groups often may arrive at better decisions than individuals was assessed on the pre- and posttest using consumer advocacy competency question 5 from Appendix F. A significant increase was shown of all groups upon completion of the training program. Thus, after the training the individuals in the study, regardless of training method, perceived that groups of people could more effectively decide on problems than individuals and were able to explain why group decisions were superior (e.g., greater knowledge, information).
The individual's awareness that groups are more effective in bringing about change than individuals, consumer advocacy competency 3, was measured by consumer advocacy competency question 6 on the pre- and posttesting. Although two group means increased slightly and two remained the same, no significant differences due to time or training method were found. The principle reason seemed to be a misunderstanding of the question. Most subjects (and one rater) interpreted the question to be the same as the previous consumer advocacy competency question (i.e., question 5), rather than attempting to assess the acknowledgment of "group power" and the ability of a group to draw attention to its concern. This question should not have followed question 5, which produced the mental set on group decision making effectiveness. Perhaps placing the question at the end of the questions and emphasizing the concept of the superiority of a group action or implementation of change rather than planning would have better assessed this competency.

Consumer advocacy competency 4 was designed to train independent voting behavior of the subjects. According to the results of consumer advocacy competency question 7 on the pre- and posttest, no significant differences emerged due to training method or time. The means were high for the four groups, with only a few subjects voting differently from their verbal response (i.e., eight subjects on the pretest and five on the posttest). When asked "Should a person who steals be sent to jail or be given a warning," most
subjects responded that a warning should be given. By raising their hands to the second and correct part of the question, they may have been simply acquiescing to the examiner's demand to "raise your hand." This measure might have been a more sensitive indication of consumer advocacy competency 4 if the subjects would have also been asked to raise their hands for both options.

The anecdotal report indicated that the subjects usually had little trouble with the actual process of voting. However, the related problems of conformity and lack of attention affected some subjects' voting behavior as it does for intellectually normal person's voting.

Each subject was asked what an agenda was (i.e., consumer advocacy competency question 10) to assess consumer advocacy competency statement 6. On the pretest assessment, all 29 subjects had no idea about the purpose or definition of an agenda, while only 4 subjects could not give a relevant response to the question after the training. A highly significant increase was obtained for all subjects across time, regardless of training method.

Consumer advocacy competency 7 sought to train each individual to repeat the main discussion of a meeting into a tape recorder. This consumer advocacy competency was not assessed quantitatively, although from the anecdotal data it appears that most subjects had developed an adequate level of proficiency by meeting 8. Typically, if the person recording the minutes had trouble, the group was able to assist him to record the correct minutes. All of the groups had
at least one member who owned a tape recorder, so that this technique of recording minutes seemed both easy and feasible.

Consumer advocacy competency 8 involved the individual's demonstration of self assertiveness, operationally defined as the subject's ability to say "No" in appropriate situations (consumer advocacy competency question 3) and to refuse to sign a meaningless petition (consumer advocacy competency question 9). Question 3 produced very little dispersion between any of the group means so that no significant differences were found. Either most of the subjects had little difficulty assertively denying untrue statements or the question was not a sensitive measure of their acquiescence. The petition question was much better conceptually and empirically. Signing a petition is a behavioral event compared to simply saying "Yes" or "No." As the data revealed, regardless of training method, all groups demonstrated a highly significant decrease in signing the petition after the training program. The subjects enjoyment of the assertiveness training component as well as their independent practicing of the situations outside the groups anecdotally suggest gains on this competency. One subject assertively brought his group's concerns to the agency's residential council meeting.

The individual's ability to communicate problems and concerns relevant to his own situation (consumer advocacy competency 9) was assessed before and after the training using consumer advocacy competency question 2. According to the results, no significant
differences were noted over time for any groups, although the trend from the means suggest a slight increase because of the training. Because the training was focused on group problems and decisions for their solutions, the failure to demonstrate significant overall changes in individual problem expression skills after the training is less of a concern.

The measure of consumer advocacy competency 10, which assessed the individual's ability to communicate problems and concerns common to a majority of his peers was of particular interest for potential consumer advocacy groups. As the analysis of consumer advocacy competency question 4 shows, there was a significant increase in the subjects' abilities to explain group problems, regardless of the training method employed. This increased awareness of problems and concerns which effect the group, and an increased realization that groups make better decisions than individuals are two important changes in groups which are potential consumer advocates.

Consumer advocacy competency questions 1 and 8 measure consumer advocacy competency statement 11, which involves the individual's ability to suggest constructive and productive solutions to issues involving the group. Consumer advocacy competency question 1 produced no significant differences due to time of testing or training method, thus the subjects as individuals apparently did not increase in their ability to decide maturely how to plan to use $500. Consumer advocacy competency question 8's significant increase over time for all groups suggests that the subjects improved their social judgment
on what to do should a fellow resident come home drunk. Conceivably
the group training aided the subjects in making better suggestions
about a potential problem in their home, such as intoxication.
Groups receiving authoritarian training increased significantly
more than democratic groups possibly because their decision making
training was more democratically conducted than it should have been.
Also, the element of significant differences as a result of chance
may have occurred with ten consumer advocacy competency questions
being analyzed.

Consumer advocacy competency statement 12, dealing with the
group's ability to arrive at a constructive and productive solution
to a task was anecdotally measured by the groups' use of the $25
grants. Both of the democratically trained groups met independently
and decided as a group on a use for the money that benefited the
group. One group's purchase of a "Home Sweet Home" plaque in a
sense was a statement of the members' perception that the group home
was theirs, and should be controlled by the residents. ADD's psychol­
ogist noted that many of the group home residents see themselves
living in "ADD homes rather than in homes assisted by ADD employees"
(Cohen, 1978).

One of the authoritarianly trained groups had not spent its
grant money two months after receiving it; the other one made its
decision during a staff initiated weekly meeting. The latter group's
activity was independently planned and benefited the entire group.
Thus, three of the four groups seemed to fulfill consumer advocacy
competency statement 12 with training.

Consumer advocacy competency 13 involves the group problem solving/decision making ability, and can be discussed from the anecdotal data. All the groups subjectively appeared able to suggest various alternative solutions to group problems, and democratically decide upon the most mature and effective alternative. This substantiates Heller's (1978) research with decision making abilities of groups of adult retarded subjects compared with those of individuals.

The attempt to increase the subjects' perceived quality of life as a result of the consumer advocacy training and subsequent participation did not produce significant results according to the measure developed. The lack of test-retest reliability would make change or no change equally probable on a chance basis for the quality of life measure. A moderately high mean quality of life value was obtained for all groups (i.e., 7.8 out of a maximum of 10), which is encouraging if these subjects are at all typical of group home retarded residents. There were, however, some subjects who responded quite negatively to these questions concerning their current life satisfaction and hope for the future.

The locus of control measure similarly did not become more internal as a result of the training program for the groups. Again, the poor test-retest reliability value prevents any inferences from this measure as a result of the training program. Nonetheless, the theory of being actively involved in one's habilitative and social service
delivery system creating a more internally perceived locus of control is still hypothesized over long periods of time. And when a group's independent decision making is overtly stymied by one of the staff (as occurred for group 1 on page 52), then one's perceived external locus of control will be reinforced in an intermittent manner more damaging than if you never introduced the prospect for independent consumer group decision making. The overall average of the group means was 12.6 of a possible locus of control score of 23. This supports earlier mentioned research that mentally retarded individuals tend to have a more external locus of control (Bialer, 1961).

The trends from the group communication measures indicate gains by all groups in the four areas of group communication assessed. The most marked gains occurred for the democratic groups' verbalizations, interactive communications, and on-task speech. The implication, which requires empirical support, is that a more democratically conducted group encourages greater on-task verbalizations which frequently are directed at other members of the group. Intuitively, these results are reasonable, as groups that are encouraged to make decisions together rather than being told what to decide would learn to speak to each other more. In fact, the democratic groups interactive comments increased on the average of 15 during a 15 minute period compared to an increase of one for the authoritarian groups. Thus, the data suggests that the communication abilities of these groups increased consequent to the consumer advocacy training program.
An analysis of the data contrasting the democratic and the authoritarian training reveals rather inconclusive results. From the quantitative data collected there were essentially no significant differences other than the superiority of the authoritarian groups' decision making consumer advocacy competency concerning a resident returning home drunk. Perhaps the measures were not sensitive enough to detect differences in training procedure. Using the same trainer for both training methods is also a bias, creating a tendency for the groups to behave more similarly than was intended. This explanation is supported by the fact that during the decision making training, the democratic procedures were also used for the authoritarian groups. Possibly the non-significant results are valid, however, as there is no research available which supports the democratic training method's superiority over authoritarian training with retarded individuals.

The group communication measures suggested that the democratic training was more beneficial than the authoritarian training for encouraging group verbalizations, on-task comments, and interactive comments. Also, the democratically trained groups reported being less glad that the training was complete. The authoritarian groups were less effective in independently deciding upon a use for the $25 grant, and did not meet independently as a group upon completion of the training. The democratic groups independently decided on uses for the grants and both met at least once since the training. The democratic group members subjectively appeared more motivated and attentive during the meetings, perhaps reflecting the theoretical
concept that participants who function actively during a meeting build more intrinsic interest for that activity. Much as a disgruntled American might actively seek to thwart a politician's chances of re-election, persons with retardation might more actively seek change and control in their lives if they have been trained and reinforced in a democratic process. Whether one accepts the democratic training's demonstrated superiority in some of the areas measured in this study or not, the democratic training method is the only procedure that should be used to train mentally retarded persons to become self advocates, because if the group's leader functions as an authoritarian model, the goal of teaching group control and group decision making will not be attained.

Implications of the Study

From this study one should ask whether there are implications that consumer advocacy within group homes of mild and high moderate retarded adults could be a positively experienced, feasible endeavor with possible habilitative value. These implications are discussed on the assumption that the data from this study might generalize to other groups of retarded persons.

If the subjects' evaluations are reliable and valid, then a consumer advocacy training program might be perceived as enjoyable and helpful to the participants. This does not indicate that the process of consumer advocacy apart from the training sessions would
be positively perceived. All of the subjects hoped that their groups would continue meeting after the training.

These groups seemed very capable of meeting as consumer advocates to consider mutual problems. The groups demonstrated the ability to perform the basic logistical matters of a meeting by the end of the training. The groups could record minutes using a tape recorder, and all of the groups had at least one member who owned a tape recorder. The groups were able to vote appropriately, and many knew what an agenda was after the training.

