IQ, Social Competence, and Evaluation of Early Childhood Intervention Programs

EDWARD ZIGLER  
PENELLOPE K. TRICKETT  
Yale University  
Yale University

ABSTRACT: The IQ score has been without question the most often utilized outcome measure in evaluations of early childhood intervention programs. Reasons for the popularity of the IQ as an assessment tool are discussed, and problems raised by employing the IQ in this manner are noted. The importance of accurate outcome evaluation of programs with clearly defined goals is related to both the social science and policy-making arenas. The authors argue that social competence, rather than IQ, should be the primary measure of the success of intervention efforts. Difficulties in defining and assessing social competence are discussed. An index of social competence is suggested that includes measures of physical health, IQ, school achievement, certain motivational and emotional variables, and such moral social expectancy variables as school attendance and incidence of juvenile delinquency.

While there are serious shortfalls in our nation's delivery of services to children and their families, our tax dollars are currently being spent to fund some rather sizable and expensive programs. These programs include Title I of the Elementary and Secondary Education Act at a cost of approximately $1.5 billion annually; the Head Start program at a cost of over $400 million annually; day care, which, as limited as it is, still amounts to federal and state expenditures in excess of $2 billion a year.

Both taxpayers and decision makers are legitimately concerned with whether these programs succeed or fail—the slang word in governmental circles regarding this matter is "accountability." The desire for accountability typically takes a quantitative form and spells itself out in two types of evaluation. The first type is called process evaluation. An example of this is the monitoring effort in the Head Start program to guarantee that each Head Start center delivers the services mandated by the program. In this kind of evaluation, simple questions are asked, such as, "Do the children receive medical evaluation or not?" This type of evaluation presents little theoretical or methodological difficulty, which probably explains its popularity as well as the reluctance to do evaluations that go beyond the process type.

A much more demanding and difficult type of evaluation is outcome evaluation, which does not ask whether the services were delivered but attempts instead to assess the verifiable impact of the services. It is under the rubric of outcome evaluation that we encounter the government's beloved concept of "cost–benefit analysis." This elegant phrase, a creation originally of the Department of Defense, is usually translated as "How much hang do you buy per buck?" Since $10 million in the Department of Defense appears to be a rounding error, it is important to note that while a single buck may still be important to each of us, it has little meaning in federal governmental circles. The cost–benefit analysis concept has been adopted with a vengeance by government officials in the social services area, and the legitimate question they are asking is, "What is being accomplished as a result of the expenditure of hundreds of millions of dollars?"

Cost–benefit analysis presents at least two major problems. First, we never appear quite sure what variables to include and what variables to exclude...
in our cost–benefit equation. For example, should the health and education improvements in a community that are the result of Head Start’s being in that community be included? Or should the career development of the Head Start teachers be included in our cost–benefit equation? The second problem with cost–benefit analysis is that even after we decide which outcome measures are legitimately included in the equation, we often find ourselves at a loss in determining the exact dollar amount to attribute to particular outcomes. As has been pointed out before (Zigler, 1973), it is difficult to determine the dollar value assigned to warding off a case of measles or raising the measured IQ by 10 points.

One principle should emerge from this brief discussion: Our ability to perform outcome evaluation is enhanced to the degree that the goals of a program are clear and explicit and to the degree that these goals are held constant through the life of the program. The difficulty in evaluating the Head Start program stems largely from the fact that its goals were originally presented rather vaguely. The same is true of the Women, Infants, and Children (WIC) program in which more than $200 million per year is spent to improve the nutrition of pregnant mothers and very young children. As Salkoff (1977) pointed out, we cannot evaluate this program because no one has enunciated clearly what its circumscribed and measurable goals might be. Please do not misinterpret us. We are wholeheartedly in favor of pregnant mothers receiving the nutrition that is so crucial for the optimal physical development of the child in utero. Our context here is outcome evaluation. America’s children and their families have so many unmet needs that we must champion the value of outcome evaluation so that decision makers can be informed as to whether they should perpetuate current programs or reallocate funds to other programs holding greater promise of achieving desired and explicit goals.

