

# RESEARCH IN A PRACTICE SETTING: AN INTERIM REPORT ON A COMMUNITY CENTER PROJECT FOR HANDICAPPED CHILDREN \*

by ARTHUR SCHWARTZ

*Research Associate, Associated YM-YWHA's of Greater New York*

THE program at the Mosholu-Montefiore Community Center, integrating orthopedically handicapped children into the ongoing Junior Program, is unique in that it is one of the few "special" programs preceded by a systematic study of the population to be served. The program was sponsored by a grant from the Association for the Aid of Crippled Children. I was assigned to the staff in June of 1960, and the first handicapped child was not admitted to program until October of 1961. During this time I interviewed a sample of orthopedically handicapped children, in depth, and the findings of the survey were used by the agency to plan the program.

Sparing the technical details, which may be found elsewhere,<sup>1</sup> the findings, briefly, were as follows:

## Study Findings

There was a large number of handicapped children previously "unseen" living within a two-mile radius of the Mosholu-Montefiore Community Center; they were essentially isolated and shut

\* Presented at the Annual Meeting of the National Conference of Jewish Communal Service, Cleveland, Ohio, June 3, 1963.

<sup>1</sup> Arthur Schwartz, *Social and Recreational Patterns of Orthopedically Handicapped Children*, The Associated YM-YWHA's of Greater New York, 1962.

off from both informal neighborhood play and organized recreation; they desperately needed, and seemed to want, organized spare-time activities; they were not being served, though there were social agencies in the neighborhood; in fact, their parents often did not know of these agencies; unfortunately, this perception was a realistic one as these agencies had not made themselves available to these children. The majority of parents voiced realistic expectations of the Center; they wanted a recreational service and not a medical rehabilitation (if anything, these children had been over-exposed to medical treatment agencies).

Furthermore, the study revealed that knowledge of medical diagnosis and onset of illness was much less important than knowledge of the estimated degree of disability (i.e., the functional level and ability). The greater the degree of disability, the more likely the child was to be placed in a special school setting, the more withdrawn he was in relationship to the outside world, and, understandably, more often than not, TV was his only source of contact with the outside world.

While most parents had a good intellectual understanding of their child's illness, there was much hidden tension in the parent-child relationship as re-

vealed by indirect scaling devices and our later experiences.

The first fifteen children entered the program in October of 1961. This first year was co-sponsored by the New York Service for the Orthopedically Handicapped, an agency with many years of experience in the field of the physically handicapped. As of June 1963, twenty-six orthopedically handicapped children are in the program. They range in age from 5½ to 13. They are distributed by ones or twos to groups of eight to ten children. At present, they are enrolled in social club groups, art classes, fun groups, mass activities, gym; in short the regular range of Junior Program activities of the community center. They are transported to the Center in private taxicabs. We pay for this on a trip basis. The average cost is \$2.00 per child per day. Parents contribute according to their ability to pay. Most pay little, if anything; most parents also receive membership scholarships, for these families are burdened by many extra expenses, the most obvious of which is heavy medical expenses.

While our survey showed the desire to use the community center rose in direct relationship to the degree of physical disability, we predicted, correctly, that it would be the moderately disabled child who would be most likely to use the Center for it was the moderately disabled child, the child neither "sick" nor "well," who was most conflicted, most likely to be misplaced in school, and most socially inept. We found, quite early in this program, that the mildly handicapped child who was clumsy or awkward, but without visible defect, is often the child most shunned and scapegoated. The social disabilities of these children are often more of a handicap to them than their physical disabilities. This belies the commonly held assumption that there is a direct relationship between

the degree that the child is disabled and the severity of his personality disorganization. It also weakens the protests of those who state that special equipment is needed for these children. We agree with Cole and Podell, who found that the demand for special equipment is directly related to the experiences of the community center director.<sup>2</sup> Those who have not had experience with handicapped children cited the need for ramps, doctors, medical equipment, etc., while those more experienced stressed that what is needed is more of the traditional group work services such as additional staff, closer supervision, more recording time, and so forth.

The integration of the handicapped children into the Center has gone more smoothly than expected, but it has not been without problems. Some of the problems have been discussed elsewhere<sup>3</sup> and the entire program is under constant study, analysis and experimentation. While we are still analyzing our data, we have found, in addition to the factors cited above, that the type of group the child is placed into is extremely important; the more withdrawn child functions better in a special interest group, where the interaction is more selective than in a club group. Placement in a club group should sometimes be considered as a goal and not used immediately.

We feel that non-handicapped group members should be told that the child is handicapped as part of the "contract" that the leader makes with the

<sup>2</sup> Minerva Cole and Lawrence Podell, "Serving Handicapped Children in Group Programs," *Social Work*, Vol. VI (January, 1961), pp. 97-104.