All of the groups improved after the training in the ability to discuss problems which affect the group. Upon completion of the study the subjects perceived that groups of people were better able to plan how to solve problems than individuals, citing such reasons as the group has greater knowledge and information to draw from. This implies that they were aware of the benefits a consumer advocacy-type group might have in dealing with some identified group problems. Furthermore, group decisions made during the training appeared to be socially mature solutions, able to remedy the particular problem or concern. Even though many of the individually suggested alternatives indicated poor judgment (e.g., bathe people in institutions), the group decision eliminated these individual alternatives.

The range of group problems discussed in these meetings suggests a need for some type of on-going group action at problem-solving. A list of all the group problems raised and the number of groups expressing the problem follows:
-Getting a good job outside the workshop (3 groups),
-Stealing in the group home (3 groups),
-Getting along with each other in the group home (2 groups),
-Having to do the "dirty work" for the staff (1 group),
-People failing to do their chores (4 groups),
-Overuse of the television by certain residents (1 group),
-Overuse of the telephone by certain residents (1 group),
-People in the community making fun of the subjects (3 groups),
-One of the members complaining all the time (1 group),
-Getting yelled at by the staff (1 group),
-Being distracted by fellow employees at work (1 group),
-Heterosexual problems (1 group),
-Residents impinging on other's privacy in rooms (1 group),
-Smoking in group meetings (1 group),
-Group public behavior (1 group),
-Concern for the well being of people in institutions (1 group),
-Being able to sleep late on Saturdays (1 group),
-Group home needing paint (1 group).

How representative these group problems are of other similar group home residents is an empirical question. The majority of the problems involve the group home daily functioning and could be dealt with by policy change. The remaining six problems involve the community; such as vocational opportunities, the public's attitudes towards the retarded, and the plight of their fellow clients in large state-owned institutions. These are three of the issues that were addressed at the People First conference of retarded individuals (Heath, Schaaf, & Talkington, 1975) as well as at the White House Conference on Handicapped Individuals in May of 1977 (WHCHI, 1977). One subject communicated his knowledge, though distorted, of the negative community attitudes effecting the progress of establishing group homes. He stated that "people don't want our kind hurting their property value." This person explained that he was not going to do anything to hurt their property.
Speculation about the habilitative value of consumer advocacy within group homes involves evaluating the improvement of the subjects in certain abilities which might benefit independent living. The consumer advocacy training program increased the subjects' abilities to assertively refuse to sign a non-meaningful petition. If this should generalize to other situations it would make them less vulnerable to exploitation in the community. The groups also improved in their recommendations concerning a group home resident who returned home drunk. If this consumer advocacy question represents a decision making ability, as Heller (1978) stated, then it follows that the growth of socially mature decision making skills should improve the quality of their lives in the community. Furthermore, believing that group decisions are better for solving problems may be important for mentally retarded persons' success in the community. This belief might encourage the retarded person to seek out groups for support and recreation, as most people do. The individual could seek the group's aid in making important decisions.

Even if the consumer advocacy training program would not encourage consumer advocacy beyond group home limits, the potential habilitative value for the group justifies such training. If clients increased their abilities to interact and remain on-task during meetings, they could better begin to deal with the concerns they share. Because the subjects strengthened their abilities to describe problems shared by the group, they should be better able to get beyond their own viewpoints "into the shoes of others." As the group would learn to function
more independently and make more effective decisions, the process of
decision making and problem solving could be learned. The group
could serve as a model for independent decision making to a group of
individuals who have often acquired learned helplessness. The group
would teach the individual certain coping strategies. Even though
subjects might at times vote for their own idea rather than another
person's, this behavior would not be atypical of the rest of our
population: Consider, for instance, scientists who may defend their
theories without openly responding to contradictory data and new ideas.

During the group communication posttest assessment period, each
group was asked to discuss decisions they felt they should be allowed
to make. A partial list was recorded as follows:

- Being able to budget money as needed,
- Being able to come and go as they please,
- Being allowed to go home whenever desired,
- Being able to have pop when desired,
- Having new furniture for the house,
- Being able to use the phone at all times,
- Being allowed to have a party whenever wanted.

The ability of the group to independently consider some of these
matters might be challenged; although others seem to be problems
which the group could and should consider. The list represents the
desire to have greater control of their lives, and this whenever
possible should be reinforced. The maturity of decisions and conse-
quences should improve as a function of experience.
Changes in the Manual

As a result of the study, several changes in the democratic consumer advocacy training program manual (see Appendix A) are recommended before its use in further studies. An integral part of the training program manual should be the pre- and posttest measures used for this study (except for consumer advocacy competency question 3). These measures would help the trainer manage the group by the objectives. The measures would provide some accountability standards for the training program, sufficiently motivating the trainer to encourage positive results from the subjects. The quality of life and locus of control measures need to be improved so that they are more reliable measures before being used.

During meeting 4, while discussing the role of a leader, it might be beneficial to describe and give examples of two types of leaders, authoritarian and democratic. Several of the leaders chosen in meeting 13 were authoritarian at first, suggesting that the subjects had the concept that a leader is someone who bosses the group rather than facilitates the group discussion.

The television situation in meeting 7 should be changed to "trying to change the curfew hour." The residents in the study had no restrictions upon staying up late to watch television, but they often had curfews.

During the assertiveness training sessions, having role played the various situations, attempts should be made to relate the situation to real life occurrences. For example, during the period at Christmas time when the group was to learn to say "No" appropriately, the facilitator
effectively pointed out how difficult it was to say "No" to all the charitable organizations.

Beginning with meeting 10, when problems are shared, the facilitator should ask the group whether the problem is an individual or a group problem/concern. To determine this, the group members should raise their hands if they also have the problem described. When a majority of the members raise their hands, the leader would explain that the problem is a group problem. During this study the groups typically required three or four problems before they could readily determine from the hand raising whether it was an individual or group problem.

The instructor should discuss with all the staff before and towards the end of the training exactly what the program involves. The word "consumer advocacy" would have little meaning to most direct care staff. Topics to discuss include the training objectives, and should highlight the decision-making competency. Group decision making merely begins with training, and the staff must reinforce appropriate group behaviors. The staff must not change a decision despite their judgment concerning its appropriateness, because it is important for the group to experience the consequences of decisions and learn to change decisions which produce undesired or ineffective consequences. Incorporating the advisors of the resident's council meetings into the training would also be beneficial. The advisors should encourage the group home representatives to bring back concerns which are discussed in their home meetings. This begins the channel
for larger scale consumer advocacy into the community.

Finally, the elected leader of the group should conduct several meetings while the instructor observes and provides feedback. In the current consumer advocacy training program the leader did not have practice at meeting independently, from development of an agenda through the adjournment of the meeting. The instructor should also attend at least two sessions scheduled by the group after the final training session (i.e., number 17).

Recommendations for Future Research

Consumer advocacy is a new field of research for mentally retarded individuals, and data are needed. Several suggestions have already been noted for further research. Additional research questions which arise from the current study will be discussed in this section.

One question concerns what effects the consumer advocacy training program would have if there were a greater number of groups. The current study can say little about what would occur for other retarded individuals in group homes within and outside of Franklin County, Ohio.

The true effectiveness of the training program might best be confirmed by observing the groups for a year following the training. The number of times the groups meet as well as changes in the subjects' qualities of life and loci of control should be assessed, but with more reliable instruments.

One might question whether consumer advocacy groups using this study's measures are significantly different from retarded persons
who are not participating as consumer advocates. This might produce
differences attributable to persons who independently became consumer
advocates rather than under the forces of a study. If an "effective"
consumer advocacy group of retarded individuals were found, a valida­
tion of the measures could also be conducted. Hopefully the effective
group would score high on the consumer advocacy competency questions.

This study's attempt to develop a quality of life measure should be extended. The relation between retarded individual's perceived
quality of life and locus of control may be interesting. Are more
internally locus of control persons with mental retardation more
happy than externally controlled persons, or is there no direct
relationship?

Summary of the Study

This study was an investigation of a relatively new field of research concerning retarded individuals and consumer advocacy.
Consumer advocacy refers to the handicapped person as a consumer of
social services becoming actively involved in policy decisions and
the management of services which meet her or his needs. Agency
policies as well as legislative demands are rapidly fostering
consumer advocacy participation by the handicapped person. In
Oregon there are the beginnings of a statewide effort for mentally
retarded adults to become consumer advocates.

In an effort to help mentally retarded persons become effective
consumer advocates, a training program has been developed. Four
groups of 6 to 8 high moderately to mildly retarded adults were
randomly selected from five group homes in Franklin County, Ohio,
and were randomly assigned to receive either a democratically or an authoritarianly conducted program. Four general training components with accompanying competency statements made up the training model: Effective group functioning, Self assertiveness, Problem/concern communication, and Problem solving/decision making skills. The study sought to determine which consumer advocacy competencies improved, and whether consumer advocacy had a positive effect upon the retarded subjects' perceived quality of life and locus of control. The superiority of the democratic versus authoritarian training was also tested.

The results of the study revealed no superiority because of democratic training on the consumer advocacy competency questions. For all groups, there were significant increases in the subjects' abilities to 1) express group problems, 2) explain why a group can better make decisions than an individual, 3) refuse to sign a non-meaningful petition, 4) provide a more socially mature decision concerning the problem of a fellow resident returning to the group home drunk, and 5) define an agenda. The groups did not differ significantly in their perceived quality of life or locus of control mean scores from the pre-to the posttesting.

The four training groups demonstrated greater on-task and interactive verbalizations during a 15 minute discussion on what decisions they'd like to make in their homes after the consumer advocacy training program. The democratically trained groups appeared to increase these verbalizing behaviors more than the authoritarian groups. When presented with a $25 grant, both of the democratically
trained groups sought the opinions of each member, decided upon a use for the money that benefited the majority of the members without help from the staff, and spent the money for a use that involved the group functioning together. One of the authoritarianly trained groups decided upon a use for the money during a staff meeting and the other one had not decided upon a use for the money two months after the training had been completed. The subjects' evaluations of the training were very positive, expressing a unanimous hope that the groups would continue to meet. Both democratic groups have met at least once in the two months following the training.

These results tentatively suggest that the mentally retarded adults in group homes can be trained to utilize consumer advocacy skills and that they can be encouraged to work as a group to decide how they would like to solve the group problems and concerns. The retarded individuals did appear to arrive at more effective and mature decisions as groups than as individuals. Similarly, the gains shown for the consumer advocacy competencies imply that this type of training and group functioning has habilitative importance for other mentally retarded individuals in group homes. The ability to better realize the need for group decision making as well as the ability to better communicate group problems are two competencies that increased with training. These abilities would potentially help the group function and cope with their problems and concerns. The decision making process which the consumer advocacy group followed might serve as a model for the individuals' decision making process.
Several group problems (i.e., problems expressed by a majority of the group) were common of three or four groups. One was the concern of obtaining a good job outside of the sheltered workshop. Another group problem was people making fun of the residents, often calling them "retards." Most of the groups expressed a problem of stealing within their home and of people failing to do their assigned chores.