What then is the relationship of the social scientist to the constructor of social policy? Decision makers look to social science and outcome evaluation to provide some badly needed direction in how to spend a finite number of public dollars across what often appears to be an infinite number of possibilities. As Senator Proxmire (1977) has said, “Taxpayers’ funds are not unlimited, and I would not be doing my job if I failed either to criticize spurious spending or to try to establish intelligent priorities for the spending of limited money” (p. 4).

The IQ Solution

In response to the pressure for accountability, without question, the most often utilized outcome measure over the 20-year history of childhood intervention programs has been the IQ score, or more typically, the magnitude of change in the child’s IQ score. As a result of this misfortune, it became all too easy to avoid the rigors of goal-sensitive outcome evaluation and conclude that a children’s program was a success if it resulted in higher IQs and was a failure if it did not. It is not possible in this article to provide a review of the theoretical and methodological problems raised when one decides to use the IQ score in this way. Suffice it to say that since the turn of the century, American social science has been terribly conflicted about the value of the standard intelligence test (Cronbach, 1971). Some have considered it psychology’s greatest achievement; others have viewed it as a technological trap that has resulted in a calcification of our theoretical views and/or has misled us as to the essential nature of human development and the optimization of such development. (See McClelland, 1973, for a particularly telling critique of IQ testing.) Since this article deals with social policy construction, perhaps some special mention should be made of those critics of the IQ who have suggested or stated explicitly that the IQ score is easily employed as a tool of social injustice or political subjugation (e.g., Kamin, 1975; Pastore, 1949). To anticipate our argument somewhat, we do not feel the IQ score is as good as the IQ champions would seem to believe, nor do we feel it is as bad as some of its critics have stated.

What then recommends the use of the IQ as a measure in the outcome evaluation of childhood intervention programs? There are several reasons why it became so popular. First, the standard IQ tests are well-developed instruments, the psychometric properties of which are so well documented as to allow the user to avoid difficult measurement problems. Second, the ease of administration adds to the attractiveness of such a measure. This attractiveness is enhanced further if one decides to employ the Peabody Picture Vocabulary Test, the Ammons Full Range Vocabulary Test, or the Otis-Lennon Mental Ability Test, justifying this decision on the basis of the
relatively high correlations found between such 10-minute tests and the longer Stanford-Binet Intelligence Scale or the Wechsler Intelligence Scale for Children. Third, no other measure has been found to be related to so many other behaviors of theoretical and practical significance (Kohlberg & Zigler, 1967; Mischel, 1968). Since early childhood intervention programs are popularly regarded as efforts to prepare children for school, the fact that the IQ is the best available predictor of school performance is a particularly compelling rationale for its use as an assessment criterion. Beyond the school issue, if compensatory education programs are directed at correcting deficiencies across a broad array of cognitive abilities, the best single measure of the success of such programs is improvement on a measure reflecting a broad spectrum of such abilities, namely, an IQ test.

The final reason for the attractiveness of the IQ as an outcome measure has less to do with the nature of this instrument than with the desire of those who mount intervention programs to demonstrate that these programs are beneficial (i.e., cost-effective). It is amazing how attractive as an outcome measure the IQ became, even to vehement critics of the IQ tests, once it became obvious that the most common outcome of just about any intervention effort was a 10-point increase in IQ (even a hastily mounted 8-week summer program). (See Eisenberg & Conners, Note 1.) Indeed, with such leading figures as Hunt (1971) reporting IQ improvements of 50 and 70 points as a result of early intervention, it became increasingly seductive for program people to bet on improvement in the IQ as the bedrock outcome measure. Along with a few other dissidents including the Clarkes (Clarke & Clarke 1967; Clarke & Clarke, 1976), Elkind (1971), Ginsburg (1972), Kamili and Derman (1971), and Kohlberg (1968), the first author has argued for the past 15 years that the level of intellectual functioning is much more constant and the level of cognitive development much less plastic than was suggested by such theoretical godfathers of early childhood intervention as Hunt (1961) in his book Intelligence and Experience or Bloom (1964) in Stability and Change. Indeed, we and our colleagues, taking seriously the capacity–performance distinction, have now presented considerable empirical evidence that IQ changes resulting from preschool intervention programs reflect motivational changes that influence the children’s test performance rather than changes in the actual quality of cognitive functioning (Seitz, Abelson, Levine, & Zigler, 1975; Zigler, Abelson, & Seitz, 1973; Zigler & Butterfield, 1968; Zigler, Abelson, & Trickett, Note 2).