<sup>3</sup> Arthur Schwartz and Marvin Lieberman, "Integrating the Orthopedically Handicapped Child into the Center," *Program Aids*, Summer, 1963, pp. 1-4.

group.<sup>4</sup> We intend to experiment with this approach next year.

"Success" in a group is related less to the degree of physical handicap than to the child's level of social maturity.

Most parents of handicapped children are almost pitifully grateful for the services, tend to identify with the project, and need help towards identifying with the agency as a whole.

We also feel that there should be no more than two handicapped children to a group of eight or more; never more than one to a group under eight in size, for you reach a "tip-over" point that discourages the non-handicapped members. The activity level of the group should be kept as nearly "normal" as possible, with alternate roles found for the handicapped child rather than "slowing down" the group excessively and creating a gulf between the handicapped and non-handicapped children.

We have also observed that the visibility of the handicap was a crucial factor in adjustment; children tended to be more accepting of the child who is easily identified as being handicapped. The post-polio child on crutches is often more easily accepted than the moderately disabled cerebral palsy child who is not perceived as handicapped but as being "jerky," or "queer."

Finally, a differential in acceptance appears between those children whose thinking processes are unaffected, such as the post-polio or Legg Perthes child, and those children with cerebral or thinking disorders such as cerebral palsy or brain-damage. These are all preliminary findings subject to later revision.

#### **Focus of Study on Process and Exploration**

We are presently conducting the project as a demonstration and research project

under a three-year grant from the United States Children's Bureau. The staff consists of a research project director, a program coordinator, and a caseworker. In addition to assisting in the research, the coordinator manages the action phase of the program by supervising staff, arranging for transportation, conducting parent meetings and coordinating all ancillary services such as casefinding, medical consultations, casework services and community relations, and contact with other agencies. The caseworker also assists in the research, performs some of the functions related to referral and other treatment services, assists with parent meetings and also works at varying levels of intensity with a selected group of children, and their families, around personality and adjustment problems.

The primary purpose of this project is to investigate "what happens" when such a program is introduced into a non-specialized setting. What are the consequences of introducing such a program into a community center whose principal clientele is, and must remain, the "normal" (i.e. non-handicapped or "non-problem") population? The research aspect is focused on an examination of the process of integration to determine (1) whether or not such a program is feasible for other community centers and, if so, (2) what can be learned from this project that can be applicable to conducting similar programs in other centers. The emphasis is on process; the research is not aimed towards evaluating change in the youngsters, for the program makes no such elaborate claims. We merely want to answer the question, "what happens?". This is, unfortunately, a very complicated question. As Professor William Schwartz has stated, ". . . despite the impatience of those who would like to move as quickly as possible into studies of outcome and ef-

<sup>4</sup> William Schwartz, "Toward a Strategy of Group Work Practice," *Social Service Review*, XXXV (September, 1962), pp. 268-79.

fectiveness, our main progress for a time will probably be in studies of process and of limited effects . . . our important devices are still descriptive, exploratory, and theory-developing; our major tools . . . the group record, . . . critical incident . . . (and so forth)."<sup>5</sup>

We must engage in exploratory research rather than jump into evaluation. The problems in doing evaluatory research are presented very clearly in Elizabeth Herzog's excellent little pamphlet.<sup>6</sup> To do evaluative research you need: (1) A base line (where were the children when they started?); (2) A measure of where they were when they finished; (3) A clear picture of, and measurement of, the stimulus and intervening variables (what caused the change?); and, (4) A satisfactory answer to the question "how do we know this could not have happened by chance?". This last means some sort of control device, to show not only that the children changed in reality (and not merely on the measuring instruments) but that change was due to the stimulus (program) and not to growth, maturation and other random factors.

I don't have to describe the difficulties involved in setting up control groups in a service-oriented agency whose functions are prescribed by the community, and not by the demands of research. No researcher in his right mind would ask the program director to assign children to groups randomly instead of grouping them in accordance with social group work principles.<sup>7</sup> What this all means

is that we cannot talk of "evaluative research" of any "special" program in a community center as long as there is little, if any, valid research on the usual membership, and the "regular" process of social group work. We need to lay the foundation of the building before we can begin adding the second floor.

We also do not need research that is statistically significant but substantively meaningless, and not related, eventually, to practice. All our efforts must give a satisfactory answer to Morris Raphael Cohen's profound question "So what?".

