A DESCRIPTIVE SURVEY OF
THE PARENTS OF
MILDLY RETARDED
CHILDREN

BY

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A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF SOCIAL WORK

We accept this thesis as conforming to the required standard

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Date April 28/68
Mildly retarded children provide special problems for many professional disciplines giving services to children in our society. This study is intended to describe the nature of the performance and/or behavioral traits of these children which influenced parents to seek help from a professional person or influenced a professional person to give services to the child and his family.

A sample of 65 children was selected from the Vancouver school system's Special classes for slow learners. Their parents were interviewed during the summer of 1967 by one interviewer.

The difficulties that were described by parents were not limited to developmental lags or learning problems. They also included behavior problems in the home and community. The observations of this survey indicated that the nature of the problems, as felt by the parents, tended to change as the child passed through the childhood stages of development. The problems corresponded very closely to society's expectations as related to age-appropriate performance and behavior of the normal child. The type of help that was sought by the parents reflected the changing nature of their assessment of the problems. In infancy, the help sought was predominantly medical. In the toddler and preschool stages the type of help sought changed gradually from medical to educational and social services. During the school-age stage, the parents sought help from the greatest variety of sources, mainly from the school, but also including public health nurses, social workers, psychologists and psychiatrists.
Factors other than the child's performance and/or behavior appeared to influence the patterns of help-seeking found among the parents but these were not fully assessed by this study.

The parents were not always realistic in their appraisals of their child's abilities. Feelings of ambivalence, confusion and anxiety regarding the child's problems and the various professionals involved, were frequently noted.

To generalize these findings from this sample of children in Special classes to the whole population of mildly retarded children was made difficult by the method of sampling but one might speculate that differences between this sample and the population would be differences of degree rather than kind.
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Chapter 1

Introduction

The mildly retarded child presents a problem to many different professions in the community. Public schools provide special education for these children. The family doctor, public health nurse and social worker are often called upon by the parents of these children for information and advice. Psychiatrists and psychologists are frequently approached by parents to give help with emotional problems experienced by the children and their families. All of these professions may become involved at some point in the child's development in assessing his capacities, both intellectual and emotional, and helping in some way to plan for the child's future.

The American Association on Mental Deficiency has defined mental retardation as "subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior". A more specific description of the mildly retarded individual would include some assessment of his intellectual ability. The I.Q. test has been the most frequently used test in the past; the scores of the children classified as mildly retarded vary from 60 to 80. This does not automatically mean that a particular child in this range will require, or receive special help and attention from the various professions. Rather, it seems to be on the basis of performance and/or behavior that a child, and his parents seek and receive professional help (i.e. on the basis of impairment of adaptive behavior). Little is actually known (or at least documented) about the
performance or behavioral traits of these children which precipitates help-seeking attempts by parents and need-meeting responses by professionals. One might assume that such performance and behavioral traits would be similar in kind but different in degree to those displayed by the more severely retarded child.

The research question formulated for this study is general: what are the performance and/or behavioral characteristics of these mildly retarded children which influence parents in their decision to seek help and which influence professionals in their decision to give services to the child and his family. Rather than assessing the problem from the point of view of any one professional discipline, the parents have been singled out as this study's source of information. The reasons for this choice were numerous. None of the professions provides continuous service to these children throughout their pre-school and school years. To gather information from one or more professional groups might presuppose the appropriateness of the service to the needs of the children and their families and the irrelevance of other types of services. It is within the family system that the child receives the most continuous type of care. Finally, it is the family which feels the greatest impact of the retarded child first, and for the longest period of time.

The intention of this study is two-fold: to clarify those circumstances concerning the mildly retarded child which precipitate help-seeking attempts made by parents and to assess, in a very limited
way, the extent to which help-seeking attempts made by parents are
successfully met by the requested service (in the opinion of the
parents). The findings, it is hoped, will be of interest and usefulness
to the many professional disciplines involved in giving service to
these mildly retarded children and their families.

Theoretical Framework:

Implicit in the formulation of the research problem was the thought
that, from parents' points of view, any recognized problems would
closely relate to their perception of "normal" child development and
behavior. Problems would then be defined by their own child's "deviation"
away from the norms of development and behavior. Although it is
recognized that norms vary somewhat from class to class and from sub­
culture to subculture, one can assume that there are society-wide
sets of expectations regarding child development. The support given to
these expectations by physicians, public health and school personnel
has a significant influence on the parents' perceptions of their children
regardless of class or group affiliation.

Dr. Spock's book on the young child is a good example of the type
of literature that is available to parents. In his book, Dr. Spock
describes the performance and behavior a parent might "expect" to
perceive for each developmental stage which the child passes through.
The "stages" that are most often referred to explicitly or implicitly are:
Infancy (birth to one year), Toddler (one to two and a half years),
Preschool (two and a half to five years), School (six to adolescence),
and Adolescence. Such stages roughly correspond to increasing degrees of independence of the child from his parents.

Parents have less clear-cut expectations of child development during the school years. Learning to get along outside the home (with friends and in school) forms the main expectation. The school tends to assume responsibility for judging achievement or development of the child although most parents have expectations of minimal education (for example: writing and arithmetic) which will provide the necessary tools for later life.

Similarly in adolescence there are less clearly defined sets of expectations than in the pre-school years. Some interest in future jobs or careers would be expected from the older teenager. The school still plays a major role, especially in determining the future level or type of work, by assigning adolescents to the academic or occupational streams. Interest and participation in peer activities would also be "expected" from the adolescent.

Review of the Literature:

This study is focused on the patterns of help-seeking of parents and the responsiveness of professional persons to the needs of these families. Most of the literature available regarding the mildly retarded child (in the educable range) is concerned with the special education problems presented by this group to the Public School system. Family problems that are related to mildly retarded children have not received much attention in the literature. Families of the more severely retarded
child have come under considerable scrutiny with respect to the help-seeking and need-meeting processes found in many communities. The design of the present study was influenced to a considerable extent by these previous studies that were concerned with the severely retarded child.

Many investigators of the severely retarded child \((3,13,16,23)\) have recorded the difficulties that are experienced by families during the stage of initial recognition and acceptance of the child's retardation. Schulman and Stern \((17)\) found that there is no basis for the widely held belief that parents are unaware of their child's retardation prior to receiving professional services (they compared the parents' estimates of their child's I.Q. to the child's actual test performance and found a high degree of correspondence). However, their awareness of the problem is sensed rather than clearly understood in many cases; sometimes the actions of professionals can convert this awareness into confusion, guilt, and anxiety for the parents.

Other investigators have concentrated on "actions" that are taken by the professional groups concerned. They have described the considerable effect on the parents' awareness, understanding, and acceptance of the child's limited capacities which results from the initial interpretation of the child's retardation by a professional person \((2,3,10,21,23)\). In at least one retrospective study \((21)\) parents were found to be more aware of "how" services were rendered than "what" service was given when they were asked to recall the help they had received. The parents' ability to plan for their child's future constructively has also been found to be affected by the intervention of trained counsellors \((1)\).

Lillian Ripple's book *Motivation, Capacity and Opportunity* \((15)\)
is devoted to the measurements of the effects of social casework. Her classification of social worker-client interaction as "supportive, neutral or impeding" focuses on the client's feelings about professional services and is used extensively in the present study.

Further Description of Research Question:

The research question which is posed for study is general, and contains within it many other questions. How old are the children when the parents first notice something which causes them some concern? What alerts them to this initial perception of something different in the child? When do they first seek the opinion of someone outside of the family? Are all parents aware of some limitation of their child's intellectual capacities by the time the child enters school? How do the parents respond to the school's suggestion that the child be placed in a Special class for slow learners? Do parents seek help from non-school professionals after the child is in school? For what reasons? Is help-seeking always related to the performance and/or behavior of the child, or is it related to the special characteristics of the parents?

The list of questions one could pose seems infinite; this study will not try to consider all. Those questions listed above more or less encompass the interests of this study.

General Description of Methodology:

The level of research design which was felt to be most suited to the problem under study was exploratory. Because of the absence of pertinent literature and/or other studies concerned with this particular
group of children, no predictions have been made of expected findings.

The Special classes for slow learners in the Vancouver city school system provided the population for study. The parents of each of these children (1,021) were asked if they would consent to be interviewed. Those consenting numbered 374 and from this group, sixty-five families were randomly selected for study.

Each parent was directly interviewed by the writer; where possible mothers and fathers were interviewed separately. Pre-designed questionnaire guides were used consisting mainly of closed-ended questions. Each interview required approximately one hour and a half to complete. Interviews were conducted from July first to August thirty-first, 1967.

A group of children whose parents were not interviewed was randomly chosen and a limited amount of information was gathered about them from the Vancouver School Board records and their teachers of the '66 to '67 school year. These data were compared to similar data on the interviewed sample to assess the representativeness of those selected for interview.

The plan for analysis of interview data organized the information into four main areas: demographic and social characteristics of the children and their families; the child's experience in the Special Class; the child's adjustment in family, school and community; and a history of the child's development.
Chapter 2
Methodology

Research Design

The research question formulated for this study rests on an assumption: that help-seeking by parents and services rendered by professionals are on the basis of performance or behavioral characteristics of the children. Research evidence to substantiate this assumption is scanty (and is found mainly in the literature on the more severely retarded child). Accepting this assumption, the study poses the question: what is the nature of these characteristics. Here again the evidence is scanty and rests solely on the findings of studies of the severe retardate.

It was felt that this question requires exploration before any hypotheses could be proposed for testing. To use Alfred Kahn's term (12) the level of design chosen is a "formulative-exploratory" one; "its objective is the identification of promising concepts and preliminary hypotheses in a field which as yet has had limited development and thus is not prepared for elaborate experimental designs to test complex, abstract hypotheses".

The direct interview method of data collection seemed to be most appropriate to the problem under study. Although a questionnaire might have brought forth a larger number of parents responding, much of the information needed to answer the research question posed, relates to attitudes, opinions and feelings which the interviewer may be able to detect and explore.
The use of only one interviewer to conduct all of the interviews helps to ensure uniformity and a consistent level of reliability of the findings but placed a restriction on the number of interviews possible within the time available.

Sample Design

Description of Sample chosen for Study:

The Vancouver School system's Special classes for slow learners provided a convenient source from which to select children to be included in the study. In the School year 1966-67 (the year chosen for the study) there were 1,012 children enrolled in these classes which are widely spread around the Vancouver area. The main criterion for entrance into these classes is an inability to cope with the regular class program. Placement is made upon a recommendation by the child's regular class teacher and principal, an assessment of the child by a School Board Psychometrician, and consent by the child's parents.

The criterion for entrance does not discriminate between emotional disturbance or low intelligence so that one cannot be certain of randomly selecting from this group only those children who are classified as mildly retarded. This reflects the general lack of clarity regarding the definition of the mild retardate (to what extent can one expect the adaptive behavior of the mild retardate to be impaired). The population of mildly retarded individuals does not appear to be a stable one; the numbers are swelled by inclusion of children whose functioning is retarded due to emotional disturbance.

Once the classes for slow learners were commenced (ten years ago) it was established that the I.Q. scores of the children admitted should
not be higher than 80 (or 85 at the most). In more recent years, children with I.Q.'s closer to 90 have been admitted into the classes; this is consistent with the general finding in many parts of Vancouver city that the average I.Q. is closer to 110 than 100. Very few children with I.Q.'s lower than 60 have been admitted to these classes. They are referred to a separate program that is run by the School Board (Oarkidge School).