Given the impressive set of assets that make the IQ test an attractive evaluation measure, why then do we feel that the IQ taken alone is an inadequate outcome measure? As has been stated many times, the quality and nature of formal cognitive processing typically assessed by the IQ test is but one factor in a myriad of factors that determine the quality and character of human functioning. Stated most simply, we believe that one can obtain a very high IQ score and still not behave admirably in the real world that exists beyond the confines of the psychologist’s testing room. This fact is brought home to us in striking empirical fashion in the very modest relation that has been found between IQ scores obtained in childhood and everyday performance in life in the postschool period. McClelland (1973) estimates this correlation to be around .20.

The IQ score reaches its maximum efficiency as a predictor of everyday performance when it is employed to predict school performance. McClelland notes that it is not surprising to discover a correlation of approximately .70 here, inasmuch as good test performance and good school performance require superiority in playing the same type of pointless and/or irrelevant “little games.” As will be discussed shortly, we disagree with McClelland on the issue of what exactly mediates the correlation found between IQ scores and school performance. In a science that appears much more concerned with significance levels than in how much of the variance in a behavior can be accounted for by a particular measure, we have chosen to allow ourselves to be dazzled by a correlation of .70. What does not receive sufficient attention is the fact that this correlation indicates that only half of the variance in school performance is accounted for by children’s IQ scores. What then is influencing the other half of the variance? Clearly, it must include some collection of personal attributes or characteristics not very well assessed by our standard IQ test.

Given our usual contact with empirically discovered correlations in the .30 to .50 range, we have become so impressed with a .70 correlation that we have glorified the IQ score and given it a primacy that it does not deserve. In the process we have even managed to bastardize the language of psychology and give names to phenomena that
are paradoxical. Think for a minute, of those often-used labels *underachiever* and *overachiever*. (See, e.g., the book on this topic by Thorndike, 1963). In operational measurement terms, these labels mean no more than the disparity between the IQ score and school achievement, with the IQ score being utilized as the ultimate benchmark against which to assess school achievement. In everyday school practice, the specific operations utilized to define the constructs are conveniently forgotten, and unfortunate labels take their place. Thus, if a middle-class child does not do very well in school, both the school and the family appear more comfortable if we call the child an underachiever. If an economically disadvantaged child does poorly in school, we are tempted to call him or her stupid, using the school performance itself as the ultimate gauge of a child’s intellectual level. This situation becomes even more ridiculous when we use the nonsensical label of overachiever. Our respect for the language is too great for us to be very tolerant of a label that essentially asserts that some individuals achieve more than they are capable of achieving. Does psychology really wish to argue that human capacity is reflected better in the IQ test than it is in the everyday school performance of a child? Only by adopting such a questionable assumption can we continue to employ the label of overachiever.