The small size of the sample at Mosholu-Montefiore Community Center, has a positive feature from a research point of view. While it prevents us from concentrating on a study of outcome, of determining change on a before-after basis, it forces us to focus our research on the process. Thus, we are engaged not only in the study of the process of handicapped children interacting within groups of non-handicapped children, but are engaged in a generic study of social group work process, per se. We want to know, literally, what happened. Our methods are observation, the life-space and focused interview, the recording of critical incidents, recordings of supervisory sessions, and the use of group records. We interview the children periodically, using projective devices developed especially for orthopedically handicapped children, to ascertain their reactions to program.<sup>8</sup> Parents are being reinterviewed and retested with attitude

<sup>5</sup> *Ibid.*, p. 278.

<sup>6</sup> Elizabeth Herzog, *Some Guide Lines for Evaluative Research*, Children's Bureau, Department of Health, Education & Welfare, Washington, D. C., 1959.

<sup>7</sup> A generic discussion of grouping, related to both handicapped and non-handicapped children, may be found in a paper by Marvin Lieberman, Program Coordinator, entitled "Registration and Its Implications for Grouping" (in process).

<sup>8</sup> Stephen Richardson, Albert Hastorf, Norman Goodman and Sanford M. Dornbusch, "Cultural Uniformity in Reaction to Physical Disabilities," *American Sociological Review*, Vol. XXVI (April, 1961), pp. 241-47.

Another projective test, devised by Dr. George Moed, picturing handicapped and non-handicapped children in situations of social and recreational interaction, may be obtained by writing Dr. Moed at the Children's Seashore House, 4100 Atlantic Avenue, Atlantic City, New Jersey.

scales; they constitute a "panel," enabling us to trace changes in parental attitudes over time.<sup>9</sup>

We are also attempting, and this has proved to be one of the most difficult aspects of the research, to determine the effect of the program upon both the non-handicapped children and their parents. Two factors confound this: one is that even the youngest children surprisingly are attuned to the fact that one "does not make nasty remarks about handicapped children," and may tend to hide their true feelings with platitudes and bromides. This is also true of their parents. The second factor is that there is another program at Mosholu-Montefiore Community Center, integrating psychiatric patients into the community center, and it is not difficult to observe that the psychiatric patients arouse much more anxiety and tend to drain off some of the affect that would normally be aimed at the handicapped children. That is, the psychiatrically "deviant" are much more threatening to our membership than the "physically handicapped" deviant.

Not all data gathering devices are of equal efficacy. I feel that the limitations of recordings outweigh their usefulness; it is difficult to get social work students (and supervisors) to adapt their over-long process records, and it is like "pulling teeth" to get part-time leaders to make any but the most perfunctory, and thus inadequate, recordings. We have experimented with various types of short recordings. One interesting device, developed again by Professor Schwartz, is

<sup>9</sup> For a good introductory discussion of the panel method, see Hans Zeisel, *Say It with Figures*, Harper & Brothers, New York, 1957, pp. 215-54.

For the Parent Attitude Research Instrument (Pari), see Earl S. Schaefer and Richard Q. Bell, "Development of a Parental Research Instrument," *Child Development*, Vol. XXIX (September, 1958), pp. 339-61.

to ask group leaders to record how the session began, how the session ended and "something that happened in between."<sup>10</sup> This certainly does not meet the requirements of standardization and objectivity of social group work research but has proven to be an excellent "projective" device, to tap leaders' perceptions and feelings.

In short, the emphasis of the research at the Mosholu-Montefiore Community Center, to be discussed in a forthcoming progress report, is exploratory in nature. It is hypothesis finding and not hypothesis testing. Our limited knowledge of the application of the social sciences necessitates this type of research. In any exploratory research, one of the most important sources of information and data, if not the most important, is the staff, both professional and non-professional, engaged in the ongoing program. It is absolutely essential for the research person to have the cooperation of the ongoing staff, not only to set up the conditions of research but, in the final analysis, to obtain data.<sup>11</sup>

#### **Experience of Researcher in Action Setting**

It is of value for me to describe my experiences and reactions as one of the few research people employed on a full-time basis conducting research in a Jewish community center.<sup>12</sup> Some of the "problems" of the social sciences con-

<sup>10</sup> William Schwartz, "A Comparison of Background Characteristics and Performance of Paid and Volunteer Group Leaders," *The Jewish Center Worker*, Vol. XII (January, 1951), p. 5.

<sup>11</sup> See Margaret Blenkner, "Obstacles to Evaluative Research in Casework: Part II," *Social Casework*, Vol. XXX (March, 1950), pp. 97-105; J. McV. Hunt, "A Social Agency as a Setting for Research—The Institute of Welfare Research," *Journal of Consulting Psychology*, Vol. XIII (April, 1949), p. 78.