It cannot be assumed that all children in the 60 to 85 I.Q. range in the school age population in Vancouver will be found in the Special classes. In addition to those placed on a waiting list there are other children in the lower elementary grades whose behavior or performance has not yet warranted a transfer to the Special class. That the children in Special classes have been singled out for special attention by the school system may bespeak of their differentness from the general population of mildly retarded children of school age. This obviously limits the extent to which the findings of this study might be generalized to the population. This particular sub-population was chosen for study because its members appear to be examples of the population in question (mildly retarded children of school age) in terms of their measured performance and secondly, because it was the most accessible group for study.

**Sampling Procedure Used in Selecting a Group for Interview:**

A brief letter of explanation was sent to every family having a child in a Special class for slow learners (Appendix B). These letters were sent out from the schools themselves. The purpose of this letter was to obtain the consent of the parents to be interviewed; they were requested to return the forms to the school indicating whether they would
consent. Such a method of selection raises immediate problems: are those parents who consented different in any way from those who refused or from those who simply did not acknowledge the letter. However, it was decided that each parent should have the right to determine whether they will allow their privacy to be invaded; reliability of findings assumed secondary importance.

Out of the total 1,012 forms sent out, 461 were returned (45.5%). Eighty-seven of those parents returning a form refused consent to be interviewed, the remaining 374 accepted. The 374 forms were arranged in alphabetical order (not by schools which correspond roughly to districts in Vancouver) and every sixth form was selected until sixty-five had been pulled out. Those sixty-five families chosen for the interview fell into two groups: 50 two-parent families and 15 one-parent families. Only two of the latter group were actually single parents; the rest fell into this group because their spouse was out of the city when the interview was conducted or refused to be interviewed. Of the total 115 interviews conducted, 61 were with mothers (in four cases only the father was seen). There were 54 interviews conducted with fathers.

Control Groups:

The method used to select the sample for interview raises many questions about the representativeness of the sample of the population of children in Special classes. A control group was randomly selected for comparison (only a limited amount of information was available on this latter group). In addition, information was collected on all eighty-seven of the children of those families refusing interviews.
Sampling Procedure Used in Selecting a Control Group:

The Vancouver School Board records contain a limited amount of information on every child in a Special class for slow learners. The files are arranged in alphabetical order. The names of one hundred children were pulled from this file by selecting every tenth card. In one case the child had already been included in the interview sample; that card was put back and the one directly behind it was pulled. In no cases was the card of a child whose parents had refused to be interviewed pulled. There was a chance that a child whose parents had consented to the interview, but was not chosen to be interviewed, could be included in this control group.

Operational Specifications:

The interest of this study does not revolve around parents' request for one specific service (a focus found in many of the studies of the more severely retarded child) but rather, a more general overview of each child's developmental history, difficulties encountered, areas of concern for parents and help sought by parents. Such a broad focus necessitated the gathering of information about several stages of the child's development. Four areas of interest were identified: characteristics of the family, developmental history of the child, parents' perceptions of their child's entrance into the Special class, and parents' perceptions of their child's present adjustment to home, school and community.

The first area, family characteristics, was of interest for at least two reasons: to determine how representative of the general population this group was and to determine the extent to which parents'
feelings about their child and services available to them reflected the child's performance and/or behavior or some attribute of the parents themselves.

The second area is of primary interest to this study. It is intended to answer such questions as: how old was the child when parents first perceived that he was different, what alerted them to this perception, where did they turn for help (if at all) and how helpful did they find this service (or friend, relative, professional, etc.).

The third area, parents' perceptions of their child's entrance into the Special class focuses on the difficulties of the school-age stage of the child's development. For many parents, it is possible that the child's entry into the class will be the first contact a parent has had with a professional person (that is, the first contact wherein the child's limitations will be discussed). Because parents had been approached through the school system about the interview, it was thought the questions about the child's placement in a Special class would correspond closely to parents' expectations of this research interview, so these were asked in the early part of the interview.

The fourth area identified: parents' perceptions of their child's present adjustment and needs, was included for a number of reasons; parents' feelings about their child's adjustment as well as their assessment of the degree and kind of professional help still needed will complete the description of the child and his family. An assessment of the extent to which parents' perceptions of their child are realistic was also included.
Development and Description of Research Instruments:

An interview guide was used (Appendix C) covering all aspects of the four areas of interest. In developing the guide, the items were first listed and then the actual questions were specified. The interview guide included: the item, the question, and a list of possible responses. The interviewer was to ask each question, listen to the response, and then record the answer, choosing from the list of possible responses or, if the response was not previously listed, add yet another response to the list. Each of the possible responses listed were independent categories. Many questions required a judgment on the part of the interviewer before the response could be recorded.

The over-all plan of the interview was to work from the least subjective items to the more subjective (and often anxiety producing) items and temporally, from the present to the past. The interview began with a brief description of the purpose of the study which was stated as: to gain an understanding of the kinds of help parents feel their children need and the present availability of appropriate services. No mention was made of retardation at that time or at any other time during the interview unless parents used the term themselves. Descriptive items about the child were first requested relating, for the most part, to his school experience and performance in the '66-'67 school year. The interview then moved into parents' feelings about the child's school experience, parents' contacts with school personnel, and then into an elaboration of the period when the child was first transferred into the Special class.

The interview guide then shifted its focus to the child's adjustment in home and community. One item (number 33) was included in the
schedule but dropped after several interviews. The question attempted to get parents to recall behavior problems displayed by the child at each developmental stage. The parents did not seem to understand the question and few were able to answer it. It should be noted that the first few interviews were used to test the instrument. It was decided that if the instrument proved satisfactory (the majority of the questions eliciting the desired response) these interviews would be included in the final analysis. If the instrument had to be revised, then those interviews would be disregarded. The only change found necessary was the dropping of item 33.

Questions about the family were the next items in the interview guide. Some indication of whether the child looked retarded or slow was the aim of question 43; every parent answered the question (who does look like in your family) but few of the responses gave the desired information. History of the child's difficulties and services requested by parents were the next items in the guide. Although childhood stages of development are specified in the lists of possible responses, it should be noted that references to these stages were not included in any questions. The history of the child's contacts were found to be a convenient method in helping parents to recall difficulties encountered throughout the years (unlike item 33 which did not seem to be relevant to the parents). The study did not distinguish between parent-initiated contacts and professional-initiated contacts in this developmental history (this distinction has been made regarding the child's entrance into the Special class). Parents were asked to express their feelings about each of the contacts referred to in the interview.
The question used was: was this conversation, or meeting, or session helpful or not. The interviewer then coded their responses using Lillian Ripple's classification of supportive (actively promoting the individual's efforts, behavior or attitudes, conducive to the individual's problem-solving efforts); neutral (neither supportive nor impeding); and impeding (to handicap or hamper individual's efforts, to actively frustrate or oppose the individual's problem-solving efforts) (15). As this classification is used extensively in the present study, it would be helpful to give examples of the kinds of responses the interviewer included in the three categories.

Supportive: "Dr. ___ helped me to understand why I was feeling guilty about my daughter".
"He always takes the time to 'talk' to us".
"She is very interested in our child".

Neutral : "All he did was refer us to an eye specialist".
"He ran a lot of tests but nothing came out of them".

Impeding : "She told us our child was dumb and would never do well in school".
"They're all quacks; no one really cares about you".
"He gave us the feeling that things were hopeless".

Both the content of the response and the expression of affect accompanying it were included in the interviewer's judgment about which category would best describe the parent's feelings about the contact.

The interview schedule concluded with a number of open-ended questions regarding services. These responses were not coded at that time. The parents were then asked to estimate their child's intellectual
abilities. The actual question is not noted on the form: "do you think _____ acts like a _____ year old", "what age would you say he is more like then". The above question was asked first but in almost all cases, further probe questions were necessary. Parents tended to qualify their responses ("In some ways he is older, in others..."). In such cases they were asked to estimate the average age taking into consideration all the aspects of his functioning they had in mind.

A self-administered questionnaire (Appendix D) was then given to each parent to be filled out before the interviewer left. The questions included: felt need for special help and an assessment of the extent to which the family and professional persons had given the child the help he had needed over the years. By including this self-administered questionnaire after the interview, it was hoped that the preceding discussion would have helped parents to reach some conclusions regarding needs and services and that their responses to these questions would accurately reflect their experiences and feelings.

The interview was concluded by a brief summing up by the interviewer and any questions the parents had were dealt with at that time.

A rating instrument was developed to be completed by the interviewer after leaving the parents (Appendix E). There were four items in this instrument: awareness of degree of retardation, understanding of the retardation (cause, prognoses, etc), parents' emotions when discussing the child and his difficulties, and acceptance of the child. The intention of these items is to assess how realistic parents are about their child's abilities and to compare this with the help they have received over the years. A high correlation is expected between the first two items of
the rating instrument and the correspondence of the parents' estimates of the child's I.Q. to his actual I.Q.

Two additional instruments were used. The first was a short questionnaire (Appendix F) sent to teachers of the children in the interviewed sample. The three questions asked (Parents' language, child's behavior in class, and number of parent-teacher contacts during the 1966-1967 school year) related to three suspected reasons why parents may not have volunteered to be interviewed. The child's behavior in class may reflect the severity of the difficulties parents were facing and the number of contacts may reflect parental anxiety about the child's school performance.

The second instrument (Appendix G) was used in collecting and coding information from the School Board records (the interviewed sample, control group and refusal groups were all included here).

Plan for Data Analysis:

The data from all sources (interviews, records, etc.) were coded and punched on cards, one set of cards for each child. The information was analyzed and described in the four main areas specified earlier. The findings were then assessed to determine the extent to which they had been able to answer the research question under study.

A number of questions were raised during the initial stage of data analysis about the major assumption accepted at the beginning of this study, that help-seeking and need-meeting are precipitated by the child's performance and/or behavior. A second stage of analysis was undertaken to examine this assumption more closely. Help-seeking by parents and need-meeting by professional persons both begin with some awareness of a problem
or difficulty concerning the child. One variable in this study lent itself readily to an examination of awareness in parents of some problem concerning the development of the child; the sample was almost equally split between those parents who became aware of some difficulty concerning the child before the child was two and a half years old and those who became aware of something after the child was two and a half years old. A general question was formulated: is early recognition (before age 2½) associated with special characteristics of the child, special characteristics of the parent or characteristics of the first professional help received. Hypotheses were then developed to test this question. A cautionary note must be introduced: awareness almost certainly precedes help-seeking (self initiated contacts by parents) but help-seeking need not always follow awareness.

Understanding and acceptance of the child's limitations would also be preceded by awareness. Early awareness would give parents both more time before the child enters school within which to adjust to the child's difficulties and more opportunities to seek help before he enters school. The question was formulated: is early recognition associated with later adjustment of parents to the child's school and community experience? Hypotheses were developed to test this question. The intervening variable, services received, was not tested; qualitative measures of this variable were not available.

Reliability and Validity:

Measurement of reliability was directly affected by the study design chosen for the project. The exploratory design aims to generate hypotheses rather than to test them; reliability is of secondary consideration.
Reliability was increased by using the interview method of data collection instead of collecting second-hand data about parents' actions. In regards to judgments made in recording data (particularly the parents' feelings about services rendered) reliability was increased both by the use of only one interviewer and by the anchoring definitions.

Validity has been assessed in respect to the ability of this study to answer the research question on the basis of the findings. This study assumed that the children in the Special classes would have had a history of difficulties and of parental help-seeking responses; this assumption was supported by the theoretical formulation and was verified by the findings.
Chapter 3

Description of Sample:

Three groups were chosen for the study; 65 families to be interviewed, 100 children to act as a comparison group, and 87 children (whose parents refused the interview) as a second comparison group. The sample chosen for interview did not differ markedly from either the control group or the refusal group with respect to sex, age or I.Q. test performance.