The IQ test appears to be most free of criticism when it is viewed as a measure of a collection of processes that, taken as a totality, constitutes an indicator of the individual’s level of formal cognitive ability. But there are many who find this measure inadequate even as a measure of formal cognition. We must be aware that there are two distinctly different approaches to the development and assessment of human intelligence. One is the psychometric approach, with the standard intelligence test forming its foundation. The second is the developmental approach, championed most importantly by Piaget. The relation of these two approaches has been discussed by Elkind (1971). We now have some interesting efforts to synthesize the two approaches in the construction of instruments that incorporate both the sophisticated measurement techniques of the psychometric approach with the great sensitivity to sequential change in the nature of human information processing emphasized in the developmental approach (Laurendeau & Pinard, 1962; Tuddenham, 1971; Uzgiris & Hunt, 1975). At a practical level, perhaps we do not need to concern ourselves too much with the differences in the assessment of formal features of cognition generated by these two approaches. When both types of assessment are made, the correlation between the two is typically around .70. Both types of measurement are obviously tapping some of the same formal cognitive processes. However, consistent with our earlier argument, let us recognize that a correlation of .70 is far from representing an identity. We see little value in arguing now which of the two measures constitutes the most accurate assessment of the child’s intelligence. The only point that we would like to make here as a criticism of the IQ test is that even as a measure of formal cognition, the IQ test raises questions, and the use of the scores poses still-unresolved problems.

**What Does the IQ Test Really Measure?**

The IQ test should not be viewed as a pure measure of formal cognition, but rather as a polyglot sample of behavior that is influenced by three empirically related but conceptually distinct collections of variables. First, it does measure a collection of formal cognitive processes such as abstracting ability, reasoning, speed of visual information processing, and all those other formal cognitive processes that appear and reappear with regularity in factor-analytic studies of human intelligence-test performance. Second, in keeping with the well-known process–content distinction, the standard intelligence test is also an *achievement* test highly influenced by the child’s particular experiences, which determine whether particular knowledge is held by the child, without which he or she cannot pass the item in question. Since features of formal cognition and magnitude of achievement are themselves related, it might be worthwhile to draw a clear distinction between formal cognition and achievement. If we ask children what a “gown” is, and they reply that they do not know, we might assume that there is something inadequate about their memory storage and/or retrieval systems, which are aspects of their formal cognitive systems. On the other hand, if in the children’s experience they have never encountered the word “gown,” they will fail the item even though their storage and retrieval systems are perfectly adequate.

Finally, intelligence test performance is greatly influenced by a variety of motivational and/or personality variables that have little to do with
either formal cognition or achievement variables. Again, perhaps a couple of simple but compelling examples might be helpful. The senior author once asked a child, “What is an orange?” The child replied that he did not know and then went on to do everything in his power to maximize the social interaction. This was a child residing in an institution, and what was conveyed was that, given the child’s need system and motivation, he was much more interested in obtaining a warm human interaction than he was in playing some game of little interest to him concerning oranges.

We also often encounter a quite different phenomenon, especially among the economically disadvantaged children whose performance is assessed in our early childhood intervention programs. We are thinking here of the “I don’t know” phenomenon, which reflects the lack of neither ability nor knowledge but rather the child’s strong desire to terminate and/or minimize the interaction with the examiner. Why exactly do children insist on engaging in what our value system tells us to be such self-defeating behavior? Do they dislike the adult examiner or do they dislike the testing situation? Our best hunch is that they are fearful of both and therefore behave in an adaptive manner having as its goal the termination of an unpleasant experience. Clearly, given the demands of our society, children who have adopted the “I don’t know” strategy are not very likely to utilize their cognitive systems optimally or, if they keep up their behavior, to obtain those rewards (e.g., high grades in school, high salaries, and attractive jobs after school) that society dispenses for behaving in the manner it prefers.

It is this tripartite conception of IQ test performance that explains why IQ test performance is a successful predictor of such a wide variety of behaviors. If one examines closely many of the criterion behaviors for which we would like the IQ to be a predictor, one discovers that they are themselves complex measures clearly influenced by the same set of factors that influence the IQ score. Does anyone seriously question that the child with superior formal cognitive abilities, rich experience in the middle-class world, and a high motivation to do well in school will display better school performance than the child who may have had more restricted or at least less middle-class-relevant experiences and who may also view the school experience as not only taking place in an alien and/or hostile environment but also involving a variety of activities that have little relevance?