Further research is needed to substantiate the findings. More groups having a widespread population should be utilized in order to generalize the results. The measures developed should be tested for validity with existing effective consumer advocate groups.
BIBLIOGRAPHY


APPENDIX A

CONSUMER ADVOCACY DEMOCRATIC TRAINING PROGRAM

Manual

© David T. Smith, Columbus, Ohio, 1979
The following is a manual which details the training program that is intended to develop more effective group meeting behaviors for adult mentally retarded individuals who are attempting to identify and change problems in their daily lives.

The training program has four basic components (see Figure 2): (1) Effective Group Functioning, (2) Self Assertiveness, (3) Problem/Concern Communication, and (4) Decision Making/Problem Solving Skills. Each of the four components has one or more competency statements (see Table 2) which determine the objectives that need to be trained. The four training components were derived from theory, research, and anecdotal information about attempts at forming similar groups in the Columbus, Ohio, area.

"Problems" is a general term, and the group being developed by the training program will deal with problems ranging from interpersonal adjustment to staff grievances. According to Gagné (1965), problem solving is a method of learning which requires the learner to discover a higher order principle without guidance and to generalize the principle to an entire class of stimulus situations embodying other problems of the same type. The training program attempts to help the individuals as a group discover ways to solve the problems they face.

The first training component was developed when it was reported from similar groups that the retarded adults need to have some training in effective group functioning. Minimal competencies
seemed to be in the areas of meeting structure, voting, leader functions, group versus individual power, and listening skills.

D'Zurilla and Goldfried (1971) propose five stages in the process of problem solving: (1) general orientation, (2) problem definition, (3) generation of alternatives, (4) decision-making, and (5) verification or feedback. Along with this paradigm, the third training component of Problem/Concern Communication was seen as important. The training includes having the group accept that they have individual and group problems, and then to be able to clearly define them.

The fourth training component of Decision Making/Problem Solving Skills roughly corresponds to D'Zurilla and Goldfried's third, fourth, and fifth stages. The group needs to be able to brainstorm (Osborne, 1963) possible solutions and come to a decision on the best solution. Heller (1978) has shown that group decisions by mentally retarded adults are superior in feasibility and maturity than individual decisions. The present training attempts to encourage such a phenomenon for the group. The training has the group also take action on their decisions, so that feedback on the consequences can be directly experienced. This is viewed as part of the verification process that is a key to the learning of effective problem solving.

The second area of training, self assertiveness, was considered necessary for groups of retarded adults, who have been shown in research to demonstrate passivity and helplessness in problem situations.
The decision of a viable solution to a problem lacks any benefit unless the group will assertively seek to have it implemented. The goals of the self-assertiveness training were taken from parts of Rosen and Zisfein's (1975) assertive training package within their Personal Adjustment Training program. The actual techniques were modified for the present group purposes.

The instructional methods for the training program include modeling, role playing, and positive reinforcement of appropriate responses. Bandura's (1969) social learning view has shown that the behavior of models can serve as a discriminative cue that will guide the individual's behavior in the same situation.

According to Corsini (1966), role playing is an ideal method of learning as it involves the person in thinking, feeling, and behaving. Role playing has been widely used in working with groups of mentally retarded adults. Buchan (1972), for instance, described several ways to use role playing with educable mentally retarded students.

This manual presents the training program in 16 different sessions. Session 17 involves challenging the group with a task that they must work on together, and explaining that their training is complete. The main intent of the task (what to do with $25.00) was to provide an additional measure of the group's effectiveness in comparison to another similar group without the training. However, the task itself may be viewed as another important part of the training program, acting like a superordinate goal (Sherif, 1961). In other words, when faced with a common goal individuals often become
compelled to participate as a group in solving the common problem.
In a sense, this task might add the binding factor that is necessary to give the individuals a feeling of an interdependent group.
I. Meeting 1. Introduction to purpose of the group.

A. Purpose

Once the group has assembled each person should say his/her name, beginning with the facilitator. The facilitator should then proceed to explain the purpose of the group:

"This group will meet twice each week for one hour from _____ to _____ on _______ and _______. The reason you are meeting as a group is so you can begin to solve some of the daily problems and complaints that the group has. In other words, this is to be a group that will try to make changes in the situations that effect you.

As a group, you folks should be deciding on how you would like to live and work and be treated. Raise your hand if you would like to be able to help decide what happens to you. I'm here to help you learn how to work better as a group to make these decisions about your lives. Are there any questions?

Before we begin, I'd like you to see a movie that explains what people like us in other places are doing in groups."

B. Film

The film "People First" should be shown. Ask for comments or questions about the film.

The house administrator should be introduced at this point. This person should verbalize an interest in the group's ideas and explain that she/he will be willing to work with them in the future to change reasonable problems that they have. They should be welcome at future meetings.

C. Rules

The instructor should complete the first session with a discussion as follows:

"Before we start, how many think we should have some rules that we'll follow at each meeting? Raise your hand if you think we should have some rules." If the group agrees, then ask them what rules they should have. Minimally, have the group vote on one rule: Only one person talks at a time."
At the end of the meeting, the group should be told:

"Remember, the next meeting will be on _______ at _____ in the same place. I'll see you then."

II. Meeting 2. Group Functioning Training

A. Attention Training

Warn the group that you will be making sure that everyone is listening to each other today. During the meeting, randomly ask the listeners to repeat what the speaker was saying. Praise correct listening.

B. Agenda Training

Ask the group what an agenda is. Reinforce answers that are close to the idea that an agenda provides the topics of the meeting's discussion. If no one gives an answer, explain that an agenda tells what the meeting will discuss. Explain that an agenda should keep the group on the same topic of discussion. Ask each person what an agenda is. Reinforce appropriate responses and correct any errors. As an example, tell the group that the agenda for today's meeting is to discuss:

1) What an agenda is, and
2) How to take minutes.

Mention that when someone starts talking about something else not on the agenda, the group should stop them. Give them an example, such as if someone today should start talking about last week's football game.

C. Minute Taking Training

1. Ask the group what the minutes of a meeting are. Reinforce any responses that are close to the idea that minutes provide a record of the meeting's discussion and decisions. That way, if you forget what was talked about, you have a record of it.

2. Ask the group to raise their hands if they think that it is important to keep minutes. Then ask why. Reinforce ideas such as:

   - Minutes let you know what was discussed,
   - Minutes remind you of any decisions made.

3. Explain that minutes are usually written on paper. Explain that since everyone cannot read, we need another way to record the minutes. Ask the group how they might record what went on during a meeting. Get them to vote on agreeing to use a tape recorder at the end of a meeting. Model the way minutes for today's meeting should be given. Say:
"Today is __________. We talked about what an agenda is, and then we talked about minutes. The next meeting is ______ at _______."
(This should be the structure of all minutes in the future, i.e., date-topics of discussion-next meeting date). Have each of the members turn on and talk into the recorder giving the same minutes. Let them play it back.

III. Meeting 3. Group Functioning Training

A. Minutes

As the group what was discussed at the last meeting. If they forget, ask them if they know how they can remember. Use the minutes tape to remind them of the last meeting.

B. Agenda

Say "The agenda item for this meeting is voting."

Ask several of the members what we will be talking about at this meeting. Reinforce correct responses of voting.

C. Instruction on Voting

1. Ask the group to discuss what voting is. Reinforce and emphasize the following:

   - majority wins, or most people who feel a certain way,
   - fairness, everyone becomes a part of the decision,
   - desire of group emerges.

2. Ask that those who would like to have something to drink at the next meeting to raise their hands. Ask that those who don't want something to drink at the next meeting to raise their hands (the sum of the two votes should equal 100 percent of the people). Correct any double votes or no responses by directly asking the person the question. Then repeat the vote until the sum of the votes equals 100 percent. Ask each person, "What did the group decide about whether or not to have a drink?"

3. Ask for possible suggestions about what they will have to drink at the next meeting (non-alcoholic). When two or three suggestions have been made, announce that there will be a vote to determine the drink. Ask someone to be a recorder of the votes. Ask the recorder to draw a picture of the two or three suggestions at the top of the page, and to place a mark below the drawing depending on how many people voted for the drink. Clearly state the options, and that each person can only vote once. Ask "those who would like to have
to drink next meeting, raise your hands." Continue this for each option, making sure that all vote and no one votes twice. Help the recorder in his markings as needed. At the end of the vote ask each person what choice won. If there is a tie, ask the group what they need to do. If the group decides to vote again, have a re-vote on the two or more that tied. If some of the group suggests that both drinks should be brought, have a hand vote to determine if this is the will of the group.

D. Minutes

Ask several to record the minutes again using the tape recorder. Model again as follows:

"Today is __________. We discussed how to vote. We voted on having __________ to drink at the next meeting. Everyone must bring a glass. The next meeting is __________ at _____.

IV. Meeting 4. Group Functioning Training

A. Minutes

Ask what was discussed at the last meeting. Play back the tape of the minutes. Have the group vote when they want the drink, at the beginning of the meeting, or at the end.

B. Agenda

Say "The agenda for today is 1) Talk about why a group is good, 2) Talk about what a leader is, and 3) Have our drink (order depends on vote)."

C. Have the drink, depending upon when voted on by the group.

D. Advantages of Group Decisions

Ask the group to consider the following situation: "Pretend that your group home is in the process of making rules that you have to follow. Is it better to have the entire group help decide on the rules, or just one person decide?" Have a vote on each option. Then have a discussion on why the group is better. Reinforce and emphasize:

1. The group has more knowledge than the individual,
2. The rules will effect all, so all should participate, and
3. The individual might think only of himself, not the group's interests.
E. Group Power Discussion

Ask the group to pretend that they as group home residents are not allowed to have a friend over to visit. Have a vote on whether it would be better for the entire group to try to change this rule, or just one person. Discuss why the group is better, reinforcing and emphasizing:

1. The idea that numbers of people carry weight, and
2. When most of the people feel a certain way about something, people are more likely to believe them. It shows that it is a problem.