<table>
<thead>
<tr>
<th></th>
<th>6 to 10 years</th>
<th>11 to 15 yrs.</th>
<th>16 to 20 yrs.</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed group</td>
<td>24.5</td>
<td>60.6</td>
<td>13.1</td>
<td>65</td>
</tr>
<tr>
<td>Control group</td>
<td>27</td>
<td>43</td>
<td>24</td>
<td>100</td>
</tr>
<tr>
<td>Refusal group</td>
<td>21.9</td>
<td>63.2</td>
<td>13.7</td>
<td>87</td>
</tr>
</tbody>
</table>

* Collected from the Vancouver School Board Records

The control group included a larger number of older teenagers (24%) as compared with 13% in the other two groups. That there is an under-representation of older teenagers in the interviewed group may reflect the attitudes of parents; they perhaps felt that the project and interview would not be relevant to their child's age and stage.
TABLE II. Percentage Table of Sex of the Children in the Three Groups *

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed group</td>
<td>70.4</td>
<td>29.5</td>
<td>65</td>
</tr>
<tr>
<td>Control group</td>
<td>61</td>
<td>39</td>
<td>100</td>
</tr>
<tr>
<td>Refusal group</td>
<td>51.7</td>
<td>48.2</td>
<td>87</td>
</tr>
</tbody>
</table>

* From Vancouver School Board Records

There was a higher representation of females in the two groups which were not interviewed, either refusing consent or not acknowledging the letter at all. One might propose a tentative explanation to account for this difference. Boys, it appears, are over-represented in almost every problem group in our society (juvenile delinquency, emotionally disturbed children to name only two). One might wonder whether boys would also be over-represented in a group of mildly retarded children whose families are experiencing some difficulty. If this was the case, parents of these boys might be quicker to consent to an interview, anticipating an opportunity to either give or receive information which will be of use to them. Those parents consenting to the interview may actually be experiencing more severe difficulties than those parents who refused to be interviewed.
TABLE III. Percentage Table of I.Q. Scores of the Children in the Three Groups *

<table>
<thead>
<tr>
<th></th>
<th>50 - 59</th>
<th>60 - 69</th>
<th>70 - 79</th>
<th>80 - 89</th>
<th>90 - 99</th>
<th>100 - 109</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed group</td>
<td>11.4</td>
<td>14.7</td>
<td>45.9</td>
<td>19.3</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td>Control group</td>
<td>5</td>
<td>24</td>
<td>33</td>
<td>22</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Refusal group</td>
<td>1.1</td>
<td>22.9</td>
<td>50.5</td>
<td>22.9</td>
<td>1.1</td>
<td></td>
</tr>
</tbody>
</table>

* Recorded in May, 1967 in Vancouver School Board Records

Differences with respect to I.Q. test performance are slight.

There were three other items on which the interviewed sample and the control group were compared: language spoken by parents, child's behavior in class (as reported by the teacher), and the number of parent-teacher contacts for the school year 1966 - 1967. There was no real difference between these two groups with respect to the language spoken at home by parents. This finding reduced the possibility that parents had refused to be interviewed because they were unable to speak English well enough (there were actually some in the interviewed sample whose English was minimal). With respect to the child's behavior in the classroom there was again very little difference.
**TABLE IV.** Frequency Distribution of the Child's Behavior in Class *

<table>
<thead>
<tr>
<th></th>
<th>good</th>
<th>average</th>
<th>poor</th>
<th>inconsistent</th>
<th>unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed group</td>
<td>26</td>
<td>20</td>
<td>4</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Control group</td>
<td>31</td>
<td>43</td>
<td>9</td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

* As reported by the teachers

Neither group contains many children in the poor behavior range. The number of parent-teachers conferences differed somewhat between the two groups; a proportionately larger number of the parents in the control group have no contacts at all.

**TABLE V.** Number of Parent-teacher Conferences *

<table>
<thead>
<tr>
<th></th>
<th>none</th>
<th>once</th>
<th>twice</th>
<th>3-4 times</th>
<th>more than 4</th>
<th>unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed group</td>
<td>7</td>
<td>10</td>
<td>9</td>
<td>20</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Control group</td>
<td>26</td>
<td>15</td>
<td>17</td>
<td>7</td>
<td>12</td>
<td>23</td>
</tr>
</tbody>
</table>

* As reported by the teachers

Further identifying information was gathered during the interviews with the parents of those children chosen for study. This information was compared to the Vancouver census tract information for the year 1961.
The distribution of occupations among the fathers in the sample corresponded very closely to the distribution of occupations in the male population in Vancouver city.

**TABLE VI.** Percentage Distribution of Occupations of the Fathers in the Sample Compared with Labor Force Statistics **

<table>
<thead>
<tr>
<th></th>
<th>professional</th>
<th>managerial</th>
<th>clerical</th>
<th>sales</th>
<th>service</th>
<th>recreation</th>
<th>labor *</th>
<th>total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>22.2</td>
<td>12.9</td>
<td>12.9</td>
<td>51.8</td>
<td>54</td>
<td>103,301</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>Census tract data</td>
<td>22.0</td>
<td>16.5</td>
<td>11.1</td>
<td>47.0</td>
<td>103,301</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The data collected for the interviewed sample did not differentiate between unskilled, semi-skilled and skilled labor and primary, transport or communication occupations.

** 1961 Census of Canada, Dominion Bureau of Statistics, characteristics labor force population, males.

Three of the men interviewed were retired (not included in the Table) and twelve of the mothers were working, mainly in service occupations.

A comparison of educations of the parents in the study and the general population of adults no longer in school again showed little difference.
TABLE VII. Percentage Distribution of Educations; Interviewed Sample and General Population

<table>
<thead>
<tr>
<th></th>
<th>no school</th>
<th>elementary</th>
<th>1 - 2 yrs. high school</th>
<th>3 - 4 yrs. high school</th>
<th>university</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>1.7</td>
<td>14.8</td>
<td>28.7</td>
<td>46.0</td>
<td>8.7</td>
</tr>
<tr>
<td>Census tract data</td>
<td>13.1</td>
<td>27.7</td>
<td>19.3</td>
<td>30.4</td>
<td>8.6</td>
</tr>
</tbody>
</table>

More of the parents had gone into and completed high school; the same percentage had attended university as in the general population.

There were three foster and two adopted children in the sample. The majority (42) of the children had one, two, or three siblings, five were only children, eight had four siblings and five had six or more siblings.

TABLE VIII. Distributions of Mothers' Ages at the Time of the Child's Birth

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>11</td>
<td>16</td>
<td>15</td>
<td>11</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Just over one-quarter of the mothers were thirty-five years or older when the child was born. This finding is in keeping with information regarding the ages of mothers of the more severely retarded infant (24).
The children and parents selected for interview then, would not seem to be extremely different from the population of children in special classes: an underrepresentation of older teenagers might be expected; their I.Q. test performances are very similar to the control group and their behavior as reported by teachers would not indicate that they present a greater number of problems in the school than the control group. However, it was the parents who consented to the interview, motivated, one might speculate, by feelings of needing help or information. That the interviewed parents had a greater number of conferences with the teachers adds to the suspicion that they are more anxious and/or more inclined to talk to other people about their child's performance than the control group. It is difficult to say to what extent the attitudes and experiences of this study group will represent those held and experienced by the rest of the parents of children in the special classes (and all the mildly retarded children who are not in the special class and their parents).
Chapter 4

Findings

The data to be presented here pertains, for the most part, to that information collected from the mothers (N=61). It was felt that mothers were the most reliable source of factual information pertaining to the child's development. Only in areas of opinion or attitude will the fathers' responses be printed. For a discussion of the interviews, see Appendix A.

History of the Child's Development:

Parents were asked to remember the first time they noticed something about their child which caused them some concern. This question was asked in the latter half of the interview following questions about the child's school, home and community experiences and difficulties. All of the parents responded to this question and their responses were as follows:

<table>
<thead>
<tr>
<th>Age of Child</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth - 1 year</td>
<td>11</td>
</tr>
<tr>
<td>1 - 2½ yrs.</td>
<td>18</td>
</tr>
<tr>
<td>2½ - 5 yrs.</td>
<td>17</td>
</tr>
<tr>
<td>6 - 11 yrs.</td>
<td>14</td>
</tr>
</tbody>
</table>

In ten cases mothers recalled an earlier age than fathers. Parents were asked to specify the problem which they had perceived at this time. The
preceding discussions throughout the interview centered around the child's performance and behavior; it was hoped that this would be the parent's frame of reference when he answered this present question.

**TABLE X. Nature of the Initial Problem Felt by Parents Concerning their Child**

<table>
<thead>
<tr>
<th></th>
<th>Birth-1 yr.</th>
<th>1-2½ yrs.</th>
<th>2½-5 yrs.</th>
<th>6-11 yrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>medical</td>
<td>8</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>performance *</td>
<td>3</td>
<td>12</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>behavior</td>
<td></td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>multiple problems</td>
<td>3</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>don't know</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* In the young child this refers to developmental lags, in the older child it refers to learning difficulties in school.

Medical problems in the birth to one year range refer in all cases to either a birth defect or serious illness occurring immediately after birth. As the above table represents voluntary comments made by the parents, it is assumed that the medical problems mentioned are connected in the parents' minds with later performance and/or behavioral characteristics of the child which were previously discussed in the interview. As Table X indicates, the largest number of parents were alerted by the child's failure to perform at some expected level. Those parents noticing something when the child was a toddler spoke of the child's failure to
walk or talk when the parents expected them to do so. The one behavioral problem perceived during this stage was of interest; the parent stated that the child had "refused" to speak. The behavior problems perceived in the preschool stage related mainly to over-dependency, hyperactivity and problems in peer relations.

The first person parents talked to about their suspicions was in most cases a doctor (30) or a teacher (23). After this first contact parents were asked to recall each subsequent help-seeking contact. This method of aiding recall obscured, in many cases, the problems precipitating the help-seeking responses. One can only infer from the type of help sought, what the parents' perceptions of the problems may have been. The following table illustrates the kind of help sought by the parents at various stages in their child's development.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|}
\hline
 & physician or child specialist & teacher or principal & other & more than one * & total \\
\hline
Birth-1 yr. & 11 & & & & 11 \\
\hline
1-2\frac{1}{2} yrs. & 18 & 2 & & & 20 \\
\hline
2\frac{1}{2}-5 yrs. & 15 & 3 & 4 & 3 & 25 \\
\hline
6-11 yrs. & 2 & 24 & 3 & 31 & 60 \\
\hline
12-19 yrs. & 3 & 5 & & 6 & 14 \\
\hline
\end{tabular}
\caption{Professional Help Sought by Parents}
\end{table}

* This category does not over-lap with the other categories, children in this category and their parents in most cases saw a teacher and one or two other professionals.
This table does not differentiate between those parents seeking help for the first time and those subsequent contacts made by some parents (this accounts for the large totals in the right hand column). It only illustrates, in a very general way, the type of help parents consider appropriate at various stages in the child's development.