It is safe to conclude that the IQ test will always be a predictor of other variables, providing these other variables are influenced by the three factors that influence the IQ test. Thus, if conceptualized properly, the IQ can continue to be employed with profit in evaluations of early childhood intervention programs.

The Social Competence Alternative

We propose, as one of us has done several times before (Zigler, 1970, 1973), that social competence, rather than the IQ, should be employed as the major measure of the success of intervention programs such as Head Start. This proposal forces us to be explicit about the relation between IQ and social competence. The foregoing analysis should make it clear that we do not believe that the IQ and social competence are one and the same. However, we must also reject the inference that could be drawn from McClelland’s (1973) paper—that the IQ and competence are very minimally related. The IQ and social competence are both influenced by some of the same variables, and thus, if approached properly, the IQ can act as a weak and relatively imperfect measure of social competence.

Some progress in the task of determining the relation of IQ and social competence has been provided by Schaefer (1975), who proposed a hierarchical relation between these two constructs. He developed a model in which adaptation is viewed as an even broader measure and is therefore treated as a third-order construct. While we are not in agreement with all aspects of Schaefer’s model, this proposal of a hierarchical relation between intelligence and social competence does make sense and also provides a useful framework for the even more arduous task of rigorously defining social competence per se.

Efforts to arrive at such a definition are indeed difficult. This is so even though the use of the term in discussion with social scientists, public officials, or other laypersons results in a general sense in both speakers and listeners that something meaningful is being transmitted. But what exactly is it? The construct seems to evaporate upon the application of the heat of even minimal debate. Social competence appears to be one of those constructs that is definable only in terms of other constructs whose own definitions are vague. Social competence theorists thus quickly find themselves adrift on a sea of words.
The senior author is not a newcomer to that sizable band of theorists who utilize social competence in their explanatory edifices. He has utilized the social competence construct in four distinctly different bodies of work during the last 15 years. These areas include (a) the previously mentioned work promoting the use of social competence as the only legitimate goal of programs in the compensatory education field (Zigler, 1970, 1973); (b) the relation between social competence and a variety of phenomena of theoretical and practical interest in the area of psychopathology (e.g., Phillips, Broverman, & Zigler, 1966; Zigler & Phillips, 1961); (c) the controversy in the mental retardation area over whether social competence should be included in our basic definition of mental retardation (Garfield & Wittson, 1960a, 1960b; Mercer, 1975; Zigler, 1967); and (d) the developmental etiology of effectance or mastery motivation derived from White's (1959) work (e.g., Harter, in press; Harter & Zigler, 1974). Unfortunately, the use of the construct of social competence across these four bodies of work has not been consistent. It is with the knowledge that has accrued from all these efforts, and with a recognition of their inconsistencies, that we say that we know of no rigorous or even mildly satisfying definition of the construct or term social competence. The intelligence variable, in contrast, presents no definitional dilemma to the extent that we are satisfied with the definition that intelligence is nothing more nor less than what standard intelligence tests measure.

We have witnessed no very wide adoption of the construct of social competence as the primary goal of early intervention programs for the very simple reason that there is little consensus as to exactly what measures should be employed to define social competence. It was with an eye to solving this problem that the Office of Child Development (OCD) funded a conference at the Educational Testing Service in which a sizable group of workers was brought together and given the task of constructing a definition of social competence that could be used by those agencies that desired to use social competence in their outcome evaluations. A report of this conference as well as a good analysis of the complexities involved in defining social competence was presented by Anderson and Messick (1974). While the group's analysis was sound, little progress was made in supplying OCD or the field with a definition of social competence or the methodology to assess it.