F. Leadership Discussion

Ask the group who the leader of this group is. Ask them what the purpose of a leader is. Reinforce and emphasize:

1. Guiding the group,
2. Speaking for the group at other meetings, and
3. Making sure the group does its job.

Ask them if in future meetings they would like to choose a leader among themselves to replace me. Ask them what that leader will have to do. Make sure that they consider:

1. Making the agenda,
2. Having the minutes done, and
3. Guiding the group.

G. Vote on Drink

Ask those who would like to have something to drink at the next meeting to raise their hands. Continue to vote on what it will be. Always have the group determine the outcome of the vote.

H. Minutes

Ask the group to nominate who will give the minutes this week. Based on their decision, help the person as needed.

V. Meeting 5. Assertiveness Training

A. Minutes

Ask the group what was discussed at the last meeting. Play the minutes.

B. Agenda

Say "Today's meeting agenda items are - Assertiveness to Training - Drink (vote when to have it)."
C. Introduction to Assertiveness Training

Explain that the next four meetings will be on training the group to be more assertive. As an introduction and explanation of assertiveness, have the group discuss the term. Ask what it means, then define it as the ability to say what you really feel to your boss, your house administrator, policeman, or others. It is being able to state your true feelings and needs to other people. Give examples of it. Discuss why it is important for a group like this to have assertiveness. Reinforce and emphasize:

1. For implementation, as you must carry out decisions,
2. For change (must confront authority), and
3. To give group clout, must not let people walk over us, or take advantage of us.

D. Expressing needs and desires

The purpose of this activity is to teach appropriate times and effective means of expressing wants and preferences (e.g., wanting and asking for). Modeling and role playing will be the didactic techniques used to increase this assertive skill. The instructor should explain that the group will be doing some role playing. Ask if anyone has done this before. Explain that it is like acting in a play. Each person will have a part to play. This will hopefully give you practice in how you should act if the same or a similar situation comes up. Tell them, "Let's have fun too!"

1. Wanting/asking for situations: Have the members practice asking strangers for:
   - the time,
   - which way it is to High Street.

Have the individuals practice asking friends for:
   - help in finding something they lost (e.g., wallet)
   - lifting a heavy box.

Emphasize saying "please" and "thank you," looking the person in the eyes, speaking slowly, accepting rejection and trying again. The instructor will reinforce appropriate situations and model for those who act inappropriately.

E. Snack Decision

Ask the group to vote if they would like to have a snack at the next meeting. If a majority raise their hand in favor, then ask them what they would like the facilitator to bring (under $5.00). As time permits, have a recorder mark the votes and have the group decide what they would like to eat.
F. Minutes

Ask the group to nominate who should record the minutes (encourage new people each meeting). Help the person as needed. Make sure that the next meeting time is mentioned. Let that person be in charge of bringing the tape at the next meeting.

G. Drink

Serve the drinks either now or at the beginning as voted on by the group.

VI. Meeting 6. Assertiveness Training

A. Minutes

Ask the group what was discussed at the previous meeting. Have the minutes person play the tape.

B. Agenda

- Assertiveness practicing
- Snack (vote when to have it)

C. Initiative Training

The intent is to have the individual show leadership and self-direction skills. Have each person role play leading the group in a "Simon says-type activity." Explain that the group must do whatever the leader says for them to do. The instructor should model the desired activity at first. Possible directives could be:

- everyone make noise,
- everyone stand up,
- everyone follow me,
- everyone hold hands,
- everyone raise their hand.

D. Saying "no," Non-Acquiescing training

The purpose of this assertive skill training is to teach the individual to be able to say "no" in appropriate situations.

1) The instructor will go around the group asking various yes-no questions. Tell the individuals that they should respond either yes or no. Positive reinforcement of correct responses should occur, as well as correction of inaccurate responses. Possible questions are:
- Do you like people who steal?
- Do you like nice people?
- Do you like people who hit you?
- Do you like people who buy you things?
- Do you like to win money?
- Do you like to eat candy?
- Do you like to lose money?
- Do you like to get presents?

2) Then tell the group that you are going to ask them questions. If they think that it is wrong, they should say "no." Possible questions are:

- ________, go over to _____ and hit him/her.
- ________, go rob a bank tomorrow.
- ________, will you give me 20 dollars?
- ________, will you marry me? (No questions).
- ________, tell me something that _____ did bad recently.
- ________, sign this petition.
- ________, if you like people who steal, clap your hands.
- ________, go over to _____ and say "Hi."
- ________, will you be nice to me?
- ________, do you like people who are nice? (O.K. questions)
- ________, would you throw this paper away for me?
- ________, tell me how old you are.

E. Snack Decision

Again, ask if the group would like to have a snack by vote. Have them vote on what it will be.

F. Minutes

Ask for a volunteer (or group nomination if no volunteer arises) to do the minutes. Help the person as needed.

G. Snack

Serve the snack depending on when voted upon by the group.

VII. Meeting 7. Assertiveness Training

A. Minutes

Ask what was discussed at the last meeting. Ask for the minutes to be played back.
B. Agenda

- Assertiveness practicing
- Snack (ask the group to vote when to have it, beginning or end)

C. Assertiveness to Authority Figures

Say "Today we will be learning how to assert ourselves to authority figures. Who are authority figures?" (Examples are bosses, house managers, policemen.)

The purpose of this training is to decondition any fear of stating preference and personal opinions to authority figures. Different situations will be role played by the group, with the instructor modeling the situation first for the group. Any problems during the role playing should be again modeled by the instructor. The persons should be reinforced for clearly stated assertiveness, which is demonstrated in a non-threatening or hostile way. The goal is appropriate assertiveness, not rude or undeserving demands.

**Situation 1:** Have the individuals play themselves, and the instructor is to be the boss at a factory. They have been working hard for a long time. They are tired and need a break. The boss will go up to each and ask why he/she is slowing down. The appropriate response is that he/she is tired and would like a break.

**Situation 2:** The instructor plays the house/ward supervisor. The group has just decided that they would like to watch television until a later time than usual that night. Each member must take the part of the leader to ask the house manager this request.

**Situation 3:** The instructor is again the house manager. This time each person must play the role of complaining to the houseparent that the food has been poor lately. They should offer to help change this situation and suggest possible alternatives.

D. Snack

Have the snack depending on when the group agreed. During the snack, ask the group to vote if they would like to have a snack at the next meeting. Explain that the instructor will not be able to go get the snack this time, so someone(s) from the group must be elected to be in charge, and the money will be given to them. Ask the group who would like to volunteer for buying the snack. If a volunteer arises, ask the group to vote on accepting the person. If no one volunteers, ask the group to nominate members and have a vote. Then have the group vote on what the person should buy for a snack at the next meeting. Present the amount of money needed to the person.
E. Minutes

Ask for another volunteer to do the minutes. If no one agrees, ask the group to decide who should do it. Help the person recall what occurred during the meeting. Make sure that everyone is getting an opportunity to give the minutes.

VIII. Meeting 8. Assertiveness Training

A. Minutes

Ask the group "What do we always do at the beginning of the meeting?" The correct response is review the prior minutes and play back the tape, which should be done.

B. Agenda

- Assertiveness Practicing
- Snack (vote on when to have it)

C. Continuation of Assertiveness to Authority Figures

Say "Today we will continue to role play how to assert ourselves to authority figures, using different situations."

Situation 1: The instructor is again the house manager. This time, the individuals are to tell the instructor that they are doing more than their share of the housecleaning, and think that it is unfair that the others are not. A possible solution should be worked out between them.

Situation 2: The instructor will again play a salesman, this time in a store where a person is just looking around. The salesman will be persistent in trying to help the person. The individuals must be direct and straight forward in politely refusing help, explaining that he/she is just looking.

Situation 3: The instructor plays a police officer. The individuals are to play the role of suspects in a store robbery, as they happened to be nearby. They are taken in for questioning. The police officer asks questions in a way that would be putting words into the person's mouth (e.g., you robbed the store didn't you? You were standing nearby the store after the robbery because you were a part of the gang, weren't you? You are guilty aren't you? You have robbed other stores haven't you?...). The individuals should deny incorrect charges, ask the officer to clarify statements unclear, and otherwise be assertive in denying the charge.

D. Snack

Have the person(s) serve the snack depending on when it was decided. During the snack, ask the group to vote if they would like
to have a snack at the next meeting. Ask the group to decide on who will purchase the snack. Once the person(s) is (are) selected, have the group decide on what the snack should be. Present the amount of money needed to the person(s).

E. Minutes

Ask for a volunteer (or nomination if none) to do the minutes. Help the person as needed.

IX. Meeting 9. Problem/Concern Communication

A. Minutes

Ask the group "what do we always do at the beginning of the meeting?" The correct answer is review the prior meeting and play back the tape, which should be done.

B. Agenda

Ask the group what the next part of the meetings is before giving the agenda. Ask persons what the agenda means. Then give the agenda:

- Discussing Problems
- Snack (vote when to have)

C. Modeling Problem Communication

Say "Today we are going to talk about problems that we have. What is a problem?" If they are having difficulty with an answer, ask the group to recall when they were mad at someone in the group home last. Ask them to describe why they were mad. The situation can be changed to being mad at work or elsewhere as needed. Emphasize that problems make us mad. Because we are mad, we would like to change or fix the problem.

Say "Now let's start to discuss some of our problems that each of us might have. I'll start." The instructor will begin by expressing a problem or concern that he has in his daily living. An example should be given to clarify the problem. A good concern might be the problem of getting one's roommate/spouse to do their share of the chores. An example of a confrontation should be given.

D. Group Instruction

Say "O.K., now let's take turns with sharing or telling some of your problems." Ask them for clarification and concrete examples. After the person has given his problem, the instructor shall:
1. Repeat/rephrase the problem
2. Repeat the example or ask for one
3. Determine if it is a problem of many or just the person by asking others that have the same problem to raise their hands
4. Give positive reinforcement for clear legitimate problems, and
5. Make sure the problems are recorded

E. Snack

Have the snack depending on when the group voted. During the snack, ask the group to vote on whether they would like a snack at the next meeting. Have the group decide on someone to be in charge of buying it. Have this person get the group to vote on what snack it should be. Help them as needed.

F. Minutes

Ask for a volunteer (or the group to nominate one) to do minutes.

X. Meeting 10. Problem/Concern Communication

A. Minutes

Ask the person who did the minutes to start the meeting. Expect the person to make sure the group at least hears the previous meetings' minutes.

B. Agenda

Ask the group what the next part of the meeting is before giving the agenda:

- Discussing problems
- Snack (vote when to have)

C. Continue Problem Discussion as in IX-D.

Show movie from the Ohio Governor's Committee on Employment of the Handicapped called "Cripples Need Not Apply" (1960), which depicts problems in the life of a cerebral palsied, quadriplegic, mentally retarded, and a temporarily handicapped person.