Help received from more than one source could reflect either an increase in the variety of help made available to the parents or some confusion as to which type of help was appropriate. Parents, it seems, tended to look less to the family doctor for help once the child was in school. After the child was in school, however, the parents often seek help (or are referred) to professionals outside of the school system.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Supportive</th>
<th>Neutral</th>
<th>Impeding</th>
<th>Mixed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth-1 yr.</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>1-2 1/2 yrs.</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>2 1/2-5 yrs.</td>
<td>6</td>
<td>6</td>
<td>10</td>
<td>3</td>
<td>25</td>
</tr>
<tr>
<td>6-11 yrs.</td>
<td>13</td>
<td>12</td>
<td>10</td>
<td>25</td>
<td>60</td>
</tr>
<tr>
<td>12-18 yrs.</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td></td>
<td>14</td>
</tr>
</tbody>
</table>

* See reference to Lillian Ripple's categories.
There was a gradual increase in the proportion of those parents finding the contacts to be impeding prior to school entrance. The mixed reactions refers only to those parents having more than one contact (with the same professional or with different professionals).

So far, nothing has been said about those parents who recognized some problem but did not seek any help. Eleven parents perceiving problems in the child's toddler stage did not seek any help during that stage and eight did not seek any help during the preschool years when problems arose in that stage. A difficulty in definitions arises here. Parents were asked to recall the earliest point in their child's development when they perceived something which caused them some concern. Parents who perceived something different about the child which caused them some concern but did not seek any help possibly did not feel that a problem had arisen. In such retrospective data, this information may be more like hindsight, perceptions based on intervening experience.

A number of parents sought help from many professional persons. Those parents who sought help from more than three sources were singled out, during analysis of data, for closer inspection. Such a cut-off point is arbitrary and no information is available to help differentiate between those contacts parents deemed highly significant and those they did not. Nineteen parents fall into this category. Inspection of these parents' forms was made to determine whether multiple contacts reflected some characteristic of parent, of child or of the first professional contact. Few of these 19 parents found their first contact with a professional person to be supportive (4), five found it neutral and ten found it to be impeding. One might speculate then, that the first
contact parents have will influence subsequent help-seeking attempts (that they will tend to seek more if the first one is impeding). The figures for these nineteen parents were compared with those of the parents having fewer than three professional contacts over the years.

**TABLE XIII.** Parents' Feelings about First Help Received and Subsequent Frequency of Help-seeking Contacts

<table>
<thead>
<tr>
<th>Horizontal Percentage Table</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>First contact</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Supportive</td>
</tr>
<tr>
<td>69</td>
</tr>
<tr>
<td>31</td>
</tr>
<tr>
<td>Neutral</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>Impeding</td>
</tr>
<tr>
<td>57</td>
</tr>
<tr>
<td>43</td>
</tr>
</tbody>
</table>

The table indicated a slight trend in the direction of an increased number of contacts if the first contact was impeding.

The father's education did seem to be an important factor influencing the number of help-seeking responses made by parents. While only 54% of the whole sample had finished grade 10 or higher, 78% of these 19 fathers had completed grade 10 or higher. The I.Q. of the child does not appear to be associated with the number of professional contacts made by the parents (73% of the children in the whole sample had I.Q.'s recorded at less than 79, 73% of the nineteen children were also in this
lower range). These latter two findings did not support the assumption made by this study: that help-seeking by parents is on the basis of performance and/or behavioral characteristics of the child. A closer examination of this assumption will be given later in this study.

**Child's Entrance into the Special Class:**

The most difficult problem encountered in this study was the gathering of information about the child's performance and behavior. The following findings throw a little more light on this aspect of the research question. All of the children in the sample had at least one experience in common: their entrance into the Special class. More detailed information will be presented here regarding the parents' perceptions of this event.

At the time the interview was conducted (summer of 1967), 37 of the children had been in the class three years or less, 18 had been in the class four to seven years and six children had been in the class from 9 to 12 years (this is the Special class). The ages of the children when they entered the class ranged somewhat; possible related to a gradual slipping behind the other children in the regular class at an uneven rate.

**TABLE XIV.** Ages of Children at Time of Entrance into the Special Class

<table>
<thead>
<tr>
<th>Age</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>18</td>
<td>13</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
The last class attended by the children before the transfer was as follows:

<table>
<thead>
<tr>
<th>Kindergarten</th>
<th>Gr. 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>could not remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>19</td>
<td>12</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

It appears from Tables XIV and XV that at least six children stayed in kindergarten until seven years of age; there were two instances where the child had attended kindergarten and then dropped out for one year before beginning elementary school. Compulsory school attendance is not enforced until age seven, so that one might expect considerable variation in the pre-elementary school experiences of the children.

Parents' perceptions of their child's behavior or performance which led to the transfer from regular to Special class focused on the performance. Fifty-two percent (52%) of the parents felt that the child had learning difficulties, 36% indicated both learning and behavioral problems and 3% stated that the difficulty had been behavioral disturbance only. The behavioral disturbance most often mentioned was related to peer relations of the child in the regular class. Mothers, in 13 cases, regarded this transfer as more serious than did fathers. Many of the parents spoke of a feeling of helplessness in regards to their child's difficulties in school, (mentioning the new teaching methods which were alien to themselves, making it very difficult to help the child at home).
Parents' feelings about their child's performance and behavior in the class are sometimes expressed to the teachers during parent-teacher conferences. Parents were asked about their contacts with the regular class teacher before the child was transferred to the Special class. Thirty-two parents reported that they had visited with the teacher one or two times, thirteen reported three to four visits, six reported more than four, nine stated that they had not seen the teacher at all and one could not recall if they had seen the teacher. The parents tended to feel very strongly about these contacts: 20 found them impeding, 19 found them neutral and 17 found them to be supportive.

The large number of parents indicating dissatisfaction could reflect both a feeling of helplessness regarding the child's education or reluctance on the part of parents to accept the child's limited abilities. Some parents were angry because the child was not being placed in a Special class soon enough, others because Special class placement was even being considered.

Parents were asked to remember who had initiated the move towards Special class placement. Fourteen mothers stated that they (the parents) had initiated the move; 44 indicated the school, and 2 identified a psychiatrist as having first recommended the move.

Parents reported the age of the child when the Special class placement was first discussed (with school personnel, or in two cases, the psychiatrist, in four cases the family physician, and in six cases with a public health nurse). This age distribution was compared with the distribution of ages of the children at time of entry into the class.
TABLE XVI. Comparison of Age Distributions; when the Special Class was first Discussed and when the Placement was Made

<table>
<thead>
<tr>
<th>Age</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>First discussed</td>
<td>2</td>
<td>13</td>
<td>13</td>
<td>11</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Time of entry</td>
<td>7</td>
<td>18</td>
<td>13</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

The time lag seen here could relate to a number of things: parents' reluctance to have the child placed in the class, contacts of parents with professionals outside of the school or perhaps a lack of space in the Special classes.

The parents' feelings about the initial discussion regarding the Special class tended to be more positive than their feelings expressed about contacts with the regular class teacher: 27 found it supportive, 20 found it neutral and 13 spoke of it as impeding.

Many of the parents reported that they had discussed the placement with at least one other person. Nineteen parents had no further contacts regarding the placement, 19 had one other contact, 11 had two more contacts, 7 had three more contacts and five had four or more.

These other contacts included 23 school personnel (the principal in most cases), 10 physicians, 19 social service personnel (including psychologists and public health nurses) and 11 psychiatrists. The number of psychiatrists and psychologists reflects the school's practice of making referrals to the Metropolitan Health Service of Vancouver for assessments. The ten physicians reported one might suppose would be the family doctor.
Present Home, School and Community Adjustment of Child:

In assessing their child's current school performance, the mothers' ratings were as follows:

**TABLE XVII: Child's Present Performance and Behavior**

<table>
<thead>
<tr>
<th></th>
<th>good</th>
<th>average</th>
<th>poor</th>
<th>don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic work</td>
<td>12</td>
<td>41</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Relations with peers</td>
<td>13</td>
<td>37</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Relation with teacher</td>
<td>22</td>
<td>36</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

Fathers tended to rate the child's performance and behavior a little higher than the mothers. Mothers' estimates of their child's feelings about the Special class were as follows: 13 felt their child liked the class, 30 felt that their child was not altogether happy in the class and 17 felt that their child strongly disliked the class. Reasons given for the latter group included: acute feelings of stigmatization, inferiority, and boredom with the curriculum. The extent to which these reports reflect the children's or the parents' feelings is impossible to determine. Parents' reports of their own feelings differed however: 28 felt that the Special class was very good for the child, nine felt that the class was actually harmful for the child and 24 were uncertain. Parents were asked about the visits they had had with the Special class
teacher; all but four of the parents found the visits to be supportive. Ten parents indicated that they would like to have more opportunities to visit with the teacher; the rest were satisfied with the frequency of contacts. The anxiety felt by parents towards their child's performance in school seems to subside then, once the child has been placed in the Special class.

Parents were asked: "How is your child behaving at home?"

Their responses were categorized by the interviewer as follows:

<table>
<thead>
<tr>
<th>Child's Behavior in Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>good</td>
</tr>
<tr>
<td>26</td>
</tr>
<tr>
<td>withdrawal</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>

* This last category was added to the coding sheet after the interviewer had heard several parents reporting such behavior; parents reporting one of these problems invariably mentioned the others. Such a cluster of behavioral traits suggests brain damage.

Well over half of the mothers then, spoke of some behavior problem in the home.

Parents were then asked "How is _____ getting along in the neighbourhood". Twenty-seven of the parents stated that their child had no friends, twenty-two reported no problems, six reported aggression,
two reported delinquency, two spoke of withdrawal and two children were reported as having multiple problems in the community. These reports of behavior in the home and community are not consistent with parents' reports of the child's behavior in the class (or for that matter, the teacher's assessment of the child's behavior). There appear to be more problems in the home and community than in the school. These reported behavior characteristics of the children in the home and community may explain the substantial number of help-seeking contacts (other than with school personnel) made by the parents of the school-age child.

Thirty parents spoke of their child having joined some community recreation activity in the school '66 to '67. In almost all cases, however, the child had joined an activity and then dropped out before the end of the year. Few had successfully completed a year of recreation activity in a peer group. About ten parents had participated in some recreational activity with their child but this tended to be sporadic. A number of parents were concerned because the child preferred to play with children younger than he was.

Parents were asked to estimate their child's level or stage of development (considering both social and intellectual development). These estimates (in years) were converted into I.Q. scores by using the formula: \[
\text{estimated age} \times 100 \div \text{chronological age}
\]

The formula and method is the same as that used by Schulman and Stern (17). Twelve mothers were not able to estimate at all (could not be persuaded to estimate). Schulman and Stern did not record this problem (their study was with the more severely retarded child and their parents). This left 49 mothers;
Schulman and Stern had 50 in their sample. The parent "I.Q." was subtracted from the test I.Q. (from the School Board Records) leaving the difference. The average deviation was 12.9 points from the test I.Q. The Schulman and Stern study found the average deviation to be 9.9. In 31 cases mothers overestimated their child's mental abilities by an average of 15.4 I.Q. points, whereas in 16 cases the mothers underestimated by an average of 8.06 points. Schulman and Stern found that in 23 cases parents overestimated by an average of 12.6 I.Q. points and in 19 cases underestimated by an average of 10.7 I.Q. points. They found only four cases where the parents' estimates exceeded the test I.Q. by more than 20 points; there were eight such cases found in this study. It seems then, that the parents of the mildly retarded child are less accurate in their estimation than the parents of the more severely retarded child. Schulman and Stern found 8 cases where the parents' estimate corresponded exactly with the test result; no such cases were found in this sample.