The group delivered no less than 29 indicators of social competence, any one of which would require much greater refinement and solution of numerous difficulties. Even if all the measurement problems in this list were resolved, the sheer time needed to evaluate any child on the 29 items would make the task impossible. Finally, the list was so filled with our usual psychological jargon as to be for the most part incomprehensible to the taxpayer who foots the bill for our massive intervention programs and to policymakers who must continually make decisions concerning further funding allocations to these programs.

Is There a Solution?

Hundreds of millions of dollars will continue to be spent on children's programs, and outcome evaluations will continue to be made. These evaluations will either be done badly or well. We are convinced that good social science and its offspring, good output evaluation, can play a useful and beneficial role in the construction of sound social policy. By the same token, bad social science and bad evaluation can undermine the construction of sound social policy and lead to serious detrimental effects on our citizenry. We refer you to the history of the Westinghouse evaluation (Westinghouse Learning Corporation/Ohio University, Note 3) for a specific instance in which a poor evaluation came very close to causing our nation to jettison the most popular and highly regarded program ever mounted for children in America. However, the hour grows late, and unless the social sciences develop a practical and coherent measure of social competence, social competence will never replace the IQ as our primary measure of the success of intervention programs.

Decision makers now understand the need for a well-developed measure of social competence. The Administration of Children, Youth, and Family Services has contracted with Medix Association, Inc., to develop a carefully defined and viable measure of social competence. The policy need for this measure is so pressing that we wish to offer some immediate definitions and suggestions.

We thus propose an arbitrary definition for social competence. We are not particularly concerned by our arbitrariness inasmuch as all definitions are arbitrary. In regard to definitions, the issue is not whether a definition is true or untrue
but rather whether it is useful or not (Farber, 1975).

Since so many variables could be included in the definition, let us begin the task by asking the question of whether there are any conceptual schemas that would direct us to the particular variables that would finally be part of our definition. Building on the work of Kohlberg and Mayer (1972) and White (1959), Anderson and Messick (1974) provide us with a four-fold approach to the problem of defining social competence. We believe this four-fold approach can be reduced to a two-fold approach in which measures of social competence should reflect one of two major criteria. The first is that social competence must reflect the success of the human being in meeting societal expectancies. Second, these measures of social competence should reflect something about the self-actualization or personal development of the human being.

It is our early hunch that for the most part the social competence indexes meeting either of these criteria will prove to be positively related to each other. There is some early evidence in support of this hunch in Anastasiow's (Note 4) argument that children who display high exploration behavior (a personal development attribute) will do better in school achievement (a social expectancy variable) than children low in exploration behavior. However, as is usually the case, there is also evidence that such a straightforward and simple positive relation between these two facets of social competence does not exist. Certain personal development attributes may clash with meeting societal expectancies. Lytton (1972), for example, reviewed several studies indicating that teachers rate highly creative students as less likeable than those who are less creative. Possibly, being viewed as less likeable could affect a student's achievement. It also appears that an interactional relation between setting and personal development attributes can exist. For example, Kelly (1967) found that in high schools with low student turnover rates, students who were high explorers were more apt to be labeled as deviant by school personnel than were similarly high-exploring students at schools with high student turnover rates. Thus, the relation between these two aspects of social competence appears to be an open question.

What then are our candidates for inclusion in a social competence index? First, there should be measures of physical health and well-being, including appropriate weight for age, inoculation history, etc. (See North, in press, for a review of physical health measures that have been used in the assessment of early childhood intervention programs.) We list physical health measures first since many thinkers in the social competence area have been so reluctant to view the physical health of the child as a major determinant of the child's social competence. Second, a social competence index should include a measure of formal cognitive ability. Here we would settle for either a standard IQ test or a Piagetian measure of level of cognitive functioning. Third, there should be an achievement measure. There are many good candidates for inclusion such as the Caldwell Preschool Inventory, the Peabody Individual Achievement Tests, and a variety of standard school-age achievement tests. Finally, the fourth component of social competence should be the measurement of motivational and emotional variables.