D. Snack

Let the snack be served by the purchaser when the group voted it should be served. During the snack, ask the group to vote on whether they would like to have a snack at the next meeting. When a person has been selected as in charge, allow the person to have the group vote on what the snack should be. Present the money to the person.
E. Minutes

Ask for a volunteer or group nomination for the minutes. Make sure that every member has done the minutes at least once by now. Help as needed.

XI. Meeting II. Problem/Concern Communication

A. Minutes

Ask the person who did the minutes to start the meeting. Make sure the group at least hears the previous meeting's minutes.

B. Agenda—Ask the group what the next part of the meeting is before giving:
- Discussing Problems of the group
- Snack (vote when to have)

C. Common Problems

Ask the group to recall some of the problems that have been talked about in earlier meetings. Then ask them what problems are shared by a number of people in the group, which are common problems to the group. If the group does not respond to this question, then take some of the problems stated during the previous two meetings and ask members of the group to raise their hand if they too have this problem or feel this concern. When only one or two hands are raised, stress that the problem is only a concern to ________. But when many in the group raise their hands for a problem, stress that this is a group problem that is shared by the group. Ask them if the group should be trying to change individual problems (like name's) or group problems (like example).

Ask each person to give one of the problems that the group has in common. Reinforce and help them to be on task and clear. Examples might be: house chore responsibility, persons coming home drunk, wanting the house painted different color, wanting different meals.

D. Snack

Have the snack depending on when the group voted. During the snack, ask the group about what to do next time for a snack. Insist:

1. That they vote to have the snack
2. That they vote to elect someone to buy it, and
3. That the person elected gets the group to vote on what it should be.

E. Minutes

Ask the group to vote on someone to do the minutes. Help as needed.
XII. Meeting 12. Problem/Concern Communication

A. Minutes
   Ask the person who did the minutes to start the meeting. Make sure the group at least hears the previous meeting's minutes.

B. Agenda
   Ask the group what comes next before giving the agenda:
   - Group Problem Discussion
   - Snack (vote on when to have)

C. Group Home Problem
   Say to the members of the group, "Tell me a problem or concern that many people in your group home are having." Reinforce and help them to be on task and clear. Make sure that the answers are ones that influence the entire group, and not just a self problem. Problems that recur without solution should be highlighted. Try to get into new problem areas (e.g., house rules, curfew, visitation privileges, etc.

D. Snack
   Have the snack whenever voted upon by the group. Make sure that the group understands the outcomes of the votes by asking them when the snack should be served. During the snack, ask the group about what to do next time for a snack. Insist:
   1. That they vote whether to have the snack
   2. That they vote to elect someone to buy it
   3. That the person elected gets the group to vote what it will be.

E. Minutes
   Ask the group to vote on someone to do the minutes. Help as needed.

III. Meeting 13. Decision Making/Problem Solving Training

A. Minutes
   Ask who should start the meeting. Let the minutes person play the minutes of the last meeting.

B. Agenda
   First ask the group what follows minutes, then give the agenda:
   - Problems solving/decision making training
   - Voting on a leader, and
   - Snack (vote when to have).
C. Problem Solving/Decision Making Training

Explain that the other meetings discussed a lot of problems that the group was having, and that now we are going to try to discuss how to change those problems. Remind them that this is the purpose of the group.

Ask the group "Can the group come up with better ways to solve the problems, or just one or two people?" Ask why the group is better. Reinforce and emphasize:

- The group has more knowledge than the individual
- The decisions will effect all of you, so you should all help decide
- A person might think only of himself, and not the group.

1. Problem Identification

Have the group recall some of the group problems that were discussed earlier. Help them as needed. Then have them vote on two or three problems that were common to the group for which they would like to try and come up with a way to change the problem. Ask the group how they can decide which problem they'd like to work on. Reinforce the person who suggests that a vote be taken. Have a recorder of the votes and use symbols for the column to put the marks for each vote on a large sheet of paper. Clearly state the options, and then ask those in favor of trying to solve each to raise their hands. Always ask the group to determine the outcome of the vote.

D. Leader Election

Explain that "in a couple of weeks, I will not be around any more to be your leader. So one of you must be the leader to guide the group. Who would like to be the leader? Who does the group think would be good as their leader?" Have nominations and then a vote. This person will act as co-leader during the remaining training sessions with the instructor.

E. Snack

Have the snack whenever voted upon by the group. During the snack, ask the group who should be in charge of snacks for the next meeting. Present $3-$5 to that person and see what is done. Make sure that the person asks the group to decide what they would like for a snack, and that a vote is taken.

F. Minutes

Ask the group to vote on someone to do the minutes. Assist as needed. Be sure the problem voted upon is included. Be sure the leader elected is mentioned.
XIV. Meeting 14. Decision Making/Problem Solving Training

A. Minutes

Ask the leader who should start the meeting. Let the minutes person play the minutes of the last meeting. Ask the group what the problem is that was voted on by them.

B. Agenda

First ask the leader what follows minutes. Tell the leader the agenda ahead of time and ask him/her to tell it:

- Decision making training
- Snack (vote on when to have)

C. Decision Making/Problem Solving Training

1. Problem Identification

Review the problem voted upon at the last meeting.

2. Brain Storming

Explain to the group that "this portion of the meeting will be to try to come up with as many possible ways to change or fix that problem as possible. It is called brain storming. Think hard of as many different ways about what to do about the problem. Don't worry if you have what seems to be a dumb idea. No one should say whether another person's idea is good or not now. We'll decide that later. This is because even a bad idea could help someone think of a good one." Encourage responses and have them clarify if necessary the who, what, when, and where of solving it.

3. Discussion

Have the group make judgments on the various suggestions.

4. Group Decision on Solution

Clearly restate the choices and ask if any suggestions can be combined. Then have a vote to determine which solution seems the best. Have a recorder and follow the usual voting procedures. Ask the group what the vote outcome is.

D. Snack

Have the snack whenever voted upon by the group. During the snack, ask the leader to ask the group who should be in charge of snacks for for the next meeting. Present $3-$4 to the leader to give to that person and see what is done. Make sure that the person asks the group to decide what they would like for a snack, and that a vote is taken.
E. Minutes

Ask the leader to ask the group to vote on someone to do the minutes. Assist as needed. Be sure the solution has been recorded.

XV. Meeting 15. Decision Making/Problem Solving Training

A. Minutes

Ask the leader who should start the meeting. Ask why we have minutes and emphasize the idea of remembering what was decided and discussed at the last meeting is important. Let the minutes person play the minutes of the last meeting. Ask the group what the problem and its solution is as decided by the group.

B. Agenda

Tell the leader what the agenda is before the meeting. Ask the leader what the agenda should be. Help him/her realize that these are the two items:

- The group must take action on the decision
- Snack (vote when to have)

C. Implementation of Problem

Explain to the group that at this meeting we should try and decide how we can go about making sure that their solution to the problem is carried out. In other words, just saying what should be done (problem) is not enough. We have to plan and do what was decided.

Ask the group what the problem and its solution is. Have the members clearly re-state or develop the who, what, when, and where. Have the members decide (via vote) who should do what, when, and where. Make sure that everyone knows what his/her job is and what the others' jobs are.

Mention that these people should report back at the next meeting about their results. Explain that "sometimes you might find that what was decided by the group is not possible. When that happens, the group will just have to come up with another solution."

D. Snack

Have the snack whenever voted upon by the group. During the snack, ask the leader to ask the group who should be in charge of snacks for the next meeting. Present $3-$4 to the leader to give that person and see what is done. Make sure that the person asks the group to decide what they would like for a snack, and that a vote is taken.
E. Minutes

Ask the leader to ask the group to vote on someone to do the minutes. Assist as needed. Make sure that the actions that each member must take are recorded.

XVI. Meeting 16. Decision Making/Problem Solving Training

A. Minutes

Ask the leader who should start the meeting. Let the minutes person play the minutes of the last meeting.

B. Agenda

Tell the leader what the agenda is before the meeting. See if the leader will go into the agenda voluntarily. If not, ask, "Now what's next?" Assist as needed with the following agenda:

- Reports on action
- Decision making practice
- Snack

C. Reports on Action

Ask the leader to see what progress the members who were to implement the group decision made. Allow the group to discuss the results and plan future actions. Offer little guidance, other than insisting that they vote on any decisions.

D. Problem Solving Practice

Suggest to the group "that we practice making group decisions on some of the other group problems mentioned earlier." Have the group recall what they were, and help as needed. Have them vote on which to consider first, second, etc. Let the leader record the votes.

Then let them brainstorm and eventually narrow the possible solutions to two or three (see XIV-C). Again, have them vote on the best way to solve the particular problem, with the leader recording the votes. Continue as time permits. Ask what the outcome is.

E. Snack

Have the snack whenever voted upon by the group. During the snack, ask the leader to ask the group who should be in charge of snacks for the next meeting. Present $3-$5 to the leader to give that person and see what is done. Make sure that the person asks the group to decide what they would like for a snack, and that a vote is taken.
E. Minutes

Ask the leader to ask the group to vote on someone to do the minutes. Assist as needed. Make sure that the actions that each member must take are recorded. (The letter found at the end of this manual should be given to the group home administrators at this meeting.)

XVII. Meeting 17. Instructor's Departure

A. Minutes

Ask the leader who should begin the meeting. Let the minutes person play the minutes of the last meeting back.

B. Agenda

Tell the leader what the agenda is before the meeting. See if the leader will go into the agenda voluntarily. If not, ask, "Now what's next?" Assist as needed with the following agenda:

- $25.00 Grant
- Closing comments
- Snack

C. $25.00 Grant

Say to the group, "Since this is my last time meeting with you, I wanted to give the group some money since you were so good. Here is $25.00 which I'll give to you (leader) to be in charge of it. The group can do as you wish with it. I'd suggest that the group decide together as we decided on things in the past--by voting."

Discourage extended discussion at this meeting. Encourage them to decide at a future meeting.

D. Closing Comments

Say to the group, "We have been meeting now for about 8 weeks and have learned quite a bit. I think that this is a very good group. You have showed me that you are smart. You can make good decisions. You have a good leader, ________. There are a lot of group problems that you told me, and there will be others that come up. I will not be able to make it any more to your meetings. How many think that the group should still meet, maybe not every week necessarily, but every month maybe?" (Record the number of votes.)

Ask them what they can discuss at the meetings, reminding them of problems and deciding what to do with the $25. Have them vote on how often they will meet and when the next meeting will be. Tell them I'd like to come back and visit every once in a while. End by saying, "Remember, stick together as a group. All of you together can change things better than one or two alone."
E. Snack

Have the snack.