Parents were rated by the interviewer along four dimensions (adapted from a study by Fabrega and Haka, "Parents of Mentally Handicapped Children" (9) (Appendix E).
### TABLE XIX: Interviewer's Rating of Parents

#### Awareness

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not aware of any degree of retardation in child (because of lack of insight, denial, etc.)</td>
<td>8</td>
</tr>
<tr>
<td>Intermediate awareness, feel child is slow in some areas but not all, see slow areas as related to emotional or medical problems.</td>
<td>29</td>
</tr>
<tr>
<td>Full awareness of the degree of retardation in child, realistic about child's capacities</td>
<td>24</td>
</tr>
</tbody>
</table>

#### Understanding

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal or no understanding of the meaning of retardation, feel child could learn if he tried to or blame his slowness on some other cause, very unrealistic with regard to child's future</td>
<td>13</td>
</tr>
<tr>
<td>Intermediate understanding, unsure of causation, unsure of future, tend to feel the Special class will bring him up to the same level as his age mates</td>
<td>30</td>
</tr>
<tr>
<td>Good understanding of the meaning of retardation and realistic about the child's future</td>
<td>18</td>
</tr>
</tbody>
</table>

#### Emotions

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>More emotionally balanced and able to contain disturbed feelings</td>
<td>20</td>
</tr>
<tr>
<td>Intermediate expression of emotion</td>
<td>30</td>
</tr>
<tr>
<td>Depressed, guilty or anxious</td>
<td>11</td>
</tr>
</tbody>
</table>

#### Acceptance of Child

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very accepting, sensitive to child's needs, attempt to include child wholly in family circle and as one who can contribute to family</td>
<td>33</td>
</tr>
<tr>
<td>Intermediate acceptance, display or some ambivalent feelings</td>
<td>24</td>
</tr>
<tr>
<td>Rejecting, occupied with child's liabilities, angry about child's handicaps, tendency to exclude child from family circle and belittle his contributions to the family</td>
<td>4</td>
</tr>
</tbody>
</table>
These ratings were made after the interview was finished and constitute a summary of the parents' feelings and understanding of their child and his handicap. Defensive behavior such as denial and projection was not uncommon among the parents, although only a small number were unable to see any signs of slowness in their child (for example, one parent of a boy who had an I.Q. score of 84 wanted him to go on to University and become a doctor). A much larger number of parents were simply uncertain and asked such questions as "will my daughter ever get married", "When will my boy be able to go back into the regular class" (parents tended to ask numerous questions throughout the interview on many topics both related and unrelated to the Special class itself).

In response to the question "Of all your contacts, which did you find most helpful?", over half of the parents said that they could not answer the question; five stated that none of their contact had been helpful, five favored their medical contacts, eleven favored the help they had received from educational personnel and seven spoke of either a public health nurse or a psychologist.

Parents were also asked who they would approach if they were going to seek further help. The responses were as follows: don't need any more help - 3, don't know who I would approach - 22, school personnel - 24, family doctor - 5, psychiatrist - 5, social worker or public health nurse - 4.

The large number stating that they did not know where they would go could be explained by the following findings. About half of the parents did not express any real concern about their child's future. The rest expressed real concern about the future and had few plans or ideas
of what their child might accomplish during school and after graduation. Parents of the older children (12 to 18 years) were amongst the most concerned, worrying mainly about their child's ability and opportunity to obtain employment after he left school.

The self-administered questionnaire gives more information, breaking down this felt-need into the various areas of service. The first question in this form concerned the extent to which parents felt that their child still needed special help.

**TABLE XX:** Need of Child for Further Help

<table>
<thead>
<tr>
<th></th>
<th>to a great extent</th>
<th>a lot</th>
<th>some</th>
<th>a little</th>
<th>not at all or not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>18</td>
<td>16</td>
<td>13</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Medical</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>9</td>
<td>29</td>
</tr>
<tr>
<td>Recreation services</td>
<td>8</td>
<td>10</td>
<td>16</td>
<td>4</td>
<td>23</td>
</tr>
<tr>
<td>Immediate family</td>
<td>13</td>
<td>10</td>
<td>8</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Other relatives</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Social services</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>6</td>
<td>41</td>
</tr>
</tbody>
</table>
From this table it can be seen that most parents felt their child still needed special help in school. Parents' feelings were not as homogeneous with respect to the other areas. Few parents had had contact with a social worker or public health nurse and tended to be uncertain when answering this question; those who felt that some sort of social service would be helpful tended to be thinking about job preparation and placement. More than half of the parents felt that this child required more attention from themselves than their other children, but they saw this as a problem for the nuclear family, not the extended family. Many families had even hesitated to tell other relatives that the child was in a Special class. It should be noted here that the above comments are not derived solely from scrutinizing the completed questionnaires; with very few exceptions, parents talked about the responses they were noting down. The interviewer refrained from giving any direction but conversed with the parents about their feelings. In about five cases the parent could not read or write. The interviewer then read the question to them and noted their response.

The second question in this questionnaire asked parents to estimate to what extent they and their child had received the help they felt had been needed over the years.
TABLE XXI. Help Received by Parent and Child over the Years

<table>
<thead>
<tr>
<th>Source</th>
<th>to a great extent</th>
<th>a lot</th>
<th>some</th>
<th>a little</th>
<th>not at all not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>23</td>
<td>15</td>
<td>11</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Other children</td>
<td>9</td>
<td>14</td>
<td>8</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>Aunts and uncles</td>
<td>5</td>
<td>9</td>
<td>11</td>
<td>7</td>
<td>29</td>
</tr>
<tr>
<td>Grandparents</td>
<td>4</td>
<td>9</td>
<td>11</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>Neighbours</td>
<td>7</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>27</td>
</tr>
<tr>
<td>Recreation services</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td>Social services</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>44</td>
</tr>
<tr>
<td>School</td>
<td>16</td>
<td>16</td>
<td>18</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Medical services</td>
<td>13</td>
<td>3</td>
<td>10</td>
<td>12</td>
<td>23</td>
</tr>
</tbody>
</table>

The recreation and social service categories represent, it appears, the most noticeable gap in available services. The latter case seems to reflect an absence of services, the former, a possible inability of the children to effectively use the service.
After the findings were surveyed a number of cross-tabulations were made to assess independence of various items. The results of these tabulations will be presented here (Table in Appendix H). A high correlation was expected between the correspondence of the parents' estimate of the child's I.Q. to his actual I.Q. and the interviewer's rating of parents for awareness and understanding. There was an association found between the estimated I.Q. and awareness (chi square was invalid). Of those eight parents rated as having no (or very little) awareness, three had not been able to estimate the I.Q. and five had estimated an I.Q. which deviated from the actual by more than 10 points. There was no apparent relation between the estimated I.Q. and understanding.

Second Stage of Analysis:

The question of whether parents' help-seeking attempts were associated with the child's characteristics or parent's characteristics or both was not answered by the preceding findings. The following hypotheses were designed to assess the relative influence of the two. Because of the lack of information about the problems precipitating the parents' self-initiated contacts, an antecedent condition was selected for testing: awareness of parents of the existence of a problem. Parents were almost equally divided between those who became aware of some problem before the child was $2\frac{1}{2}$ years old and those who became aware after the child was $2\frac{1}{2}$.

In an attempt to see if there was any association between services received and parental adjustment (relief of distress), the antecedent condition of awareness was again selected.
Hypothesis la: The lower the I.Q. of the child, the earlier parents will first notice some problem. This hypothesis was not supported. Early recognition appears to be associated with a higher I.Q.

<table>
<thead>
<tr>
<th></th>
<th>0 to 79</th>
<th>80 to 100</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem recognized before age $2\frac{1}{2}$</td>
<td>18</td>
<td>11</td>
<td>29</td>
</tr>
<tr>
<td>Problem recognized after age $2\frac{1}{2}$</td>
<td>26</td>
<td>6</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

Of those children whose I.Q. was less than 79, a greater proportion did not cause their parents any concern until after age $2\frac{1}{2}$. Of those whose I.Q. was over 80, a greater proportion were discovered early.

Hypothesis lb: The retardation of the child having medical problems will be perceived earlier by parents than the retardation of children without medical problems. This hypothesis was supported.
TABLE XXIV. Medical Problems and Age of Recognition

<table>
<thead>
<tr>
<th></th>
<th>having medical problems</th>
<th>no medical problems</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition before age 2½</td>
<td>10</td>
<td>19</td>
<td>29</td>
</tr>
<tr>
<td>Recognition after age 2½</td>
<td>4</td>
<td>28</td>
<td>32</td>
</tr>
</tbody>
</table>

Of those fourteen having medical problems a greater proportion caused their parents some concern before age 2½.

**Hypothesis 1c:** Retardation of boys will be perceived earlier than retardation of girls. There was no support for this hypothesis.

**Hypothesis 1d:** High education of father will be associated with early recognition of retardation. This hypothesis was supported.

TABLE XXV. Education of Father and Age of Child when Problem was Recognized

<table>
<thead>
<tr>
<th></th>
<th>Less than grade 10</th>
<th>grade 10 or higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 2½ yrs.</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>After 2½ yrs.</td>
<td>16</td>
<td>15</td>
</tr>
</tbody>
</table>
Hypothesis IIa: The earlier the recognition of retardation, the greater is the chance that parents were satisfied with the initial help received from a professional person. There was no support found for this hypothesis.

Hypothesis IIb: The earlier the recognition of retardation, the greater is the chance that parents perceived their child's problems in the regular class as academic (rather than emotional). No support was found for this hypothesis.

Hypothesis IIc: The earlier the recognition of retardation the less likely the parents would be to find contacts with the regular class teacher to be impeding. Hypothesis not supported. These parents (who recognized their child's problem early) tended to find the contacts either very supportive or impeding. A greater number of those parents recognizing the problem after age 2½ found the contacts to be neutral. (Table XXVI in Appendix H).

Hypothesis IId: The earlier the recognition of retardation, the more often parents reported that they initiated the child's transfer into the Special class. The results here are inconclusive although there appears to be a slight trend supporting the hypothesis. (Table XXVII in Appendix H).
Hypothesis IIe: The earlier the recognition of retardation, the younger the child was when he entered the Special class. The hypothesis was supported.

**TABLE XXVIII.** Age at Recognition and Age when Entering the Special Class

<table>
<thead>
<tr>
<th>Recognition</th>
<th>less than 7 years</th>
<th>over 7 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>before $2\frac{1}{2}$ yrs.</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>after $2\frac{1}{2}$ yrs.</td>
<td>11</td>
<td>21</td>
</tr>
</tbody>
</table>
Nature of the Problems and Help Sought:

The findings indicated that the problems of the children as perceived by the parents change in degree and kind as the child passes through the various childhood stages. This observation was consistent with the theoretical formulation that was presented earlier in this paper. The problems that were recognized by parents were clearly related to some expectations that reflect the norms of performance and behavior in our society. The dichotomy of performance and/or behavior proved to be a useful one for this study as all parents differentiated between the two, speaking of either one or the other.

During infancy the problems perceived were predominantly medical in nature. During the toddler and pre-school stages societal expectations regarding performance become clearer; the problems perceived by the parents in this study reflect these expectations. There was a gradual increase in the frequency of behavior problems relating mainly to over-dependency, poor peer relations and hyperactivity. Parents' perceptions of hyperactivity and related symptoms (brain damage syndrome) is less clearly related to parental expectations of age-appropriate behavior. These symptoms may be perceived (or felt) at any stage of the child's development beginning as early as infancy. Suspected brain damaged children appear to have more characteristics in common with other brain damaged children of higher intelligence than with the mildly retarded child. The catch-all nature of the mild retardation
classification makes it difficult to study the group within a standard theoretical formulation. A corollary to this statement is the difficulty of standardizing a treatment or help-giving approach to the group.

During the child's adolescent stage the parents' concerns tended to focus on occupation or job possibilities. The child's performance in school begins to take on a new meaning (and becomes more clearly related to his future adult role).