Obviously, there are numerous measures of motivational and emotional variables that could be included. We are aware of the measurement problems involved in assessing motivational and emotional attributes, but we do not view these problems as insurmountable. Relying on our own evaluation efforts, we suggest that emotional/motivational measures be selected from the following collection: (a) measures of effectance motivation, including indicators of preference for challenging tasks, curiosity, variation seeking, and mastery motivation (Balla, Butterfield, & Zigler, 1974; Harter, in press; Harter & Zigler, 1974); (b) outerdirectedness and degree of imitation in problem solving (Balla & Zigler, 1968; Turnure & Zigler, 1964; Zigler et al., Note 2); (c) positive responsiveness to social reinforcement (Robertson, Zigler, 1978; Zigler, 1961; Zigler & Balla, 1972); (d) locus of control measured for both the children in the program and their parents (Coleman, Campbell, Hobson, McPortland, & Mood, 1966; Stipek, 1977); (e) expectancy of success (Gruen & Zigler, 1968; Ollendick, Balla, & Zigler, 1971); (f) wariness of adults (Weaver, Balla, & Zigler, 1971; Zigler et al., Note 2); (g) verbal attention-seeking behavior (Kohlberg & Zigler, 1967; Robertson, 1978); (h) aspects of self-image, including real image and ideal image (Katz & Zigler, 1967; Katz, Zigler, & Zalk, 1975; DeMott, Note 5); (i) measures of learned helplessness (Achenbach & Weiss, 1975; Weisz, 1975); (j) attitude toward school (Stipek, 1977); and (k) creativity (Yando, Seitz, & Zigler, Note 6).
Finally, we must insist that adequate social competence assessment can come about only if (a) we commit ourselves to assessing the long-term effects of our intervention programs, and (b) we commit ourselves not only to fine-grained analyses of developmental features, but also, to molar measures that are fully comprehensible and of great interest to both taxpayers and Washington decision makers. (For a particularly striking instance of such molar measures being employed in outcome evaluation, see Lazar, Hubbell, Murray, Rosche, & Royce, Note 7.) The molar behaviors we have in mind are related to our social expectancy criteria and include the following: (a) incidence of juvenile delinquency; (b) incidence of teenage pregnancy; (c) incidence of child abuse, either as a victim or a perpetrator; (d) being in school rather than out; (e) being in the appropriate grade for age; (f) being in a regular classroom rather than a special education classroom; and (g) being self-supporting rather than on welfare.

A Final Word of Caution

In light of the Anderson and Messick (1974) analysis, we see that an immediate problem with this early and tentative competence index is that it is hopelessly infused with values that are far from universal. We get a very clear indication of how the value issue undoes social competence theorists when we look at such premorbid social competence scales as those constructed by Phillips (1953) and Wittman (1941). In these scales, an individual gets a high score (i.e., is considered socially competent) if he engages in heterosexual behavior. Does this mean that a homosexual is a person of low social competence? We rather doubt it. Perhaps the value problem is not as great as we think and these scales can be rescued from their value-laden bias by drawing the distinction, in this instance, not between homosexual and heterosexual contact, but rather between the individual who has some other-person orientation versus the individual who is a loner. On the other hand, society is not value free, and useful measures of social competence will reflect some of the deeply ingrained values in which society invests its resources. Examples of such values include our commitment to education and our opposition to child abuse.

Despite the difficulties raised by the value issue, we believe it is possible to develop a useful scale of social competence quickly. Some of the measures we have suggested are already being employed in outcome evaluation of large-scale programs. For example, we are currently using many of these measures in a follow-up study of children who took part in an intensive infant intervention program.

We hope that social scientists will be skeptical and cautious about developing a useful social competence index, but not so skeptical and so cautious that they hand the field over to bureaucrats in Washington and in our statehouses. Social competence constructs will be employed in outcome evaluation and, given the critical importance of these evaluations to the future of early childhood intervention programs, they merit the attention of trained and sensitive social scientists.

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