F. Minutes

Ask the leader to ask the group to vote on someone to do the minutes. Assist as needed. Be sure the person includes when they will meet next, how often, and that they need to decide what to do with the $25.00. Finally, make sure that the leader has all of the tapes of the previous 16 meetings' minutes.
To: Group Home Administrators

From: David T. Smith

Re: Completion of the Consumer Advocacy Training Program

I wanted to let you know that my group training will be ending on __________ for your home. On that day I will be presenting the group with their $25.00 grant. I'd like to stress that since this is a dependent variable for my study, please do not influence the group's decision on what to do with the money (please also explain this to your staff).

One of my goals has been for the group to continue to meet on their own and make decisions as necessary. If you feel that they are not fulfilling this goal, meet with their leader, __________, and encourage her (him) to assemble the group as needed. Try and work through this leader rather than trying to directly influence the group as a whole. Also, allow them to experience the effects of their decisions, no matter how socially mature they may seem. The greatest sense of personal control and decision making capacities will result.

Thanks for all your cooperation. Sometime after the posttesting and data analysis I'll be sure and get you a copy of my results.
GROUP TRAINING

CERTIFICATE OF COMPLETION

* Always take minutes
* Always have an agenda
* Always be assertive
* Always solve your own problems as a group
* Always vote on decisions

Good luck!

Dave Smith
APPENDIX B

Initial Letter Sent to ADD Group Home Administrators by ADD's Psychologist

To:  Greg, Kathy, Michael, Bill, Dot
From: Howard Cohen
Re: Training Clients in consumer advocacy skills

Dave Smith, a graduate student in psychology at OSU is working on his dissertation project and would like to test out some group techniques he has developed for teaching advocacy skills to mildly and moderately retarded adults. He would like to start four groups (6-10 residents per group) in our homes within the next few weeks. Both Andy and Ann are supportive of this project. Dave will be calling you up within the next couple of days to discuss the project with you. I am very much impressed with the training package and hope that you will be receptive to this project.

The training consists of 17 one-hour group sessions spaced over a period of eight weeks covering the following topics: Effective group training, self assertiveness, problem/concern communication, Decision making/problem solving. Two contrasting styles of training will be compared: 1) An authoritarian leadership style where the leader makes all group decisions, and 2) A democratic leadership style where the leader presents the same material but allows the group to participate in decision making. You may be interested in two of the ways Dave plans to evaluate the effectiveness of the contrasting training programs. First, on the final session, he will give the group $25 and wait to see how they decide to spend it e.g., split it up, 1-2 members take all, group project, etc. Second, he will follow up the training by monitoring whether or not the group continues to meet after completion of the training program.

This type of training would certainly better prepare residents to conduct their own house meetings and to more effectively represent their needs at such functions as the Resident Council. The project has been approved by the OSU Human Subjects Committee. Resident participation is completely voluntary. Each participant will be asked to sign a "permission form." We will receive a copy of the final report which will include a training manual on consumer advocacy skills. Thank you for your cooperation. Please feel free to call me at any time.

HC (copy of Dave's proposal is in my office)

cc: Andy Gyourko
Ann Brown
Cheryl Phipps
APPENDIX C

Permission Form

I consent to serve as a participant in the research on establishing groups which will discuss and try to solve some problems and concerns that me and my friends experience. I understand that the group will meet twice each week for an hour for about eight weeks. I understand that my name will not be used in any publication, that what I say will not be known to persons outside the group as coming from me, and that I can drop out at any time during the study.

This research is to be performed by or under the direction of Dave Smith and Dr. Barbara Edmonson. The nature and purpose of the research has been explained to me by Dave, and I understand that I can ask him any further questions that I may have.

Signed ___________________________
(Subject)

Date _____________________________

Witness _________________________
Reader of form

Date ____________________________

Investigator _____________________
David T. Smith

Date ____________________________

258 East 13th Avenue
Columbus, Ohio 43201
Home phone: 297-1835
Work phone: 422-6530

158
APPENDIX D

Principle differences of the authoritarian groups' consumer advocacy training program (see Appendix A for complete training program manual)

I. Meeting 1. Introduction to Purpose of Group

A. Purpose
The sentence in paragraph three was omitted: "Raise your hand if you would like to be able to help decide what happens to you."

C. Rules
Instead of voting on rules at the end of the meeting, the group was told that there will be two rules during each meeting:
1) only one person talks at a time,
2) no one should discuss what was talked about at the meeting unless told to.

II. Meeting 2. Group Functioning Training

No Differences

III. Meeting 3. Group Functioning Training

C. Instruction on Voting
2. Instead of having the group practice voting by determining what they will have to drink at the next meeting, they practiced voting by being asked their opinions on various subjects (e.g., all those who like Jimmy Carter raise your hand, all those whose favorite color is red raise your hand, etc.). Tell the group that a drink will be brought at the next meeting.

IV. Meeting 4. Group Functioning Training

A. Minutes
The group did not vote when to have the snack, but were told that it would be at the end of the meeting.

D. Advantages of Group Decisions
No vote was taken
E. Group Power Discussion
No vote was taken

G. Vote on Drink-omitted
The group was told that a drink will be brought at the next meeting.

V. Meeting 5. Assertiveness Training

B. Agenda
No vote taken on when to have the drink.

E. Snack Decision-omitted
The group was told that a snack will be brought to the next meeting.

F. Minutes
Rather than having the group nominate who would do the minutes, a member was simply assigned, making sure that new people are chosen each time.

VI. Meeting 6. Assertiveness Training

B. Agenda
No vote taken on when to have the drink.

E. Snack Decision-omitted
The group was told that a snack will be brought to the next meeting.

F. Minutes
Rather than having the group nominate who would do the minutes, a member was simply assigned, making sure that new people are chosen each time.

VII. Meeting 7. Assertiveness Training

B. Agenda
No vote taken on when to have the drink.

D. Snack
Presented one of the group members with $3.00 and asked him or her to supply the snacks for the next meeting.

E. Minutes
Rather than having the group nominate who would do the minutes, a member was simply assigned, making sure that new people are chosen each time.
VIII. Meeting 8. Assertiveness Training

B. Agenda
No vote was taken on when to have the snack

D. Snack
Presented one of the group members with $3.00 and asked her or him to bring a snack at the next meeting.

E. Minutes
Rather than having the group nominate who would do the minutes, a member was simply assigned, making sure that new people are chosen each time.

IX. Meeting 9. Problem/Concern Communication

B. Agenda
No vote was taken on when to have the snack

E. Snack
Presented one of the group members with $3.00 and asked to bring a snack at the next meeting.

F. Minutes
Rather than having the group nominate who would do the minutes, a member was simply assigned, making sure that new people are chosen each time.

X. Meeting 10. Problem/Concern Communication

B. Agenda
No vote was taken on when to have the snack

D. Snack
Presented one of the group members with $3.00 and asked to bring a snack at the next meeting.

E. Minutes
Rather than having the group nominate who would do the minutes, a member was simply assigned.

XI. Meeting 11. Problem/Concern Communication
B. Agenda
No vote was taken on when to have the snack.

D. Snack
Presented one of the group members with $3.00 and asked to bring a snack at the next meeting.

E. Minutes
Rather than having the group vote on who should do the minutes, a person was assigned by the leader.

XII. Meeting 12. Problem/Concern Communication

B. Agenda
No vote was taken on when to have the snack.

D. Snack
Presented one of the group members with $3.00 and asked to bring a snack at the next meeting.

E. Minutes
Rather than having the group vote on who should do the minutes, a person was assigned by the leader.

XIII. Meeting 13. Decision Making/Problem Solving Training

B. Agenda
No vote was taken on when to have the snack.

E. Snack
Presented one of the group members with $3.00 and asked to bring a snack at the next meeting.

F. Minutes
Rather than having the group vote on who should do the minutes, a person was assigned by the leader.

XIV. Meeting 14. Decision Making/Problem Solving Training

B. Agenda
No vote was taken on when to have the snack.
D. Snack
Have the leader give the money to whoever he wishes to get the snack for the next meeting.

E. Minutes
Ask the leader to get someone to do the minutes.

XV. Meeting 15. Decision Making/Problem Solving Training

B. Agenda
No vote was taken on when to have the snack.

D. Snack
Have the leader give the money to whoever he wishes to get the snack for the next meeting.

E. Minutes
Ask the leader to get someone to do the minutes.

XVI. Meeting 16. Decision Making/Problem Solving Training

B. Agenda
No vote was taken on when to have the snack.

E. Snack
Have the leader give the money to whoever he wishes to get the snack for the next meeting.

F. Minutes
Ask the leader to get someone to do the minutes.

XVII. Meeting 17. Instructor's Departure

B. Agenda
No vote was taken on when to have the snack.

F. Minutes
Ask the leader to get someone to do the minutes.
APPENDIX E

Data Sheet

Group Home ____________ I.D. Number ____________ Date ____________

Consumer Advocacy Competency Questions

1. ____________________________________________________________

2. ____________________________________________________________

3. (Circle One) Yes Don't Know No

4. ____________________________________________________________

5. ____________________________________________________________

6. ____________________________________________________________

7. (Circle One) Said Jail Said Warn (Circle One) Vote Jail Vote Warn

8. ____________________________________________________________

9. (Circle One) Signed Petition Didn't Sign Petition

10. ____________________________________________________________

Quality of Life (Check One)

(Agree) (Disagree) (Don't know)

1. __ __ __

2. __ __ __

3. __ __ __

4. __ __ __

5. __ __ __

Locus of Control (Circle One)

1. Yes No 6. Yes No 11. Yes No 16. Yes No 21. Yes No

2. Yes No 7. Yes No 12. Yes No 17. Yes No 22. Yes No

3. Yes No 8. Yes No 13. Yes No 18. Yes No 23. Yes No

4. Yes No 9. Yes No 14. Yes No 19. Yes No

5. Yes No 10. Yes No 15. Yes No 20. Yes No
APPENDIX F

Individual Pretest/Posttest Measures

1. Suppose someone gave $500 to your group home. How would you plan to have it spent?

Rate the quality of response on the degree of detail, organization, and elicited cooperation in the place of residence. A highly rated response would be one that elicited the opinion of the group, benefits the residents in general rather than a few, and would show consideration of long-term effects.

2. Tell me a problem or concern that you are having either at the group home or at work. Explain it so that it is clear to me.

Rate the quality of response on the degree of detail, demonstrated organization, and cause for concern. A highly rated response would include details, clarity, legitimacy for the individual's concern, and seems to be a recurrent problem rather than something that happened only once.