<sup>12</sup> Emanuel K. Beller, "Introducing a Research Atmosphere into a Social Agency," *Jewish Social Service Quarterly*, Vol. XXXI (Winter, 1954), pp. 180-86.

ducting research in an action setting have been described by the Russell Sage Foundation,<sup>13</sup> and some of the problems of conflict between practitioner and researcher were pinpointed by a committee from the N.A.S.W. research section.<sup>14</sup>

Perhaps my situation at Mosholu-Montefiore Community Center was atypical, for I am one of those rare hybrids who has had both social work training and research training. Even with my background of applied social work, I found that conducting research in an action setting called for much mutual adaptation between agency and researcher.

There was a difference between the two phases of the program for orthopedically handicapped children. In the first phase, the focus of the research was an unserved population, and most of the interviewing and work was done outside of the center; there was comparatively little conflict, or need for adjustment to accomplish these goals. In the present phase, where there is active study of the ongoing program, I find that strains occasionally arise between the service goals of the agency and the research needs of the project.

One of the most frequently reported conflicts is that there is an opposition to research, and the researcher, because staff may feel threatened by questions of a theoretical nature. At Mosholu-Montefiore Community Center, I had the opposite experience. The staff did not express overt hostility to research or to me. On the contrary, I not only was made welcome by the staff, but my endless questions were answered with

great patience by the staff. My opinion was sought on many occasions, and on many matters ranging from problems of professional practice to problems of maintenance. There was sometimes a tendency to endow me with wisdom and abilities that I did not possess. Very experienced staff sometimes tended to doubt their own feelings and opinions because they were based on "experience" and not "research." A researcher in a practice setting must avoid presenting a facade of omnipotence, which is sometimes one way a researcher has of allaying his own anxieties about being faced with questions of a very practical nature. The current emphasis on research has had one negative aspect of causing practitioners to doubt lessons that they have learned from valuable experience and, once again, to attribute to research people, and the social sciences, knowledge that they just don't have.

The professional staff at Mosholu was not only quite eager to cooperate but was quite giving of their time and effort. In their eagerness they would often volunteer to undertake tasks which added to their already heavy professional duties; there was a tendency to overcommit themselves. Any research person coming into a practice agency must be extremely considerate and aware of the heavy work load of center staff.

It is also true that sometimes the demands of the staff on the researcher present a drain on his time. There is also the factor that money spent on research is not available for program. There is often a difference not only between the researcher's compensation but in the resources available to him. The researcher seemingly has more time than a practitioner because the nature of his duties is different. I have sometimes had a difficult time explaining to a doubting staff that my staring at the ceiling was actually the "thinking through" of a

<sup>13</sup> "Annual Report of the Russell Sage Foundation, 1958-59," Russell Sage Foundation New York, pp. 7-16. See also the "Annual Report of the Russell Sage Foundation 1959-60," pp. 7-17.

<sup>14</sup> Maurice B. Haimovitch, "Utilization of Research Findings," *NASW News*, Vol. VI (November, 1960), pp. 19-21.

problem and was as much work as the group worker in a room with twelve noisy children.

From a researcher's point of view, a community center has certain drawbacks as a setting for research. There are often limitations in working conditions; the center is noisy and crowded, and group workers are terribly gregarious. However, these are conditions that also affect the group work staff.

While I enjoyed discussing ideas with the staff, and benefited from Dr. Sanua's technical consultation, I keenly felt the lack of day-to-day contact with other researchers. This might be offset, as Brodsky has mentioned,<sup>15</sup> by providing for association with a university. The lack of an adequate working library is also a problem.

I found that observation and participation in membership groups and other activities was made much easier by a researcher offering to explain the purpose of the research to all interested people. It is absolutely essential that there be "no air of secrecy" about the researcher's intention and that the researcher be willing to share this information. I have found that I was willing to explain much more about the

research than most people needed for understanding.

In short, I found a refreshing lack of most of the conflict that seems to have marked other research efforts in practice settings. Part of this is, no doubt, because the board of directors and staff of the Center were committed and oriented. Part of it was no doubt because there was an adequate period of time available to the researcher to explain and orient lay and professional associates.

However, a large part of this is perhaps attributable to the fact that I, as a researcher, have had a background of social work experience. Perhaps this is the answer: that social work lose some of its self-consciousness and train its own members as research people. As practitioners who have had additional training in theory and methodology, they are more likely to be free of the naivete, hesitations and fears of the academic researcher entering the practice setting.

In short, the experience at the Mosholu-Montefiore Community Center has shown to me, at least, that the problems posed in doing research in a practice setting have been exaggerated, and too often used as a rationale for a lack of examination of the theories and practice that we hold too dear to question.

<sup>15</sup> Pp. 153-62.