The findings indicated also that the help sought by parents changed as the child passed through the stages of childhood and adolescence. Whether this was related to the changing nature of the child's problems or changes in the variety and availability of services has not been clearly answered by the findings as the latter aspect was not included in the focus of this study. There was some evidence that both affected the type of help sought by parents.

**Age of Child at time of Parents' Recognition of his Retardation:**

The age of the child at the time of the parents' initial awareness of some problem was not consistent for the whole sample. The ages ranged from shortly after birth to eleven years. Awareness, it was proposed by this study, would be an antecedant condition to help-seeking by parents. The findings of Schulman and Stern (17) that some awareness was present in the parents of the severely retarded child before their initial counselling session with a professional supports this proposition. The findings indicated that a number of factors were associated with the age at which the child's problems would first be perceived by the parents. The retrospective nature of the data collection throws suspicion on the finding that early awareness was associated with a higher I.Q. of the
child as measured in May, 1967. A lower I.Q. of the child might actually be associated with a reluctance of parents to reflect back on, or recall early concern and disappointments concerning the development of the child. Medical problems of the child in infancy was associated with early awareness, as well as higher education (over grade 10) of the father. Early awareness was also associated with the receiving of medical help in infancy (whether the parents approached the doctor or the doctor approached the parents was not established but one would suspect the latter case would be true). The factors influencing the age of the child at which the parents will seek or receive professional services, then, are multiple and not just restricted to the performance and/or behavior of the child.

**Child's Transfer into the Special Class:**

The child's transfer into a Special class from the regular class one would assume would be precipitated by the perceptions of school personnel (notably the regular class teacher) that the child was not able to cope with the regular class. For some parents this marked the initial recognition that their child was having difficulties. Findings indicated that the earlier the parents' recognition of their child's limitations, the younger he is when he was transferred to the Special class. A possible explanation is the slightly larger number of parents in this group who said that they initiated the move to transfer the child to a Special class. Here again, is evidence that the professional help received by the child is influenced by factors other than his performance and/or behavior as well as by these latter factors.
The findings indicated that parents have numerous contacts with professionals other than teachers when the child was of school age. As most parents indicated satisfaction with the educational help their child had received, one would not suspect the child's performance had precipitated these other contacts. Behavior problems of the child in the home and community were indicated by over half of the parents, providing an explanation for these other contacts. The services sought by these parents included a variety of professions. None of the parents mentioned a school counsellor, few mentioned a social worker. Public health nurses, psychologists and psychiatrists accounted for the greatest number of these other contacts.

**Parent Awareness and Understanding of the Child's Retardation:**

There was a large number of parents (over half) whom the interviewer rated as still not fully aware of their child's cognitive limitations. This finding was supported by the parents' estimates of their child's I.Q.; a large number of them deviated substantially from the child's actual I.Q. The age of the child when the parents first noticed something was not found to be related to subsequent awareness so that some factor other than time must be responsible for the parents' awareness and acceptance. The patterns of help-seeking of parents varied too much to be able to associate one or more patterns with success (i.e. full awareness and understanding). It was not within the scope of this study to focus on the actual services themselves. The findings indicate, however, that the performance and/or behavioral characteristics of the child which precipitate help-seeking by parents are not always
realistically perceived by the parents. Parents often seek the wrong answer; they look for someone to tell them that their suspicions are ill-founded. The strength of their feelings about various professionals often reflects their feelings of guilt, confusion and anxiety regarding the child.

The Sample

The sample selected for study lends some weight to the findings; the parents, in terms of occupations and education, represent persons from all walks of life. The problems concerning the mildly retarded child are not confined to one socio-economic group. Help-seeking, however, does seem to be affected by the father's education (higher education was associated with a greater frequency of help-seeking as well as earlier recognition of the child's retardation). To study a group of mildly retarded children and their parents from the point of view of a service (to select one's sample from the files of a special service agency) would then run the risk of studying a biased sample which would over-represent the more highly educated segment of the population.

The question still remains: are the child in this group typical of the children and their parents in the whole Special class population and are the Special class children and their parents typical of the whole population of mildly retarded children. This question cannot be answered but one would suspect that if there are differences in the problems felt by the whole population of parents of the mildly retarded children and in the problems felt by this sample of parents, that these differences would be only in degree, not kind.
In summary, this study was not intended to provide any answers for the various professional disciplines involved in giving services to the mildly retarded child or his parents. A description has been given of the children in the Special classes for slow learners and of their parents. This description has illustrated that the problems perceived by the parents of these children are not confined to developmental lags or learning difficulties but include behavior problems in the home and community. Any services that are designed to meet the needs of this group then, must take these latter problems into account. One should make a further distinction between the needs of the child and of his parents. Special services which are rendered to the child by a professional group are often misunderstood by the parents. They may not understand the nature of their child's limitation or may have not accepted their child's limitations even though they might be aware of something "different" about their child.


24. Informal conversations with Dr. Hamish Nichol, Associate Professor, Department of Psychiatry, Head, Section of Child Psychiatry, Faculty of Medicine, University of British Columbia.
The Interviews

Most of the interviews were conducted in the homes of the parents. Two parents chose to be interviewed in the office. The impression of the interviewer was that most of the parents felt quite relaxed in their own home and that an office interview might have increased their anxiety.

When possible, the fathers and mothers were interviewed separately; the mothers in the afternoon and the fathers in the evening. A number of the mothers sat in on their husband's interview, as if afraid that he might give a different story or impression to the interviewer. In such cases, the mother was ignored by the interviewer as much as was possible and attention was given to establishing rapport with the father.

About ten of the parents insisted that they be interviewed together. In such cases the interviewer asked each question of the mother first, then asked the father if he had anything further to add. This method did not seem to inhibit the responses of the fathers with the exception of one or two cases. There were, for most of the ten parents, points of disagreement and on one occasion, major disagreement (the mother vehemently denied any retardation in her son, the father was very realistic). The joint interview was more difficult for the interviewer and was avoided if possible.

Parents tended to ask many questions regarding their child and various services. The interviewer asked the parents to save their questions for the end of the interview unless answering the questions
seemed important to the parent's co-operation in the interview. A general discussion followed the interview in most cases. The parents often seemed reluctant to see the interviewer go and on a number of occasions asked whether the interviewer would return. As termination was considered an important phase of the research interview, the interviewer did not knowingly leave any of the parents in an anxious or upset state.
APPENDIX B

Letter explaining the project: sent out to all of the parents of children in a Special class for slow learners.
Dear Mr. and Mrs.

Re: Survey of Children in Special Classes

I am writing to tell you of a research project designed within the Faculty of Medicine, University of B.C., that has been approved by the Department of Research and Special Services of the Vancouver School Board.

The purposes of the survey are:

1. To consider the difficulties encountered by parents in getting needed help for their children enrolled in Special Classes.

2. To determine the pattern of services available in the community, and

3. To suggest possible improvements in community services for children who require special class education.

The plan is to select from these classes a small group of children whose parents agree to take part in the project. Then a research worker would call at each home selected and interview the parents. The children would not be interviewed.

Please consider if you would be willing to participate, mark the appropriate square below, and return your response in the envelope provided. There are about 1,300 pupils in Special Classes but the worker will have time to visit only 50 homes. You will be advised if yours is one of them.

Yours sincerely,

Principal of ____________________________ School

Response

I would be willing to participate, if selected

I would prefer not to participate

(Please check the appropriate square)
APPENDIX C

Interview Guide
SURVEY OF PARENTS OF CHILDREN
IN SPECIAL CLASSES
IN VANCOUVER CITY, 1966-1967

INTERVIEW GUIDE

Section of Child Psychiatry
Faculty of Medicine
University of British Columbia
1. NAME: ________________________________

Parent Interviewed:  
Mother  1  
Father  2

2. STUDY NUMBER:

3. SAMPLE GROUP:

Interviewed sample  1
No interview - responded with "no consent"  2
No interview, no response  3

4. ADDRESS: ________________________________

Area census tract number

5. BIRTHDATE:

(What was the date of your child's birth)

Day Mth. Yr.

6. SEX:

Male  1
Female  2
7. ETHNIC GROUP OF PARENTS:
   (Where were you and your husband born?)
   - Born in Canada 1
   - British Isles 2
   - French 3
   - German 4
   - Italian 5
   - Netherland 6
   - Polish 7
   - Russian 8
   - Scandinavian 9
   - Ukranian A
   - Other European B
   - Asiatic C
   - Other (specify) D

8. SPECIAL CLASS:
   - unknown 0
   - junior 1
   - intermediate 2
   - senior 3
   - secondary 4

9. NUMBER OF YEARS IN SPECIAL CLASS:
   (How many years has ____ been in the special class?)
   1, 2, 3, 4, 5, 6, 7, 8

10. AGE AT TIME OF ENTRY INTO SPECIAL CLASS:
    (How old was _________ when he first started a special class?)
    - unknown 0
    - five 1
    - six 2
    - seven 3
    - eight 4
    - nine 5
    - ten 6
    - eleven 7
    - twelve 8
    - thirteen 9
    - fourteen A
    - fifteen B
    - sixteen C
    - seventeen D

11. LAST REGULAR CLASS ATTENDED:
    (Was your child in a regular class before?)
    What was the last grade he attended?
    - unknown 0
    - one 1
    - two 2
    - three 3
    - four 4
    - five 5
    - six 6
    - seven 7
    - eight or higher 8
    - not previously in 9
    - regular class A
    - kindergarten B
    - other (specify) C
12. IF TRANSFERRED FROM REGULAR CLASS HIS PROBLEMS PERTAINED TO:
(How was _____ doing with his school work? What was his
behaviour like in the regular class?)

unknown 0
academic difficulties 1
emotional and behavioural problems 2
academic and emotional 3
dont' know 4
not applicable 5
other (specify) 6

13. PERCEPTION OF PROBLEM:

a) Did you think this was very serious:
minor, no problem 1
mild severity 2
major severity 3

b) Did you think this was something that you and
your family could handle?
yes 1
uncertain 2
no 3

14. PARENTS CONTACTS WITH PREVIOUS REGULAR CLASS TEACHER:
(How often did you see the teacher in the regular class?)

unknown 0
not applicable 1
once 2
twice 3
3-4 visits 4
more than 4 5
none 6

15. PARENTS REACTION TO CONTACTS:
(Did you feel the teacher was helpful, or not?)
supportive 1
neutral 2
impeding 3

COMMENTS: ____________________________________________

16. PRESENT SCHOOL PERFORMANCE (IN PARENTS' ESTIMATE):

a) Academic Work:
(How is your child doing now with his school work?)
good 1
average 2
poor 3
don't know 4

b) Relations with peers:
(How does he get along with the other children in his class?)
good 1
average 2
poor 3
don't know 4
16. PRESENT SCHOOL PERFORMANCE (IN PARENTS ESTIMATE): Cont'd
   c) Relation with teacher:
      (How does he get along with the teacher?)
      - good 1
      - average 2
      - poor 3
      - don't know 4

17. PARENT'S KNOWLEDGE OF CHILD'S PRESENT SCHOOL PERFORMANCE
    GAINED FROM:
    (How have you come to know what he does in school?)
    - unknown 0
    - child 1
    - teacher 2
    - counsellor or principal 3
    - child + other (specify) 4
    - other (specify) 5

18. CHILD'S ADJUSTMENT TO SPECIAL CLASS:
    (How do you think your child feels about the special class?)
    - likes class 1
    - average 2
    - dislikes class 3
    COMMENTS: ____________________________________________

19. PARENT'S FEELINGS ABOUT SPECIAL CLASS:
    (How do you feel about the special class?)
    - very good for child 1
    - average 2
    - harmful 3
    - uncertain 4
    COMMENTS: ____________________________________________