3. You like people to steal money from you, don't you?

Rate 1 if he/she responds yes, 4 if he responds don't know, and 7 if he responds no.

4. Tell me a problem or concern that many people in your group home are having. Explain it so that it is clear to me.

Rate the response according to its degree of detail, organization, and influence on the entire group rather than just the individual. A highly rated response is one that is clear, detailed, would effect the residents in general rather than just specific individuals, and seems to be a recurrent problem rather than just something that happened only once.

5. Can one person all by himself make better plans to do things about a problem or do groups of people make better plans to do things about a problem? Why?

Rate 1 if the response is individuals, 4 if the response is don't know, and
7 if the response is groups. Rate the response to Why? according to the degree that the person indicates understanding of group decisions and the fact that greater knowledge is shared by a group of people. A highly rated response is one that realized that groups have a number of people that can share more ideas and information than one person.

6. When there is a problem in your home, tell me why the entire group is better able to fix the problem or have things changed that are bad, rather than only one person?

Rate the response according to the degree that it acknowledges group power, ability of a group to draw attention, and recognition that there are more people to do tasks. A highly rated response would include the idea that "numbers talk", and people in authority are more likely to believe a group than single persons.

7. Do you think that people who steal should be sent to jail or be given a warning not to do it again?

Now, if you think that a person who steals should be given a warning not to do it again rather than sent to jail, raise your hand.

Rate the person on the degree of accuracy of his/her vote. Rate 1 if the person voted opposite from the response to the first question, 4 if there was no response, and 7 if the person voted with the same answer as responded to on the question verbally.

8. What should be done about someone living in your home (apartment) who comes home drunk?

Rate the response according to the degree of social judgment. A highly rated answer would be one that included specific recommendations that were logical, preventative, fair, considers the group and not only the individual, and showed consideration of the who, what, when, and where necessary to implement the recommendation.

9. I'd like you to sign this petition please.

Rate 1 if the person signs the petition, 7 if the person refuses to sign it.

10. What is an agenda?

Rate 1 if the person does not know or gives an incorrect answer, 4 if the person says that it has something to do with a meeting, and 7 if the person answers something to the effect that it gives what will be talked about at the meeting.
APPENDIX G

PETITION

We, the undersigned, believe that Ohio Senate Bill 832 should be repealed.

[Signatures]

[Names]

[Names]

[Names]

[Names]
APPENDIX H

Criteria for Rating Group's Use of $25.00

Check each statement that applies and total the checks for each group.

1. The group sought the opinions of each member

2. The group decided upon a use of the money that benefited the majority of the group.

3. The group spent the money for a use that cost approximately $25.00.

4. The group spent the money with little help from the staff.

5. The group spent the money for a use that involves the group as they function together (e.g., party, house supplies), rather than for a use that benefits the individual only (e.g., divide the money up equally to do as each pleases).

6. The group spent the money in a way that you would approve.
APPENDIX I

Rating Criteria for Subjective Competency Statements

1) 

- Benefits individual
- Don't know or irrelevant response
- Non-detailed
- Well-defined, long-term effects considered
- Group makes decision

2) 

- Don't know or irrelevant
- Person doesn't include self in problem stated
- One time, non-recurring problem or no problems now
- Vague
- General statement of real problem
- Recurrent real problem stated in detail

4) 

- Don't know or irrelevant response
- Individual problem
- Affects only small part of group
- Detailed or general statement for entire group
- Vague
- Well explained, detailed explanation

5) 

- Answered Individual to 5A
- Answered group to 5A
- Detailed
- Don't know
- Vague or unclear
- Group more ideal
- Group makes better decision

169
APPENDIX J

Quality of Life Questions

Directions: Ask each person to say yes if the question is true for the, and no if the question is wrong about them.

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Is your name Jimmy Carter?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Are you happy with your life right now?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you do mostly boring things now?</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Do you expect interesting and good things to happen to you in the future?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is there much hope for people like you?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do you like the people that you live with?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key: Score two points for each response marked X, one point for each response marked don't know, and zero points for any remaining response.
APPENDIX X

Locus of Control Questions

Scoring: "Yes" to 0 = 1
"No" to X = 1

1. When somebody gets mad at you, do you usually feel there is nothing you can do about it?
2. Do you really believe a person can be whatever he wants to be?
3. When people are mean to you, could it be because you did something to make them mean?
4. Do you usually make up your mind about something without asking someone first?
5. Can you do anything about what is going to happen tomorrow?
6. When people are good to you, is it usually because you did something to make them be good?
7. Can you ever make other people do things you want them to do?
8. Do you ever think that people your age can change things that are happening in the world?
9. If another person was going to hit you, could you do anything about it?
10. Can a person your age ever have his own way?
11. Is it hard for you to know why some people do certain things?
12. When someone is nice to you is it because you did the right things?
13. Can you ever try to be friends with another person even if he doesn't want to?
14. Does it ever help any to think about what you will be when you get older?
15. When someone gets mad at you, can you usually do something to make him your friend again?
16. Can people your age ever have anything to say about where they are going to live?
17. When you get in an argument, is it sometimes your fault?
18. When nice things happen to you, is it only because of good luck?
19. Do you often feel you get punished when you don't deserve to?
20. Will people usually do things for you if you ask them?
21. Do you believe a person can usually be whatever he wants to be when he gets older?
22. When bad things happen to you, is it usually someone else's fault?
23. Can you ever know for sure why some people do certain things?
**APPENDIX L**

**Pretest Posttest Group Communication Measures**

<table>
<thead>
<tr>
<th></th>
<th>Frequency Count</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments/Questions* by group members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments/Questions directed to another subject</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of on-task:** Comments/Questions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different persons talking (total will be the number of persons in the group)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

* One comment/question is defined as occurring during the time between one person talking, and the next person talking.

** On-task comments/questions are defined as ones that relate to the topic or task being discussed.
APPENDIX M

Evaluation Questionnaire for the Subjects

1. Did you like the group meetings?
2. Did the group help you?
3. Was the leader, Dave, ever boring?
4. Do you hope the group will still meet?
5. Are you glad that the training group is finished?
APPENDIX N

Evaluation Questionnaire for the Group Home Administrators

1. Was the research clearly explained to you at the start?

2. Do you think that the group liked being a part of the research?

3. Do you think that the group members benefited from the training?

4. Do you see a need for consumer group participation by mentally retarded persons?

5. Will you encourage the group to continue to meet occasionally?

6. Do you think that the group will continue to meet as a consumer advocacy group?

7. What would you have done differently, or what comments do you have for any future endeavors of this nature?
## APPENDIX 0

