The Community Adaptation Schedule and the Adjective Check List: A Validational Study with Psychiatric Inpatients and Outpatients

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ABSTRACT: The Community Adaptation Schedule (CAS) and the Adjective Check List (ACL) were administered to 23 mental health clinic outpatients and 23 state psychiatric hospital inpatients in order to replicate a CAS developmental study and to elaborate further the construct validity of the CAS. Neither the CAS nor the ACL were particularly successful in differentiating the two groups. The CAS did correlate with the ACL in a meaningful pattern. The results are discussed in terms of the validity and usefulness of the CAS.

The Community Adaptation Schedule (CAS) (Burnes & Roen, 1967; Roen & Burnes, 1968; Roen, Ottenstein, Cooper, & Burnes, 1966) was developed to facilitate community mental health research. The authors suggest that test measures tapping intrapsychic variables are not appropriate for evaluating many community mental health interventions. The instrument they have developed elicits responses concerning the individual's social activity and life style with respect to the various aspects of his environment.

The CAS contains 217 self-report questions. Responses are given on 6-point Likert-type scales reporting behavior in the community, cognition of community participation, and affect toward community participation. The questionnaire is scored for Total Adaptation score, Common Question Total (score for those items common to all respondents), Consistency, the trimodal scores of Affect, Behavior, Cognition, and six chapter scores. The chapters are Work Community, Family Community, Social Community, Larger Community, Commercial Community, and Professional Community. Within these chapters there are subsections which refer to specific aspects of particular communities. The subject's score for each variable is his mean score for those items to which he responded within a given section. Higher scores are interpreted to mean that the subject is more

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adapted or better adjusted to the community in which he lives.

Several studies have been reported on the development and validation of the CAS. The original research (Roen, Ottenstein, Cooper, & Burnes, 1966) compared the performance of posthospital aftercare patients on an early version of the instrument to that of normals. On most of the variables the patients' scores indicated less adaptation than the scores of the normals. In order to determine the reliability and validity of a revised version of the CAS, Burnes and Roen (1967) administered the instrument to a group of professionals \( N = 54 \), a group of outpatients at community agencies \( N = 58 \), and a group of state psychiatric hospital inpatients \( N = 79 \). They found significant group differences for all of the major variables, chapters, and many of the subsections. In a study of the CAS and the California Personality Inventory (CPI) with college students, Cook and Josephs (1970) found a pattern of relationships between the two instruments that was consistent with the construct of community adaptation. Bartlett (1970) collected CAS and Minnesota Multiphasic Personality Inventory data on youthful offenders in a Federal prison and students at a vocational-technical school. The pattern of correlations between CAS scores and MMPI scores added support for the construct validity of the CAS.

Further validation and cross-validation of the CAS is necessary before the instrument can be used with confidence. The present study was an attempt to replicate the Burnes and Roen (1967) findings by comparing the CAS performance of mental health clinic outpatients with that of a sample of state mental hospital patients. Adjective Check List (ACL) (Gough & Heilbrun, 1965) data were also obtained from the two samples. This was done to determine the relationship between adaptation scores on the CAS and personality measures generated by a different kind of self-report instrument to extend further the nomological network (Cronbach & Meehl, 1955) describing the construct validity of the instrument. Additionally, the ACL was included as a descriptive variable to monitor the degree of difference between the two groups of subjects.

**METHOD**

The Community Adaptation Schedule and the Adjective Check List were administered to 23 outpatients in treatment at the Leon County Mental Health Guidance Center, Tallahassee, Florida, and 23 inpatients at the Florida State Hospital, Chattahoochee, Florida. The groups were roughly matched for sex, race, age, and marital status variables. Each group contained approximately twice as many women as men and was predominantly Caucasian. There were approximately as many married as nonmarried subjects in each group. All but three subjects in each group fell within the 28 to 49 years age range.

The outpatients were given the tests individually by their clinic therapists. The tests were administered to the inpatients in small groups. All subjects were told that the tests were for research purposes. The standard instructions were used for both groups, so that the outpatients responded in terms of how things were at the present time, whereas the inpatients responded in terms of how things were when they last lived in the community.

Multiple \( t \) tests were performed on the CAS and ACL data. Major CAS scores were correlated with ACL scores, and a factor analysis (Veldman, 1967) was performed.