20. ARE MOTHER AND FATHER IN AGREEMENT OVER PLACEMENT OF CHILD
    IN SPECIAL CLASS:
    (Does your husband/wife feel the same way you do about the
     special class)
    - unknown 0
    - yes 1
    - uncertain 2
    - no 3
    COMMENTS: ____________________________________________
21. WHO INITIATED THE MOVE TOWARDS SPECIAL CLASS PLACEMENT:
(Whose idea was it to put _______ in a special class?)
- unknown: 0
- parent: 1
- school personnel: 2
- physician: 3
- other (specify): 4

22. WHO FIRST SPOKE TO THE PARENTS ABOUT SPECIAL CLASS PLACEMENT:
(Who was the first person you spoke to about the special class?)
- unknown: 0
- regular class teacher: 1
- counsellor or principal: 2
- school board director of special classes: 3
- Psychiatrist (M.H.C.): 4
- Physician: 5
- other (specify): 6

23. AGE OF CHILD AT THAT TIME:
(How old was _______ at that time?)
- five: 1
- six: 2
- seven: 3
- eight: 4
- nine: 5
- ten: 6
- eleven: 7
- twelve: 8
- thirteen: 9
- fourteen: A
- fifteen: B
- sixteen: C
- seventeen: D

24. PARENTS’ REACTION TO THIS CONSULTATION:
(Did you find this conversation helpful, or not?)
- supportive: 1
- neutral: 2
- impeding: 3

COMMENTS: ____________________________________________________________

__________________________________________________________

25. WAS ANYONE ELSE CONSULTED BY PARENTS:
(Who else did you talk to about the special class?)
- no one else: 1
- school teacher or principal: 2
- counsellor: 3
- director of special classes: 4
- physician: 5
- psychiatrist: 6
- more than 1 of above (specify): 7
- other (specify): 8
26. PARENT'S REACTION TO THIS SECOND CONSULTATION:
(Was this helpful, or not?)
supportive 1
neutral 2
impeding 3

27. PARENT'S REASON FOR THE SECOND OR SUBSEQUENT CONSULTATIONS:
(Why did you have more than one conversation about the special class?)
at other person's requests 1
wanted more information 2
unsure of why child was being placed 3

COMMENTS: ____________________________________________________________

________________________________________________________

28. SPECIFY AND RATE (SUPPORTIVE, NEUTRAL OR IMPEDING) EACH CONSULTATION:
(Could you give me the names of all the persons you contacted?)
First: ______________________ 1
2
3
N/A

Second: ______________________ 1
2
3
N/A

Third: ______________________ 1
2
3
N/A

29. HOW MIGHT THE CONSULTATIONS HAVE BEEN MORE HELPFUL?

________________________________________________________

________________________________________________________

30. REASON FOR PLACEMENT IN SPECIAL CLASS IF CHILD WAS NOT PREVIOUSLY IN REGULAR CLASS:
(Why was _________ placed in the special class?)
don't know 0
slow learner 1
behaviour problems 2
academic behaviour 3
other (specify) 4
N/A 5
31. CONTACTS WITH SCHOOL PERSONNEL SINCE SPECIAL CLASS PLACEMENT:

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(how often have you met?)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>once</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>twice</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>three to four times</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>more than 4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>not at all</td>
<td>5</td>
</tr>
</tbody>
</table>

b) Frequency satisfaction:
(would you like to see them more or less often or is it just about right?)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>would like more</td>
<td>1</td>
</tr>
<tr>
<td>just right</td>
<td>2</td>
</tr>
<tr>
<td>too often</td>
<td>3</td>
</tr>
</tbody>
</table>

c) Parent's reactions to meetings:
(Are they helpful?)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>supportive</td>
<td>1</td>
</tr>
<tr>
<td>neutral</td>
<td>2</td>
</tr>
<tr>
<td>impeding</td>
<td>3</td>
</tr>
</tbody>
</table>

COMMENTS: ____________________________________________________________

32. CHILD'S BEHAVIOUR IN HOME:
(How is your child behaving at home?)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>sibling rivalry</td>
<td>1</td>
</tr>
<tr>
<td>aggression</td>
<td>2</td>
</tr>
<tr>
<td>delinquency</td>
<td>3</td>
</tr>
<tr>
<td>sexual problems</td>
<td>4</td>
</tr>
<tr>
<td>dependency</td>
<td>5</td>
</tr>
<tr>
<td>discipline problems</td>
<td>6</td>
</tr>
<tr>
<td>withdrawal</td>
<td>7</td>
</tr>
<tr>
<td>communication problems</td>
<td>8</td>
</tr>
<tr>
<td>multiple problems(specify)</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>other (specify)</td>
<td>A</td>
</tr>
<tr>
<td>none of above</td>
<td>B</td>
</tr>
</tbody>
</table>
### 33. CHILD'S BEHAVIOUR:
(What in particular made it more difficult to handle ____?)

<table>
<thead>
<tr>
<th>Age</th>
<th>Problem</th>
<th>Severity</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toddler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preschool</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 34. CHILD'S BEHAVIOUR IN COMMUNITY

a) How is _________ getting along out in the neighbourhood?

- aggression 1
- delinquency 2
- withdrawal 3
- sexual problems 4
- communication problems 5
- multiple problems (specify) 6

b) Is this behaviour something you and your family can cope with?

- yes 1
- uncertain 2
- no 3
35. OTHER CONTACTS OF CHILD (IN SCHOOL YEAR 66-67)
(Besides the people you have seen at the school this year, who else have you or your child participated in?)

<table>
<thead>
<tr>
<th>Contact</th>
<th>Reason</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(I've asked you many questions about your child, now I'd like to ask you a few questions about yourself and your family)

36. AGE OF:
(Your age is? Your husband's/wife's age is?)

<table>
<thead>
<tr>
<th>Age of</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>less than 15 years</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>15-19 years</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>20-24 years</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>25-29 years</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>30-34 years</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>35-39 years</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>40-44 years</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>45-49 years</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>50 or more years</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

37. AGE AT TIME OF CHILD'S BIRTH:
(Your age when ______ was born? Your husband's?)

<table>
<thead>
<tr>
<th>Age at Birth</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>less than 15 years</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>15-19 years</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>20-24 years</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>25-29 years</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>30-34 years</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>35-39 years</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>40-44 years</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>45-49 years</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>50 or more years</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
38. NUMBER OF SIBLINGS:
(How many children do you have?)
- one 1
- two 2
- three 3
- four 4
- five 5
- six 6
- seven or eight 7
- nine or more 8
- unknown 9

39. RANK ORDER OF CHILD IN FAMILY:
(Was  your?)
- unknown 0
- first 1
- second 2
- third 3
- fourth 4
- fifth 5
- only child 6
- other 7

40. AGE GAP BETWEEN CHILD AND SIBLINGS:
CHILD | OLDER SIB. | YOUNGER SIB.
---|---|---
unknown | 0 | 0
one year | 1 | 1
two years | 2 | 2
three years | 3 | 3
four years | 4 | 4
five years | 5 | 5
six or more | 6 | 6

41. SIBLINGS:
(Are all your children at home?)
- all at home 1
- some away 2
- all away (except child ) 3

42. IS THERE ANYONE ELSE LIVING IN YOUR HOME:
- yes (specify) 1
- no 2

43. APPEARANCE OF CHILD:
(Who does  look like in your family?)
- unknown 0
- 'normal' 1
- looks retarded 2

If 2, describe: ____________________________
44. **OCCUPATION:**
    (Your occupation is? Your spouse's is?)

<table>
<thead>
<tr>
<th></th>
<th>FATHER</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>professional or managerial</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>clerical or sales</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>service</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>agriculture, fish, forest</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>skilled</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>semiskilled</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>unskilled</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>housewife</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>student</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>unemployed</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>retired</td>
<td>B</td>
<td>B</td>
</tr>
<tr>
<td>other (specify)</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

45. **PARENTS EDUCATION:**
    (How far did you, your spouse, go in school?)

<table>
<thead>
<tr>
<th></th>
<th>FATHER</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>grade 1-5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>grade 6-7</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>grade 8-9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>grade 10-12</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>university</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>vocational</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>other (specify)</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

46. **PARENTS RELATIONSHIP TO CHILD:**
    (Was ________ born to you and your husband? )

<table>
<thead>
<tr>
<th></th>
<th>FATHER</th>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>unknown</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>natural</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>stepparent</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>foster parent</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>adoptive parent</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>absent - divorce</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>absent - separation</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>absent - death</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>other (specify)</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

47. **NUMBER OF RELATIVES IN AREA:**
    (Are both you and your husband’s parents living in this area? What about brothers and sisters?)

a) **Respondent's parents**
   - neither one
     - both

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>one</td>
<td>2</td>
</tr>
<tr>
<td>both</td>
<td>3</td>
</tr>
</tbody>
</table>

b) **Spouse's parents**
   - neither one
     - both

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>one</td>
<td>2</td>
</tr>
<tr>
<td>both</td>
<td>3</td>
</tr>
</tbody>
</table>

c) **Respondent's sibs**
   - none
     - one or some
       - all (state no)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>1</td>
</tr>
<tr>
<td>one or some</td>
<td>2</td>
</tr>
<tr>
<td>all (state no)</td>
<td>3</td>
</tr>
</tbody>
</table>

d) **Spouse's sibs**
   - none
     - some
       - all (state no)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>1</td>
</tr>
<tr>
<td>some</td>
<td>2</td>
</tr>
<tr>
<td>all (state no)</td>
<td>3</td>
</tr>
</tbody>
</table>
48. FREQUENCY OF CONTACT WITH RELATIVES:
(How often do you see your relatives?)
   a) Respondent's parents—every day 1
      1-3 times a week 2
      1-3 times month 3
      1-3 times year 4
      never 5
      n/a 6
   b) Spouse's parents
   c) Respondents' sibs.
   d) Spouse's sibs.