### Raw Data Averaged across Raters for the Consumer Advocacy Competency Questions

#### Pretest

<table>
<thead>
<tr>
<th>Subject</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.33</td>
<td>3.66</td>
<td>7.00</td>
<td>3.33</td>
<td>4.66</td>
<td>3.33</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>2</td>
<td>4.33</td>
<td>4.66</td>
<td>7.00</td>
<td>5.66</td>
<td>4.66</td>
<td>4.33</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>3</td>
<td>1.00</td>
<td>4.33</td>
<td>7.00</td>
<td>4.33</td>
<td>5.66</td>
<td>2.33</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>4</td>
<td>4.00</td>
<td>4.66</td>
<td>7.00</td>
<td>4.33</td>
<td>5.66</td>
<td>5.00</td>
<td>1.00</td>
<td>3.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>5</td>
<td>5.00</td>
<td>5.00</td>
<td>7.00</td>
<td>5.33</td>
<td>5.33</td>
<td>5.33</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Democratic Training Groups</td>
<td>6</td>
<td>5.00</td>
<td>7.00</td>
<td>7.00</td>
<td>5.00</td>
<td>5.33</td>
<td>1.00</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
</tr>
<tr>
<td>7</td>
<td>3.00</td>
<td>5.33</td>
<td>7.00</td>
<td>4.66</td>
<td>3.33</td>
<td>4.66</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>8</td>
<td>4.00</td>
<td>4.66</td>
<td>7.00</td>
<td>1.00</td>
<td>6.00</td>
<td>3.33</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>9</td>
<td>4.00</td>
<td>4.33</td>
<td>7.00</td>
<td>5.33</td>
<td>6.33</td>
<td>6.00</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>10</td>
<td>3.33</td>
<td>5.33</td>
<td>7.00</td>
<td>1.00</td>
<td>4.66</td>
<td>3.00</td>
<td>1.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>11</td>
<td>5.00</td>
<td>3.00</td>
<td>7.00</td>
<td>4.00</td>
<td>5.00</td>
<td>4.33</td>
<td>1.00</td>
<td>4.66</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>12</td>
<td>3.66</td>
<td>2.66</td>
<td>7.00</td>
<td>2.00</td>
<td>5.00</td>
<td>2.66</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>13</td>
<td>2.00</td>
<td>4.00</td>
<td>7.00</td>
<td>1.00</td>
<td>4.33</td>
<td>1.00</td>
<td>1.00</td>
<td>4.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>14</td>
<td>5.00</td>
<td>5.00</td>
<td>7.00</td>
<td>3.00</td>
<td>1.66</td>
<td>4.00</td>
<td>7.00</td>
<td>4.66</td>
<td>1.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>2.00</td>
<td>4.33</td>
<td>7.00</td>
<td>1.00</td>
<td>4.00</td>
<td>2.00</td>
<td>7.00</td>
<td>1.66</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>16</td>
<td>2.00</td>
<td>1.66</td>
<td>7.00</td>
<td>1.00</td>
<td>2.33</td>
<td>1.33</td>
<td>1.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>17</td>
<td>2.66</td>
<td>1.00</td>
<td>7.00</td>
<td>4.33</td>
<td>2.33</td>
<td>1.33</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>18</td>
<td>4.33</td>
<td>4.00</td>
<td>7.00</td>
<td>5.66</td>
<td>5.00</td>
<td>4.66</td>
<td>1.00</td>
<td>3.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>19</td>
<td>2.66</td>
<td>2.33</td>
<td>7.00</td>
<td>1.00</td>
<td>3.66</td>
<td>2.66</td>
<td>7.00</td>
<td>3.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Authoritarian Training Groups</td>
<td>20</td>
<td>3.33</td>
<td>2.33</td>
<td>7.00</td>
<td>1.00</td>
<td>1.33</td>
<td>4.00</td>
<td>1.00</td>
<td>3.33</td>
<td>1.00</td>
</tr>
<tr>
<td>21</td>
<td>5.00</td>
<td>5.33</td>
<td>7.00</td>
<td>1.00</td>
<td>5.00</td>
<td>3.33</td>
<td>7.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>22</td>
<td>1.33</td>
<td>5.00</td>
<td>7.00</td>
<td>3.00</td>
<td>6.00</td>
<td>5.00</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>23</td>
<td>3.00</td>
<td>2.00</td>
<td>7.00</td>
<td>3.66</td>
<td>1.66</td>
<td>4.33</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>24</td>
<td>3.66</td>
<td>2.00</td>
<td>7.00</td>
<td>3.00</td>
<td>4.66</td>
<td>5.00</td>
<td>7.00</td>
<td>4.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>25</td>
<td>6.00</td>
<td>5.66</td>
<td>7.00</td>
<td>3.66</td>
<td>4.00</td>
<td>1.00</td>
<td>7.00</td>
<td>4.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>26</td>
<td>7.00</td>
<td>4.66</td>
<td>7.00</td>
<td>3.66</td>
<td>4.33</td>
<td>5.00</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>27</td>
<td>2.66</td>
<td>4.33</td>
<td>7.00</td>
<td>1.00</td>
<td>5.00</td>
<td>2.66</td>
<td>7.00</td>
<td>4.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>28</td>
<td>5.00</td>
<td>5.00</td>
<td>7.00</td>
<td>2.33</td>
<td>4.33</td>
<td>1.00</td>
<td>7.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>29</td>
<td>2.00</td>
<td>1.00</td>
<td>7.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.00</td>
<td>7.00</td>
<td>2.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>1</td>
<td>5.00</td>
<td>5.66</td>
<td>7.00</td>
<td>4.33</td>
<td>5.00</td>
<td>2.00</td>
<td>1.00</td>
<td>3.33</td>
<td>1.00</td>
<td>6.66</td>
</tr>
<tr>
<td>2</td>
<td>5.00</td>
<td>5.00</td>
<td>7.00</td>
<td>6.66</td>
<td>5.33</td>
<td>4.66</td>
<td>7.00</td>
<td>3.33</td>
<td>7.00</td>
<td>2.66</td>
</tr>
<tr>
<td>3</td>
<td>2.00</td>
<td>4.00</td>
<td>7.00</td>
<td>5.66</td>
<td>4.66</td>
<td>3.33</td>
<td>7.00</td>
<td>3.33</td>
<td>1.00</td>
<td>4.00</td>
</tr>
<tr>
<td>4</td>
<td>5.00</td>
<td>4.66</td>
<td>7.00</td>
<td>4.33</td>
<td>6.00</td>
<td>5.66</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>5.66</td>
</tr>
<tr>
<td>5</td>
<td>5.66</td>
<td>5.00</td>
<td>7.00</td>
<td>5.66</td>
<td>5.66</td>
<td>4.33</td>
<td>7.00</td>
<td>1.00</td>
<td>1.00</td>
<td>1.33</td>
</tr>
<tr>
<td>Democratic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>4.00</td>
<td>5.33</td>
<td>7.00</td>
<td>6.00</td>
<td>5.66</td>
<td>4.66</td>
<td>7.00</td>
<td>3.00</td>
<td>7.00</td>
<td>5.66</td>
</tr>
<tr>
<td>7</td>
<td>2.66</td>
<td>4.66</td>
<td>7.00</td>
<td>5.66</td>
<td>4.33</td>
<td>2.66</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>8</td>
<td>6.66</td>
<td>4.33</td>
<td>7.00</td>
<td>7.00</td>
<td>6.00</td>
<td>7.00</td>
<td>7.00</td>
<td>5.00</td>
<td>7.00</td>
<td>6.66</td>
</tr>
<tr>
<td>9</td>
<td>3.33</td>
<td>5.66</td>
<td>7.00</td>
<td>3.33</td>
<td>6.00</td>
<td>5.33</td>
<td>1.00</td>
<td>3.00</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>10</td>
<td>5.00</td>
<td>5.00</td>
<td>7.00</td>
<td>3.66</td>
<td>4.33</td>
<td>3.33</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>2.00</td>
</tr>
<tr>
<td>11</td>
<td>4.66</td>
<td>5.66</td>
<td>7.00</td>
<td>5.33</td>
<td>6.00</td>
<td>5.00</td>
<td>7.00</td>
<td>5.00</td>
<td>7.00</td>
<td>7.00</td>
</tr>
<tr>
<td>12</td>
<td>3.33</td>
<td>4.66</td>
<td>7.00</td>
<td>1.00</td>
<td>5.00</td>
<td>4.00</td>
<td>7.00</td>
<td>3.33</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>13</td>
<td>2.00</td>
<td>5.00</td>
<td>7.00</td>
<td>1.00</td>
<td>3.00</td>
<td>1.00</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>5.33</td>
</tr>
<tr>
<td>14</td>
<td>5.00</td>
<td>5.33</td>
<td>7.00</td>
<td>2.66</td>
<td>5.66</td>
<td>4.00</td>
<td>7.00</td>
<td>5.00</td>
<td>7.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Authoritarian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>2.33</td>
<td>3.00</td>
<td>7.00</td>
<td>1.00</td>
<td>3.66</td>
<td>2.00</td>
<td>7.00</td>
<td>3.33</td>
<td>7.00</td>
<td>6.00</td>
</tr>
<tr>
<td>16</td>
<td>2.33</td>
<td>2.33</td>
<td>7.00</td>
<td>1.00</td>
<td>3.00</td>
<td>4.00</td>
<td>1.00</td>
<td>4.33</td>
<td>1.00</td>
<td>1.33</td>
</tr>
<tr>
<td>17</td>
<td>2.00</td>
<td>2.33</td>
<td>7.00</td>
<td>6.33</td>
<td>3.00</td>
<td>2.66</td>
<td>7.00</td>
<td>3.00</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>18</td>
<td>5.00</td>
<td>4.66</td>
<td>7.00</td>
<td>4.33</td>
<td>6.00</td>
<td>4.00</td>
<td>1.00</td>
<td>3.33</td>
<td>1.00</td>
<td>4.33</td>
</tr>
<tr>
<td>19</td>
<td>3.00</td>
<td>2.33</td>
<td>7.00</td>
<td>1.00</td>
<td>3.66</td>
<td>1.33</td>
<td>7.00</td>
<td>3.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>20</td>
<td>5.00</td>
<td>2.33</td>
<td>7.00</td>
<td>6.33</td>
<td>2.00</td>
<td>2.00</td>
<td>1.00</td>
<td>3.33</td>
<td>1.00</td>
<td>1.33</td>
</tr>
<tr>
<td>21</td>
<td>4.33</td>
<td>4.33</td>
<td>7.00</td>
<td>5.66</td>
<td>6.66</td>
<td>4.66</td>
<td>7.00</td>
<td>3.33</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>22</td>
<td>4.66</td>
<td>2.33</td>
<td>7.00</td>
<td>5.33</td>
<td>6.66</td>
<td>5.66</td>
<td>7.00</td>
<td>3.66</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>23</td>
<td>5.00</td>
<td>4.33</td>
<td>7.00</td>
<td>4.33</td>
<td>4.66</td>
<td>3.00</td>
<td>7.00</td>
<td>4.00</td>
<td>7.00</td>
<td>1.00</td>
</tr>
<tr>
<td>24</td>
<td>6.33</td>
<td>5.00</td>
<td>7.00</td>
<td>4.33</td>
<td>5.00</td>
<td>2.00</td>
<td>7.00</td>
<td>3.33</td>
<td>1.00</td>
<td>5.66</td>
</tr>
<tr>
<td>25</td>
<td>2.33</td>
<td>2.33</td>
<td>7.00</td>
<td>1.00</td>
<td>4.66</td>
<td>4.33</td>
<td>7.00</td>
<td>5.00</td>
<td>7.00</td>
<td>7.00</td>
</tr>
<tr>
<td>26</td>
<td>4.00</td>
<td>2.33</td>
<td>7.00</td>
<td>4.33</td>
<td>6.00</td>
<td>5.33</td>
<td>7.00</td>
<td>4.00</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>27</td>
<td>2.33</td>
<td>2.33</td>
<td>7.00</td>
<td>1.00</td>
<td>3.66</td>
<td>1.00</td>
<td>7.00</td>
<td>3.33</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>28</td>
<td>5.00</td>
<td>2.33</td>
<td>7.00</td>
<td>6.33</td>
<td>6.33</td>
<td>5.00</td>
<td>7.00</td>
<td>3.33</td>
<td>7.00</td>
<td>7.00</td>
</tr>
<tr>
<td>29</td>
<td>3.33</td>
<td>2.33</td>
<td>7.00</td>
<td>1.00</td>
<td>5.33</td>
<td>5.33</td>
<td>7.00</td>
<td>3.00</td>
<td>7.00</td>
<td>4.33</td>
</tr>
</tbody>
</table>
### Group Communication Raw Data for the Pre and Posttest

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>R1 1-2</td>
<td>R2 1-3</td>
</tr>
<tr>
<td>Democratic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>A 15</td>
<td>15 15</td>
</tr>
<tr>
<td></td>
<td>B 4</td>
<td>2 2</td>
</tr>
<tr>
<td></td>
<td>C 6</td>
<td>13 6</td>
</tr>
<tr>
<td></td>
<td>D 4/8 4</td>
<td>4 8</td>
</tr>
<tr>
<td>Group 2</td>
<td>A 25</td>
<td>21 24</td>
</tr>
<tr>
<td></td>
<td>B 8</td>
<td>2 18</td>
</tr>
<tr>
<td></td>
<td>C 14</td>
<td>16 12</td>
</tr>
<tr>
<td></td>
<td>D 5/7</td>
<td>5 4</td>
</tr>
<tr>
<td>Authoritarian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>A 15</td>
<td>15 15</td>
</tr>
<tr>
<td></td>
<td>B 1</td>
<td>5 3</td>
</tr>
<tr>
<td></td>
<td>C 2</td>
<td>8 2</td>
</tr>
<tr>
<td></td>
<td>D 3/7</td>
<td>5 6</td>
</tr>
<tr>
<td>Group 2</td>
<td>A 15</td>
<td>15 15</td>
</tr>
<tr>
<td></td>
<td>B 1</td>
<td>5 3</td>
</tr>
<tr>
<td></td>
<td>C 2</td>
<td>8 2</td>
</tr>
<tr>
<td></td>
<td>D 3/7</td>
<td>5 6</td>
</tr>
</tbody>
</table>

Note: R1, R2, R3 refer to frequency counts by 3 raters.

---

**Legend:**
- A: Total Comments/Questions by Group Members
- B: Total Comments/Questions Directed to Another Member
- C: Total Number of On-Task Comments/Questions
- D: Different People Who Talked
- E: Denominator of ratio gives the "n" for that group

---

178