49. AGE WHEN PROBLEM FIRST APPEARS:
(At what age did you first notice something with
that caused you some concern or did not seem quite right?)
   unknown 0
   0-1 years 1
   1-2½ years 2
   2½-5 years 3
   6-puberty 4
   adolescence 5
   don't know 6

50. FIRST RECOGNIZED PROBLEM RELATED TO: (SPECIFY)
(What in particular made you think this?)
   Social - interfamilial 1
       community 2
       school 3
   Medical (physical) 4
   Intellectual- cognitive development 5
       learning problems 6
   Developmental lags 7
   Multiple problems (specify) 8

__________________________________________________________

COMMENTS: ___________________________________________
__________________________________________________________

51. PARENTS PERCEPTION OF PROBLEM:
   a) How serious did you think this might be?
      "no problem" 1
      mild 2
      very serious 3
   b) Was this some thing you felt that you and your family could handle?
      yes 1
      uncertain 2
      no 3
52. WHO DID PARENT'S FIRST TALK TO REGARDING THE PROBLEM:
(Who was the first person you talked to about this?)
unknown 0
relative (specify) 1

neighbour 2
physician 3
child specialist 4
psychiatrist 5
social worker 6
public health nurse 7
school person 8
other (specify) 9

53. AGE OF CHILD AT THIS TIME:
(How old was at this time?)
unknown 0
0-1 yr. 1
1-2 yr. 2
2-3 yr. 3
6-puberty 4
adolescence 5

54. PARENTS' FEELINGS ABOUT THIS INITIAL CONVERSATION:
(Was this conversation helpful or not?)
supportive 1
neutral 2
impeding 3

55. SUBSEQUENT CONTACTS:
(Specify, give reason for and rate each consultation or activity the child has engaged in prior to school year 666-67)
(supportive, neutral, impeding)

2nd Consultation
Who: __________________________ Why: __________________________ Rate: ____________
Age of Child: __________________________

3rd Consultation
Who: __________________________ Why: __________________________ Rate: ____________
Age of Child: __________________________

4th Consultation
Who: __________________________ Why: __________________________ Rate: ____________
Age of Child: __________________________

5th Consultation
Who: __________________________ Why: __________________________ Rate: ____________
Age of Child: __________________________
55. CONT'D

6th Consultation:
Who: __________________________ Why: __________________________ Rate: _____________
Age of Child: ________________

7th Consultation:
Who: __________________________ Why: __________________________ Rate: _____________
Age of Child: ________________

8th Consultation:
Who: __________________________ Why: __________________________ Rate: _____________
Age of Child: ________________

9th Consultation:
Who: __________________________ Why: __________________________ Rate: _____________
Age of Child: ________________

10th Consultation:
Who: __________________________ Why: __________________________ Rate: _____________
Age of Child: ________________

56. WHO MADE THE FIRST PROFESSIONAL ASSESSMENT OF THE CHILD:

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>unknown</td>
<td>0</td>
</tr>
<tr>
<td>physician</td>
<td>1½</td>
</tr>
<tr>
<td>psychiatrist</td>
<td>2</td>
</tr>
<tr>
<td>school personnel</td>
<td>3</td>
</tr>
<tr>
<td>other (specify)</td>
<td>4</td>
</tr>
<tr>
<td>none made yet</td>
<td>5</td>
</tr>
</tbody>
</table>

57. AGE OF CHILD AT TIME OF THIS ASSESSMENT:

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>unknown</td>
<td>0</td>
</tr>
<tr>
<td>0-1 yr.</td>
<td>1</td>
</tr>
<tr>
<td>1-2½ yrs.</td>
<td>2</td>
</tr>
<tr>
<td>2½-5 yrs.</td>
<td>3</td>
</tr>
<tr>
<td>6-puberty</td>
<td>4</td>
</tr>
<tr>
<td>adolescence</td>
<td>5</td>
</tr>
</tbody>
</table>
58. TREATMENT RECOMMENDED:
(Did this professional person give you any suggestions or recommend anything in particular)
- unknown: 0
- medical: 1
- psychiatric/in patient: 2
- psychiatric out patient: 3
- remedial help in learning: 4
- special class placement: 5
- special play school: 6
- family therapy: 7
- no recommendation: 8
- other (specify): 9

59. TREATMENT CARRIED OUT:
(Was this carried through)
- yes: 1
- no: 2
- partially: 3
- don't know: 4
- N/A: 5

60. AFTER THE FIRST PROFESSIONAL ASSESSMENT (IF THERE WAS ONE)
WERE OTHER PROFESSIONALS SEEN:
- unknown: 0
- yes: 1
- no: 2

61. IF YES, WHY:
(How did you come to see more than one professional person?)
- unknown: 0
- referral from professional: 1
- self referral: 2
- parents approach by another: 3
- other (specify): 4

COMMENTS: __________________________________________

________________________________________________________
62. SOURCE OF AID FOR PARENTS:
(Who did you see for advice for yourself?)

<table>
<thead>
<tr>
<th>DATE</th>
<th>CONTACT</th>
<th>REASON</th>
<th>HELPFUL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

63. OF ALL THE CONTACTS, WHICH WAS THE MOST HELPFUL:

______________________________
WHY:

______________________________

______________________________

______________________________

______________________________

______________________________

64. IF YOU WERE GOING TO SEEK FURTHER HELP NOW, WHO WOULD YOU APPROACH:

______________________________
WHY:

______________________________
65. HOW MIGHT THE EXISTING SERVICES BE MORE HELPFUL:

________________________________________________________

________________________________________________________

________________________________________________________

66. WHAT SERVICES MIGHT BE HELPFUL WHICH ARE NOT PRESENTLY AVAILABLE:

________________________________________________________

________________________________________________________

________________________________________________________

67. ADDITIONAL COMMENTS:

________________________________________________________

________________________________________________________

________________________________________________________

68. PARENTS ESTIMATE OF CHILD'S I.Q.

_________ yrs. _______ months C.A. = I.Q. ______

69. WHAT DO YOU FEEL ABOUT YOUR CHILD'S FUTURE:

________________________________________________________

________________________________________________________

________________________________________________________
APPENDIX D

Self-Administered Questionnaire
SELF ADMINISTERED QUESTIONNAIRE FOR
PARENTS OF CHILDREN IN SPECIAL CLASSES

INTERVIEW FORM II

Section of Child Psychiatry
Faculty of Medicine
University of British Columbia
1. STUDY NUMBER: 

2. PARENT:
   Mother  1
   Father  2

3. DATE OF BIRTH: 
   Day Mth Yr.

4. ADDRESS: 
   ________________________________
5. **Do you feel that your child has special need for help from any of the following:**
   
   (Check the appropriate column)

<table>
<thead>
<tr>
<th>To a great extent</th>
<th>a lot</th>
<th>some</th>
<th>a little</th>
<th>not at all</th>
<th>not applicable</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>School 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Recreation Services 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Social Services 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Family (H,W and siblings of Hus. and Wife)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other relatives 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple (specify) 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. TO WHAT EXTENT HAVE THE FOLLOWING PERSONS GIVEN YOU AND YOUR CHILD THE HELP THAT WAS REQUIRED OVER THE YEARS:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>to a great extent</td>
<td>a lot</td>
<td>some</td>
<td>a little</td>
<td>not at all</td>
<td>not applicable</td>
<td>REASON</td>
</tr>
<tr>
<td>Husband</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Children</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aunts and Uncles</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandparents</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neighbours</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7. TO WHAT EXTENT HAVE THE FOLLOWING AGENCIES GIVEN YOU AND YOUR
CHILD THE HELP THAT WAS REQUIRED OVER THE YEARS:
(Please specify the persons or places in particular you are thinking
of: social worker, psychologist, etc.)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Recreation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Social Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E

Interviewer's Rating of Parents
INTERVIEW RATING OF PARENTS OF CHILDREN

IN SPECIAL CLASSES

INTERVIEW FORM III

Section of Child Psychiatry
Faculty of Medicine
University of British Columbia
1. **AWARENESS (OF DEGREE OF RETARDATION IN CHILD)**

   a) Not aware of any degree of retardation in child (because of lack of insight, denial, etc.)  
      [1]

   b) Intermediate awareness; feel child is 'slow' in some areas but not all; see other slow areas as related to emotional or medical problems.  
      [2]

   c) Full awareness of the degree of retardation in child, realistic about child's capacities  
      [3]

2. **UNDERSTANDING (OF CAUSE, MEANING AND PROGNOSIS OF RETARDATION)**

   a) Minimal or no understanding of the meaning of retardation; feel child could learn "if he tried to" or blame his slowness on some other cause; very unrealistic in regard to future  
      [1]

   b) Intermediate understanding; unsure of causation, unsure of future, tend to feel that the special class will bring him up to the same level as his age-mates  
      [2]

   c) Good understanding of the meaning of retardation and realistic about the child's future  
      [3]

3. **PARENTS' EMOTIONS (IN DISCUSSING THE CHILD'S HANDICAPS) AND IN DISCUSSING DAY TO DAY DEALINGS WITH CHILD**

   More emotionally balanced or more able to contain disturbed feelings  
   [1]

   Intermediate expression of emotion  
   [2]

   Depressed, guilty or anxious  
   [3]

4. **ACCEPTANCE OF CHILD**

   Very accepting, sensitive to child's needs, attempt to include child wholly in family circle and as one who can contribute to the family  
   [1]

   Intermediate acceptance - display of some ambivalent feelings  
   [2]

   Rejecting - occupied with child's liabilities, angry about child's handicaps, tendency to exclude child from family circle and belittle his contributions to the family  
   [3]
APPENDIX F

Questionnaire to Teachers
To the Teacher:

A survey is presently being conducted by the Department of Medicine, U.B.C., on the children in Special classes. Some additional information is needed and we would be grateful to you if you could furnish it for us.

Re: ___________________________
    Child's Name

_____________________________
    School

1. As far as you are able to determine, is English the language spoken at home by this child's parents?

   yes  [ ]

   no   [ ]

   If you think not, please specify the language you believe is spoken in this child's home

2. During the school year 1966-67, how often did you speak with one or both of this child's parents?

   once  [ ]

   twice  [ ]

   3-4 times  [ ]

   more than 4 times  [ ]

   not at all  [ ]

3. How would you rate this child's general behavior in the classroom?

   very good  [ ]

   average  [ ]

   very poor  [ ]

Please complete this form and return it to the Department of Research and Special Services by October 10, 1967.

Thank you for your co-operation in this survey.

E.N. Ellis, Assistant Director, Research and Standards
APPENDIX G

Information from School Board Records
INFORMATION FROM SCHOOL RECORDS

FOR SURVEY OF PARENTS OF

CHILDREN IN SPECIAL CLASSES

Section of Child Psychiatry
Faculty of Medicine
University of British Columbia
68. CHILD'S STUDY NUMBER: 130-132

69. ATTENDANCE:
- unknown 0
- regular 1
- irregular 2

70. TESTS:
(most recently administered tests since placement in special class)

   a) C.A.  
   b) M.A.  
   c) I.Q.

   unknown 0
   0-49 1
   50-59 2
   60-69 3
   70-79 4
   80-89 5
   90-99 6
   100-109 7
   >110 8

71. TEST:
(Test administered before placement in special class)

   a) C.A.  
   b) M.A.  
   c) I.Q.

72. COMMENTS ON BEHAVIOUR IN SCHOOL:
- unknown 0
- good 1
- average 2
- poor 3

   COMMENTS: ____________________________________________
   ____________________________________________
73. COMMENTS ON COUNSELLING GIVEN CHILD AND/OR FAMILY (OR ADVICE):


74. HOME VISIT OR TELEPHONE CONTACT AT TIME OF SPECIAL CLASS PLACEMENT:
(between parents and School Board)

School Board feels parents fully understood reasons for placement and are in agreement 1

School Board uncertain of parents' understanding 2

Parents disagreed or did not understand but agreed to placement 3

COMMENTS: __________________________________________

________________________________________

________________________________________

________________________________________
APPENDIX H

Tables XXII, XXVI, XXVII
### TABLE XXII. Deviation of Parent I.Q. from Test I.Q. and Rating of Parent Awareness

<table>
<thead>
<tr>
<th></th>
<th>no awareness</th>
<th>some</th>
<th>full awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not able to estimate I.Q.</td>
<td>3</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Parents I.Q. within 10 points below test</td>
<td>0</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Within 10 points above test I.Q.</td>
<td>0</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Greater than 10 points below</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Greater than 10 points above</td>
<td>5</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>29</td>
<td>24</td>
</tr>
</tbody>
</table>
**TABLE XXII.** Age of Child when Problem First Recognized and Parents' Feelings about Contacts with Regular Class Teacher

<table>
<thead>
<tr>
<th>Recognition before age $2\frac{1}{2}$</th>
<th>supportive</th>
<th>neutral</th>
<th>impeding</th>
<th>unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11</td>
<td>5</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Recognition after age $2\frac{1}{2}$</td>
<td>6</td>
<td>14</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

**TABLE XXVII.** Age of Child when Problems First Recognized and parents' Reports of who Initiated the Special Class Placement

<table>
<thead>
<tr>
<th>Recognition before age $2\frac{1}{2}$</th>
<th>parent initiated</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>Recognition after age $2\frac{1}{2}$</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>